



Health and access to care in vulnerable populations in Europe: 2014 results and 2015 questions

EU expert group on social determinants and health inequalities (EGHI) 18/11/2015



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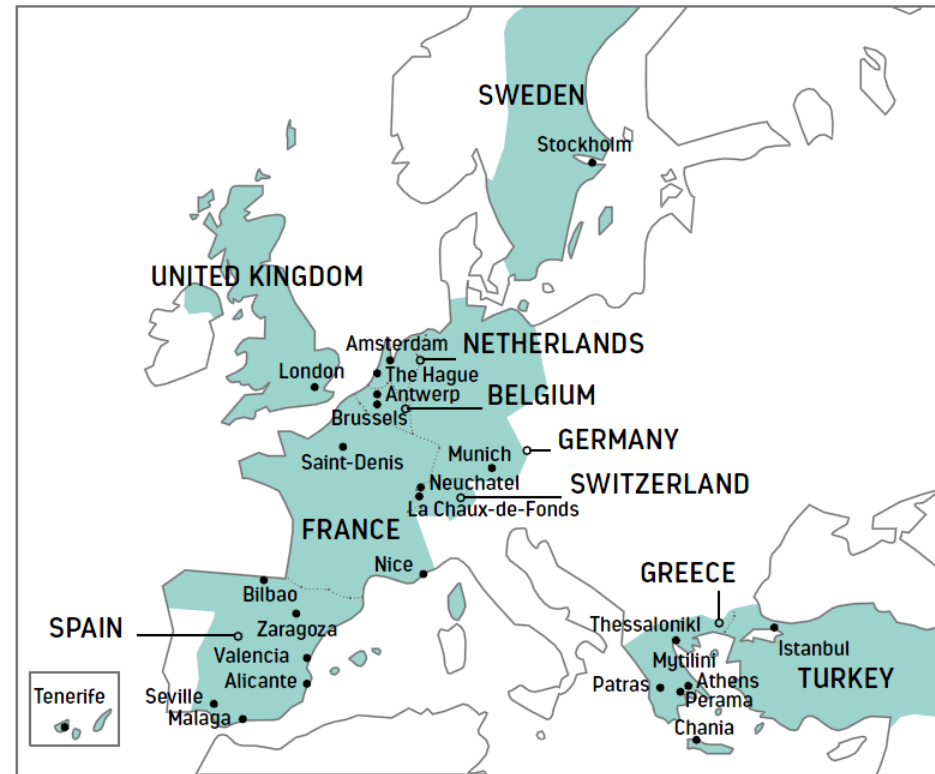
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Populations and methods

- 23,040 patients seen in *Doctors of the World – Médecins du monde* (MdM) programmes in 2014
- in 25 cities in 10 countries
- using a common social (31 questions) and health (24 questions) questionnaire in 9 languages
- 42,534 social and/or medical contacts
- 23,240 medical diagnoses

