

FIP HEALTH ADVISORY

**Providing Pharmaceutical Care to
Migrant Populations, 2015:
Information and Guidelines for
Pharmacists
and the Pharmacy Workforce**

INTERNATIONAL PHARMACEUTICAL FEDERATION
November 2015

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Introduction

Purpose of this document

To provide relevant information and guidelines on providing pharmaceutical care to migrant populations for pharmacies in a primary care context (i.e. community pharmacies and primary healthcare facilities), and a set of references that may be consulted for more information.

FIP purpose

This document aims to assist pharmacists and the pharmacy workforce in providing services to migrant populations where there may be barriers to communication that reduce the ability to provide appropriate pharmaceutical care.

Responsibilities and role of community pharmacy

Community pharmacies in are often the first point of contact with the health system for those with health-related concerns or simply in need of information and reliable advice.

Community pharmacists have the shared responsibility of:

- Informing,
- Educating,
- Counselling,
- Referring,
- Promoting disease prevention,
- Promoting infection control,
- Promoting self-care and disease management.

Responsible for Self-Protection

When serving any patient (including migrants), pharmacists are also responsible for ensuring that they apply whenever relevant suitable personal protective measures, both from a health perspective and a personal security basis. This protection may also include ensuring that pharmacists' vaccination status is up-to-date and appropriate to the situation.

Migrant Crisis, 2015

What is a Migrant?

For the purposes of this FIP health advisory, an individual that is applying for asylum or refugee status and who originates from Africa or the Middle East. It is acknowledged that some migrants originate from other parts of the world, but this advisory has been issued primarily in response to the 2015 migrant crisis in Europe.

Population Information

As at 12 October 2015, 54% of migrants entering Europe are from the Syrian Arab Republic, 13% from Afghanistan and 7% from Eritrea. The majority of migrants travelling along the eastern European route are people from Syrian Arab Republic, Afghanistan, Pakistan and Iraq. Migrants from the western route also include those from Eritrea, Gambia, Mali, Nigeria, Somali and Sudan. (1) It is believed that 60 – 70% of the migrants are male aged between 16 and 35.

Cultural and religious beliefs vary but a significant proportion of the migrants are Muslim.

Providers should refer to <http://www.who.int/countries/en/> for more background information on the country of origin of the populations.

Common Health Problems of Refugees / Migrants in the European Region

In addition to the health problems commonly found in the country of origin and the country where they are currently, refugees and migrants may also have an increased incidence of accidental injuries, hypothermia, burns, cardiovascular events, pregnancy and delivery-related complications, diabetes and hypertension. In addition:

- Female migrants frequently face specific challenges, particularly in maternal, newborn and child health, sexual and reproductive health, and violence.
- Risks associated with population movements include psychosocial disorders, reproductive health problems, higher newborn mortality, drug abuse, nutrition disorders, alcoholism and exposure to violence. This results in an increase in their vulnerability to noncommunicable and communicable diseases.
- The key issue with regard to noncommunicable diseases is the interruption of care, due either to lack of access or to the decimation of health care systems and providers. This displacement results in interruption of the continuous treatment that is crucial for chronic conditions.
- Vulnerable children are prone to acute infections such as respiratory infections and diarrhoea because of poor living conditions and deprivation during migration, and they require access to acute care. Lack of hygiene can lead to skin infections (2) (3)

Communication

Languages

The main languages likely to be encountered are:

- Arabic
- Farsi
- Dari
- Pashto
- Kurdish
- Somali

Note: Arabic is also an official language of Somalia.

Cultural Considerations

Different cultures have different customs. In providing care to patients of a Muslim culture some key points to remember are:

- Some medicines may not be suitable for Muslim patients because they contain alcohol or are of porcine or non-halal origin.
- Muslims (both men and women) may be accustomed to being examined by a health care provider of their own gender, and if possible, this should be arranged. In the event of this not being possible, pharmacists should show sensitivity and understanding for modesty concerns during any diagnostic process
- The holy month of Ramadhan is a spiritual month during which most Muslims fast. However, the young, old or sick are excused from fasting if it could be detrimental to their health. (4) People fasting while on chronic therapies and/or missing their medication during the month of Ramadan can suffer additional problems. Guidance can be found at: http://psnc.org.uk/swindon-and-wiltshire-lpc/wp-content/uploads/sites/62/2013/07/pharmacy_guide_to_ramadan.pdf and

https://www2.warwick.ac.uk/services/equalops/resources/a_guide_to_healthy_fasting.pdf.

