Human Right to Healthcare: Equitable, Evidence-informed Policy on Refugee Healthcare in Canada

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Background

In 2015, Canada received 32,000 refugees seeking asylum from the endemic violence and human rights violations of their homelands. These individuals included government-assisted refugees (GARs), privately sponsored refugees (PSRs) and refugee claimants, all of whom receive healthcare coverage under Canada's Interim Federal Health Program (IFHP) policy. The federal government limited access to essential healthcare services through retrenchments to the IFHP in 2012. In response to the federal court's decision that the policy changes were "cruel and unusual," some services were restored in 2014 for select categories of refugee populations through a more complex system of health coverage.



However, healthcare coverage gaps continued to exist for refugees and refugee claimants under the new program, resulting in the formulation of provincial government-led programs and clinics for newcomers aimed to bridge the gap for refugees to access healthcare. Although the initial goal of the reforms was to contain the financial cost of the IFHP, the reforms may have transferred refugee health financial responsibility to provincial authorities and healthcare institutions. As of April 2016 the newly elected federal government of Canada has reinstated comprehensive coverage provided through the IFHP, "restoring fairness" and equity to refugee healthcare.

Rationale & Research Questions

However, there is no evidence regarding the efficacy of the 2016 reforms, and the impact the 2014 reforms have had on the health and availability of care for refugees. Overall, there is an existing gap between scientific knowledge and the refugee health policy reforms.

1. How have the IFHP changes impacted the health and availability of care for refugee populations?

- a. What is the impact of introducing the policy reforms on primary health care service use among refugees and refugee claimants?
- b. What are rates of ER admissions and adverse events associated with reduced health care service access before and after policy implementation?
- 2. What are the perceptions of stakeholder groups regarding the impact of the reforms on refugee healthcare access and provision?
- **3.** How have the IFHP changes affected the cost of healthcare before and after the reform periods?

Methods

Part 1

Time series analysis will examine the impact of policy reform on primary health care access for refugees and refugee claimants. Primary health care access rates will be measured at several points in time: Before and After the IFHP reform introduction in 2012 and 2014 to determine whether a trend in access over time changes in relation to time of exposure.

Part 2

Retrospective cohort study will examine impacts of policy reforms associated with reduced primary health care access on ER rates and adverse outcomes for refugee populations.

POPULATION



Part 3

Cost-effectiveness analysis comparing IFH programs before and after the reforms will measure ER visits and adverse outcomes to determine impact. Stakeholders, such as hospital and community health centre decision-makers, health providers, and refugees will be interviewed for a qualitative analysis.

Significance

The impact of refugee health policy is of wide significance, given the increasing volume of displaced persons seeking refuge in Canada and around the world. With the global refugee crisis on the rise, and our nation's active efforts to receive thousands of refugees, examining the IFHP reforms will reveal lessons learned on which to build to provide cost-effective and equitable access to a vulnerable population of future Canadians.