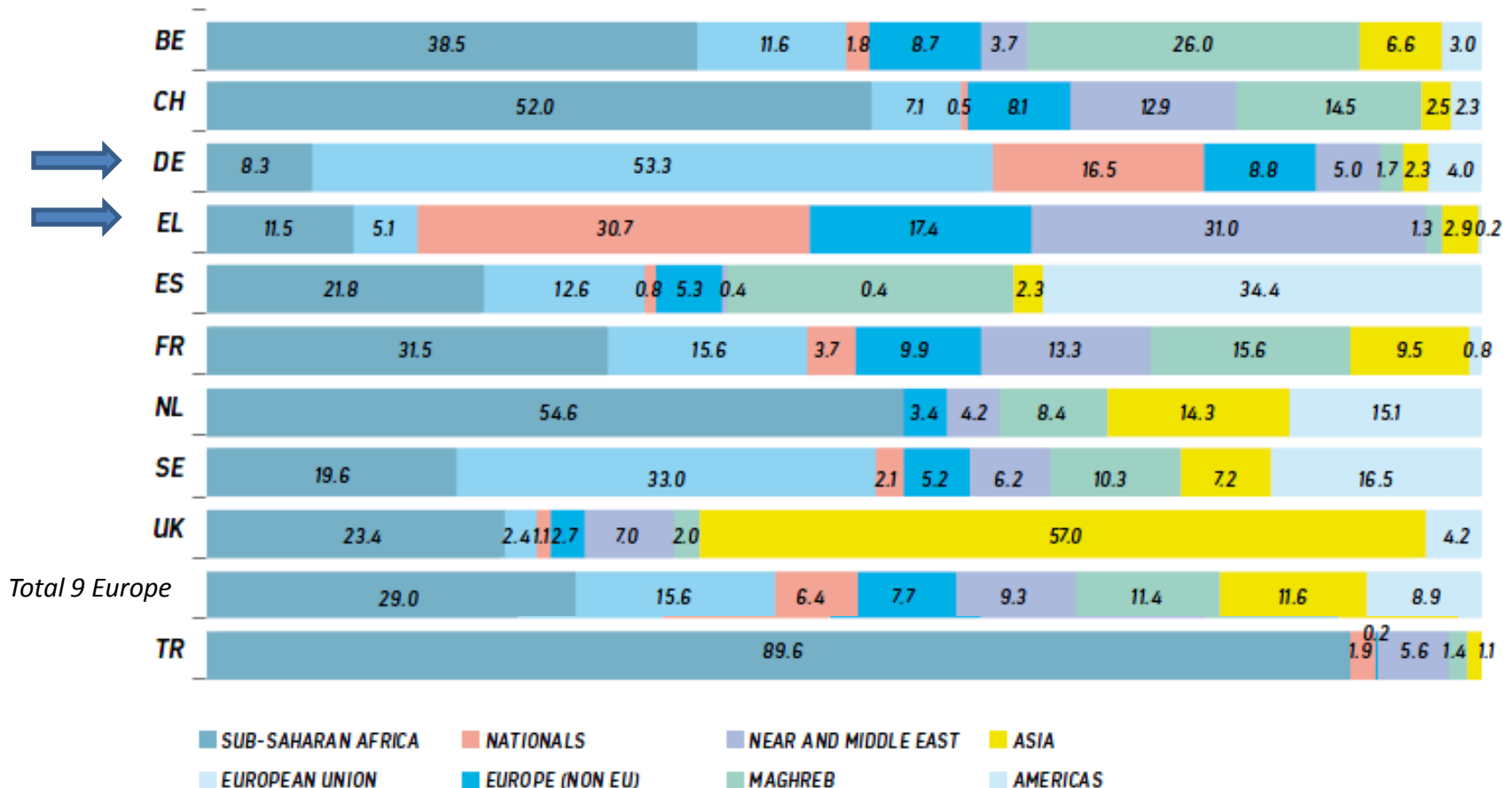
MAP OF THE SITES SURVEYED IN 2014



Who are they and where do they come from?

- 94% are immigrants
- 43% are women
- Mean age = 36 y/o (interquartile = 25-46)

PATIENTS' GEOGRAPHICAL ORIGINS BY COUNTRY SURVEYED (%)



Reasons for migration

- the most often cited reasons were **economic** (50%), **political** (19 %) and **family** related (to join or follow someone: 15%, or to escape from family conflict: 8%)
- As every year, **health reasons were extremely rare**: 3 % in Europe, 0.9% in Turkey.
 - Only 9.5% of migrant patients had at least one chronic health problem which they had known about before they came to Europe
 - 6,5 years: average length of stay in Europe before consulting

