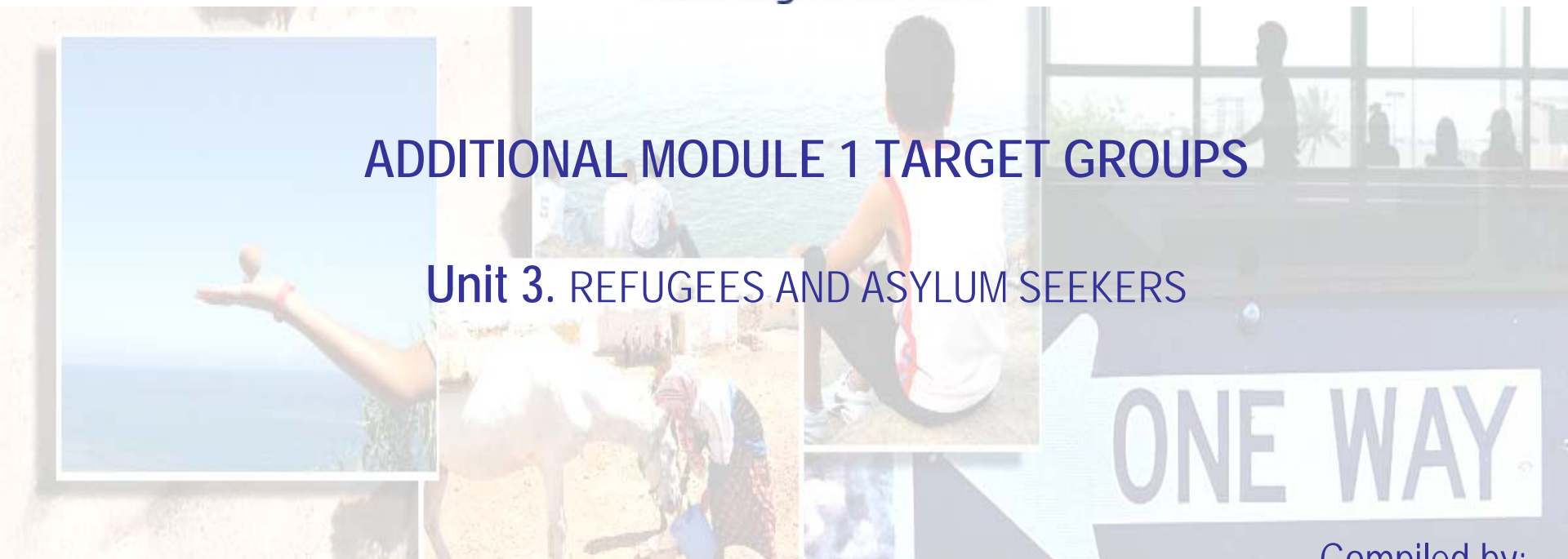




Training packages for health professionals to improve access and quality of health services for migrants and ethnic minorities, including the Roma

## ADDITIONAL MODULE 1 TARGET GROUPS

### Unit 3. REFUGEES AND ASYLUM SEEKERS



Compiled by:

Olga Leralta, Andalusian School of Public Health, 2015

## Outline of the session

### **Presentation:**

- Definitions
- Asylum claims
- Health concerns
- Health risks on the journey
- Post-traumatic stress disorder (PTSD) and refugee mental health problems
- Women Refugee
- Children Refugee
- Provision of health services in EU

### **Activity:**

- Strategies for Improving Access to Health Care for Refugees and Asylum Seekers

## Introduction

- **Asylum seekers** flee their country because they have a "*well-founded fear of being persecuted*" (UN 1951: s.n.) due to their race, religion, nationality, membership of a particular social group or political opinion. They apply for refugee status under the 1951 *Convention on the Status of Refugee (Refugee Convention)*.

- UE legislation protects asylum seekers and refugees.

