

ASSESSMENT OF HEALTH RELATED FACTORS AFFECTING REINTEGRATION OF MIGRANTS IN ARMENIA





International Organization for Migration (IOM)



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ASSESSMENT OF HEALTH RELATED FACTORS AFFECTING REINTEGRATION OF MIGRANTS IN ARMENIA

The Assessment was conducted within the framework of the “Measures to Enhance the Assisted Voluntary Return and Reintegration of Migrants with a Chronic Medical Condition Residing in the EU” (AVRR-MC) Regional Project

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LIST OF ABBREVIATIONS

AMD	Armenian dram
BBP	Basic Benefits Package
CBHI	Community-based health insurance
EU	European Union
FADF	French-Armenian Development Foundation in Armenia
ICHD	International Centre for Human Development
ILO	International Labour Organization
IOM	International Organization for Migration
NGO	Non-governmental organization
OSCE	Organization for Security and Co-operation in Europe
PHC	Primary health care
RA	Republic of Armenia
SMEC	Socio-Medical Expertise Commission
SMS	State Migration Service
TB	Tuberculosis
WHO	World Health Organization



EXECUTIVE SUMMARY

The aim of this assessment was to identify health related factors affecting reintegration of migrants and assess gaps in health insurance for return migrants in Armenia. Primary and secondary data were used in the framework of this assessment. The majority of findings derived from the primary data (in-depth interviews with the study participants) were supported by the secondary data (official statistics, various reports and findings of previous studies). Overall, one focus group discussion and 23 interviews were conducted. The study population included Armenian returnees from other countries and their family members; health care workers; organizations providing reintegration support to returnees; insurance companies; as well as various health care experts.

The study found several positive factors that facilitate reintegration of return migrants with a chronic medical condition in Armenia. Particularly, the primary health care is mainly state funded in Armenia; availability of physicians and positive attitude of physicians towards patients are the positive sides of the health care; the Government of the Republic of Armenia (RA) encountered several steps for increasing the accessibility of health care services for general population and particularly for certain vulnerable groups, there are various local and international organizations that provide reintegration services to returnees.

Despite these achievements, the assessment revealed some specific barriers of integration of migrants with chronic medical conditions in Armenia. Some of the main findings of the study are presented below:

- Many returned migrants with chronic medical conditions and their family members are not able to afford the health care services in Armenia and very often they do not apply for the required services because of financial difficulties.
- In most cases returnees with chronic medical conditions face some difficulties with the required medications, because these medications are either not available, difficult to find or very expensive in Armenia.
- Returnees are not categorized as a socially disadvantaged and separate /special/ group identified by the Government of the RA that are eligible to receive state-guaranteed free-of-charge medical care and service. Hence, in order to use in-patient health care services free-of-charge, returnees have to belong to one of the disadvantaged group. Even in cases when the returnees are eligible to receive state-guaranteed free-of-charge medical care and service, the assessment revealed various difficulties that returned migrants with a chronic medical condition encounter.
- The insurance agencies in Armenia do not have special packages for returnees and returnees with chronic medical conditions are practically not covered by any insurance scheme.
- Although psychological services have become more popular in recent years in Armenia, returnees with chronic medical condition prefer to get psychosocial support from family members, friends and relatives or to find consolation in spiritual support.
- Family support is extremely important for the returned migrants with chronic medical condition, and returnees are highly dependent on the support of their families.
- Difficulties that migrants with a chronic medical condition face after return are very similar to the problems that returnees face in general. These problems include but are not limited to difficulties with finding a job and accommodation, the mismatch between their expectations and the reality upon their return to Armenia.
- The problems and difficulties that returnees face in Armenia stimulate them to think about re-emigration again.



Based on the study findings, a set of recommendations was developed in order to facilitate integration of return migrants with a chronic medical condition in Armenia. Increasing access to health care; informing returnees and their family members about the health care system and the available services in Armenia; shortening the required procedures that people need to go through in order to get state-guaranteed in-patient free medical care and services for returnees; creating opportunities for returnees to get corporative health insurance; and expanding provision of social services for returnees were among the major recommendations to improve integration of returnees with chronic medical conditions in Armenia.



INTRODUCTION

The assessment was aimed at investigating the health related factors affecting reintegration of migrants and assessment of gaps in health insurance for migrants in Armenia. Very often, Armenian citizens, who return to Armenia from other countries voluntary or involuntary, come back with various health problems. Some studies conducted among migrants who returned to Armenia indicate that they face some problems related to the reintegration including difficulties with finding a job and accommodation, health-related problems, among others (Chobanyan, 2013; Minasyan et al., 2008; IOM, 2002a). The studies or reports focused on return and reintegration of migrants with health problems are limited; therefore it was important to map the health care infrastructure, including available health insurance packages for returnees and to assess the local conditions facilitating integration of migrants with a chronic medical condition in Armenia.

Primary and secondary data was used for conducting the country assessment. Firstly, various policy documents, official data, reports and findings of studies conducted by different organizations were analyzed in order to map the health care infrastructure and investigate the situation related to return and reintegration in Armenia. Secondly, the results of in-depth interviews conducted with returnees, their family members, and various experts were analyzed in order to explore specific barriers of reintegration of migrants with chronic medical conditions. And finally, the secondary and primary data was synthesized in order to develop feasible recommendations for facilitating the reintegration of migrants with chronic medical conditions in Armenia. The assessment was conducted within the framework of IOM's Regional Project "Measures to Enhance the Assisted Voluntary Return and Reintegration of Migrants with a Chronic Medical Condition Residing in the EU" (AVRR-MC Project), funded by the European Return fund with co-funding from the Ministry of Security and Justice of the Netherlands.



ASSESSMENT METHODOLOGY

Background and purpose

The aim of this assessment is to identify health related factors affecting reintegration of migrants and assess gaps in health insurance for return migrants in Armenia. Very often Armenian citizens, who return to Armenia from other countries, where their stay was no longer possible, come back with various health problems. There are various studies and reports that address problems related to reintegration and return in Armenia and there are several studies that address health related problems in general. However, there is no study or report focused on return and reintegration of migrants with specific health problems.

This assessment was aimed at investigating the factors that play a role in the reintegration process of migrants with a chronic medical condition. The objectives of the assessment were the following:

- To map the health care infrastructure, including available insurance packages for various categories;
- To assess the local conditions facilitating integration of migrants with a chronic medical condition in Armenia.

Study design

Primary and secondary data was used for conducting the country assessment. Primary data was derived from a study utilizing a qualitative research approach. In-depth interviews as the primary data collection method were used during the assessment. Qualitative data collection methods are designed to answer complex questions and provide in-depth and full understanding of the phenomena that is being researched. They give insight into behaviours, trends, motivations, and so on (Cottrell & McKenzie, 2011).

Secondary data used for conducting the assessment included official statistics, various reports and findings of studies conducted by different organizations, and other materials. Policy documents concerning health care system and available services, return migrants and their reintegration have also been analysed.

Study population and settings

The study population included Armenian returnees from other countries and their family members; health care workers; organizations providing reintegration support to returnees; insurance companies; as well as health care experts from the RA Ministry of Health and the Health Center for Health Services Research & Development at the American University of Armenia.

The study population of returnees were limited to those who were less than three years back in Armenia, who had chronic medical problems (physical or mental) and who were 18 years and older at the time of the interview. Family members and/or friends of the returnees were directly involved in providing care to the return migrant. The interviews were mainly conducted in returnees' households.

Health care workers were selected from both mental health care and physical health care settings (hospital, health care centre, otherwise). Representatives of organizations providing reintegration support to returnees as well as various experts were included.



Sampling

Overall, 23 interviews and one focus group discussion were conducted with the following distribution: 5 interviews with return migrants, 5 interviews with family members of return migrants, 4 interviews with health care workers, 3 interviews with two local integration organizations, 5 interviews with the insurance companies, 1 interview with the American University of Armenia and one group discussion with 6 representatives of the Ministry of Health. The entire list of study participants is presented in Appendix 2.

A convenience sampling approach was utilized for selecting the returnees and their family members. Returnees and their family members that have received medical assistance from IOM were included in the study. Mainly returnees from Belgium and the Netherlands were interviewed.

Measurement tool, data collection and analysis

The instrument used for the study was an in-depth interview guide. Because this study was a part of a larger study being conducted in several other countries, the guide were developed in English and translated into Armenian (Appendix 3). The guides were different for each study population group. Only one person conducted the interviews. All interviews were conducted in Armenian. Almost all interviews were recorded and were later translated into English. All migrants and family members signed the informed consent form and gave a permission to be interviewed. The primary investigator of the study performed the coding and the data analysis. The transcribed and translated interviews were coded and analysed.



HEALTH CARE SYSTEM IN ARMENIA

Overview of the health care system

As a post-Soviet Union state, the Republic of Armenia (RA) inherited a health system organized according to the “Semashko” model that guaranteed free medical assistance and access to a comprehensive range of primary, secondary and tertiary health care for the entire population. The system was highly centralized with a focus on secondary and specialized care. But since independence the health care system in Armenia has undergone numerous changes and reforms. Particularly, various steps were undertaken for decentralization of health services, privatization of many health care facilities, strengthening of primary health care (PHC) settings, among others (Hakobyan et al., 2006).

In regards to decentralization, the operation and the ownership of health services have been devolved to the local self-governmental bodies for PHC and regional self-governmental bodies for most hospitals since 1996. The role of the Ministry of Health of Armenia has been to license, regulate, monitor and set guidelines for service provision, rather than to act as a direct provider of services (Hakobyan et al., 2006). According to the 2012 data of the Ministry of Health of RA, there were 127 in-patient health care facilities and 513 PHC facilities in Armenia. Out of 127 in-patient health care facilities, 89 medical institutions were under the jurisdiction of local and regional self-governments and 32 were private facilities. Out of 513 PHC facilities, 377 health care facilities were under the jurisdiction of local and regional self-governments and 118 were private facilities (Ministry of Health of Armenia, 2013b).

In recent years, several steps were undertaken for increasing access to and utilization of primary care. Typically first-contact outpatient facilities provide PHC in Armenia. They involve urban polyclinics, health centres, rural ambulatory facilities and paramedic/midwife health posts. A range of health facilities provide secondary health care including: freestanding municipal and regional multi-use hospitals; integrated multi-use hospital networks with ambulatory care provision; health centres with beds for in-patient care; maternity clinics; and specialized units for in-patient and outpatient care. Specialized single-purpose health care structures provide tertiary, highly specialized care (Hakobyan et al., 2006).

As for the privatization of hospitals and health care facilities, the emphasis of the reforms was put on the improvement of state budget financing and more efficient use of the resources. However, instead of reducing excess capacity of hospitals and informal payments, unregulated privatization has expanded the inefficient system even further (World Bank, Ministry of Health of Armenia & WHO, 2009). Currently, the majority of financing is still derived from out-of-pocket payments, both formal and informal. Out-of-pocket payments now constitute an estimated 59, 4% of all health care expenditures (Ministry of Health of Armenia, 2013a).

In 1997–1998, for the first time the government made an effort to implement official user fees and subsequently introduced a basic government-paid care package – the basic benefit package (BBP). This package was designed to provide a set of limited services for the entire population and broader services for certain vulnerable groups (World Bank, Ministry of Health of Armenia & WHO, 2009). The BBP has been periodically reviewed depending on the available funding. The description of current BBP is presented in the next section of this report.