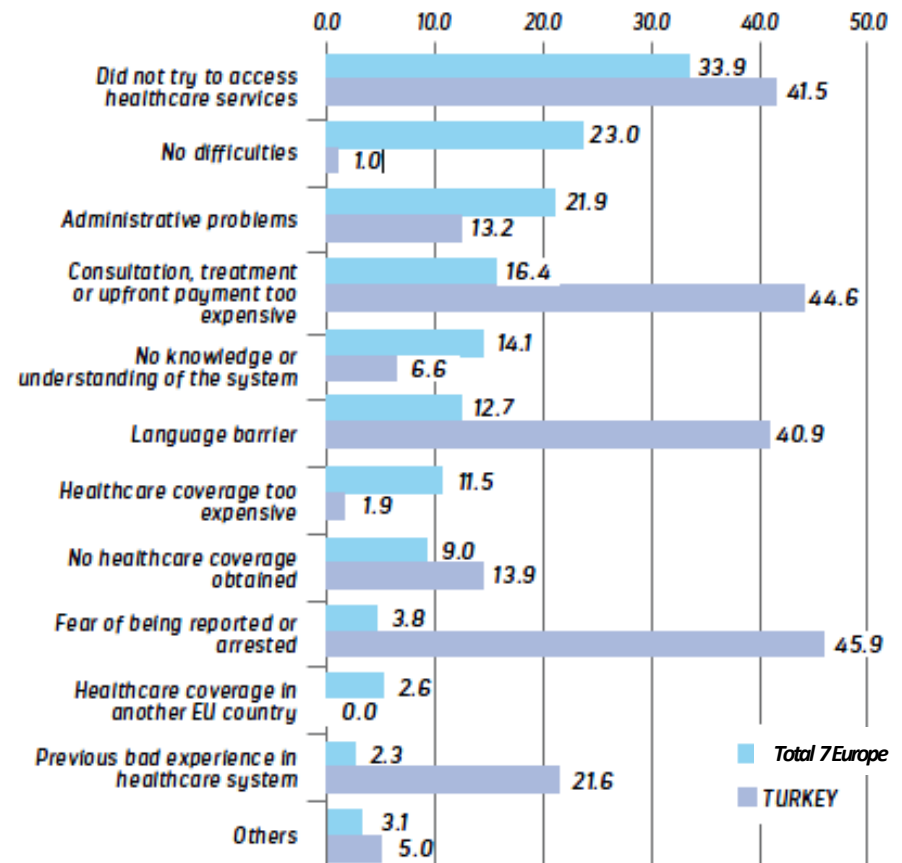
Administrative situations

- 66% of people in the 9 European countries do not have permission to reside:
 - 57% were citizens from non-EU countries
 - 9% were EU citizens not allowed to reside (63% of all EU citizens)
- 13% were asylum seekers
- Nationals (5%), resident permit (4%), Visas (4%), EU citizens (3% < 3 months + 2% allowed to stay)...

Vulnerabilities

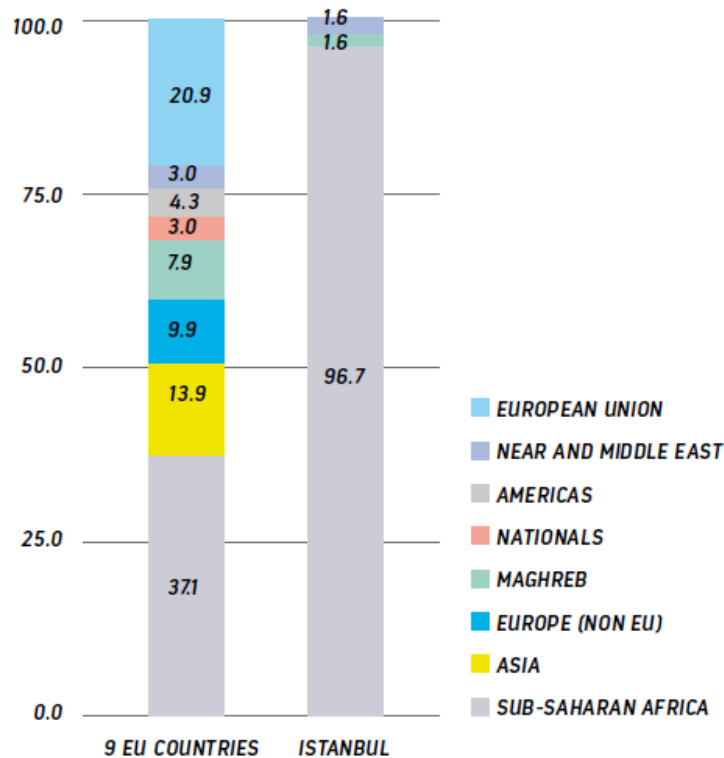
- 65% were living in unstable accomodation
 - including 10% homeless
 - and 16% in long term shelters
- only 22% reported an activity to earn a living
- 91% < poverty line
- 50% with no or few emotional support
- 63% with no health care coverage
 - 51% of Nationals
 - 70% of EU citizens
 - 82% of non EU foreigners (p<0.001)

BARRIERS TO ACCESS HEALTHCARE IN SEVEN EUROPEAN COUNTRIES AND IN TURKEY (%)



Pregnant women with no or poor access to care

GEOGRAPHICAL ORIGIN OF PREGNANT WOMEN IN THE NINE EUROPEAN COUNTRIES AND ISTANBUL (%)



HEALTH CARE COVERAGE FOR PREGNANT WOMEN

	% IN EUROPE (N=310)	% IN ISTANBUL (N=61)
NO COVERAGE / ALL CHARGES MUST BE PAID	58.4	98.1
ACCESS TO EMERGENCY SERVICES ONLY	22.7	0.0
FULL HEALTHCARE COVERAGE	6.3	0.0
OPEN RIGHTS IN ANOTHER EUROPEAN COUNTRY	5.9	0.0
ACCESS TO GP WITH FEES	2.4	0.0
PARTIAL HEALTHCARE COVERAGE	2.1	0.0
FREE ACCESS TO GENERAL MEDICINE	1.1	1.9
ACCESS ON A CASE BY CASE BASIS	1.0	0.0

Among the pregnant women seen in the nine European countries:

