OF THE WORLD منظمة أطباء العالم LÄKARE I VÄRLDEN MEDICI DEL MONDO ГІСТРОЇ TOU KÓGHOU DOKTERS VAN DE WERELD MÉDICOS DO MUNDO MÉDICOS S 世界医生组织 MÉDECINS DU MONDE 世界医生组织 DOCTORS OF THE WORLD منظمة أطباء العالم LÄKARE I VÄRLDEN MEDICI DEL MONDO ГІСТРОЇ TOU KÓGHOU DO ÉDICOS DEL MUNDO 世界の医療団 ÄRZTE DER WELT द्विया के डोक्टर MÉDECINS DU MONDE 世界医生组织 DOCTORS OF THE WORLD منظمة أطباء العالم LÄKARE I VÄ KOGHOU DOKTERS VAN DE WERELD MÉDICOS DO MUNDO MÉDICOS DEL MUNDO 世界医织 LÄKARE I VÄRLDEN MEDICI DEL MONDO ГІСТРОЇ ТОИ КО́ОНОИ DOKTERS VAN DE WERELD MÉDICOS DEL MUNDO 世界の医療団 ÄRZ

Migrants crisis: the urgent need of adequate and integrated public health services at reception

GLOBAL HEALTH POLICY FORUM 25th February 2016,

François Fille – MdM European Advocacy Co-ordinator

Santi Palacios – Prix Luis Valtueña Lesbos





© Giorgos MOUTAFIS, Child trying to survive on arrival at Lesbos

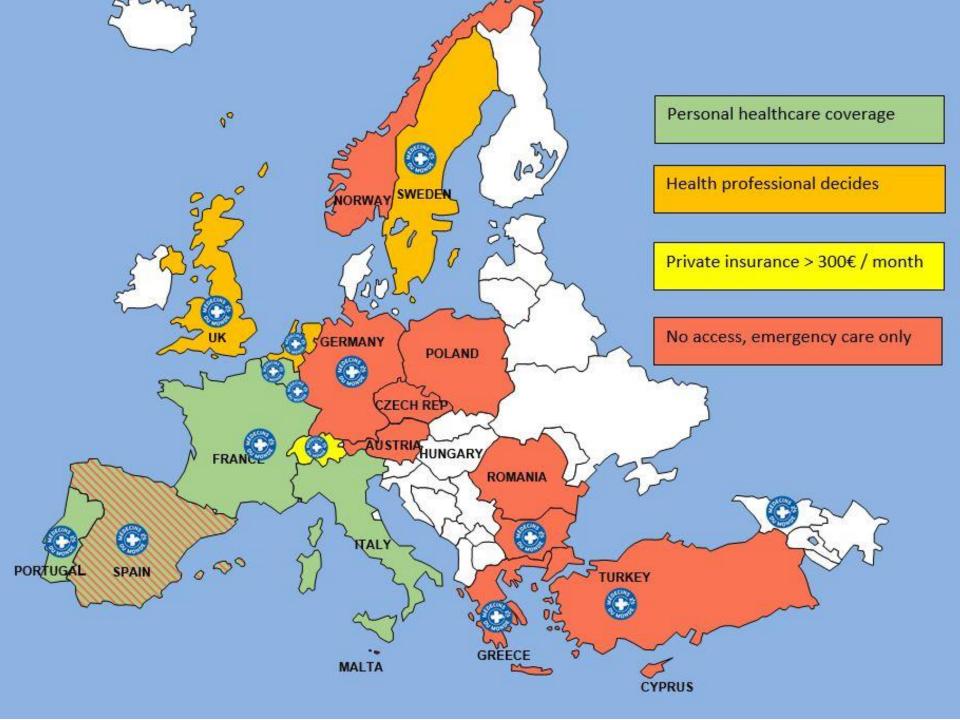
The « migrant crisis » in figures

- End 2014: 59,5 millions displaced persons in the world (UNHCR)
- 1 015 078 migrants arrivals in 2015 from the Mediterranean (1,7%)
- In 2016, already 80 754 refugees/migrants arrived from the sea in Europe / 74 725 in Greece alone
- 34% children, 20% women, 46% males
- Already 403 death 2016 (13/2 UNHCR http://data.unhcr.org/mediterranean/regional.php)
- <u>Greece</u>: Lesbos: 90 000 habitants 526 635 arrivals from jan 2015 to jan 2016, 44 435 in 2016 ...
- Croatia: 600 000 migrants in transit since the beginning of the « crisis »
- Slovenia: 1 million arrivals (including migrants in transit) in 2015 (2 millions inhabitants)
- Germany:
 - 1 091 894 migrants arrivals en 2015 (double 2014)
 - 500 000 asylum seekers: highest in Europe

Restrictive laws and complexe administrative procedures

- « Legal Report on access to health care in 12 countries ». Médecins du monde. June 2015.
- Access to health care: 4 criteria
 - Health system / healthcoverage (population covered)
 - What is covered
 - Affordability
 - (actual) Availibility / in practice
- Study based on:
 - National health care system (legal basis, organisation, access)
 - Access to health care for migrants
 - Protection for seriously ill foreigners (who cannot access care in their country)
 - Prevention and treatment of infectious diseases.





