



European Medical Students' Association

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Refugees Health and Rights

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The European Medical Students' Association (EMSA) represents medical students across Europe. We envision a healthy and solidary Europe in which medical students actively promote health. EMSA empowers medical students to advocate health in all policies, excellence in medical research, interprofessional healthcare education and the protection of human rights across Europe.

Problem Statement

The ongoing large-scale population movement has increased in the recent years, giving rise to a number of epidemiological and health system challenges. Statistics generally indicate that refugees, asylum seekers and migrants may be at risk for worse health outcomes (Data by UNICEF, UNHCR and IOM, August 2020). In this policy paper, we wanted to draw attention to some of the most prominent public health challenges faced in the region, addressing:

Shelter | Food

Shelter is a vital survival tool in times of crisis or displacement, restoring personal security, self sufficiency and dignity (Frederic Roy, 2001-2020; UNHCR). Sheltering the victims of disasters and performing urgent rehabilitation is a core humanitarian activity to stop excessive mortality and morbidity (DG ECHO Thematic Policy Document; Shelter and Settlements, June 2017). Emergency shelters provide little comfort, privacy or security due to their structure, which permits water, heat and mosquitos to pass in (Kate Bond, 2017).

After travelling and arriving at a different geographical region, people are bound to encounter unsafe supplies of food and water, particularly under troublesome and edgy circumstances (Europe WHO; Migration and health key issues, 2018). Everyday environments can prompt unsanitary conditions, raising the probability for food and waterborne infections, such as salmonellosis, shigellosis, campylobacteriosis, norovirus and hepatitis A virus infections (WHO European region; Health of refugees and migrants, 2018).

Vaccination | Personal Hygiene | COVID-19 Prevention | Healthcare Services

The decline of immunization rates in nations of origin of migrants and refugees, alongside dangerous conditions during the journey to Europe, compromises refugees' health. Refugees are also presented to risk for transmittable diseases, since they are affected by war and social conflicts and undertake long journeys (Danielle Mipatrini, Paola Stefanelli, Giovanni Rezza, 2017).

The COVID-19 pandemic is disproportionately impacting the world's 70 million forcibly displaced people worldwide. These people have less access to sanitation and personal hygiene in already crowded-spaces they have to live in, so avoiding COVID-19 is proving especially dangerous for them. Since they are likely to be suffering from other health issues, it increases their risk of intubation as a way of survival from the COVID-19 (Medecins Sans Frontieres; Five things we can do to protect people on the move during COVID-19, 2020).

The two main components of health service delivery that affect the impact of clinical health services in conflict - affected population are the adequacy of health care services and the effectiveness of these services (UNHCR Handbook for Emergencies; third edition, 2020). Reports from refugee camps indicate that the components of health service delivery that come short are: the number of patients per clinician; the language barrier and organisational barriers; the socioeconomic status and low

health literacy of refugees; delays in dispensing medication; chronic health conditions of refugees that take up much healthcare capacity; deficiencies in support services and lack of mental health awareness among the refugees (WHO Europe, Strategy and action plan for refugee and migrant health, Regional Committee for Europe 66th session, September 2016).

Sexual and Reproductive Health | Violence

Of the 26 million women and girls of reproductive age living in emergency situations, most refugee women face poorer pregnancy and birth outcomes, as well as higher death rates and complications from unsafe abortion. Some of them have undiagnosed non-communicable diseases, which can cause problems during pregnancy, severe maternal morbidity or even death. (Report by Secretariat, WHO 7th WHA, Promoting the health of refugees and migrants, 2017).

Sexual violence (SV), is considered a threat during the escape journey of forced displacement and after the reception in presumably safe destinations (WHO Europe, Strategy and action plan for refugee and migrant health, 2016; Juliana de Oliveira Araujo, Fernanda Mattos de Souza, Eduardo Faerstein, 2018). In times of war, women and girls are more vulnerable to rape and other forms of SV, including early or forced marriage, child sexual abuse, sexual exploitation and trafficking. SV has also been perpetrated against men and boys as a tactic of war or during detention and interrogation; they may suffer rape, sexual torture, mutilation, humiliation, enslavement and forced incest. (WUNRN, Prevalence of Sexual Violence Among Refugees; A Systematic Review, 2019)

Those exposed to higher risks of violence and abuse are women with disabilities, LGBTQI+ people, who are often afraid to disclose their case, refugee women, who are publicly harassed verbally and girls, who are forced into early marriage and face higher maternal mortality (Report by Secretariat, WHO Seventh World Health Assembly; Promoting the health of refugees and migrants, 2017).

Mental health

Refugees who have lived in a host country for more than five years show higher rates of mental health disorders. Prevalence for depressive disorders and anxiety disorders are around 20% or more, which have been associated with the lack of social integration, unemployment in particular (WHO Europe; Mental Health Promotion and Mental health care in refugees and migrants Technical guidance, 2019).

UNHCR and the FRA have reported that the environment in reception centres can be unsuitable for refugees' mental health. It's been found that in general, late establishment of mental healthcare leads to higher costs within healthcare budgets and access to regular preventive healthcare for migrants is desired (MHE; Position paper on Mental Health and Migration, 2018).