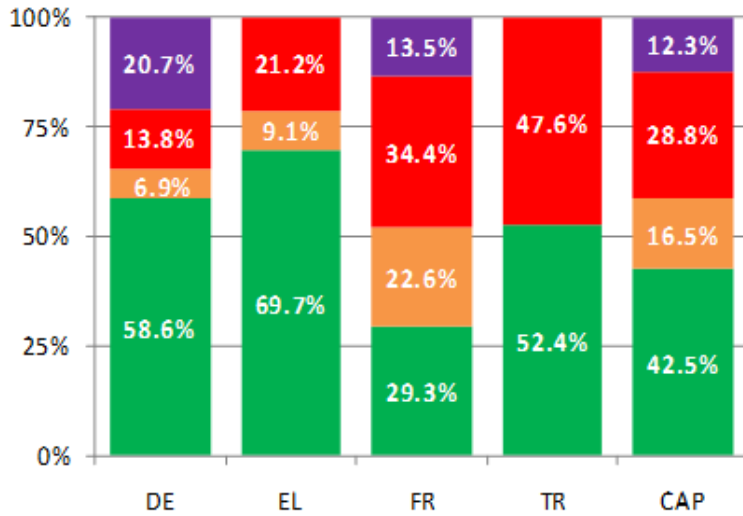
- 54.2% had not had access to antenatal care when they came to MdM's health centres
- and, among the others, 58.2% received care after the 12th week of pregnancy

“Antenatal care is a right for pregnant women. Therefore interventions proved effective in the scientific literature should be provided universally, free of charge” (WHO)

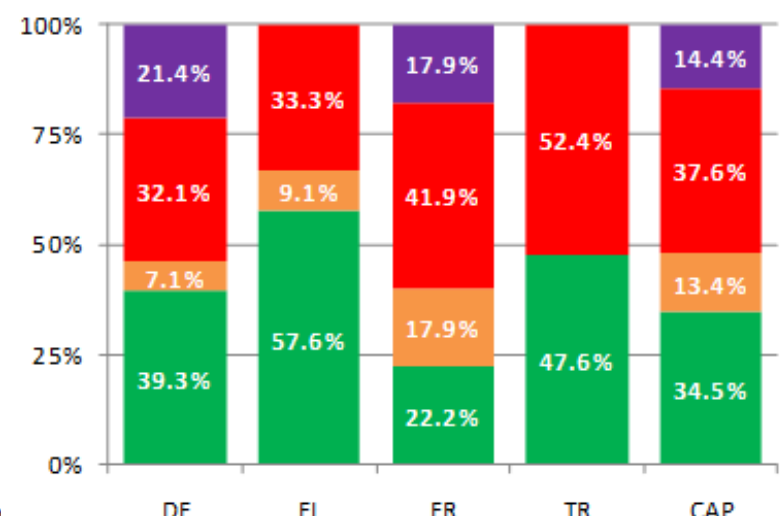
- In France, undocumented pregnant women (UPW) have increasing difficulties to access to free antenatal care clinics
 - In Germany, UPW are generally not covered for the first six months of the pregnancy
 - In Greece, UPW have now access to free delivery but not to ante- and postnatal care
 - In the Netherlands, UPW are often urged to pay straight away in cash for antenatal, delivery and postnatal care and are pursued by debt collectors
 - In Spain, many health centres are still not implementing the exception in the 2012 law that provides *“pregnancy individual health card”*
 - In Switzerland, UPW who cannot afford the cheapest health insurance (€300/month) have to pay themselves
 - In the UK, antenatal care, delivery and postnatal care are not free for UPW who are billed for the full course of care throughout pregnancy, which is around €7,000 (without complications)
- **MdM considers that leaving the most destitute migrant pregnant women apart from proper antenatal care in Europe constitutes an unacceptable assault on human rights and women condition**