Alternatively, chronic treatment regimens can be amended so that medicines can be given once a day, or twice if necessary, to be taken with meals.

Treatment

Screening

When barriers to communicate symptoms and health issues are experienced, pharmacists can use some apps such as the “Traductor de sintomas de salud” developed in Spain.

It allows patients to describe their symptoms using their own language and then, pharmacists can have the translation in another of the 18 languages available.

App store: <https://itunes.apple.com/es/app/traductor-sintomas-salud-en/id576303126>

Google store:

https://play.google.com/store/apps/details?id=net.cofb.android.traductor_pg

Formulary

A formulary has been developed by a German pharmacy based on their experience working with the migrant population. This formulary has been made available at: <http://www.adler-apotheke-hh.de/fluechtlingsversorgung/>

FIP has developed a version of this formulary with the ATC code and INN name added for use by others. These formulary are a guide only for the type of products that have been found to be useful.

<http://www.fip.org/files/fip/emergencies/formulary.pdf>

Some points to note:

- Most of the pharmaceutical forms especially those for children are not known by the migrants. This includes:
 - antibiotic solutions for children
 - inhalers and how to use them (e.g. AeroChamber)
- Some pharmaceutical forms (for example lice shampoos) cannot be used appropriately under poor hygienic conditions or may not be as effective
- Many may not know how to undertake proper surface disinfection

Referral

Pharmacists providing care to migrant populations should have information available on referral services for the migrants requiring further treatment from other clinicians. These will include but are not limited to:

- Emergency care centres
- Primary care providers
- Dental centres

Medicines Administration Tools

Handouts

FIP has developed a handout that can be completed and given to the patient. The handout enables communication with the patient with respect to the medicine, the indication, some basic instructions and precautions. Each version of the handout is available two languages, the pharmacist's language and the patient's language. The handouts can be found at www.fip.org/emergencies

Vaccinations

A set of documents has been developed that can be used to translate common vaccination terms. These documents are available from the Robert Koch Institute at: www.rki.de/asylsuchende

Pictograms

With migrants, professional health-care providers often encounter problems when attempting to communicate to those with health care needs. These problems in relaying health care messages often result in the patients' inability to look after themselves and take their medications correctly.

The implementation of language-independent strategies, such as using pictures and graphics to support written material to communicate health information to people with language barriers, or with limited literacy, can greatly improve a patient's comprehension, understanding, and recall of health information. Studies show that less educated individuals are more likely to respond to and understand health care information when written instructions are combined with pictures. (5)

For example, the use of pictograms has been shown to improve patients' understanding, medication adherence, and efficiency of treatment. (6) (7)

Pictograms are a useful tool for providing information to patients in a form that is easily recognisable. They are particularly useful where the pharmacist and the patient do not share the same language, or when a patient has a low health literacy rate. These pictograms have the potential to play an important role in optimizing treatment compliance, and in improving medication safety.

In order to optimize communication between the pharmacist and the patients, and to enhance patient comprehension and adherence to medication regime, the FIP has developed PictoRx: a pictogram software which allows pharmacists to easily create illustrated, patient specific information sheets, medication calendars, or storyboards.

PictoRx provides the user with pictograms depicting medication instructions such as indications, route, dose, frequency, side effects and precautions; pharmacists can also add optional and individualized instructions.

The pictograms developed by FIP have been validated by individuals around the world (i.e. Gabon, Benin, Mali, Haiti, Nigeria, Indonesia, India, China, Canada and Canadian First nations), with some of the pictograms having been culturally adapted to ensure appropriate comprehension in different regions of the world.

This software will be highly useful in the context of migration as it allows pharmacists to create the patient's instructions in the patient's own language. The software is currently available in English, French, Spanish, Dutch, Maori, German, Chinese, Polish and Arabic.

This program is available to download free of charge at:

<http://www.fip.org/pictograms>

Instructions for use of the program are provided through a video available at:

<http://tinyurl.com/ntyjr24>

Additional resources and information

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Validity

This document has been prepared based on commonly accepted evidence as of 20 November 2015.

Acknowledgements

FIP acknowledges the input received during the preparation of this document from:

- Jane Dawson
- Angela Sester
- Eeva Teräsalmi
- Trudi Hilton
- Luc Besançon
- Ina Donat
- Regis Vaillancourt
- Parisa Aslani
- Richard Wosolsobe



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