Although the Government of the RA encountered numerous steps for improving the quality of health care and for increasing the accessibility of health care services for the general population and particularly for certain



vulnerable groups, according to the health system performance assessment results, there are several challenges that the Armenian health care system is experiencing currently. Here are some of them:

- There is a need to increase the state financing of the health care (Ministry of Health of Armenia, 2013a).
- The increased state financing of health care in recent years did not significantly decrease the amount of out-of-pocket payments made by citizens, which means there are serious structural, organizational, and managerial issues in the health system.
- People very rarely apply for ambulatory services and, as a result, experience more serious health conditions and have to apply for in-patient care.
- Compared to 2009, in 2012 the number of people, who did not access health care when they needed, has increased. The most common reason for not accessing health care remains the financial inaccessibility of services.
- In 2012, only 10.5% of beneficiaries of the poverty family benefits programme had the right to use medical services guaranteed by the state.
- Many health facilities, especially in rural areas, lack modern technology and equipment and what is available is not distributed efficiently (Hakobyan et al., 2006, Ministry of Health of Armenia, 2013a).

Thus, the health system in Armenia has undergone numerous changes and reforms in recent years. The Government of the RA has implemented a number of steps for optimizing the health system, improving the quality of the health care, and increasing accessibility of health care services for the general population and particularly for certain vulnerable groups. Nevertheless, there are several challenges that the Armenian health care system is experiencing currently.

Government-paid care package and the system of co-payments

As it was mentioned earlier, in 1998 the Government of RA introduced the Basic Benefit Package (BBP) that was designed to provide a set of limited services for the entire population and broader services for certain vulnerable groups. The health care Law adopted by the Republic of Armenia in 1996 and the Decree on health target programs and State Order of 1997 created a framework for the concept of the BBP. The BBP includes measures for the treatment of a number of diseases of social importance and settlement of healthcare problems of underprivileged groups (who are not able to pay for the services). The services and population groups covered under the BBP have changed from year to year. The No. 318-N Decree of the RA Government of 04.03.2004 on “State-Guaranteed Free Medical Care and Service” was aimed at standardizing the BBP and its review process (Government of the Republic of Armenia, 2004).

The BBP currently covers a range of services including in-patient care, ambulatory-outpatient care, sanitary and epidemiological services and other health services and programmes. The BBP specifies a list of services that are free-of-charge for the entire population and identifies the population groups that are entitled to receive any type of health care service for free (Hakobyan et al., 2006). Individuals belonging to one of the socially disadvantaged and separate /special/ groups specified in the No. 318-N Decree, are entitled to receive state-guaranteed free-of-charge medical care and service. As of 2013, these groups include but are not limited to the beneficiaries of the poverty family benefits programme, people with disabilities (1st, 2nd, and 3rd degrees of disability), children with one parent, and several other groups (Government of the Republic of Armenia, 2004). The full list of entitled groups is presented in Appendix 1.

In order to receive state-guaranteed free in-patient health care services, patients should present a referral from the local polyclinics, their passport, with the exception of “those urgent cases not requiring all day long surveil-



lance when the patient does not possess identity documents”, whereas socially disadvantaged individuals and those included in separate /special/ groups should submit the identity document and corresponding documents certifying the social status (Ministry of Health of Armenia, 2012b).

Ambulatory-outpatient care e.g. primary care, dispensary care, pre-/postnatal care, and others is provided free-of-charge to the entire population. As for the free in-patient care, it includes emergency care, intensive care, and health care for selected conditions such as TB. In December 2012, the Order of the Minister of Health of RA declared the lists of diseases or conditions requiring free in-patient urgent medical interventions guaranteed by the state. These lists are different for individuals under 18 and for individuals aged 18 or above (Ministry of Health of Armenia, 2012a). If a patient has a disease or condition mentioned on the list, in-patient medical care is provided free-of-charge. In-patient immediate medical care is provided based on the referral of the emergency medical service or based on a decision of a receptionist physician in a health care facility. A co-payment system is applicable for the treatment of patients transferred from the reanimation/intensive care departments to specialized departments (Ministry of Health of Armenia, 2012b).

The Government of RA introduced the system of co-payments in 2004, in order to increase accessibility to and the quality of hospital care and to eliminate informal payments in health care facilities. The No. 229-A Order of the Minister of Health of RA in 2013 defines the diseases and conditions for which the medical care and services for the population is carried out by co-payment (Ministry of Health of Armenia, 2013c). The co-payment principle entails a partial reimbursement for the medical services received by the citizens. The Minister of Health of RA, in agreement with the Minister of Finance of RA, defines the fees for the medical care and services in in-patient and outpatient health facilities as well as the amount of co-payment. The co-payment does not cover the diseases and conditions requiring reanimation measures.

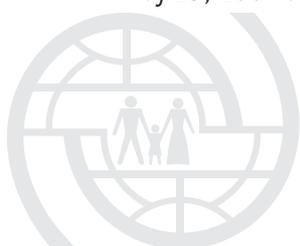
Individuals who belong to one of the socially disadvantaged and separate /special/ groups mentioned in the No. 318-N Decree of the Government of the RA on “State-Guaranteed Free Medical Care and Service” are exempted from the co-payment (Government of the Republic of Armenia, 2004). In order to be exempted from the co-payment it is required to submit to the medical institution a document certifying that the patient belongs to one of the given groups, their passport, and the referral from the local polyclinics.

Thus, the government-paid care package includes a range of services that are provided to the entire population free-of-charge. Individuals belonging to one of the socially disadvantaged and separate /special/ group are entitled to receive broader services for free-of-charge. For certain diseases and conditions that are not covered under BBP, the medical care and service of the population is carried out by co-payment.

Mental health care

Mental health is an integral part of the well-being of individuals, societies, and countries. WHO defines health as a “state of complete physical, mental and social well-being and not merely the absence of disease or infirmity” (WHO, 2003). Therefore, it is important to have a health system that effectively addresses the mental health of the population. The current mental health system in Armenia mainly focuses on in-patient care. There are 11 mental health hospitals and five outpatient mental health facilities in Armenia. All of outpatient mental health facilities are integrated into mental health hospitals. There are 3 mental health facilities that provide day treatment and care in Armenia; all of them are for adults only. There are no community-based psychiatric in-patient services and community residential facilities in Armenia (WHO & Ministry of Health of Armenia, 2009).

Currently the Law on Psychiatric Care regulates the field of mental health in Armenia. The law was adopted on May 25, 2004 and “regulates the involuntary treatment, civil and human rights protection of people with mental



disorders and other mental health related issues” (WHO & Ministry of Health of Armenia, 2009, p.10). In the RA psychiatric services in ambulatory-polyclinic facilities are provided for free-of-charge for all population groups. The medications purchased centrally by the Ministry of Health of RA are also provided free-of-charge for the treatment of people with mental health disorders. State-guaranteed free-of-charge in-patient medical care and services include provision of services to individuals with mental health disorders in acute and urgent conditions, the care and involuntary treatment of individuals with mental health disorders and some other services (Ministry of Health of Armenia, 2013d).

Some challenges of the mental health system in Armenia include absence of continuous medical education available for psychiatry and clinical psychology, lack of exchange of the international experience at a governmental level, underrepresentation of psychosocial rehabilitation in mental health hospitals, lack of trained social workers that have the potential for providing services at community level, among others (WHO & Ministry of Health of Armenia, 2009).

As for the patients’ satisfaction with mental health services, a study conducted among caregivers of mentally ill patients revealed that participants and patients were overall satisfied with the services and rated professionals as highly qualified. Some mentioned challenges such as the shortage of drugs at times, which caused additional expenses, uncomfortable conditions within the hospitals including the quality of provided meals, and presence of informal payments (Balteanu, 2011).

In summary, the focus of the current mental health system in Armenia is on in-patient care. The essential psychotropic medicines are accessible for all registered patients. All the severe and some mild mental disorders are covered in social insurance schemes (WHO & Ministry of Health of Armenia, 2009). Yet, there are several challenges that the mental health system currently faces in Armenia.

Health insurance in Armenia

Health insurance plays an important role in widening access to health care services and providing financial protection for beneficiaries. Therefore, it is important to analyse available health insurance schemes in the country.

In general, the insurance business is not well developed in Armenia. Some changes have been observed in recent years when the third party liability insurance policy became compulsory in 2011. Health insurance is not compulsory in Armenia and health insurance agencies do not have special offers for migrants yet (International Labour Organization, 2010; Petrosyan, 2013). The main beneficiaries of the health insurance packages are employees of large private companies and international organizations as well as individuals working in the State agencies of the RA.

According to a governmental decree in 2012, individuals working for State agencies of the RA, as well as educational, cultural, scientific and social protection governmental organizations and immediate members of their families are provided with a social package. The social package is provided in order to increase the employees’ motivation and work efficiency. The monthly amount of the social package is 11,000AMD¹ per beneficiary (normal working hours). Health insurance is compulsory, which means that the beneficiaries should spend 52,000AMD out of 132,000AMD on health insurance. The remaining funds may be spent for covering expenses in 4 areas:

- 1) Additional packages for health insurance
- 2) Monthly payment of mortgage loan
- 3) Tuition fee

¹ The exchange rate of the Armenian dram to American dollar comprised AMD 405.3/\$1 according to the data of the Central Bank of Armenia from November 5, 2013.



4) Vacation in the RA and in Nagorno Karabakh (Government of the Republic of Armenia, 2012a).

In recent years some Community-Based Health Insurance (CBHI) schemes have been launched in the country. These schemes aim to reduce the impact of unpredictable out-of-pocket expenses on households. PHC-focused CBHI schemes in Armenia are supported by international organizations such as Oxfam GB, World Vision Armenia, Mission East Armenia, and the Future Generations Union. These schemes are currently planned to increase their coverage but questions regarding their long-term sustainability and policy implications have been raised (Poletti et al., 2007).

In summary, although there are many insurance companies that offer health insurance in Armenia, mainly employed people benefit from available services. Some CBHI schemes are also available, but they are supported by international organizations and may not provide sustainable solutions.



MIGRATION, RETURN, AND REINTEGRATION IN ARMENIA

Migration trends

Migration is an integral feature of the current globalized society and causes various economic, social, demographic, cultural, security and environmental effects on both sending and receiving countries. Due to various reasons, such as conflicts, natural disasters, and economic crisis, Armenia has always been involved in international migration flows. Outflows are both regular and irregular, while the inflows are not large and have mainly asylum-seeking purposes (IOM, 2008). The types of identified external migration flows include labour migration, permanent migration, migration of students, and migration for other purposes (International Labour Organization, 2009).

According to different estimates, during the 1990s, due to the socio-economic situation in Armenia, the Nagorno-Kharabagh conflict, the 1988 earthquake and other factors, between 800,000 and 1,000,000 people have emigrated from Armenia and joined the sizeable Armenian diaspora in the Russian Federation, the Ukraine, the United States of America (USA) and countries in Western and Eastern Europe. Migration to the Russian Federation and the Ukraine is mainly of temporary nature, generally for seasonal work, while migration to Europe and the United States is primarily for permanent residence with the emigrants taking their families with them. In Europe, the majority claims asylum and a large proportion ultimately faces deportation (Chobanyan, 2013; ILO, 2009; IOM, 2011a).

In recent years, the data acquired through the 2008 Returnee Survey confirmed that in the period from 2002-2007 labour migrants prevailed in terms of outward migration flows. In 2002-2007, 94% of the people who left Armenia were labour migrants and only 3% had a purpose to permanently reside abroad, 2% had an intention to study abroad, and 2% had other purposes (Minasyan et al., 2008). The global financial and economic crisis of 2008-2009 has impacted the situation in Armenia. “Although the 2009 forecasts on returnees to Armenia did not materialize and no major inflow of returnees was recorded, due to the economic global crisis, the number of temporary labour migrants leaving for Russia dropped significantly” (Chobanyan, 2013, p.3).