Only a minority of children properly vaccinated

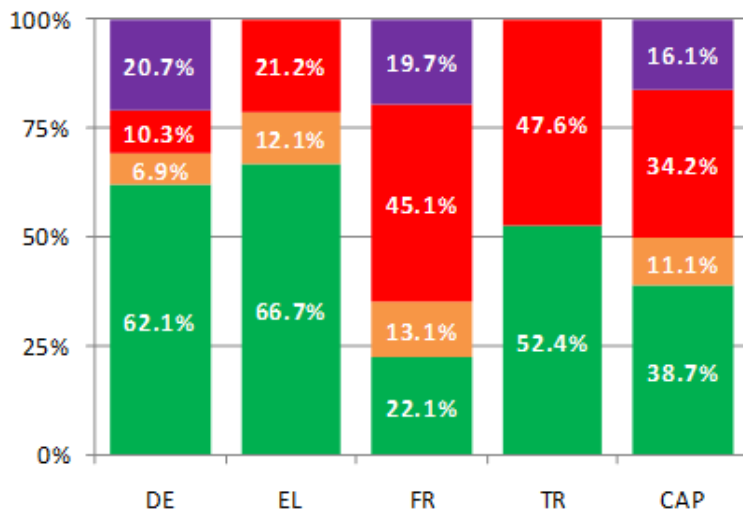
Tetanus



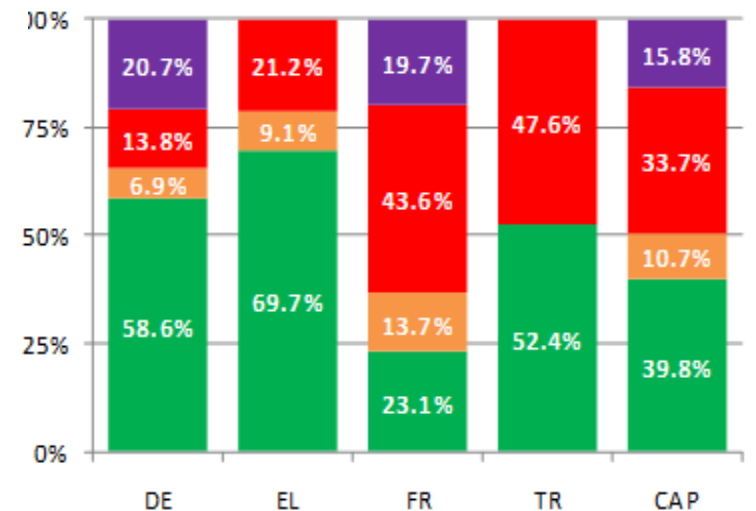
MMR



HBV



Pertussis



- Don't know
- No
- Probably
- Yes

For a majority of patients: unmet health care needs

- In the last 12 months:
 - 20% had given up trying to access healthcare or medical
 - 15% were denied of access to healthcare
- At the time of their visit in MdM:
 - 37% needed urgent or fairly urgent care
 - 55% were diagnosed with at least one chronic health condition
 - 58% of the patients requiring treatment had not received care before coming to MdM

MdM demands

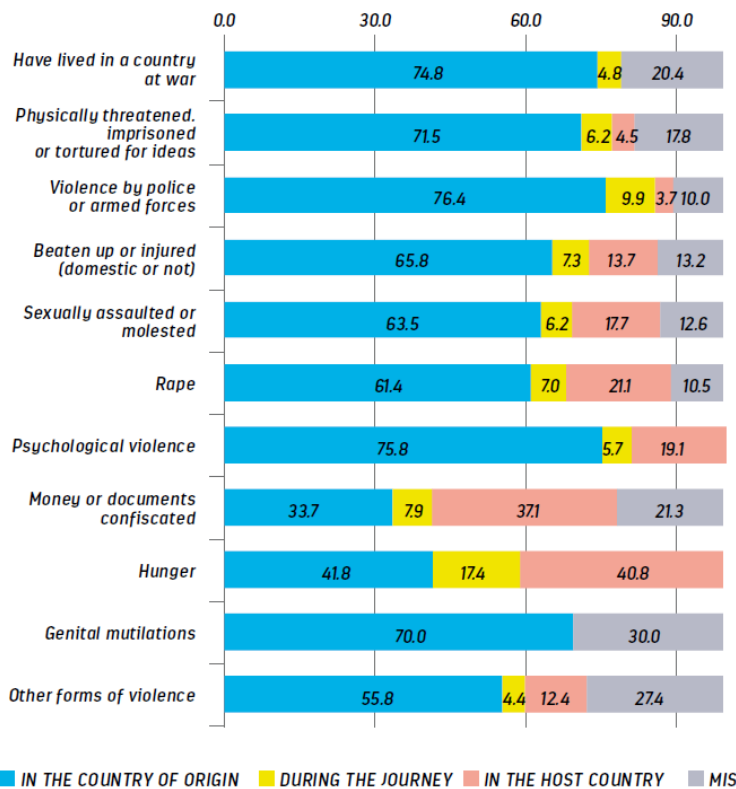
- 1) **Vulnerable people need more protection in time of crisis, not less**
- 2) **Health care policies are unethical and ineffective tools to regulate migration flows and must not be used as such**
- 3) **Member States and EU institutions must ensure universal public health systems open to everyone living in an EU state regardless of residence status**
- 4) **Seriously ill migrants must be protected from expulsion when effective access to adequate healthcare cannot be ensured in the country to which they are expelled**