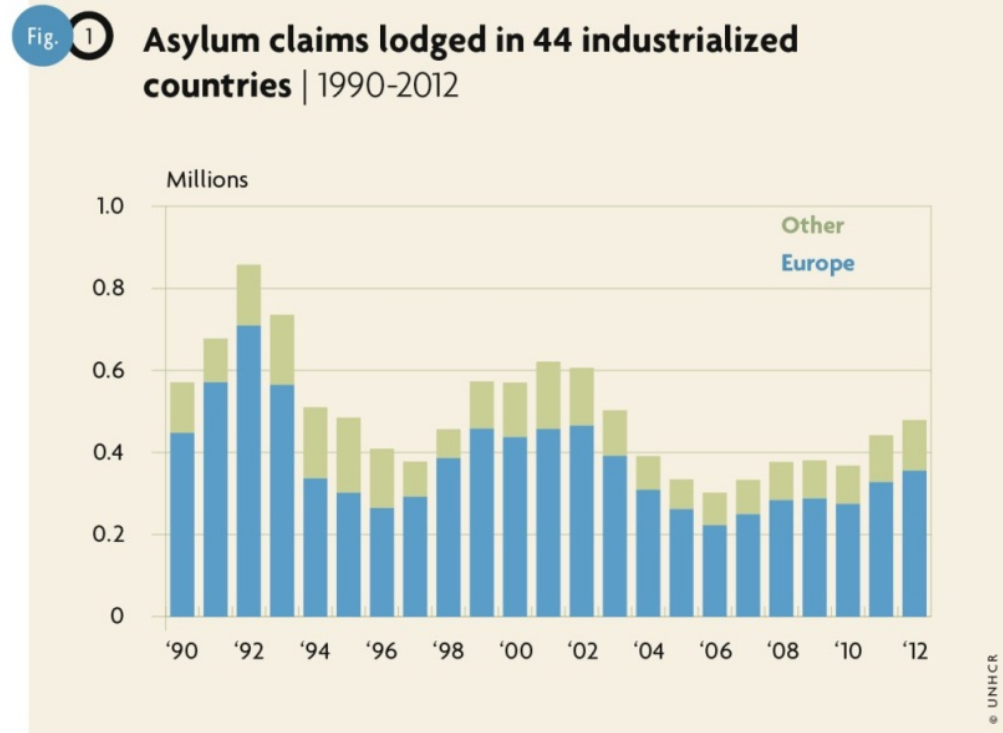
- Those granted this status become **refugees** while those not granted may be awarded a weaker form of 'subsidiary' or 'humanitarian' protection; otherwise they will be required to leave the country. An unknown number continue to live in the country as "irregular" migrants.

- Regarding access to health services, the 1951 Refugee Convention states that refugees should enjoy access equivalent to that of the host population, and mentions specific measures for vulnerable groups.

# Asylum claims

- 1.5 million recognised refugees living in the 27 Member States of the EU plus Norway and Switzerland. This compares to a global figure of approximately 16 million.
- In 2013, Germany, France, Sweden, the United Kingdom and Italy registered 70% of all applicants.
- Currently the main countries of origin of asylum seekers were Syria, Russian Federation, Afghanistan, Iraq and Serbia/Kosovo.

Figure 1



Source: UNHCR (2013), Asylum Trends 2012. Levels and Trends in Industrialized Countries. New York: United Nations High Commissioner for Refugees. (Note that the definition of 'Europe' in this graph includes 38 countries)

## Health Concerns

- **Basic needs** broadly similar to those of the host population.
- Those moving from poor socioeconomic environment may suffer from **communicable diseases** (TB, hepatitis) and **respiratory diseases** associated with **poor nutrition, cold, overcrowding, inadequate sanitation, water supply and housing, compounded by previous limited access to health care.**
- **Not a homogeneous** population.
- Frequent **health problems** related to experience of **political persecution, imprisonment, torture and conditions of flight** from their country of origin. Symptoms of **psychological distress** are common.
- Once in the country of asylum: **health problems** related to decline in standards of living, **insecurity** of the asylum application, **fear** for the safety of family members, legal and bureaucratic **difficulties**, process of adaptation to the centers, **inactivity and hostile attitudes.**

- **Health risks on the journey:**

- ✓ **Respiratory infections and skin complaints** caused by overexposure to salt and water, burns from fuel accidents and skin infections from overcrowding and poor hygiene in the reception centers.
- ✓ When forcibly detained in North of Africa, many **suffer violence** from both the security forces and other actors (e.g. human-trafficking networks), **sexual exploitation, prostitution, and forced labour.**

- **Mental health problems:**

- ✓ Generalized **sense of hopelessness, absence of employment opportunities and social dysfunction.**
- ✓ Symptoms of **post-traumatic stress disorder, depression, psychosomatic complaints and anxiety.**
- ✓ The origin of these problems may lie not in the country of origin, but in experiences endured **during the flight and the asylum application procedure.**

*Medecins sans Frontières, Migrants, refugees and asylum seekers: Vulnerable people at Europe's doorstep.*

Available at: <http://www.doctorswithoutborders.org/sites/usa/files/MSF-Migrants-Refugees-AsslymSeekers.pdf>;

*UNHCR Strategy 2014-18; Fazel, M., Wheeler, J., Danesh, J. (2005). Prevalence of serious mental disorder in 7000 refugees resettled in western countries: a systematic review. The Lancet, 365:9467:1309–1314 ;*

*Lindert, J. et al. (2009). Depression and anxiety in labor migrants and refugees – a systematic review and meta-analysis.*

