



Comité économique et social européen
European Economic and Social Committee

Access, Treatment, Care and Responsive Healthcare

Presentation Title

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Ass. Prof., MD

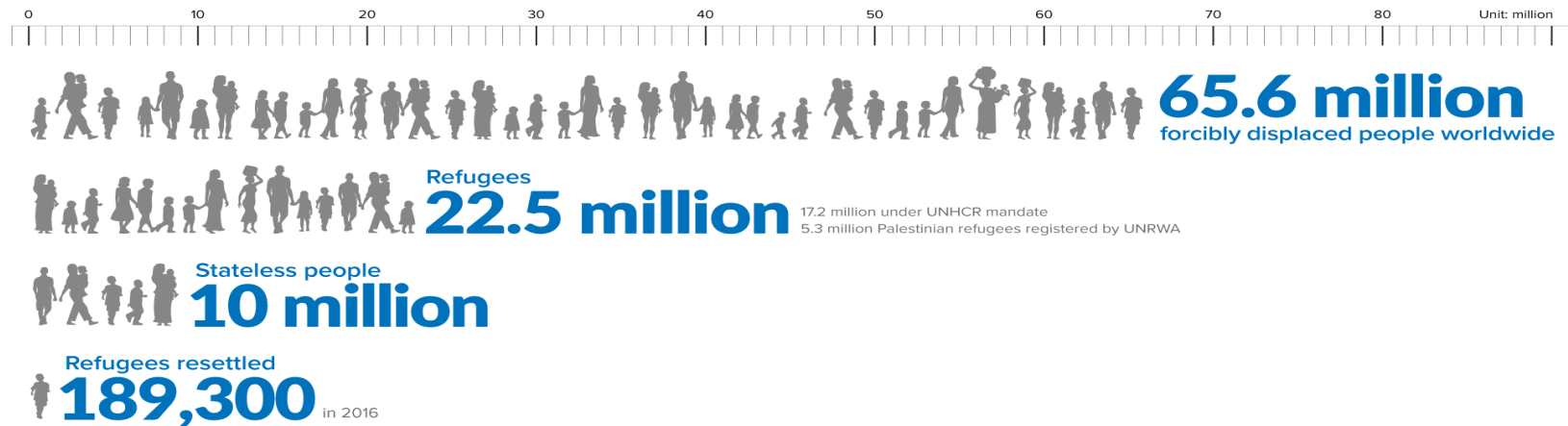
Charité – Universitätsmedizin Berlin, Germany

5 December 2017

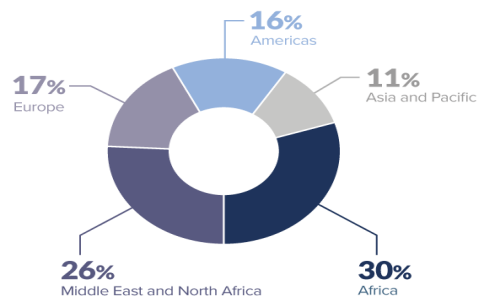
European Economic and Social Committee

Brussels, Belgium

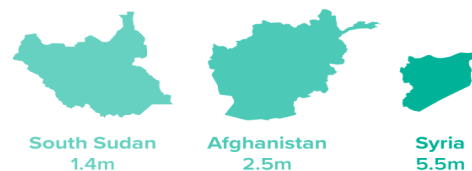
Celebrating 21 Years of Setting the Agenda in Women's Health



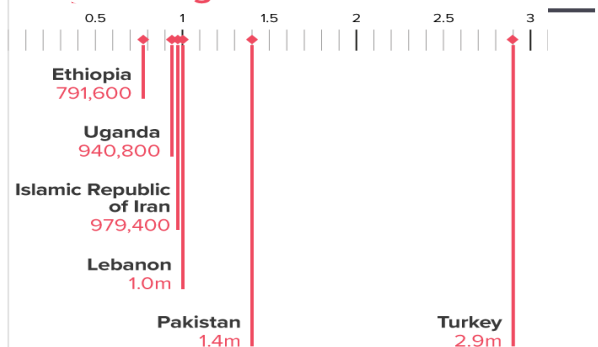
Where the world's displaced people are being hosted



55% of refugees worldwide came from three countries



Top hosting countries



28,300 people
a day forced to flee their homes
because of conflict and persecution

10,966 staff
UNHCR employs 10,966 staff
(as of 30 June 2017)

130 countries
We work in 130 countries
(as of 30 June 2017)

We are funded almost entirely by
voluntary contributions, with 87 per
cent from governments and the
European Union.