There are no reliable statistical data on the return flows because return migrants are not registered either at entry points to Armenia nor inside the country. Therefore, the information about the return flows is derived from the existing official data and the results of sociological surveys (Chobanyan, 2013). Return of Armenian migrants is both forced and voluntary. The official data indicate that between May 2006 and November 2009, 2604 returning migrants have applied to the Support Center for Migrants based in the migration agency of the Armenian Ministry of Territorial Government (Chobanyan, 2010). A survey conducted by the Advanced Social Technologies NGO and the Organization for Security and Co-operation in Europe (OSCE) revealed that in the period 2002-2007, Armenia predominantly witnessed temporary rather than permanent return. However, about 24% of the interviewed migrants or approximately 55,000 people have returned to Armenia in 2002-2007 and were not planning to re-emigrate in the near future (Minasyan et al., 2008). Another IOM survey on 300 Armenian returnees from Germany showed that 56% of returnees were deported and 43% were voluntary returnees. In 2005 and 2006, 966 voluntary returns to Armenia were assisted by IOM from different European countries, mainly from Belgium and Germany (IOM, 2008).



Factors influencing the decision to return

Return migration is a major component of migratory flows. It is estimated that “depending on the country of destination and the period of time considered, 20% to 50% of immigrants leave within five years after their arrival, either to return home or to move on to a third country” (Dumont & Spielvogel, 2008). Return migration is defined as “the movement of a person returning to his/her country of origin or habitual residence usually after spending at least one year in another country. This return may or may not be voluntary” (IOM, 2011b, p. 54). There are several factors that can influence the decision to return the country of origin.

Some studies indicate that return to Armenia is largely motivated by push factors from the destination country rather than pull factors in Armenia. Push factors such as the loss of jobs, increased xenophobia and/or unacceptability of the social values seem to have determined the decision of the majority of the returnees. Some pull factors that also determined the decision to return to Armenia include homesickness, feelings of loneliness and inability or unwillingness to reunite with the family abroad (Minasyan et al., 2008). Another study results showed that people who were forced to leave the host country because of the rejection of their asylum application or for other reasons preferred to take the opportunity to return home with the assistance from the government and IOM instead of prolonging their stay in an illegal manner or trying their luck in another country (IOM, 2002a).

Studies also found that the age of migrants and the destination country are important determinants of the decision to return and permanently reside in Armenia. Particularly, it was revealed that those migrants that chose to return to Armenia were older than those who decided to permanently reside abroad. Fewer migrants from Russia compared to returnees from other countries expressed intention to settle down in Armenia permanently (Minasyan et al., 2008).

Another important factor that may influence the decision to return is the family network. It was revealed that return migrants, at least those who decided on their own initiative to return, frequently discussed their return with family members and received information about the situation and the social and economic opportunities in Armenia. Besides, upon their return, the majority of returned migrants received family support, such as moral and psychological assistance, re-establishing contacts and networks, as well as financial aid (IOM, 2002a; Fleischer, 2008). Hence, the family plays an important role as an information source in the return process, as return motivation and in some cases for the social and economic reintegration of returnees (Fleischer, 2008).

The international experience indicates that access to health care can be a determining factor for migrants' choice of residence, especially for older persons, retirees or those who are chronically ill (Dumont & Spielvogel, 2008). Among several studies conducted with returnees, only one study mentioned health problems as a factor motivating to return to the home country (Minasyan et al., 2008). However, there was not an indication that the access to health care determined migrants' decision to return to Armenia.

Problems related to the reintegration of returnees in Armenia

Reintegration is defined as a “re-inclusion or re-incorporation of a person into a group or a process, e.g. of a migrant into the society of his country of origin” (IOM, 2011b, p. 54). Reintegration includes economic, social, and cultural aspects, which are interrelated and which mutually affect one another (Chobanyan, 2013).

Some studies conducted with migrants that returned to Armenia indicate that they face some problems related to the reintegration. These problems include the mismatch between the expectations and the reality people find



back in Armenia, problems related to finding a job, health-related problems, difficulties with accommodation, among others (Chobanyan, 2013; Minasyan et al., 2008; IOM, 2002a).

Many studies indicated that the lack of work and difficulties of finding a job or setting up a business were the major difficulties that the returnees face after the return. These difficulties put returnees under additional psychological stress, negatively impact family relations, and may also affect their health (Minasyan et al., 2008; IOM, 2002a).

A study conducted among the returnees of three South Caucasus countries revealed that health-related problems were particularly serious in Armenian returnees. As a reason of their deteriorated health it was mentioned the stressful life after the return related to the inability to improve the socio-economic condition of their families (IOM, 2002a).

Some returnees face difficulties with finding a place to live when they are back. Very often people sell their houses before departing from their counties of origin. Therefore, after the return, they are either forced to live temporarily with relatives or live with their family in very cramped circumstances (IOM, 2002a).

Some other difficulties that returnees face in Armenia include: language barriers, especially for those that resided in foreign country for many years; lack of any entertainment or pastime activities, especially for those that returned to rural parts of Armenia, and difficulties with adapting to certain customs especially for those that returned from the USA or Europe. The social injustice, lack of information related to different spheres of public life, and problems with their documents are other issues that returnees face in Armenia (Chobanyan, 2013; Minasyan et al., 2008).

Because the returnees face various difficulties after the return, it may force them to re-emigrate again. A study conducted among returnees in order to evaluate their reintegration efforts revealed that some migrants, who had initially been positive about their return, felt less optimistic after several months. One fourth of interviewed Armenian returnees stated their intention to go abroad again if the opportunity arose. Those who were determined to never migrate again justified their decision with unwillingness to be treated as a second-class citizen in Western countries. Besides, it was stated that they feel more secure in their own community where they knew whom to rely on for help if needed (IOM, 2002a).

Reintegration policies and programmes

Armenia does not have a comprehensive policy covering all migration issues. Separate laws and government decisions regulate various aspects of migration in Armenia (IOM, 2008). As for the return and reintegration issues, this aspect was not emphasized in any policy document before 2010. Particularly, the existing policies were focused on addressing emigration-related issues because of the intensive outflows from Armenia during the 1990s (Chobanyan, 2013). In 2011, the Government of Armenia adopted the “Action Plan for Implementation of the Policy Concept for the State Regulation of Migration in the Republic of Armenia in 2012-2016”. The “Assistance to the return of Armenian nationals from foreign countries and to their reintegration in their home country” is the eighth policy priority of this Action Plan (Government of the Republic of Armenia, 2011).

Several national and international initiatives have been implemented and are being implemented currently in order both to strengthen Armenia’s reintegration management capacities and to provide reintegration services to returnees. The EU-Armenia Mobility Partnership Declaration was signed in Luxembourg in 2011. Ten EU Member States are participating in the Mobility Partnership. The Mobility Partnership is expected to enhance Armenia’s ability to manage migration and inform, integrate and protect migrants and returnees, as well as boost Armenia’s capacity to curb irregular migration and human trafficking (IOM, 2011a). Currently, in the



framework of the Mobility Partnership, **France's Office Français pour l'Immigration et l'Intégration** implements a three-year *“Strengthening Armenia's migration management capacities, with special focus on reintegration activities”* project. Although the State agencies and mainly the State Migration Service at the RA Ministry of Territorial Administration are the beneficiaries of the project, the final beneficiaries in general are the current and potential returnees and migrants (Chobanyan, 2013).

The **International Organization for Migration (IOM)** has been operating in Armenia since 1993. IOM Armenia mainly works in the following fields: technical cooperation on migration and capacity building in migration management; labour migration; combating trafficking in humans in Armenia; reintegration; movements and resettlement. Since 1996, IOM has been collaborating with the Republic of Armenia within the framework of the Capacity Building in Migration Management Programme, which continues to provide technical assistance in areas such as developing migration legislation, strengthening operational and administrative structures, and enhancing border management (IOM, 2008). In a framework of reintegration, IOM Armenia provides assistance with self-reliance and integration through micro-enterprise development, rehabilitation assistance, and reintegration assistance. The micro-enterprise development component provides project beneficiaries with lasting source of income by self-employment or employment opportunities. By participating in training courses and orientation on small business development and by preparing a business plan, the beneficiaries launch small businesses reducing their dependence on humanitarian aid and contributing to the reduction of poverty in general. Rehabilitation assistance includes provision of financial assistance to returnees for medical treatment and other rehabilitation activities. Reintegration assistance includes provision of reintegration grants to returnees to start up their businesses or pursue studies as per the returnee's individual needs. IOM also organizes the safe movement of people for temporary and permanent resettlement or return from Armenia to their countries of origin (IOM, 2011a)

From January 2007, a three-year *“Support for Migration Policy Development and Relevant Capacity Building in Armenia”* project has been implemented jointly by the **British Council in Armenia, the State Migration Service, and the “International Centre for Human Development”** with the support of the European Union. The aim of this project was to prevent irregular migration; to assist in increasing the efficiency of return and repatriation processes; to harmonize the migration policy and legislation with norms and principles of the international law. The web-site www.backtoarmenia.com has been created within the project, where Armenians from foreign countries can get valuable information on the return and repatriation processes and receive answers to their questions via a direct Internet connection (ILO, 2010).

The International Centre for Human Development (ICHD) Think Tank along with the “Support to Migration Policy Development and Relevant Capacity Building in Armenia” project implemented also *“Providing Post Arrival Assistance to Armenian Returnees from the Netherlands”* since 2010. The project aims at fostering social and economic re-integration for Armenian nationals who do not have a legal right to reside in the Netherlands and then to prevent their irregular re-migration to EU member-states through counseling and referral. From October 2012, ICHD started to implement the *“Preventing Irregular Migration from Armenia to Belgium”* Project. The overall objective of the action is to prevent irregular migration of Armenians to Belgium and other EU countries (Chobanyan, 2013).

Armenian Caritas Benevolent NGO implements or has implemented several projects. *“Sustainable Reintegration after Voluntary Return”* project was aimed at improving the chances on a successful reintegration of the migrants returned from Belgium. The *“Migration and Development”* project is aimed at promoting links between migration and development in the Armenian context by contributing to the establishment of sustainable reintegration measures for returnees to Armenia and to prevent illegal migration wave from communities having high rate migration waves and risks. The *“Migration and Trafficking Resource Center”* project is aimed at



mitigating the steady outflow of illegal migrants from Armenia and consequences connected with trafficking by serving as a global resource centre for promotion and dissemination information on legal ways of migration and by providing support to the victims of trafficking (Armenian Caritas, n.d.)

The French Armenian Development Foundation in Armenia (FADF) has implemented the project *“Institutional Capacity Building in the Field of Migration Information and Co-operation Regarding Reintegration of Armenian Migrants”* that was aimed at strengthening the links between migration and development as well as preventing illegal migration. Currently the FADF implements the *“Voluntary Return from Germany to Armenia 2012-2014”* and the *“Return to Sources- Voluntary Return of Armenian Nationals from France to Armenia”* projects. Its objective is to facilitate the voluntary return of national Armenians residing illegally in France and Germany (FADF, n.d.).

Other projects implemented by local NGOs include *“Reintegration Centre Armenia”* project implemented by the **Heimatgarten Adaptation Center Yerevan and Hope and Help NGO**. The project is financed by the Return Fund of the European Commission and is dedicated to the support and assistance of Armenian immigrants to voluntarily return to their homeland (RECEA, n.d.). Another project is *“Support of circular migration and re-integration process in Armenia”* implemented by the **Czech NGO “People in Need”** (Delegation of the European Union, n.d.).

