

HEALTH AND ACCESS TO MEDICAL CARE



Large numbers of displaced people have experienced health problems since arriving in Europe, often due to unhealthy living environments or the experience of violence. Mental health issues are widely reported, ranging from insomnia and anxiety to suicidal tendencies among respondents. In light of this, it is alarming that only a small proportion of displaced people appear to have access to medical care on European soil.

PARIS, FRANCE

Research conducted in January 2018:

- 43.9% of respondents reported experiencing health problems since arriving in France; 37.3% of whom cited the hostile environment on the streets of Paris.
- 59.3% of respondents did not receive any medical care in France, due to a lack of access, language barriers and immigration status.
- 15.3% of respondents suffered from mental health rather than physical ailments.

CHIOS, GREECE

Research conducted in May 2017 :

- A high 71.3% of respondents had experienced health problems since arriving in Chios, while less than a third had been able to access hospital care.
- A whole 94.3% of women reported suffering from health concerns, whilst only 30.3% had access to care.
- At the time of research, an alarming 31% of respondents reported mental health concerns. Several refugees reported having witnessed suicides on the island.

CALAIS, FRANCE

Research conducted in October 2017 :

- 52% of respondents reported experiencing health problems in France, citing the unhealthy living conditions, as well as police violence in the form of tear gas, pepper spray and beatings.
- 38.7% had not received or had been denied, access to medical care.
- Mental health issues appear endemic in Calais, affecting 21.2% of respondents.

VENTIMIGLIA, ITALY

Research conducted in August 2017:

- A concerning 60.1% of respondents reported experiencing detrimental health problems in Ventimiglia, including victims of abuse and torture in Libyan camps prior to their arrival in Italy.
- 17.1% of respondents reported mental health concerns, often linked with the experience or witnessing of brutal violence, particularly those who had spent time in Libya.
- The available resources were simply not sufficient to deal with the current situation unfolding in Ventimiglia, and only 14.5% had been able to access medical care.

Policy recommendations:

In accordance with Article 25 of the UN Declaration of Human Rights, individual states must ensure that people in displacement have access to essential healthcare without discrimination, and regardless of their immigration status. More specifically, in accordance with Article 19, paragraphs one and two of the 2013/33/EU Directive, all states must ensure that medical care, including mental health care and care for special needs, is provided to all asylum applicants within their jurisdiction.

At the European level, the European Commission, through the Asylum, Migration and Integration Fund (AMIF) and other relevant funding mechanisms, must ensure that sufficient resources are made available to front-line civil society organisations providing emergency care, general health care, sexual and reproductive health services, and mental health support to displaced people.

At the international level, the UN Agency for Refugees, UNHCR, must ensure that sufficient funding is made available to organisations providing emergency care, general health care, sexual and reproductive health services, and mental health support to displaced people, irrespective of the immigration status of the beneficiaries.