Source: UNHCR / 19 June 2017



European Migrant Crisis 2015

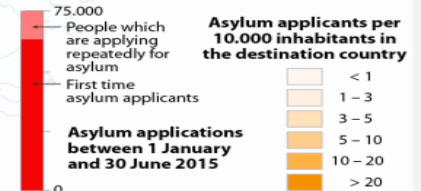
Top Countries of Origin



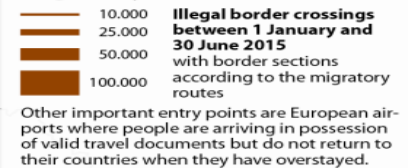
Quellen:

- Asylum applicants: eurostat dataset migr_asyappctzm
 - Migratory routes: FRONTEX Migratory Routes Map
 - Population data: eurostat dataset tps00001
- Data extraction date was 12 Sept. 2015

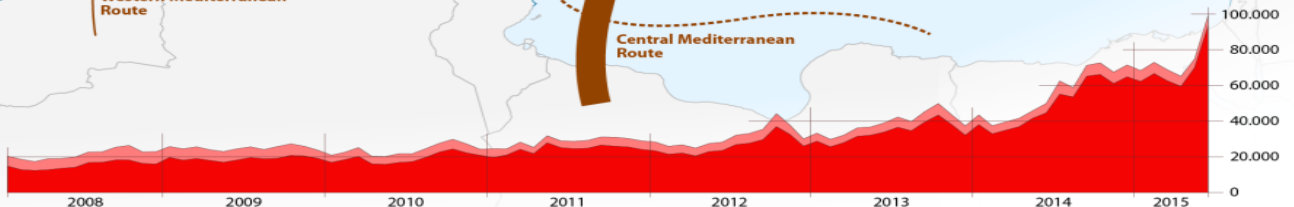
Number of Refugees



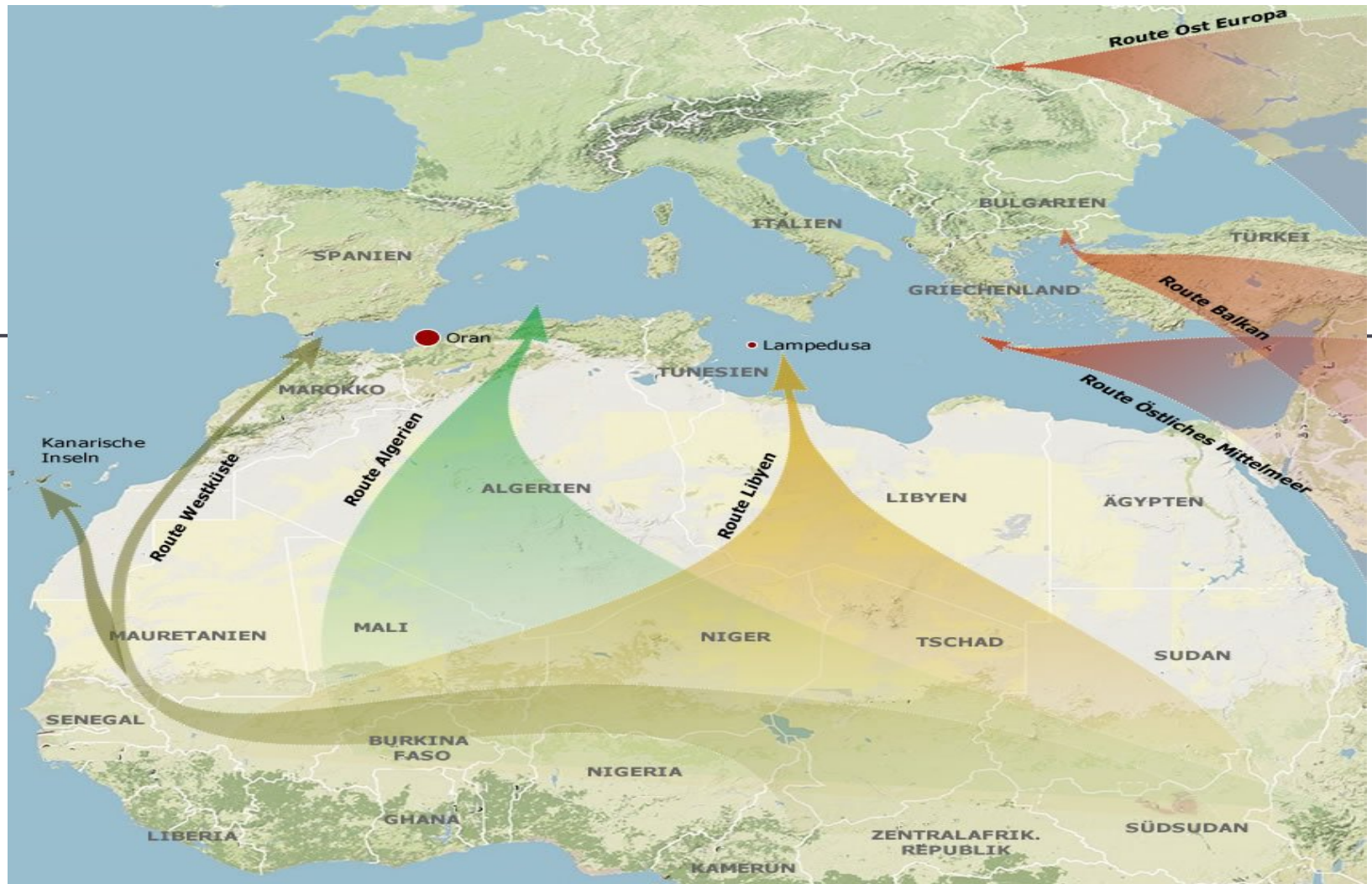
Migratory Routes



Number of asylum applicants per month



Routes to Europe

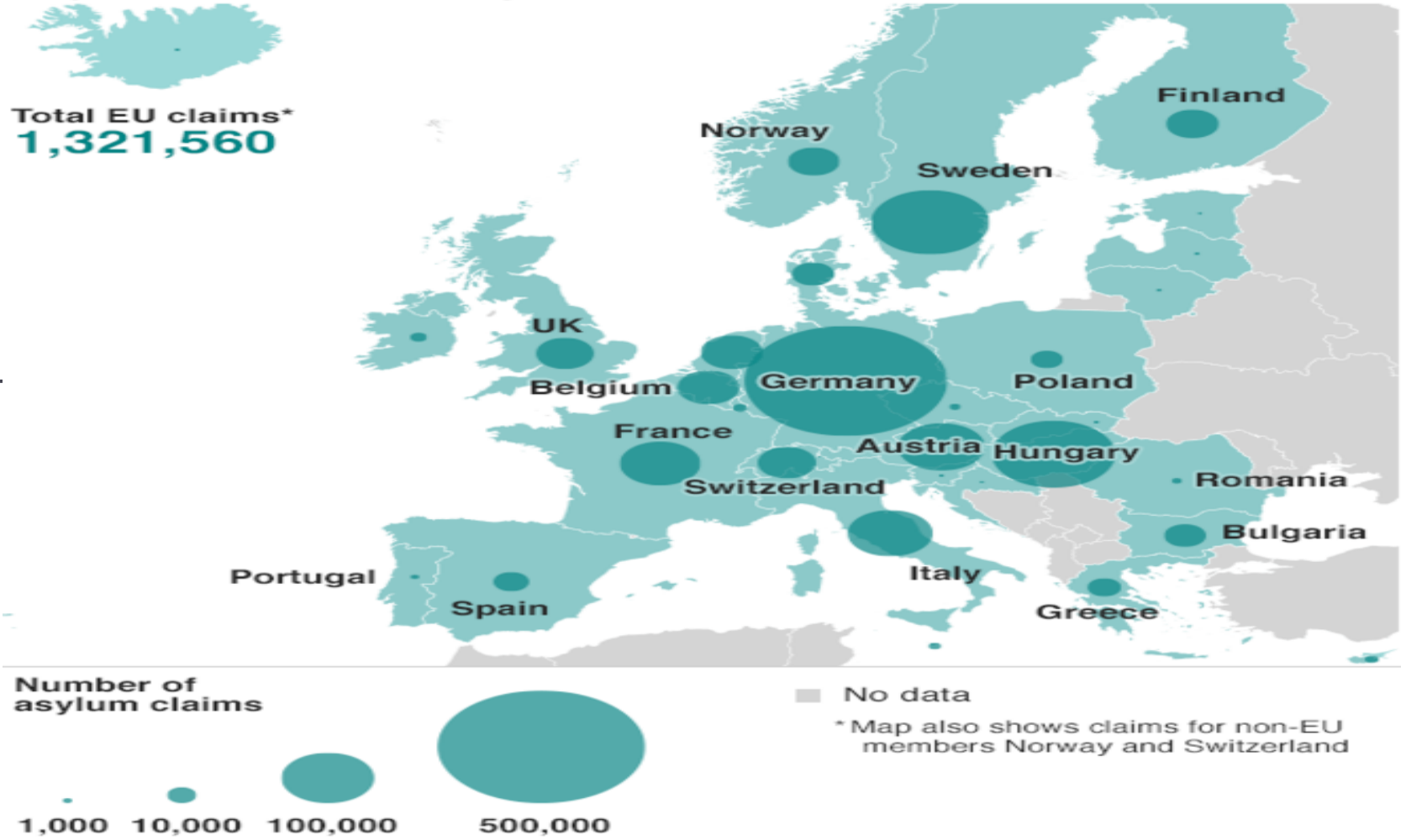






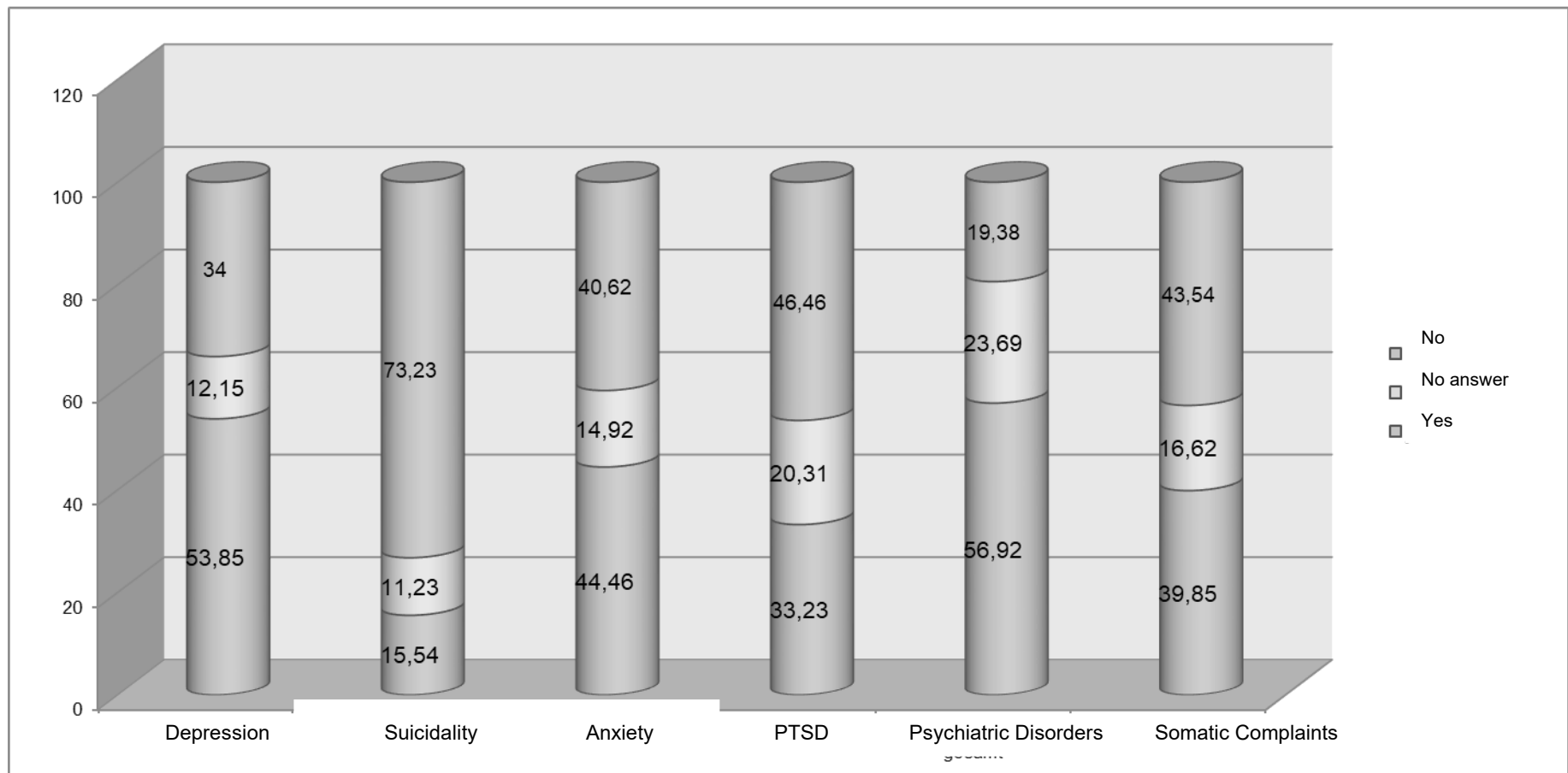


Asylum claims in Europe, 2015



Source: Eurostat

Disorders or Complaints %, n= 650 (2015/2016)



Background

- Why is this topic important? *Please briefly provide the background information on your topic, particularly as they relate to women and family health in Europe, for a diverse group of health stakeholders.*