In summary, there are many Armenian nationals who return either voluntary or because of different circumstances. Some studies indicate that they face problems such as difficulties with finding a job and accommodation or health-related problems after the return. In recent years several national and international initiatives have been implemented and are being implemented in order both to strengthen Armenia’s reintegration management capacities and to provide reintegration services to returnees.



FINDINGS

The study results are presented according to the research objectives and correspond to the sub sections of the literature review presented above. Direct quotes for the participants' interview support the findings where appropriate.

Description of the study participants

Both male and female returnees and their family members from Yerevan and other regions were interviewed. All returned migrants were older than 50. The interviewed migrants were mainly residing in the Netherlands and in Belgium prior to their return. Three out of five migrants had secondary education and stayed outside Armenia for about a year. The main chronic medical condition that the interviewed returnees experienced were the diabetes and the cancer. The family members of the returnees were younger, from 35 to 48 years old. In general, they were very close relatives such as sons, daughters or sisters of the returned migrants. As for the experts participated in the study, the Appendix 2 presents the entire list of study participants indicating their occupation and agencies.

Healthcare system in Armenia

Access to the healthcare system

As describe before the primary health care is mainly state funded in Armenia, there is a law that allows patients to choose their health care provider and health care facility, individuals belonging to one of the socially vulnerable groups are entitled to receive state-guaranteed free-of-charge medical care and service. However, the majority of returned migrants and their family members stated that they or their relatives cannot afford the health care in Armenia and very often they do not apply for the required services because of financial difficulties. It was also mentioned that some medical examinations are not available in Armenia and the main health care facilities are located in urban areas. As a result, many returned migrants do not get the required services and in some cases their health condition is getting worse.

“Primary health care is provided free-of-charge to the entire population. If a person belongs to a vulnerable group, they can get medication, in-patient treatment and various examinations again free-of-charge. Even if they do not belong to any group, they can get humanitarian medication that is purchased by the Ministry of Health for the whole population. They may apply to the Minster of Health and get individual referral for in-patients services (health care expert).

“For my heart problem, I took an examination and I had to get treatment in the hospital that would cost me 200,000AMD. I could not pay for it, so I did not get the treatment” (a returned migrant).

“I have to take some diagnostic tests and procedures for determining my medical condition now, but some of them are not available in Armenia, some of them are too expensive, and I cannot afford them. So, right now, I do not know what is going on with me” (a returned migrant).

“Our facility is in Yerevan and all main health care facilities are in urban areas” (a health care worker).

“Whatever specialist you visit you have to pay for the service. That's why day by day my health condition is getting worse” (a returned migrant).

“If the Belgian government did not provide this medical assistance, I would not be alive now. I would not be able to pay for the treatment cost and the Armenian government does not provide anything” (a returned migrant).



“If the treatment of returnees is interrupted and they need to get treatment here, they need some financial assistance to be able to get required medical examinations and treatment in Armenia” (a health care expert).

Attitude towards the health care and the quality of provided services

Both positive and negative sides of health care were emphasized. Physical availability of physicians and the positive attitude of physicians towards patients were stated as positive sides of the health care. As for the quality of provided services the results contradict each other. On the one hand, it was stated that very qualified specialists work in the health care facilities, but on the other hand, it was mentioned several times by the returned migrants and their family members that they don't trust the medical personnel. As a main reason it was mentioned that the physicians were more concerned about earning money rather to provide high quality services. Absence of new technologies was also mentioned as an obstacle of providing high quality services.

“You don't need to make an appointment with your physician for two months beforehand. If your child has a problem you can call the paediatrician from the polyclinic and he/she will be at your house in half an hour” (health care expert)

“We don't have appropriate equipment in the health care facilities, medications are very expensive, but I have to say that the attitude of physicians is positive” (a returned migrant).

“We do have very qualified physicians who take patients even from abroad” (a health care expert).

“We do have good specialists, knowledge and information, our specialists participate in different conferences, but technologies reach us late” (a health care worker).

“I don't trust the doctors here. In Armenia the doctors send the patients from one doctor to another in order to earn more money” (a sister of a returned migrant).

“Here in Armenia everything depends on money. Although the physicians can treat the illness with medications, they offer a surgery in order to earn more money” (a returned migrant).

“She needs another surgery. We could do this second surgery here in Armenia as well, but we were afraid to do it here after the first unsuccessful one” (a sister of a returned migrant).

Informal and co-payments

Informal payments and the system of co-payments remain one of the obstacles of getting health services. Several participants in the study talked about the necessity of making informal payments in health care facilities or in other agencies that provide health-related services.

“In order to receive a reimbursement from IOM, I have to present an invoice of medical services that I have used, but there are some expenses that I cannot present or provide invoices. For instance, I cannot say that I paid 500 or 1,000AMD to the nurse” (a returned migrant).

“I have to pay even for the ambulance” (a returned migrant).

“Even for getting the disability category, you have to pay. Our father has a disability. The commission gave him 3rd group instead of 1st group, because we did not give them a bribe” (a sister of a returned migrant).

“We did not have the system of co-payments till October 2012 and now we do have this system. It means, the state budget is not enough for covering all the treatment costs and the patients have to contribute” (a health care worker).

“We do have problems with informal payments in the health care system and our Government tried to find solutions. That's why the system of co-payments was initiated in order to eliminate informal payments in the health care. How-



ever, some recent studies indicate that along with co-payments people are asked to continue making informal payments, which puts the accessibility of health services into question even further”(a health care expert).

Medications

Returnees that received medical treatment in the host country, usually bring some amount of medication with them. If they need additional medication in Armenia, very often they face some difficulties because these medications are either not available, difficult to find or are very expensive in Armenia.

“My son looked for those medications in almost all pharmacies and could not find the ones that I need. Besides, the medication that I was taking there was different from the one that I can buy here. The quality of medications that I was taking there was high; here I can find only the alternatives or generics”(a returned migrant).

“When I came back, I had my medications with me for one month. During this month I used these medications. I was feeling well. After a month of my return, my health condition got worse. I think my condition got worse because I changed my medications”(a returned migrant).

“In Armenia these medications are very expensive and I cannot afford them. I buy medications for 50,000-100,000AMD per month only for me. My wife needs to take 13 different types of medications each day. I guess we should pay the same amount of money for her medications”(a returned migrant).

“Medications are expensive in Armenia and are getting more expensive; there is no regulation of the market. For some health conditions the medications are provided free-of-charge now. A few years ago the situation was even worse. But now we have a problem with the quality of state purchased medications”(a health care expert).

Government-paid care package

As it was mentioned earlier, the government-paid care package includes a range of services that are provided to the entire population free-of-charge and individuals belonging to one of the socially disadvantaged and special groups are entitled to receive broader services free of charge. Returnees are not categorized as a separate special group. Hence, in order to use in-patient health care services and some examinations free of charge they have to belong to one of the disadvantaged groups identified by the Government of RA.

Lack of information

The interviews with the returnees and their family members indicated that there was a lack of information about the available services and the procedure that people need to go through in order to use the BBP.

“I don’t know whether it is possible to get government assistance for the medical treatment I need”(a returned migrant).

“I don’t know what services are available or how to get these services provided by the state free-of-charge or how to apply for these services”(a returned migrant).

“Returnees should be more proactive in finding the information they need. All required information is available online or in polyclinics”(health care expert).

Attitudes towards BBP and services provided in government-paid package

Overall, the attitude towards BBP is negative. Returnees do not believe that they can get appropriate services under BBP. Some of them expressed their dissatisfaction with the quality of medications that they get from the polyclinics free-of-charge.



“We tried to ask our relatives and friends about the state programmes, they all expressed themselves negatively about these state programmes. All I hear is “What can they give you? Or what kind of treatment they can provide for you?” So, I did not apply. Besides, I know how these state agencies work. It took me forever to register and get my pension” (a returned migrant).

“We get insulin from the polyclinic free of charge, but the quality is really bad. It is produced in India and does not help. I have to pay 8,000 AMD and buy insulin from a pharmacy that has a better quality. Our relatives and friends, who see these medications, advice me not to take them. Because of my serious health problems I cannot risk my health and take medications of poor quality (a returned migrant).

Difficulties with using the state-guaranteed health care services

In some cases the returnees had difficulties with using in-patient health care services free of charge, although they were eligible to use the BBP, for instance they had a disability category. The health care facilities may refuse to provide services to patients by referring them to another facility or some private health care facilities do not provide state-guaranteed services. In addition, RA legislation does not allow other parties like NGOs to go through the required procedures instead of the beneficiary for getting the state-guaranteed services; they should be present in person, be a citizen of the RA and have a registration. Therefore, it is impossible to start the procedures earlier before their arrival, so they could immediately receive the services.

“I don’t want to say which hospital it was, but in one of the hospitals of Yerevan, the doctor saw my documents and as soon as he realized that I have to use the state programme, he did not want to accept me. He referred me to another hospital and justified his decision that I had TB. In one week we changed 3 hospitals and it turned out I did not have TB” (a returned migrant).

“Our government agreed to accept back all Armenian citizens, but they don’t provide treatment free-of-charge. We tried to use the state programme and we tried several hospitals. They told us that regardless of the disability category, we have to pay for the treatment” (a returned migrant).

“In order to get a referral for receiving state-guaranteed free inpatient health care services from our polyclinic, firstly they have to be citizens, secondly, they have to reside in our administrative district, and thirdly, they have to be eligible to use this state programme” (a health care worker).

“There are some state programmes, but the government is very slow in this process. In order to receive available services, a person should be in Armenia and go through the required procedures personally. He/she should personally take some examinations. In addition, he/she should be somewhere registered. But they may not have a house, so they cannot register. Or they may not have a passport. It takes time to collect the required documents and go through the required procedures (a health care expert).

Mental and psychological health

Available services for people with mental health disorders

In the RA psychiatric services are provided by the state free-of-charge for all population groups. The medications purchased in centralized order by the Ministry of Health of RA are also provided free-of-charge for the treatment of people with mental health disorders. For the conditions that require long-term care, psychiatric clinics also provide long-term care and treatment. There are not psychiatrists that have a license to provide private psychiatric care/treatment.



“Both in-patient and outpatient psychiatric health care is state founded. The state provides funding for 24 and 36 day treatment for acute and chronic conditions accordingly. As for medications, the Ministry of Health makes centralized purchases of medications for all clinics” (a health care worker).

“Psychiatric services are the only field in the health where people also receive care for free-of-charge” (a health care expert).

Returnees are eligible to use all the services that are available for the citizen of the RA. There are no specific problems that returnees face because of their migration status. Their problems are the same as for other population groups. In some cases even if the returnees do not have a citizenship and the mental health services are required for acute conditions, the psychiatric clinics provide necessary services with a permission of the Ministry of Health of RA.

“If the returnee is a citizen of the Republic of Armenia, all treatment is provided for free-of-charge. If the returnee is not a citizen, we apply to the Ministry of Health in order to provide services for acute conditions. As long as the patient is dangerous for the environment, he/she stays in the hospital” (a health care expert).

Challenges of the mental health care system

The health care workers and health care experts mentioned several challenges of the mental health care system. Particularly, some challenges related to the availability of medications and the situation with outpatient care and treatment in Armenia was emphasized. In addition, it was stated that as compared to urban areas, the specialists from rural areas have limited opportunities and there is a lack of psychological services in rural areas.

“There are some medications that are not provided by the state, but are required for optimal treatment. In these cases, the relatives of the patients should buy these medications from pharmacies and pay out of their pocket” (a health care worker).