MdM work and network

In 2014: in 26 towns of 11

countries: BE, CA, CH, DE, EL, ES, FR, NL, SE, TR, UK

- 23 341 patients
- 93,6% foreigners
- European Network to Reduce
 Vulnerabilities in Health ⁽¹⁾: 10 MdM and
 13 partners.
- In 2016, 14 collect data: International Network Observatory

Report: « Access to health care for people facing multiple health vulnerabilities in 26 cities across 11 countries »

⁽¹⁾ Austria – the Center for Health and Migration, Bulgaria – The Bulgarian Family Planning and Sexual Health Association, Czech Republic – Consortium of Migrants Assisting Organizations in the Czech Republic, Hungary – Menedék, Ireland – Migrant Rights Centre Ireland, Italy – NAGA, Norway – Health Centre for Undocumented Migrants, Poland – Association for Legal Intervention (SIP), Romania – Carusel, Slovenia – Slovene Philanthropy, Croatia – LET/Flight, Lithuania - Association of HIV affected women and their families "Demetra", Austria - AmberMed.





Children in MdM consultations

- Between 60% to 66% were not immunised against MMR, wooping cough, hepatitis B (78% en FR!)
- 57,5% were not vaccinated against tetanus
- 39% of parents did not know where to go to have their children immunised
- Around 90% of the EU children have completed their immunisation
- 2 experiences from MdM international network.

Women in MdM consultations

- « Maternity care must be offered regardless of a woman's ability to pay but, in practice, charging deters many pregnant women from accessing maternity care (...) there is no evidence to support the claim of 'health tourism" (British Journal of Midwifery Jan 2016: "Maternity care for undocumented migrant women: The impact of charging for care »)
- More than half (54,2%) of pregnant women had no access to ANC before they came to MdM
- 81% of pregnant women had no health coverage

Physical /psychological violence Institutional violence

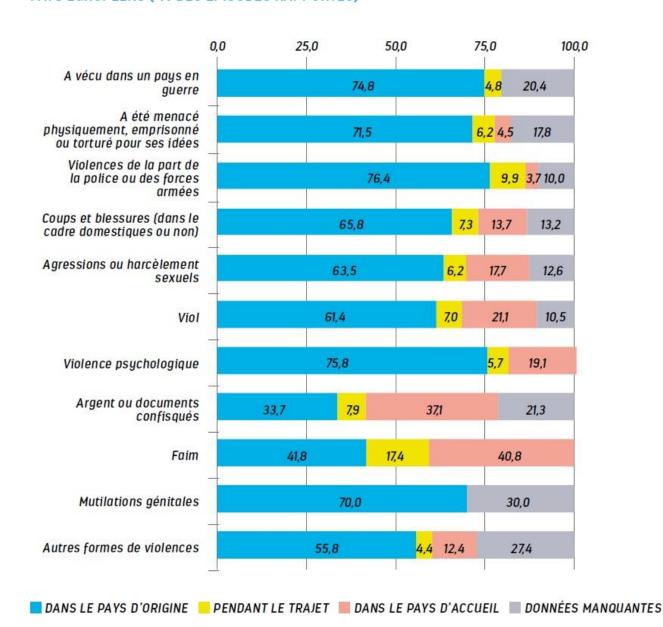




Violence and migration routes

PROPORTION DES VIOLENCES AUX DIFFÉRENTES ÉTAPES DU PARCOURS MIGRATOIRE DANS HUIT PAYS EUROPÉENS (% DES ÉPISODES RAPPORTÉS)

9.8% report having been victims of violence after arrival in Europe



Taux de violences par sexe

TAUX DE VIOLENCES SUBIES PAR SEXE (PARMI LES PATIENTS INTERROGÉS SUR CETTE QUESTION DANS HUIT PAYS EUROPÉENS, %)