www.mdmeuroblog.wordpress.com

The burden of violence

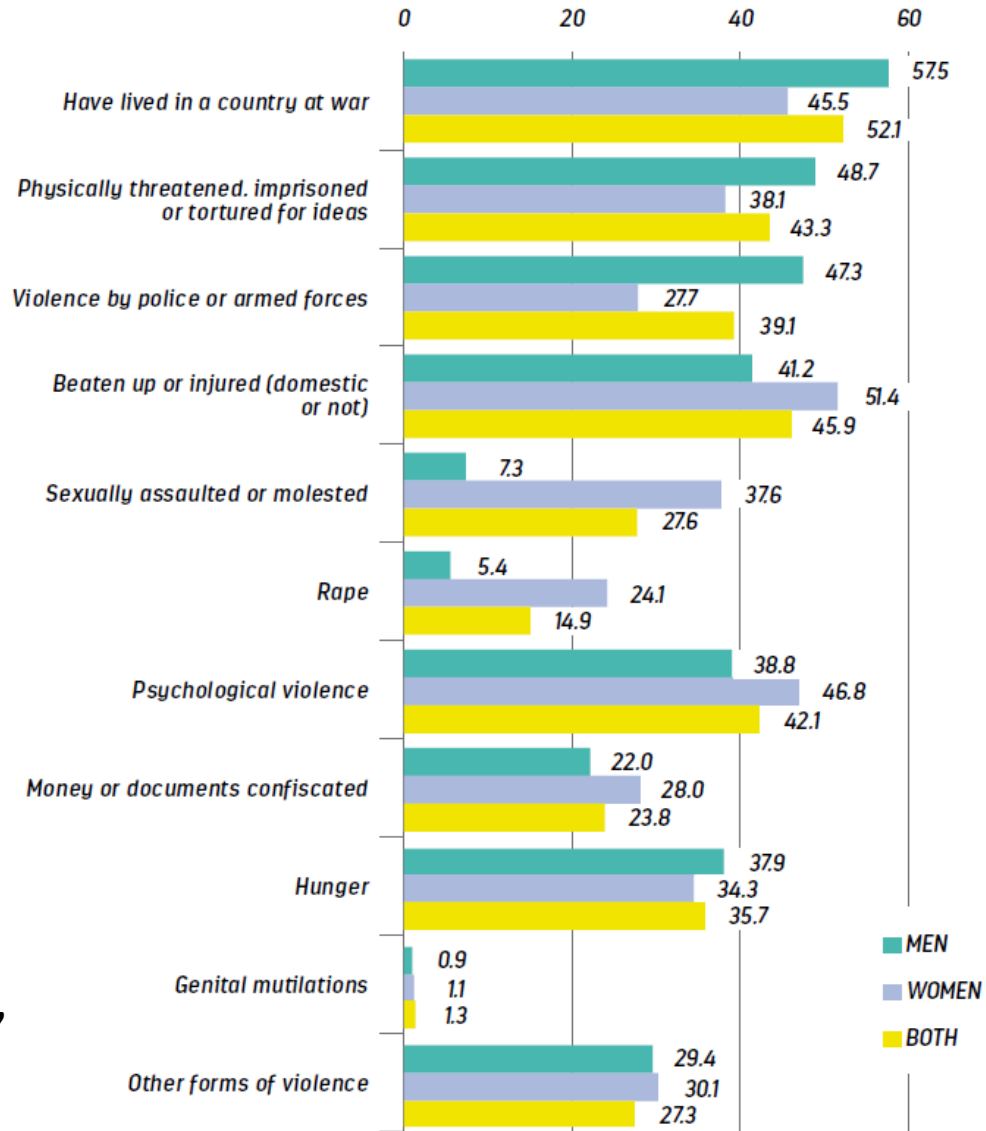
Asylum seekers were more often victims of violence (57.6% compared with 34.4% among all patients, $p < 0.001$)

VIOLENCE AT DIFFERENT STAGES OF MIGRATION IN THE 8 EUROPEAN COUNTRIES
(% of reported episodes)