“Instead of solving their medical problems, people apply to dispensaries in order to solve their social problems. For instance, they apply to dispensaries for getting a disability category. Even if patients would like to solve their medical problems, these facilities do not have appropriate capacity to provide real support. Besides, the system of registration of patients is a huge obstacle” (a health care worker).

“There is no facility in Armenia, where you can put a person who doesn't have proved mental disorder but is not adequate either. A facility, that may take this person and provide him with lifelong care, paid or unpaid it doesn't matter in this case” (a health care expert).

“People have more possibilities in urban areas, because the health care facilities in Yerevan have more capacities, technically are more equipped, providers are more specialized in Yerevan because there are more opportunities for experience exchange. Besides, there are more specialists here and it is easier to form committees in case of need” (a health care worker).

“In urban areas and especially in Yerevan, there are many psychologists that became more popular in recent years. In rural areas, people prefer some approaches of alternative medicine and, as a result, delay the professional treatment” (a health care worker).

Psychological health of returnees

The interviews with the returnees revealed that as a result of health problems or the situation change they experience some psychological problems, such as worries, stress, depression, and even suicidal thoughts. Although psychological service became more popular in recent years, returnees prefer to get psychological support from a family member, friends and relatives or to find consolation in spiritual support. As a rule, they do not want to



and do not get any specialized medical attention/treatment in regards to these problems, even in such severe situations when expressed suicidal thoughts.

“Before the surgery, you always have thoughts and worries about the results. The same worries you have after the surgery, you worry whether everything will be O.K. or not” (a returned migrant).

“Sometimes I cry by myself and regret that I came back. But then I think that I could die there, and nobody would be aware of it” (a returned migrant).

“I just cannot find the way how to stop my life. I just don’t want to harm others. If I do something with myself, it will harm my son, and my wife. Only these thoughts worry me and keep me away from doing something with me. Otherwise, I am ready to leave this world even today” (a returned migrant).

“I suffer myself and I make my family members and my children suffer with me. I am not very old, but still don’t want to live” (a returned migrant).

“There were situations, when I honestly talked and shared with my thoughts with some of my relatives or friends. They encouraged me and said everything would change” (a returned migrant).

“I don’t need any medical treatment or attention for this. I belong to the Evangelical church and if I get consolation, it is only the hope towards God. I know the truth. I feel repentance. God solves every problem” (a returned migrant).

“I don’t want medical care, my family is with me” (a returned migrant).

Health insurance in Armenia

Prevalence of health insurance

All representatives of insurance agencies shared the opinion that health insurance is not prevalent in Armenia. Approximately six percent of the total population of Armenia has health insurance currently. This type of insurance became more popular in recent two years because of the social package provided by the state. The main beneficiaries of health insurance are employees of state agencies that get health insurance as part of the social package and employees of private large companies that get health insurances as a benefit.

“Armenians do not see the importance of having health insurance. The field of health insurance started to develop in recent years because of the social package provided by the state, but is not well developed yet” (an insurance agency representative).

“According to my estimations there are maximum 200000 people in Armenia that have health insurance currently; about 120000 are those who get insurance as part of the state provided social package and the remaining are the employees of large private companies. So, this is about 6% of our total population” (an insurance agency representative).

“A few people have health insurance in Armenia that is why health services are not accessible for the majority of our population, and people make a lot of out of pocket payments in health care facilities” (an insurance agency representative).

The cost of health insurance

The cost of the health insurance highly varies for individual and corporative health insurance packages. The majority of health insurance agencies are not interested in providing individual health insurance packages because in this case the prices are higher and there is no demand for this. Besides, the insurance agencies



believe that compared to the corporative health insurance packages individual packages are associated with higher risks for the agency.

“For the corporative health insurance package the cost mainly depends on the socio-demographic characteristics and size of the group. For the individual packages the cost depends on the results of pre-insurance medical examination”(an insurance agency representative).

“As I know, there are no so many insurance agencies in Armenia that offer individual health insurance packages. Individual packages are more expensive and there are not so many people that are ready to pay for these services. For a company that has about 100 employees the cost of the corporative health insurance will be around 70,000-150,000AMD per year. The same package for individuals will cost about 400,000-500,000AMD” (an insurance agency representative).

“We do offer individual health insurance packages, but we do not have so many clients that use individual health insurance packages”(an insurance agency representative).

“Even if we have some clients that want to have individual health insurance, they apply for this service not because they highly appreciate the idea of health insurance, but because they already have health problems and try to find a solution. So, based on our experience we decided that Armenian market is not ready for individual health insurance packages yet (an insurance agency representative).

Required procedures and coverage

The required procedures for getting a health insurance are very simple. The clients need to present a passport and take a pre-insurance medical examination for determining existing health problems that are exempt from the insurance coverage. The insurance agencies do not have special packages for returnees. Usually they do not provide insurance for people who are older than 65 and people with disabilities (exceptions are made for corporative packages). As for the insurance of people with chronic health conditions, usually insurance companies cover only expenses related to the deterioration of chronic condition.

“In order to get a health insurance, clients need to take a pre-insurance medical examination. For individual packages the clients need to pay for the pre-examination. And if they sign a contract with us, they get this money back. For corporative packages, the clients do not pay for the medical examination; we pay instead of them” (an insurance agency representative).

“We don't have special offers for returnees. I don't think returnees are interested to get health insurance because some of them are unemployed, therefore are not included in corporative packages and some of them are self-employees and these category of people usually do not apply for a health insurance” (an insurance agency representative).

“All our health insurance packages are for individuals up to 65 years old. We do have exceptions for corporative packages, because in this case, firstly, there are no so many employees that are older than 65 and secondly, because of a large pool, different age categories balance each other”(an insurance agency representative).

“As for the individuals with chronic health conditions and disabilities, we may not provide coverage for the problems that cause the chronic health condition or the disability. Our clients need to take an examination and all existing health problems will be exempt from the insurance coverage. For the chronic health conditions, we cover only expenses related to the deterioration of chronic condition (an insurance agency representative).



Migration, return and reintegration in Armenia

Return flows

Approximately 5-10 percent of returnees that use the services of reintegration programmes apply and get medical assistance.

“We provided services to 120 beneficiaries and probably only 5 of them had real health problems” (a health care expert).

“Our organization provided assistance to 385 cases or families last year and there were 37 cases that had health problems (a health care expert).

Factors influencing the decision to return

The study results indicate that the decision to return of migrants with chronic conditions is motivated both with push and pull factors. Push factors include deportation or intention to avoid the deportation. Pull factors include homesickness, feelings of loneliness, and willingness to reunite with the family in Armenia, especially for elderly migrants.

“We already knew that they wanted to deport us, so decided to return voluntarily” (a returned migrant).

“I came only because I missed my family and it was difficult to live alone. My relatives were also worried about me” (a returned migrant).

“I think even if she were able to get a citizenship, she would not be able to stay there alone, because she needs to be with her family” (a sister of a returned migrant).

Family support

The families of migrants play an important role not only for making the decision to return, but also for arranging the return. In addition, it turns out that for migrants with chronic health problems family is the main source of support after the return. They provide financial, social, psychological, support, care and assistance with activities of daily living. In general, the returned migrants with chronic health problems are highly dependent from the support of their families.

“I was always in touch with my mom. I initiated and organized her trip so that she could come back” (a son of a returned migrant).

“When I was back, I was told that my grandchild who is only 7 years old said one day, “Dad, I have a bicycle and you have a car. Let’s sell my bicycle and your car and let’s bring my grandma back from Belgium.” I am very thankful to my children” (a returned migrant).

“My daughter takes care of me. I gained weight since I am back. I have balanced diet on time. Even I know there were moments that she did not eat, but gave her meal to me. I am heavy for her. She raises me and helps to get into the bath. I did not have a caregiver there, so I had an appearance of a very sick person when I came. Now my daughter takes care of me, and I am surrounded with my family, so I feel better now. If they were not next to me, I would not be able to live” (a returned migrant).

“My parents, my brother, me and my other sister, we all work and try to provide her with everything she needs. We provide her with everything, financial support, daily care, psychological support, assistance whatever we can do. Her pension is only 13000AMD. She fully depends on us. My parents are getting older. My sister and I have our own families. What can she do alone? In Europe, being alone is not an issue. They don’t need the support of their family as we do” (a sister of a returned migrant).



Support of relatives and friends

Relatives and friends of returnees also play an important role and facilitate the reintegration by providing social, psychological, and financial support. It was also mentioned that in recent years, the relationship with relatives have been changed, and now people can count only on close relatives (family, brothers, and sisters).

“I have a friend of mine who is a physician. He helped me with my health problems a lot” (a returned migrant).

“As for my relatives, they also provided help and even financial assistance for me. But this assistance is not enough for covering all the treatment and medication cost that I need” (a returned migrant).

“Now the situation is so hard! The relatives, brothers, sisters, they all have their own families and children and they have to take care of their own families” (a returned migrant).

“At the beginning when I just came back they were more compassionate, or they were very interested to know what and how everything happened. I feel our relationship is colder now. Besides, the relatives are not obligated to be next to you every day. They also have their own problems (a returned migrant).

Problems related to the reintegration

Unemployment issue

The main problem that the returnees face related to the reintegration is that the majority of them are unemployed now either because of their age or because of their health condition. As a result, they cannot financially contribute to the household and cover their medical expenses.

“I used to work as an auto electrician. I cannot do the same work, because of my health condition; I have difficulties with memorizing” (a returned migrant).

“I am unemployed; I am not able to contribute to the household financially, only my wife works currently. I try to help with the household chores. Although I am not that helpful, because of my health condition I cannot do a work that requires strong physical strength” (a returned migrant).

“I am unemployed now; my health condition does not allow me even to walk appropriately” (a returned migrant).

Insufficient pension

The next problem is related to the insufficient amount of pension that the returnees get. The great majority of the migrants were unemployed and the only means of contribution to the household income was their pension, varying from 13000–40000AMD depending on the professional experience of the returnee. The returnees mainly argued that pension they get was not sufficient for covering the required health care expenses.

“Here my pension is only 13000 AMD per month. Last month I spent 30000 AMD only for the medical examinations” (a returned migrant).

“The only income that I have is my pension which is 25000AMD per month; I have to spend it for the medications, for my treatment and transportation. Besides, because of my health condition I need a special diet, with more fruits and vegetables. Of course it is more expensive and of course my pension is not sufficient for covering all these expenses” (a returned migrant).

“I get only 40000AMD as a pension. It is a very small amount of money and you cannot do anything with it. I worked so many years for this country and now I don't have money to get the treatment that I need” (a returned migrant).



Difficulties that people face regardless of health condition

There are some difficulties that people face regardless of their health condition. These difficulties include problems with finding a accommodation, troubles with documentation and registration, and challenges related to covering the living expenses in general.

“Returnees usually face problems related to the housing, because many people sell their houses before departure, and don’t have place to live when they are back” (a health care expert).

“I had even difficulties with finding an apartment that we could rent. Many owners want to receive the price of several months beforehand”(a returned migrant).

“I came back and I did not have any registration here. I don’t have a house and cannot be registered. I have to ask my relatives to let us register in their house (a returned migrant).

“We don’t stay hungry, but everything is expensive here. The food, they raised the prices for the gas and the electricity”(a returned migrant).

Mismatch between the expectations and the reality

Another problem that the returnees face after the return is the mismatch between their expectations and the reality. Although the majority of returnees have a clear understanding about the situation in Armenia, there are some aspects of the reality that they are not aware of or do not have detailed information about. This particularly refers to the state-guaranteed free in-patient health services or the services provided by the reintegration programmes.