Children Issues

In 2019, one third of the total number of first-time applicants in the EU were under 18 (Eurostat Statistics Explained; Asylum statistics, 2020). The very act of migration is a risk factor for children's mental health and unaccompanied minors experience higher rates of depression and symptoms of

PTSD compared with other refugee and migrant groups (WHO Europe; Health of refugees and migrants, 2018). In addition to the issues previously addressed, children's exposure to conflict, organized violence or natural disaster almost always results in deteriorating children's health. According to Europol, more than ten thousand migrant and refugee children have gone missing in Europe since 2014, since they are often preyed for human-trafficking and exploited for sex and slavery. A team of Italian doctors examining unaccompanied children found that 50% of them suffered from sexually transmitted diseases (Lauren Collins; Europe's Child-Refugee Crisis, 2017).

Our View. Aim.

EMSA is working on the topic of Refugees Health and Rights to advocate for their rights and help defend the ones interlinked to their health. We, as medical students and future medical practitioners, realise the importance of determinants of health and we strongly believe that having forcibly displaced people be left in unsanitary, unsafe conditions, with little access to healthy food and/or clean water will certainly cause more infectious and pathologic conditions to evolve in camps. Violence is not rare either, but it is problematic and a situation that needs to be given the suitable attention to be prevented and tackled properly. Children refugees are usually the ones suffering the most from the aforementioned situations and need extra care, to ensure a future wellbeing, including regular vaccination schemes and protection from trafficking networks. Needless to say, since in 2020 we are going through a pandemic, we have to underline the need for extra protection measures to keep refugees' health a priority, just like any other citizen's of a European Member State. As EMSA, we feel obliged to raise our voice and help to the extent we can the refugees arriving in Europe, and we believe that by ensuring the conditions they are provided are not deteriorating their health and the support they are receiving is improving their well-being, should be a priority for all of us, out of respect to our fellow human beings dignity the least.

Recommendations

EMSA calls upon the WHO, UNHCR and IOM to:

- follow up on the Global Action Plan "Promoting the health of refugees and migrants" 2019-2023 with recommendations for Governments on the health needs and health challenges of refugees
- continue their efforts into tracking refugees, realising their health needs and health challenges related with forced displacement and implementing mechanisms and legal frameworks that hold Member States accountable for improvements
- implement a unified reporting system to keep track of those exploited or falling into a stateless position, ensuring that their dignity is respected, their rights fulfilled and their right to health protected

EMSA calls upon European Institutions to:

- ensure the temporary study group on immigration and integration of the European Economic and Social Committee to prepare EU MS to protect refugees' rights and implement specific mechanisms to incorporate them into their communities

- continue the organisation of the European Migration Forum, for dialogue between social society and European institutions on issues related to refugees to take place and policies to be implemented
- support civil society organisations, by understanding the main challenges faced in field and actively participate in the elimination of the problem from its root
- promote and provide assistance to international cooperative efforts to eliminate violence against women and domestic violence, including support for the integration of law enforcement approaches

EMSA calls upon all European Member States to:

- increase the amount of hand-washing stations and have sufficient soap should be made available near toilets, adequate sewage draining system and well-lit hygiene facilities
- improve conditions in refugee camps to suit the needs of the people living there better, in terms of natural disasters, infectious diseases and sanitary conditions & provide masks and disinfectants to avoid the spread of COVID-19
- increase isolation and treatment centres in refugee camps
- increase the number of doctors stationed at in-house refugee camps and ensure they have the supplies and adequate knowledge and cultural competence to work with refugees ● Promote safety at refugee camps and provide psychosocial support to women who faced gender based violence before, during or on spot of the journey of displacement;
- provide all the necessary support on issues relating to sexual and reproductive health, family planning, gender-based violence and rape management, forced marriage, adolescent pregnancy, and mental health and care as well as educate regarding SRHR and what to do when their rights are violated
- provide culturally appropriate and accessible mental health support, in a manner that respects the principle of non-discrimination, with specific attention to refugees' needs & make the effort to reunite family members, that can minimise mental health problems
- be aware of the vaccination coverage of the respective population, educate on the importance of vaccination, provide services to the protection of vaccine - preventable diseases among refugees & incorporate vaccination of refugees into routine vaccination programmes

EMSA calls upon Youth NGOs to:

- advocate for refugees' inclusion in society and the necessary health care of refugees, with respect to their unique needs, in collaboration with social society organisations

EMSA calls upon Medical Schools and University Hospitals to:

- include cultural competence in the medical curriculum and equip medical students with the necessary tools to provide refugees of adequate healthcare provision, being sensitized to their unique health needs
- raise awareness on refugees' health among the general public, their rights in the respective country and through an interdisciplinary approach, gain more understanding of their experiences, culture and language

- implement a reporting mechanism when discriminatory behaviours towards refugees' is observed

EMSA calls upon FMOs and medical students to:

- actively work on the topic through projects
- raise awareness regarding health, rights and legislation when it comes to refugees and shed light on the situation in each country
- join advocacy and educational initiatives organised by EMSA
- participate in projects that aim to minimise the social determinants affecting the health and wellbeing of refugees and improve their integration into society on a local and a national level

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