10% had experienced violence in the "host" countries where interviews took place

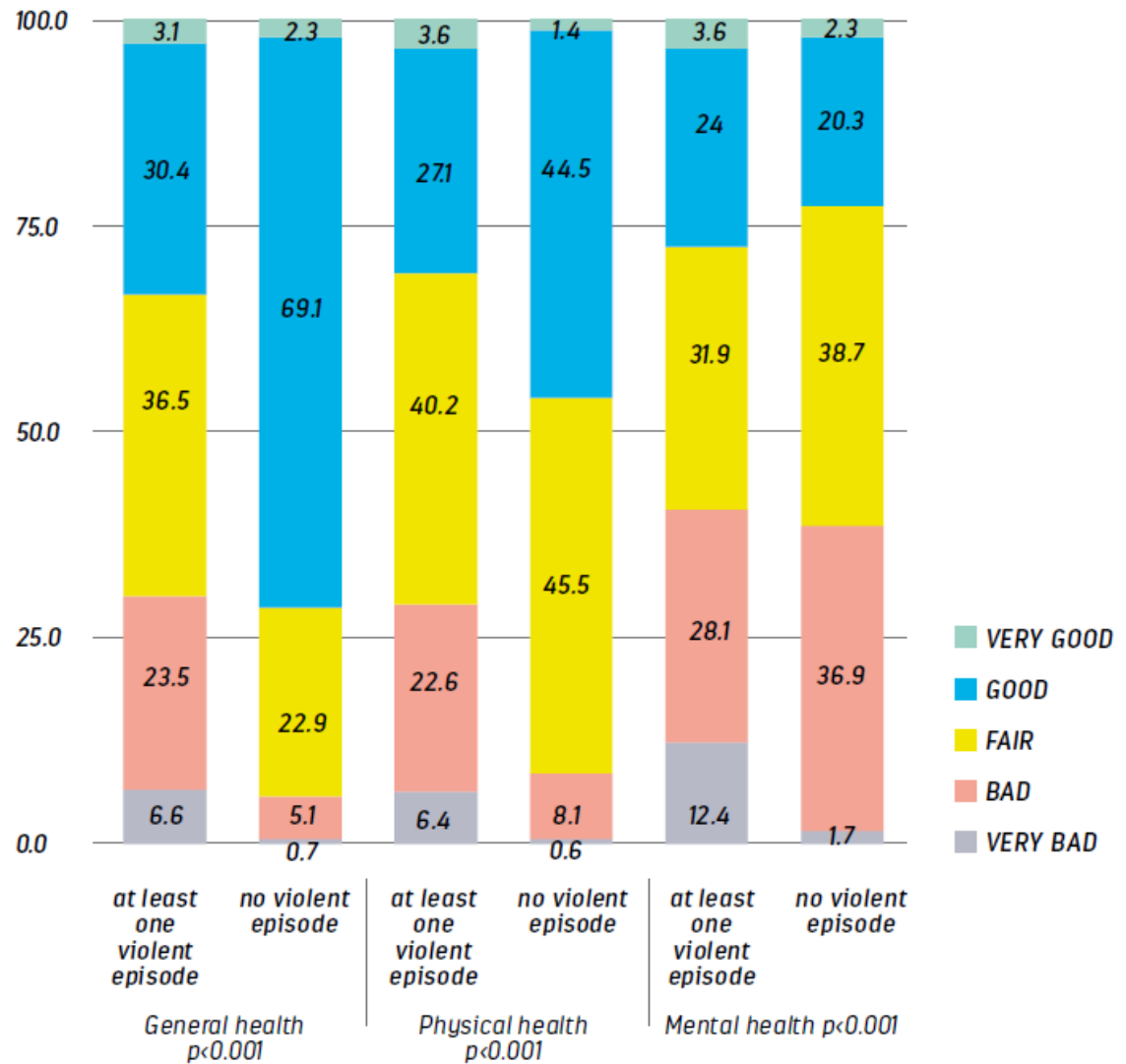
VIOLENCE BY GENDER (AMONG PATIENTS INTERVIEWED ON THIS SUBJECT IN EIGHT EUROPEAN COUNTRIES IN %)