“I knew that I would not be able to get the treatment in Armenia. I knew that I would get pension which is so small amount of money that is not enough for covering even the cost of the meal”(a returned migrant).

“I knew that I would face difficulties here. But I was not expecting that the difficulties would be this much”(a returned migrant).

“It is mentioned in my documents that I can get free-of-charge treatment in Armenia. I had this experience, I was in the hospital and all services were paid for me” (a returned migrant).

“When we were in Belgium, they told us that if we experience any problem, we could apply to similar organizations any time. But here in IOM we were told that only one time or initial assistance is provided”(a sister of a returned migrant).

Intention to re-emigrate

Because of the various problems that returnees face in Armenia, they express intention to re-emigrate again. Even when they are not planning to leave the country because of inability to live alone or because of other reasons, they (or their family members) would encourage a person with the same medical problem living abroad never return to Armenia. There was only one returnee who was determined to live and work in Armenia.

“I don’t want to hide anything; I want to leave the country, but I will go only if I may take my family with me”(a returned migrant).

“If I had a chance I would go back but the problem is that I cannot live there alone. If they allow my son and his family to come with me, I will go”(a returned migrant).

“For a person with health problems like my mother, I would not advice to come back. It is better to live there alone, have a caregiver and receive medications than to come back, stay without necessary medications and



have another heart attack because of high blood pressure or other serious problems because of the high glucose level” (a son of a returned migrant).

“I would advice to go there, get treatment and never come back” (a daughter of a returned migrant).

“I prefer to work hard and earn 100\$ here in Armenia rather than 1000\$ there. Here it is your country. Nobody can treat you negatively” (a returned migrant).

Reintegration programmes

Assistance provided by reintegration programmes

The returnees mentioned different organizations in host countries and in Armenia that facilitated their return and reintegration. Based on the interview with returnees and representatives of reintegrating programmes, it was revealed that different types of assistance include education and/or vocational educational trainings, medical assistance, general support with documentations, covering travel expenses, and assistance with enterprise development. The organizations mentioned by the returnees and their family members were the following: the government of Belgium, IOM, Caritas Belgium, and the Armenian Caritas.

“IOM gave me 250 euro certificate that covers some medical costs” (a returned migrant).

“The Armenian Caritas will help me to develop a business plan and implement it” (a returned migrant).

“I received only the medical support from the government of Belgium for my treatment. No other organization here in Armenia was interested in me after my return” (a returned migrant).

“I have to say that the most demanded services are the assistance with enterprise development and medical support and the least demanded service is the vocational trainings/education” (a health care expert).

Satisfaction and difficulties with reintegration assistance

In general the returnees were very satisfied with the support they have got from different organizations and highly appreciated their efforts. However, some procedural difficulties related to getting the assistance were also mentioned.

“I know the staff of IOM; their attitude towards us is great” (a sister of returned migrant).

“The government of Belgium covers my treatment costs for a year. I would not be alive without this support” (a returned migrant).

“I have to own some money to pay to the hospital and get an invoice. They reimburse the cost based on the invoice. But if you don't have money to pay for the services beforehand, you cannot use the service” (a returned migrant).

“Reintegration assistance is provided based on strict regulations in terms of required documentations. In order to get assistance, returnees have to present medical examination forms, recipes of medications, invoices or price offers from the hospitals, or some other documents. Not all migrants are able to present these documents, because not all health care facilities provide these documents. This raises some dissatisfaction among our beneficiaries” (a health care expert).

Assistance needed

The interviews with returnees, their family members and health care experts revealed several services that would facilitate the reintegration of returnees and help to improve their living and health conditions.



- The majority of returnees with chronic health conditions are not competitive in a job market. Because of their health condition or disability, they cannot do a work requiring strong physical strength. Therefore, some assistance with employment or participation in vocational trainings will help them to find a job and be less dependent from their families.
- For returnees that lived abroad for many years it is hard to integrate into the society. Therefore, there is need of psychological support services and assistance with Armenian language after the return. Some returnees do not have enough information about the health care system in Armenia, about the available services and procedures of getting the health care. Therefore, detailed description of the health care system, as well as Armenian culture, other social support services, public transportation system and everything that people use in everyday life is required.
- Some returnees need social support services such as assistance with documentation (taking a document from one institution to another), help with the activities of daily living such as bathing and housekeeping or general care giving and accompanying services.
- Many returnees would like to get assistance with medications and treatment of their health condition. Particularly, more permanent assistance is needed, because people change their medications and climate after the return, which may affect their health condition. In addition, people usually need some time for collecting all documents required for the state-guaranteed free medical care and services.



DISCUSSION

The country assessment was aimed at investigating the factors that play a role in the reintegration process of migrants with a chronic medical condition. Primary and secondary data was used in the framework of this assessment. The majority of findings derived from the primary data (interviews with the study participants) were supported by the secondary data (official statistics, various reports and findings of previous studies). Because this was the first assessment focused on return and reintegration of migrants with health problems, some specific barriers of integration of migrants with a chronic medical condition in Armenia were revealed.

Some problems that returned migrants with a chronic medical condition face in Armenia were related to the health care system and the situation in Armenia in general. The health system in Armenia had undergone numerous changes and reforms in recent years. The Government of the RA encountered numerous steps for optimizing the health system, for improving the quality of the provided health care, and for increasing accessibility of health care services for general population and particularly for certain vulnerable groups. Nevertheless, one of the biggest challenges of Armenian health care system remains inequalities in health care access because of required informal and out-of-pocket payments. As a result, many people do not apply for a health care in case of need because of financial inaccessibility of services. These are the findings of the health system performance assessment conducted in Armenia in 2012 (Ministry of Health of Armenia, 2013a).

Interviews conducted with returned migrants with a chronic medical condition and their family members also revealed that they were not able to afford the health care services in Armenia and very often they did not apply for the required services because of financial difficulties. Some other challenges related to the health care system that was mentioned by the study participants included the necessity to make informal payments, unavailability of some medical examinations, absence of new technologies, excess concentration of health care facilities in urban areas, and overall negative attitude towards health care facilities and health care services in Armenia.

A specific barrier of reintegration of migrants with a chronic medical condition in Armenia related to the health care was the problem of required medications. Returnees that have got medical treatment in host countries usually brought some amount of medications with them. If they needed additional medications in Armenia, very often they faced some difficulties because these medications were either not available or difficult to find or were very expensive in Armenia.

As it was mentioned, the Government of the RA encountered several steps for increasing accessibility of health care services for general population and particularly for certain vulnerable groups. Basic Benefit Package (BBP) that was introduced in 1998 and standardized in 2004 includes a set of limited services for the entire population and broader services for certain vulnerable groups that are provided free-of-charge (Government of the Republic of Armenia, 2004). Returnees are not categorized as a vulnerable or special group. Hence, in order to use in-patient health care services and some examinations free-of-charge they have to belong to one of the disadvantaged group identified by the Government of the RA. The group, that returned migrants with a chronic medical condition most likely might belong to, is “people with disabilities”.

The current assessment revealed various difficulties that returned migrants with a chronic medical condition encounter while trying to use the BBP. Firstly, there was a lack of information among returnees about the available services, their rights, and procedures that people need to go through in order to use the BBP. Secondly, returnees did not believe that they could get appropriate services or high quality medications under BBP. And lastly, even if they were eligible to use the BBP, sometimes they faced difficulties, because it was impossible to get services under BBP immediately after their arrival, since they need to go through time consuming required procedures in person.



Health insurance may play an important role in widening access to health care services and providing financial protection for beneficiaries. In general, the insurance business is not well developed in Armenia. Health insurance became more popular in recent years because of the social package provided by the state. Approximately six percent of the total population of Armenia has health insurance. Taking into account that the main beneficiaries of health insurance are employees of state agencies and private large companies and the fact the majority of returned migrants with a chronic medical condition are unemployed, it becomes clear that returnees are practically not covered by any insurance scheme. Another problem related to health insurance in Armenia was that the majority of health insurance agencies were not interested in providing individual health insurance packages because the prices are higher and there are higher risks for the agency involved.

The procedures for getting a health insurance are simple. The clients need to present a passport and take a pre-insurance medical examination for determining existing health problems that are exempt from the insurance coverage. The insurance agencies do not have special packages for returnees. Usually they do not provide insurance for people who are older than 65 (exceptions are made for corporative packages). As for the insurance of people with chronic health conditions, usually insurance companies cover only expenses related to the deterioration of a chronic condition. The fact that insurance agencies do not have special offers for migrants in general was confirmed by another study conducted by Petrosyan (2013).

While discussing opportunities of extension of insurance coverage to migrants working abroad Petrosyan (2013) emphasized the importance of collaboration of all the stakeholders involved, including the government, insurance agencies, private employment agencies and relevant civil society organizations. The same type of collaboration would be required for extension of insurance coverage for returned migrants. Taking into account that corporative health insurance packages are more affordable compared to individual packages, the organizations that provide reintegration services to returnees may serve as insurers, which mean they may apply and get corporate packages for their beneficiaries.

As for the situation with mental health, the current mental health system in Armenia mainly focuses on in-patient care. Psychiatric services are provided mainly by the state free-of-charge for all population groups. The medications are purchased centralized by the Ministry of Health of RA and is provided free-of-charge to people with mental health disorders. For the conditions that require long-term care, psychiatric clinics also provide long-term care and treatment (Ministry of Health of Armenia, 2013d).

The assessment revealed some challenges of mental health care system in Armenia. Particularly, WHO report on mental health system in Armenia indicated overcapacity of beds and staff in psychiatric hospitals (WHO & Ministry of Health of Armenia, 2009). One of the findings of the assessment was the excess focus of mental health services on in-patient care instead of outpatient care services in Armenia. There were no community-based psychiatric in-patient services and community residential facilities in Armenia. In addition, outpatient mental health facilities that are all integrated into mental health hospitals are mainly focused on solving social problems of the patients. Balteanu (2011) found that the shortage of medication at times caused additional expenses for the patients of mental health services. The current study revealed that in addition to shortages, some medication that was required for optimal treatment was not provided by the state, and patients had to buy them from pharmacies. In addition, it was stated that compared to urban areas, the specialists from rural areas had limited opportunities and there was a lack of psychological services in rural areas.

In regards to psychological problems that returnees face in Armenia it was revealed that because of their health problems and because the situation changing often, the returnees experienced some psychological problems, such as worries, stress, depression, and even suicidal thoughts. Although psychological services became more popular in recent years, returnees preferred to get psychosocial support from family members, friends and



relatives or to find consolation in spiritual support. As a rule, they did not want to and did not get any specialized medical attention/treatment in regards to these problems.

Approximately 5-10 percent of returnees that use the services of reintegration programmes apply and/or get medical assistance. The main findings of this study, regarding the factors influencing the decision to return, were supported by previous studies conducted with returnees. Particularly Minasyan et al. (2008) found that return to Armenia was largely motivated by push factors from the destination country rather than pull factors to Armenia. This study adds some knowledge to the previous studies in terms of factors influencing the decision to return for migrants with a chronic health condition. It was revealed that push factors such as deportation or the intention to avoid deportation play an important role in the decision to return. However, for migrants with chronic health conditions some pull factors may also play an important role such as feeling homesick, feelings of loneliness, and willingness to reunite with the family that would take care of them.

Fleischer (2008) found that upon their return, the majority of returned migrants received family support, such as moral and psychological assistance, re-establishing contacts and networks, as well as financial aid. The results of this study revealed that family support was extremely important for the returned migrants with a chronic medical condition, and returnees were highly dependent on the support of their families. They received financial, social, psychological support, care and assistance from their family. The families of migrants may also play an important role by contributing to the decision to return and arranging the return. As for the support of relatives and friends, they may also facilitate the reintegration of returnees by providing social, psychological, and financial support. However, it was revealed that in recent years, the relationships with relatives have changed, and now people can count only on close relatives.