Asylum seekers are more often victims of violence

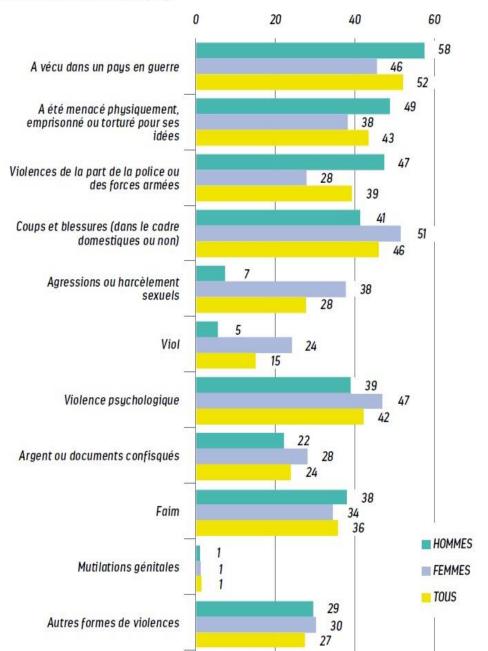
57.6%

Asylum seekers

VS.

34.4%

overall *p*<0.001



Violence and Health

ÉTAT DE SANTÉ RESSENTI AVEC OU SANS EXPÉRIENCE DE VIOLENCES (PARMI LES PATIENTS INTERROGÉS À CE SUJET EN %)

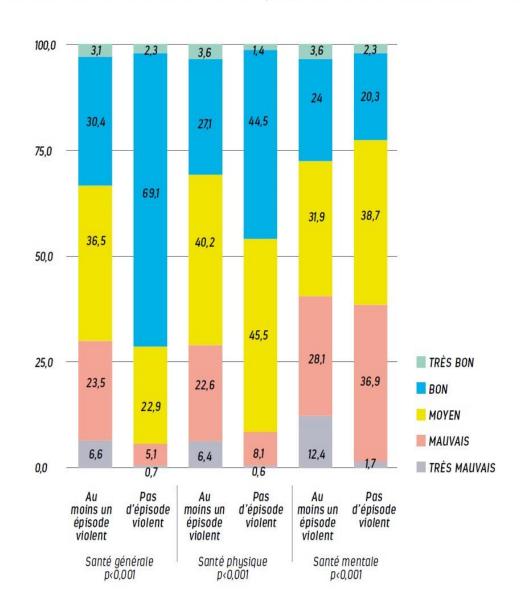
Violence impacts Health:

12,4%

Patients victims
of violence: very
bad psychological
health

VS.

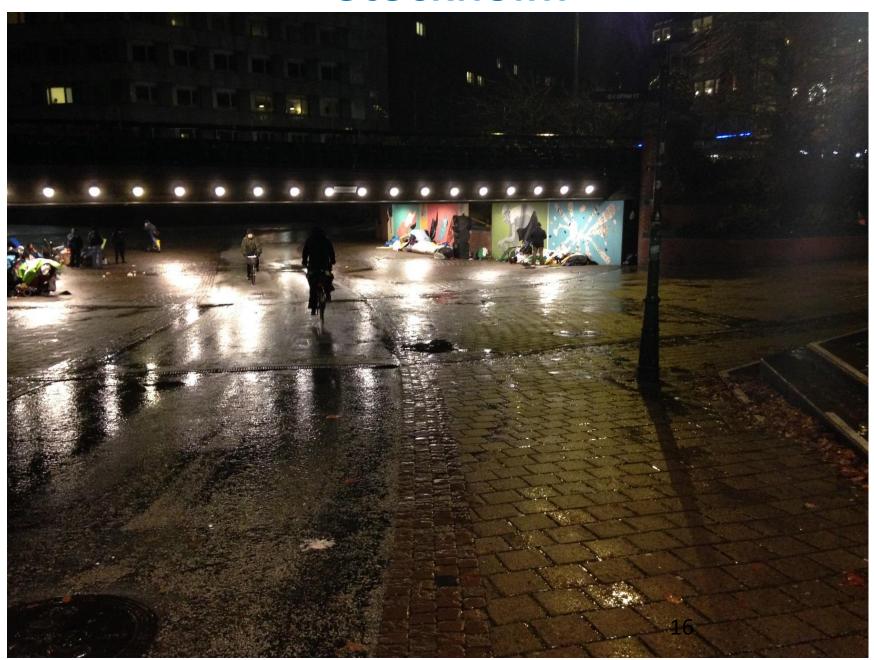
1,7%
patients without
episode of
violence



Hungary (2015)



Stockholm



Blocked in Idomeni (border closed to FYROM)





Migrants moving towards Northern Europe (©Aris Messinis)



Munich

What to do – 5 key improvement actions

- Safe and legal migration channels, free of violence and provide welcome and satisfactory protection (isolated children, women ...).
- Migrants should be able to seek asylum in the country of their choice.
- We must put an end to medical examinations to control immigration.
- Effective and universal access to care: extra focus on antenatal care and immunization.
- Seriously ill migrants should be protected against expulsion.



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Thank you for your attention

Belgrade - @ Olmo Calvo - Luis Valtueña price -