Health consequences

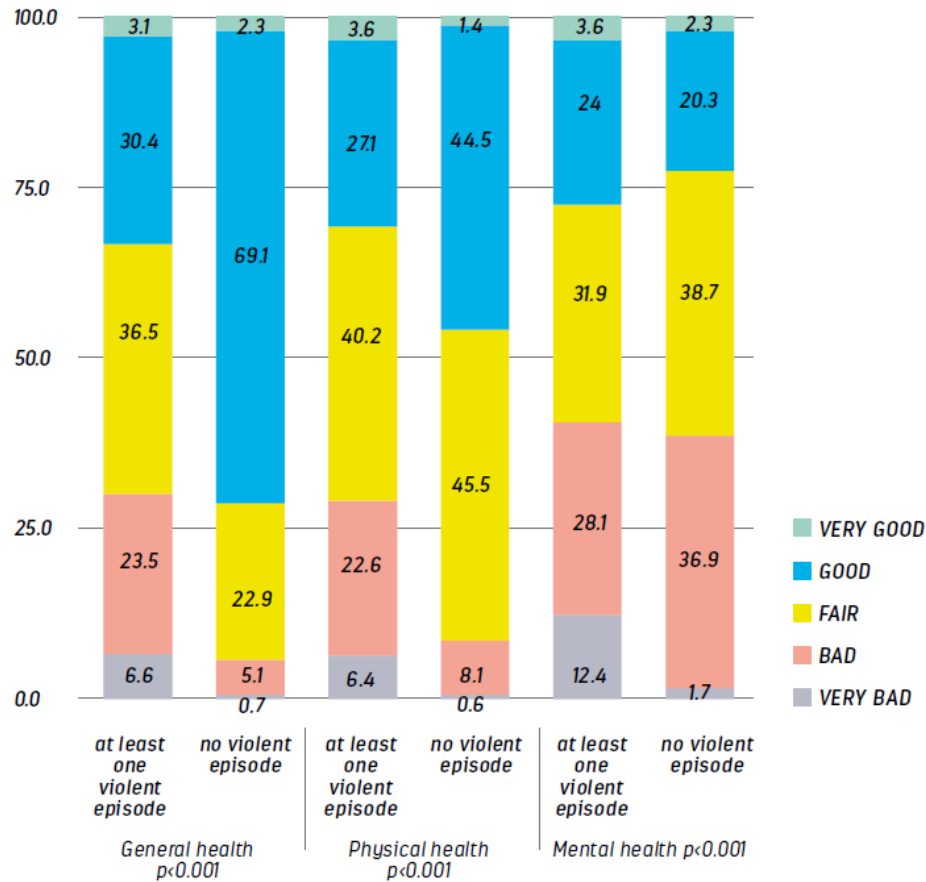
12.4% of victims perceived their general health to be very bad versus 1.7% of the people who did not report an episode of violence

PERCEIVED HEALTH STATUS ACCORDING TO REPORTED VIOLENCE
(AMONG PATIENTS INTERVIEWED ABOUT EXPERIENCES OF VIOLENCE, IN %)



Lessons learned

PERCEIVED HEALTH STATUS ACCORDING TO REPORTED VIOLENCE
(AMONG PATIENTS INTERVIEWED ABOUT EXPERIENCES OF VIOLENCE, IN %)



12.4% of victims perceived their general health to be very bad versus 1.7% of the people who did not report an episode of violence

- 1. Migration is a violent experience by itself**
 - The loss of all things that participate in building self identity and maintaining autonomy (language, relatives, friends, cultural habits), day-to day precariousness and uncertainty for the future have traumatic cumulative effects
- 2. Consequences of violence are somatic, psychological and source of self-neglect**
 - Including low recourse to health care services and poor adherence to care
- 3. Systematic screening in primary care and basic, non-specialized, care can prevent severe consequences**
 - When available, data show that psycho traumas are the most frequent health troubles in arriving migrants and refugees
 - Existing migrant health guidelines need to be widely implemented in medical and public health practice

2016 new challenges

- Integration of 5 new countries (IE, SI, LU, NO, RO) on top of BE, CA, CH, FR, DE, EL, ES, SE, NL, UK & TR:
 - 16 countries, 16 health systems, 12 languages
- Work to include mobile units
 - 80% of actions (now only in fixed clinics)
- Need to investigate health systems to adapt to each country
- Training the teams, sampling methods, follow up
- Find an IT tool
- Annual report on last year data...

EUROPEAN NETWORK TO REDUCE VULNERABILITIES IN HEALTH



БЪЛГАРСКА
АСОЦИАЦИЯ
ПО СЕМЕЙНО
ПЛАНИРАНЕ И
СЕКСУАЛНО
ЗДРАВЕ



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Stowarzyszenie Association
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Konstiumum nevládních
organizací pracujících
s migranty v ČR | Consortium of Migrants
Assisting Organizations
in the Czech Republic

Discussion:

New adapted tool for the migrants reception crisis?

- Our common 8 pages questionnaire is far too long for emergency interventions (needs 40 to 50 mn)
 - **Focusing on just a few indicators and helpful question *and/or* adopting a short check-list**
- Some vulnerabilities are not listed as such in its present form (disability, isolated parent, family size)
 - **Questioning them directly**
- Working conditions need to be taken into account
 - **People waiting to cross the border, mobile units, etc.**
- Priorities for the migrants: hygiene, food & shelter
 - **A systematic description of living conditions and environments of places, camps and shelters visited**