Different studies conducted with migrants that returned to Armenia indicate that they face some problems related to the reintegration (Chobanyan, 2013; Minasyan et al., 2008; IOM, 2002a). These problems include but are not limited to difficulties related to finding a job, health-related problems, difficulties with accommodation and the mismatch between their expectations and the reality upon return in Armenia. Difficulties that migrants with a chronic medical condition face after return are very similar to the problems that returnees face in general. However, it should be stated that there are some difficulties that are specific to returnees with chronic medical conditions. Particularly the problem with unemployment is more severe for this category of returnees, because the health condition does not allow them to fulfil certain type of activities and it is hard to find an appropriate job. In addition, the pension that people receive because of their disability is not sufficient for covering the required health care expenses.

Another important difficulty that returnees with chronic medical conditions face in Armenia is the mismatch between their expectations and reality regarding the state-guaranteed free in-patient health services or the services provided by the reintegration programmes. Because of misinformation, some returnees are expecting to receive free in-patient health services regardless of their eligibility and permanent assistance from reintegration programmes. Similar to other studies (IOM, 2002a) this assessment also revealed that the problems and difficulties that returnees face in Armenia stimulate them to think about re-emigration again. Even when they are not planning to leave the country because of inability to live alone or because of other reasons, returnees and their family members would encourage a person with the same medical problem living abroad never to return to Armenia.

As indicated above, there are various local and international organizations that provide reintegration services to returnees. Different types of assistance include education and/or vocational educational trainings, medical assistance, general support with documentation, covering travel expenses, and assistance with enterprise development. In general, the returnees were very satisfied with the support they have received from different



organizations and highly appreciated their efforts. However, some procedural difficulties related to getting the assistance were also mentioned. In addition, the assessment revealed the need of several additional services that may facilitate the reintegration of returnees with chronic medical conditions and help to improve their living and health conditions.

Strengths and limitations of the assessment

One of the limitations of this assessment was that only migrants (family members) returned from Belgium and the Netherlands were interviewed in the framework of this study. Thus, the findings cannot be generalized for all returnees with chronic medical conditions. Another limitation was that the returnees knew that the study was conducted by IOM and could exaggerate their financial difficulties in order to get additional support. However, the strength of this assessment was that not only migrants and their family members participated, but also health care workers, representatives of health insurance companies, organizations providing reintegration support to returnees, and health care experts.



CONCLUSION AND RECOMMENDATIONS

Based on the study findings, the following recommendations were developed in order to facilitate integration of return migrants with a chronic medical condition in Armenia.

- Increase access to health care for returnees with chronic medical conditions, especially for those who reside in rural areas.
- Inform returnees with chronic medical conditions and their family members about the health care system in Armenia, about the available services and required procedures that people need to go through in order to get state-guaranteed free medical care and services.
- Organize educational sessions for returnees with chronic medical conditions and their family members about their rights and responsibilities in terms of health care and reintegration programmes.
- Shorten the required procedures that people need to go through in order to get state-guaranteed in-patient free medical care and services for returnees so they could get the services immediately after their arrival, in case of need.
- Provide accurate and detailed information to returnees with chronic medical conditions and their family members about the state-guaranteed health services and the services provided by the reintegration programmes prior and after the return.
- Control health condition of returnees or provide assistance with medications and treatment to returnees with chronic medical conditions after the return at least for several months, because the transfer and the change of medication may affect their health and because usually it is impossible to get state-guaranteed free medical care and services immediately after the arrival.
- Provide assistance and consultation regarding the change of medications that are not available in Armenia.
- Establish collaboration of all stakeholders involved, including the government, insurance agencies, relevant civil society, and international organizations in order to widen access to insurance coverage for returned migrants.
- Create opportunities for returnees with chronic medical conditions to get corporative health insurance packages through assistance of the organizations that provide reintegration services.
- Link returnees and their family members to the organizations that provide Community-Based Health Insurance schemes, if applicable.
- Strengthen outpatient care services for returnees with mental health disorders.
- Address the shortage of required medications for the treatment of returnees with mental health disorders provided by the state.
- Change the attitude towards psychological services and provide psychological counselling to returnees with chronic medical conditions and refer to psychiatric services, in case of need.
- Expand provision of social services for returnees with chronic medical conditions, providing not only consultation about or referral to available social services, but also social attendance, collections of required documentation instead of returnees, care and accompanying, in case of need.
- Decrease the dependence of returnees with chronic medical conditions from the support of their families through providing assistance with employment or linking them to available social services.
- Provide additional services such as assistance with accommodation or lessons of Armenian language, as well as detailed information about Armenian culture and different spheres of public life, which will facilitate the reintegration of returnees in general.



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APPENDIX 1. List of socially disadvantaged and separate/special/ groups entitled to receive state-guaranteed free-of-charge medical care and services

Appendix 1 of the Decree of the RA Government No. 318-N

- Beneficiaries of the poverty family benefits programme (36.00+ points)
- People with disabilities (1st, 2nd, and 3rd degrees of disability)
- Disabled children (under 18)
- Participants of the Great Patriotic War and individuals equated to them
- Children with one parent (under 18)
- Children without parental care (under 18) and individuals belonging to the group of children without parental care (under 18-23)
- Children of big families (having 4 and more dependent children under 18)
- Family members of those servicemen who died in service or while defending the Republic of Armenia
- People involved in the clean-up activities following the Chernobyl accident
- The repressed
- Individuals undergoing additional medical examination by the Socio-Medical Expertise Commission with a referral from the state SMEC authority
- Children of disabled people's families (under 18), children under 7
- 14-15 year old young men of conscription/pre-conscription age (in-patient health care, and for individuals of call-up age also hospital examination), as well as conscripts called for military trainings as regards of outpatient and hospital examination)
- Conscripts and their family members
- Rescue workers and their family members
- Prisoners, detainees and convicts
- People receiving care in orphanages and elderly houses
- Children under 18 placed under dispensary supervision
- Children under 8, as well as children under 12 and people above 65 and more (regarding specialised dental care)
- Women of reproductive age in pregnancy, childbirth and postnatal periods (according to the procedure defined by the Ministry of Health of the Republic of Armenia)
- People subjected to human exploitation (trafficking)

The list has been updated on 07.02.13 (No. 116-N)



APPENDIX 2. List of study participants

5 return migrants	The names are not disclosed for keeping the confidentiality
5 family members of return migrants	The names are not disclosed for keeping the confidentiality
Insurance company	Levon Mamikonyan, “Nairi Insurance” Insurance LLC, Deputy CEO
Insurance company	Emma Mozharova, “Rosgosstrakh-Armenia” Insurance CJSC, Head of Marketing Department
Insurance company	Irina Arutyunova, “INGO ARMENIA” Insurance CJSC, Deputy CEO
Insurance company	Naira Abrahamyan, “Reso” Insurance CJSC, Head of Personal Insurance Department
Insurance company	Varduhi Papyan, “Sil Insurance” Insurance CJSC, Corporate Customer Service Chief Specialist
Health care worker	Anahit Gevorgyan, Head of Norq Psychiatric Clinic
Health care worker	Arega Hakobyan, Head of Avan Psychiatric Clinic
Health care worker	Grigor Badalyan, PhD, Professor, National Center of Oncology, Department of Pediatric Oncology
Health care worker	Karine Hayrapetyan, Head of “David Anhakht” Medical Center CJSC Polyclinic of Yerevan
Health care expert/ representative of reintegration programme	Armen Galstyan, Head of International Center for Human Development Think Tank
Health care expert/ representative of reintegration programme	Astghik Simonyan, the French Armenian Development Foundation, Coordinator of the Project “Return to Sources”
Health care expert/ representative of reintegration programme	Armen Badiryan, IOM AVRR Focal Point
Health care expert	Varduhi Petrosyan, MS, PhD, Associate Professor, Director of the Center for Health Services Research & Development Associate, Dean at School of Public Health American University of Armenia
Health care expert	Focus group discussion with the representatives of the Ministry of Health of RA Ruzanna Yuzbashyan, Head, Health Programmes Division Lusine Kocharyan, Head, Public Health Division Anahit Mkrtchyan, Acting Head, Drug Policy Department Tamara Ghukasyan, Senior Specialist, Quality Control Division Alvina Harutyunyan and Arpine Vantcyan, Mother and Child Health Protection Division



APPENDIX 3. Guides for in-depth interviews

General instructions

Starting the interview the following information should be enclosed to the return migrant.

- This research is done to improve the procedure helping people with chronic medical problems returning to their country of origin. It will not be able to change the circumstances the migrants are currently living in.
- Your (return migrants) information will be treated with confidentiality and respect. Your personal information like name, age etc. will be changed in the final report. You will be anonymous.
- Request the return migrant if he/she is willing to sign an informed consent form.
- Ask the return migrant if he/she is comfortable with pictures being taken from them and their living conditions. Make sure they understand they can refuse both. If they don't feel comfortable being photographed themselves ask if photographing living conditions is OK. Sign the consent form.

Location of the interview: The interview should be held in a place that is comfortable for the return migrant. A place where they feel free to speak. Preferably without relatives being present, since their presents could influence the migrants answers. If this is not possible write down who was present at the time of the interview.

The questions in this interview should all be answered. If necessary please feel free to further explore an answer by asking more exploratory questions. This would apply mainly to subjects of which you have the feeling mean a lot to the returnee and not all has been said. Just make sure you keep the main focus in mind; **to inventory factors that play a role in the reintegration process of migrants with a chronic medical condition**. Also make sure the returnee is comfortable answering the questions and note down the extra questions asked.²

Interview with a return migrant

General information

Name:

Age:

Sex:

Educational level (years in school):

Country where they stayed prior to returning:

Length of stay outside home country:

Since when back in Country of Origin:

City, village or region migrant is residing:

Type of chronic medical condition(s):

² Because the information is repetitive, only general instructions for the interviews with return migrants is presented in the report.



Health

1. What were the health problems for which you needed permanent treatment in the country you resided in before returning to country of origin (CoO)?³
2. When did this/these health problem(s) start?
3. What do you know about this disease/handicap?
4. Did the health problems get better, worse or stayed the same when you came back to your country of origin?
5. Why do you think your health problems got better or worse?
6. Do your family or relatives know about your health problem?
7. How does your family/relatives feel about your health problems?⁴
8. Do your friends or people in the community know about your health problems?
9. How do they feel about it?

Psychological problems

1. Are you experiencing psychological problems/ health problems/ or other term (use the word for psychological problems that is used in everyday language in Morocco) next to the health problems for which you need permanent care?
2. What kind of psychological / health problems are these? (As researcher think in terms of psychological problems so please ask additional questions if you feel the question is not answered. These health issues can also be pure physical like headache, pain in shoulders/neck etc. but also depression, tiredness)
3. Are these health problems in your opinion related to stress or your living situation in CoO or in the country you lived in before?
4. If so, in what way are they related? Or why are they related in your opinion
5. Do you feel you receive enough support and understanding from you family in regards to these problems?
6. If no, what is the support you would need?
7. If yes, what is the support they provide you with that is helpful?
8. Do you need any medical attention/treatment in regards to these problems?
9. Are these treatments the same as in the country you lived before?
10. If so, in what way do they differ?
11. Are the treatments or medical support you received in the country that you previously lived in sufficient?
12. Are the treatment or medical support you receive in the CoO sufficient for this problem
13. If not, what kind of support/ (medical) care would you need?
14. Did these problems influence your decision on moving to CoO?
15. If yes, in what way did they influence this decision?
16. How did these psychological problems/ health problems change after returning to the CoO? Did they get worse/better?
17. Why do you think these changes occurred?

