



## RESPOND Newsletter

Welcome to the first Newsletter of the research project RESPOND.

The aim of the project, which is funded by the BMBF, is to improve the evidence base for refugee health service provision in Germany. The project covers five years (2016-2021) and nine work packages, in which we investigate important research questions using qualitative, quantitative and routine data sources.

Since the start of the project and kick-off in March 2017, we have published a number of studies in academic journals. What is more, we have been able to share these results with key actors in the field on a regional, national and international level. Active dissemination of our results is important for the success of the project, so that insights can inform political decisions and be implemented in practice. Using this newsletter, we intend to share emergent results, discussions and events from the project on a regular basis.

In this edition of the newsletter we highlight health inequities for refugees: the first study investigated state-level policies concerning initial screening interventions in all 16 German federal states. It found that these vary greatly between states, bringing consequences both for individuals and the health system. A second study compared pregnancy outcomes and maternal care for refugees and the resident population.

We hope this newsletter provides the basis for an informative and fruitful exchange. Please feel free to forward this email to interested colleagues; these can then subscribe using the button below.

Kind regards,

Dr. Kayvan Bozorgmehr (*principal investigator*)  
and Louise Biddle (*research coordinator*)



## **Regional Differences in Health Examinations**

An analysis of policies determining the nature of health examinations for asylum seekers in 2015 found large differences in the number of examination for infectious diseases. Some tests, such as blood tests for HIV and Syphilis or stool examinations are not based on the latest academic evidence. This practice is not only ethically questionable. It also represents an inefficient use of available resources: we estimated that excess tests resulted in avoidable costs of € 3.1 million. These are sorely needed in other areas of refugee health service provision, such as psychosocial care. This analysis calls for improved harmonization of regional examination policies, as well as targeted testing approaches which take individual health risk into account.



## **Pregnancy Outcomes for Female Refugees**

As part of the research project, we analysed data on pregnancy outcomes from the city hospital Karlsruhe, main referral hospital for the regional reception centre for refugees. We were able to compare pregnancy outcomes for refugees and the resident population for the years 2010 to 2016, being the first study to do so in Germany. Although high-risk pregnancies were less common amongst refugees, these were at higher risk for abortive outcomes and stillbirths as well as post-natal complications. These findings suggest that stress factors linked to flight and conditions in the reception centres need to be taken into account more strongly in pre- and post-natal maternity care. For example, screening measures for mental health needs or proactive post-natal care could be considered.