



## Refugee Health Policy Recommendations for the European National Governments and EU Institutions

Access to Health is an issue of Fundamental Human Rights, which must be applied equally and equitably to all. Although great progress has been made to address the health needs of minors and pregnant women in the general population, access to health care for refugees, and particularly refugee women and girls, varies across the EU and further action is required. In 2016 EU Member States resettled or granted asylum to over 720,000 refugees. Europe is and must remain the continent of solidarity where those fleeing persecution can find refuge.<sup>1</sup>

It has been seen that most welcoming countries offer, in principle, some kind of medical screening upon arrival but many refugees do not benefit from these services and the quality of screening programmes is questionable and often overlooks mental health problems<sup>2</sup>. Legal restrictions, limited resources and access to services such as translation also impede refugees' practical access to health care. In addition, asylum seekers are typically granted restricted access to health care, often limited to emergency medical care, pregnancy, childbirth care, and immunisation services<sup>2,3</sup>. Global research has shown that host countries often impose waiting periods before they grant refugees access to health-care services which delays care.<sup>4</sup>

These **Refugee Health Policy Recommendations for European Governments and EU Institutions** have been developed following a survey of refugees through the Mother & Child Programme which was implemented by Doctors of the World Greece from May 2016 to September 2017 with the support of MSD for Mothers. The Programme interviewed 14,000 women who arrived into the EU via Greece and compiled the following recommendations for European Governments and EU Institutions who are offering asylum to these third country nationals (TCN).

1. The observance of medical confidentiality and the official prohibition of the complaint or the arrest of the immigrants, who do not possess a residence permit, during their inpatient care or their contact with public health facilities.
2. Immediate action by all EU Member States to ensure special protection of minors and pregnant women, so that they may have access to adequate medical care throughout an illness or during pregnancy. Such protection is also enshrined in the UN Convention of the Rights of the Child, endorsed by EU Member States.
3. The protection of people who suffer from serious illnesses and cannot receive adequate and effective medical care in their countries of origin.
4. Recognition of the special healthcare needs (including mental health needs), especially in light of the ongoing [EU-Compass for Action on Mental Health and Well-being](#) of the refugee population and ensuring that adequate and specialist training is provided for health care workers.
5. A review of the existing legal framework on a national level to identify and overcome barriers to entry and access to healthcare for documented and undocumented TCNs, especially keeping in mind the interconnection with other policy issues. In the case of women and girls, this would require a multi-level awareness and policy dialogue campaign on vulnerable women's health needs, both local and the EU-level including the European Commission, the European Parliament and the Council of Ministers.
6. Funding to provide information and resources on family planning and access to modern contraceptives must be made available in countries and women and girls in refugee settings and must be empowered to engage with these resources. With this in mind, among the key steps to undertake should be the improved data analysis on women and girls' reproductive health needs as well as the creation of a supranational funding mechanism ensuring a free package of maternal healthcare for every vulnerable woman.



7. Review any immunity gaps in their populations and ensure tailored immunization services and strong communication and social mobilization in areas and groups that have suboptimal vaccine coverage. Such work would require cooperation between the EU and the national level in light of the existing discrepancies in access to vaccinations<sup>1</sup>.
8. Expand the number of EU countries where E-PHR – the ePersonal Health Record – is implemented, with the view to fostering the health provision of arriving migrants and refugees, facilitating follow-up and continuity of care.
9. The challenges of language and culture barriers can be addressed with the recruitment of bilingual health workers, medical and care providers who would be aware of the language and the culture of refugee women and be in position to better meet their needs. Interpreting service function in all women's health (including maternity) services would also enable women to have a better communication with the health worker and thus ensuring better quality of care.

### Research methodology

“Access to primary healthcare for TCN in Greece – April 2017”:

Evidence and data from over 14,000 vulnerable women, including migrants and refugees, was collected from Doctors of the World clinics and mobile units in Greece over a three year period. Interviews were held with medical staff, social workers, PHC researchers, practitioners, policy makers and stakeholders.

### Doctors of the World (Médecins du Monde)Greece

Doctors of the World Greece was established in 1990 and they constitute a unique Greek Organization. At the same time, however, they remain part of the International Network of MDM which consists of 15 chapters. The guiding principle underlying MDM's activities is that every human being has a right to humanitarian assistance, irrespective of their ethnic origin, religion, ideology or political persuasion.

### About MSD for Mothers

MSD for Mothers is a global initiative from the pharmaceutical company MSD. The initiative aims to work with partners to reduce maternal mortality at a global level and improve equity of access to maternal healthcare across Europe. Since its announcement in 2011 the MSD for Mothers global programme has partnered with 75 organisations in 30 countries to deliver programmes which have reached more than 6 million women worldwide.

[www.msdfornthers.com](http://www.msdfornthers.com)

### References:

1. European Commission, PRESIDENT JEAN-CLAUDE JUNCKER'S State of the Union Address 2017, 13 September 2017, [http://europa.eu/rapid/press-release\\_SPEECH-17-3165\\_en.htm](http://europa.eu/rapid/press-release_SPEECH-17-3165_en.htm)
2. Norredam, M, Mygind, A, and Krasnik, A. Access to health care for asylum seekers in the European Union—a comparative study of country policies. *Eur J Public Health*. 2006; **16**: 286–290
3. Arie, S. How Europe keeps migrants out of its health system. *BMJ*. 2015; **350**: h2216
4. Rousseau, C, Laurin-Lamothe, A, Rummens, JA, Meloni, F, Steinmetz, N, and Alvarez, F. Uninsured immigrant and refugee children presenting to Canadian paediatric emergency departments: disparities in help-seeking and service delivery. *Paediatr Child Health*. 2013; **18**: 465–469