3 Interviewers are requested to substitute CoO in the questions for the country the return migrants is residing (e.g. Before returning to Afghanistan..., Morocco, Ghana etc.).

4 Additional information for the researcher. This question is meant to find out if there are any negative or positive feelings about the health care problem itself within the social network. With this we would like to get more clear if there is a taboo surrounding the health problem of the migrant.



Health care

1. What kind of care do you need for your medical condition?
2. Are you able to get the care you need since you came back to your country of origin?
3. What are you lacking in your country of origin?
4. What are the costs involved for the care you receive?
5. Are you able to finance the costs for care and medication yourself?
6. Is it possible to get government assistance for the medical treatment you receive?
7. Are you able to get the medication you need?
8. How far/long do you have to travel to receive treatment/ get medication? (x hours)
9. How often do you have to travel to receive the treatment?
10. What means of transport do you use?
11. What are your travel costs?
12. What is your or your family's income?⁵
13. Do you think your medication will be still available in the future?
14. Do you think your treatment will still be available in the future?
15. Will you and/or your family be able to afford your treatment and medication in the future?
16. Are there any expectation/indication that financial situation will change in near future?

Social network/ family

1. Who is living with you right now or who are you living with right now?
2. Did you live in the host country with direct relatives?
3. Did they (all?) travel back with you?
4. Which relatives of yours are living in country of origin?
5. How were you received by them?
6. If no relatives are living in the CoO, how did friends or the community receive you?
7. Did you get support from relatives since you came back?
8. If yes, what kind of care or support do they provide?
9. If no, did you get support or receive care from others?
10. What kind of support or care did they provide?
11. Can you discuss your health problem with relatives and friends/acquaintances?
12. If not what/why is it difficult?
13. What is the general perspective of people in your country about your health problem?
14. In what way did the relationship with your relatives change when you returned to your country of origin?
15. Are you able to provide your family and relatives with what they need?
16. If not, what problems are you facing with providing for them.
17. What circumstances need to be changed for you to be able to provide your family and or relatives with what they need?⁶
18. Do you think your relatives/acquaintances are able to support you in the future?⁷

5 This question needs to be adjusted to the living situation of the migrant. If living alone asking for the migrants income is enough. If the migrant is living together with family or relatives and they are providing for them the question should be focused on the families income (more people could be earning money)

6 Addition for interviewer think in broad terms like financially but also social, emotional. The subjects that are important might differ per country/community.

7 The support meant depends on the conversation prior subjects can differ from, daily health care, food, financial aid, etc.



Living conditions

1. Can you describe your living situation? physical housing, village/town/city; alone or with (direct) relatives, etc.
2. What are the challenges you are facing living here?
3. Is every ones daily needs like food and housing met of the people who live with you?⁸
4. Are you able to contribute to the household (financially or by doing household chores)?
5. Do the living conditions of you and your family need to be improved?⁹
6. If yes, how could the living conditions be improved?

Work / Economic situation

1. Did you receive any reintegration funds?
2. If so, how much?
3. Are you working right now? If yes, what kind of work
4. If answer is no, what are the reasons you are not working? Is this health related or otherwise?
5. Did you work before you returned to CoO?
6. If yes, what kind of work?
7. Upon return did you receive help to find a job or start an enterprise
8. If yes, who or what organization helped you?
9. what kind of assistance did they provide?
10. Was this assistance sufficient?
11. What kind of assistance do you need to be able to provide for yourself and your family sufficiently?
12. If you are (already) able to fully provide for yourself, is there any additional support you could use to improve your living conditions?

Past and future

1. Which organizations (here and there) facilitated your return and reintegration?
2. What exactly did they do for you?
3. Are you satisfied with the support you got?
4. What are the positive changes you experiencing since moving back?¹⁰
5. What were the expectations you had about your return while still in the host country regarding work possibilities, family support and treatment for your health problems
6. Were the expectations met? To what extent is life different from what you expected?
7. Looking back would you have made the decision to return to your home country knowing how your life turned out here? Why would or wouldn't you?
8. How do you see your future in country of origin in regards to your health and work?
9. Are you planning to stay here?
10. What would you advise a fellow country (wo)man with the same medical problem living abroad when she/he is thinking about returning to your home country?
11. Do you have any advice for an organization such as IOM in order to better facilitate the return of people with a medical condition like yours?

8 This can be direct family members (wife/husband and kids), but also relatives or friends depending who the migrant is living with.

9 If the migrant is not living with direct family members (wife/husbands and kids) you can ask about the relatives or friends that are taking care of migrant or are supporting him. Stay within the context of the household or living conditions.

10 These could be focused on for example more family (emotional) support, support from community, health related, but also better living conditions like housing etc. Try to ask this question in the broadest way, ask multiple questions if you have to and ask why and how questions to follow up. For example: In what way is the support of your family a positive change?



Interview with a family/ relative/ friend

This respondent will be recommended by returnee. Preferably this person will be interviewed without returnee being present. This to make sure family member, relative of friend can speak freely. Only in cases in which this is not possible for reasons of care for person or otherwise, the returnee can be present. Please explicitly note if this was the case.

General information

Ask for the general information the name of the person, their age, sex, and education level.

Health

1. When and how did you learn about the health problems your relative/friend (X) is experiencing?¹¹
2. What do you know about the disease of X?
3. Do you have the feeling you have enough information about his/her health problems?
4. What are you able to tell your community about the health problems of X?

Care

1. Do you provide care for X?
2. What kind of care? E.g. health care, financial assistance, other?
3. Did X ask you to provide this care for him/her?
4. Or did you offer the care yourself?
5. How do you feel about offering this care?
6. Do you feel any obligation to be a care provider (e.g. in the light of close family ties or past assistance rendered to you by X or other reasons)?

Support and living conditions

1. In what way are you supporting him/her?
2. What changed in your living conditions when X returned?
3. How much are your extra costs in providing for X?
4. Is X able to support your family like you would expect from him/her?
5. If no, in what way is the support different? What are you expecting from your family member?

Past/future

1. When did you find out X was coming to country of origin?
2. How did you feel when you heard X was coming to country of origin?
3. Did you have any concerns about the return migration that concerned your life e.g. health, providing care or financial assistance etc.
4. Did you agree with this decision?
5. What would help you in the care for your relative?
6. What would you and X need in order to be able to provide the best possible care for X?
7. What would you advise a fellow country (wo)man with the same medical problem as X living abroad when she/he is thinking about returning to your home country?
8. Do you have any advice for an organization such as IOM in order to better facilitate the return of people with a medical condition like X has?

¹¹ Make sure to use the return migrants name to prevent confusion.



Interview with a health care worker

These questions need to be asked in health care facilities that provide health care for both physical problems and mental problems. Preferably the health care facilities have experience with providing care for returnees.

General questions

1. Can you explain what kind of care your health care facility is providing?
2. What are your responsibilities within this healthcare facility

General state of care

1. Can you explain more about the state of the health care in your country? (How is it funded; state/private or both, what is the quality of care provided)
2. Is there a difference in health care in rural compared to urban areas? If yes, what is the difference in your opinion?
3. Do people have a free choice in which health facility they can receive their care / treatment?
4. What are the aspects influencing the choice for a health care facility or provider?
5. Is the health care system able to provide for long-term care/treatment/support for chronic health problems?
6. If not, what are the challenges the health care system is facing when providing care for people with long-term chronic problems?

Return migrants

1. Do you have experience with providing care for return migrants? (If the answer is no the other questions are irrelevant).
2. With what kind of chronic medical problems are they coming to your facility
3. Are you familiar with kind health problems return migrants are presenting in your facility?
4. Do you have the feeling you have enough information/knowledge about the chronic health problems return migrants are experiencing?
5. If no, what kind of health problems would you need more information about?
6. Do you experience a difference between permanent residents with chronic diseases and returned patients?
7. If so, what is the difference in your opinion?
8. What would you as health care provider or health care facility need in order to provide this group of return migrants with the optimal care?
9. Is this different from the care for the same group of patients who did not go abroad?
10. Is there a government financed health program in this country?
11. If so, are return migrants eligible to use this program when returning to country of origin.
12. Does this health care program reimburse for long term chronic problems?
13. What do you see are the biggest hurdles for return migrants needing long term chronic care / treatment for example for HIV/Aids, diabetes, hepatitis, cancer (name chronic diseases depending on the kind of facility you are at).
14. What are the challenges you see for returnees with chronic health problems in regards to getting the medical care they need.
15. How do you think these challenges can be overcome?



Interview with an employee in reintegration programme

1. What organization are you working for?
2. What is your role within this organization?
3. What kind of services does your organization provide for return migrants?
4. How many return migrants does your organization help on average every year?
5. How many of the assisted return migrants are people with chronic health problems?
6. What are the challenges for returnees in general and returnees with health problems in particular when it comes to reintegration (e.g. finding work and adjusting within the community)?
7. How can these challenges be overcome in your opinion?
8. What kind of role is there for your organization, the government of your country, the family of the migrant and the migrant him/herself?

Interview with a health care expert

1. What is your role within your agency/organization?
2. Is the health care system in Armenia able to provide for long-term care/treatment/support for chronic health problems?
3. If not, what are the challenges the health care system is facing when providing care for people with long-term chronic problems?
4. What kinds of free-of-charge and paid services are available for the following groups of returnees
 - People with chronic medical conditions/ Elderly people/ Disabled people/ Children
5. What are the challenges for returnees in general and returnees with health problems in particular when it comes to
 - Getting the medical care they need
 - Reintegration (e.g. lack of information about available services and legislative framework; employment issues; social and psychological reintegration, etc.)?
6. How can these challenges be overcome in your opinion?
7. How can be overcome the following issues in your opinion?
 - The issue of importing drugs prescribed to returnees
 - The issue of substituting the drugs not available in Armenia with alternatives
8. What kind of role are there for the government of Armenia, national, international and non-governmental organizations?
9. Is the systemization of the work conducted by different institutions (such as national, international and non-governmental organizations) an issue for Armenia? Why?
10. Do you see the need of targeted government programs on the reintegration for returnees in general and returnees with health problems in particular?

Interview with a representative of insurance company

1. What is your role within your agency/organization?
2. How prevalent is the health insurance in Armenia? What percent of the population has health insurance?
3. What are the required procedures when applying for a health insurance?



4. Do you provide health insurance packages for returnees in general and returnees with health problems in particular? If yes, what types of packages are available?
5. Is there a difference when customers apply for an individual package compared to corporate packages? If yes, what is the difference?
6. What would encourage emigrants to apply for a health insurance in Armenia (familiarity with insurance policies, additional benefits, etc.)?



APPENDIX 4. Consent form for returnees

IOM interview consent form AVRR MEDICAL CHRONIC PROJECTS (AVRR-MC)

I hereby authorize and give my consent to IOM to interview me about my experiences concerning my return to my country of origin. The information given by my may be used by IOM in their research about voluntary return migration. I understand that the information provided by me will be used in information materials produced by IOM including the IOM website. IOM will not use my real name.

Name of beneficiary:

Signature:

Date:

Name of IOM officer:

Signature:

Date:





International Organization for Migration (IOM)

Assessment of health related factors affecting reintegration of migrants in Armenia

Prepared for publication by
IOM Project Development and Implementation Unit in Armenia

Author: Elmira Bakhshinyan



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European Union