Integrating lab medicine technologies and mobile health services for asylum seekers and refugees

Israel point of view

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❑ In Israel 25,000 adults asylum seekers that arrive around 2006-2007 :

 ❖ 20,000 from Eritrea

 ❖ 4,000 from Soudan

 ❖ 1,000 from the democratic republic of Congo

❑ There are 8000 minors asylum seekers growing up in Israel

❑ Despite not being covered by the National health coverage, migrant asylum seekers have the opportunity to insure their children to a program that provides health services equivalent to those of Israeli children (partially paid by parents and partially by the Israeli Ministry of Health).

| 40% of **adults** have health insurance coverage | 72% of **minors** have health insurance coverage |

Health services for Asylum Seekers

❑ In 2008, the Israel medical association in association with the ministry of health, opened a clinic in South Tel Aviv, for all asylum seekers that do not have a health insurance.

❑ Moreover, the emergency room in the Tel aviv medical center provides medical care for all patients with urgent and emergent conditions, regardless of health insurance status

❑ In the first years, morbidity was characterized by various infectious diseases , HIV, hepatitis.

❑ Today the morbidities are more general and chronic like the rest of the population, including mental health issues, since this is not a mobile population anymore.

Elkon-Tamir E, et al. **Type 1 diabetes outcomes of children born in Israel of Eritrean asylum**. *Acta Diabetol. 2021 Feb;58(2):145-152.*

Usually a mobile population

❑ **Data Management issues**

  ❖ Need for building of a Medical File that will include medic history across the different system

  ❖ Definition of an Identity number for purpose of patient records

ISTAT-ABOTT

❑ **POC or mobile device without need for water of physic connection – usually expensive cost/test**

  ❖ Lightweight, portable and easy to use blood analyzer that provides diagnostic information when and where it's needed.

  ❖ CBC analyzers based on Artificial intelligence

  ❖ Results release to a common system to update the patient medical file

OLO-SIGHT

❑ Data Management system

❖ Need for building of a Medical File that will medical history across the different system

❖ The requirement for ID NUMBER could have some negative impacts for cooperation of the patients

❑ POC or mobile device

❖ Coverage of the costs of the services

❖ Use of artificial intelligence platforms when available

⇒ Hosting countries should

1. Act to move asylum seekers from a mobile population to sedentary population, when possible

2. Concentrate efforts on healthcare insurance coverage of children residing in the hosting country.

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