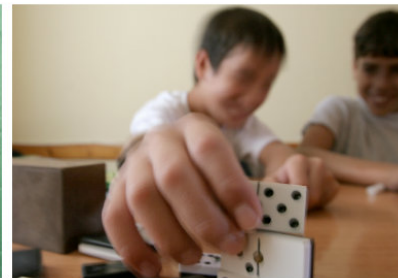
*Social Science & Medicine, 69:2:246–257;*

*Ingleby, D. (ed.) (2005) Forced migration and mental health: rethinking the care of refugees and displaced persons. New York: Springer.; IOM EQUI-HEALTH*

- **Women Refugee:**

[Video Lebanon: Letter from a Refugee](#)

- ✓ Vulnerable to **physical assault, sexual harassment and rape.**
- ✓ More likely than men to **report poor health and depression.**



- **Children Refugee:**

- ✓ They may be living in a **fragmented family**, be with **unfamiliar carers**, or have arrived **alone**.
- ✓ They may have **developmental difficulties**, show **anxiety, nightmares, withdrawal**, or **hyperactivity** but **few need psychiatric treatment**.

[Video Save the Children](#)

- **Provision of health services**

- ✓ **Free health care is provided** to refugees. To asylum seekers, as long as their application is being processed.
- ✓ There are **variations among EU countries** in the extent of the care provided and the conditions attached to it:
  - ✓ Some **limit the access and treatment** of asylum seekers and humanitarian refugees to **emergency care**;
  - ✓ Some **provide asylum seekers with a health check-up** on their arrival;
  - ✓ Some **neither entitle asylum seekers to access to the health system nor provide them with any medical reception.**
- ✓ **In terms of asylum seekers the discussion should be adapted to national contexts.**



## Activity: Strategies for Improving Access to Health Care for Refugees and Asylum Seekers

- Presentation of the methodology
- In small groups
  - ✓ Strategies for improving access to health care for refugees and asylum seekers in your region / country.
  - ✓ Prioritization of strategies.
- In plenary
  - ✓ Summary of small group results.
  - ✓ Group discussion.





Thank you and questions ...

*Pictures: Andalusian Childhood Observatory (OIA, Observatorio de la Infancia de Andalucía) 2014;  
Josefa Marín Vega 2014; Redlsir 2014; Morguefile 2014.*

# References

ECCRE Good practice guide on the integration of refugees in the European Union: Health. Available at:

<http://www.ecre.org/component/downloads/downloads/187.html>

Norredam, M., Mygind, A & Krasnik, A. (2006)

[Access to health care for asylum seekers in the European Union — a comparative study of country policies.](#) *Eur J Public Health* 16(3): 285-289.

Medecins sans Frontières, Migrants, refugees and asylum seekers: Vulnerable people at Europe's doorstep

<http://www.doctorswithoutborders.org/sites/usa/files/MSF-Migrants-Refugees-AsslymSeekers.pdf>

Migrant access to social security and healthcare: policies and practice European Migration Network Study 2014

[http://ec.europa.eu/dgs/home-affairs/what-we-do/networks/european\\_migration\\_network/reports/docs/emn-studies/emn\\_synthesis\\_report\\_migrant\\_access\\_to\\_social\\_security\\_2014\\_en.pdf](http://ec.europa.eu/dgs/home-affairs/what-we-do/networks/european_migration_network/reports/docs/emn-studies/emn_synthesis_report_migrant_access_to_social_security_2014_en.pdf) (retrieved: March 3, 2015)

UNHCR (2014), *Asylum Trends 2013. Levels and Trends in Industrialized Countries*. New York: United Nations High Commissioner for Refugees.

Poverty and social exclusion in the WHO European Region: health systems respond. Copenhagen, WHO Regional Office for Europe, 2010.

Fazel, M., Wheeler, J., Danesh, J. (2005). Prevalence of serious mental disorder in 7000 refugees resettled in western countries: a systematic review. *The Lancet*, 365:9467:1309–1314.

Lindert, J. et al. (2009). Depression and anxiety in labor migrants and refugees – a systematic review and meta-analysis. *Social Science & Medicine*, 69:2:246–257.

Ingleby, D. (ed.) (2005) *Forced migration and mental health: rethinking the care of refugees and displaced persons*. New York: Springer.

Burnett A, Peel M. (2001) Health needs of asylum seekers and refugees. *BMJ: British Medical Journal* 322(7285):544-547.

IOM EQUI-HEALTH SAR Greece <http://equi-health.eea.iom.int/images/sar%20greece%20final.pdf> (retrieved: March 3, 2015)

IOM EQUI-HEALTH SAR Malta <http://equi-health.eea.iom.int/images/Pubs/sar%20malta%20final.pdf> (retrieved: March 3, 2015)

IOM EQUI-HEALTH SAR Italy <http://equi-health.eea.iom.int/images/Pubs/sar%20italy%20final.pdf> (retrieved: March 3, 2015)

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