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- 2015 the foreign population was younger than the national population, and 47% of which were **women**.
 - The number of asylum applications in 2015 was almost double that recorded in 1992. (Eurostat 2015- Migration and Migrant population statistics Report)
 - 17 % of displaced people are being hosted in Europe (UNHCR / 19 June 2017)
 - Being a migrant, **specially female refugee**, is frequently associated with impaired health and poorer access to health services.
 - Trauma-related disorders, e.g. PTSD, Depression, Anxiety

Central Issues

1. What are the main challenges in Europe at the moment? *Please concisely outline the main issues based on your expert opinion as they relate to women and family health.*
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- **EU Reception Directive** (2013/33/EU, 26. Juni 2013) became law on Juli 19th, 2013:

~~Medical and psychological examination~~

- To acknowledge the special needs of protection of asylum seekers; Diagnoses of psychiatric trauma-related disorders are included;
- No systemic screening of physical and mental health

Post - migration living problems

- Uncertainty about future
 - Missing the family, worries about the family
 - Loneliness
-
- Lack of daily structure
 - Lack of work
 - Housing problems
 - Lack of privacy
 - Financial problems
 - Lack of social support
 - Ongoing traumatizing events

No routine systems for documenting the mental health care services used by refugees, asylum seekers and irregular migrants in a region or nation.

No studies into the effectiveness of good practice compared with ~~other interventions or standard care~~

Existing data do not yet provide high-quality evidence on the clinical effectiveness and cost–effectiveness of service models in implementing components of good practice

Priebe S, Giacco D, El-Nagip R. Public Health Aspects of Mental Health Among Migrants and Refugees: A Review of the Evidence on Mental Health Care for Refugees, Asylum Seekers and Irregular Migrants in the WHO European Region [Internet]. Copenhagen: WHO Regional Office for Europe; 2016. WHO Health Evidence Network Synthesis

Conclusion:

- The number of refugees increased dramatically
- Screening
- Acceleration of the asylum process
- The available healthcare services are not prepared for this dramatically increasing specific group of asylum seekers and refugees
- Cost for using interpreters are not clarified
- Cultural competence is lacking
- Cultural openness is also lacking
- Epidemiological studies
- Strengthening research and teaching
- Gender-specific aspects are missing!!!

Recommendations

1. Where do we go from here? *Please insert 1-3 concrete recommendations on how to tackle the outstanding issues. These recommendations should be concrete steps for action to address the main issues and to generally improve women and family health in Europe.*

Recommendations

1. Solutions for language- and culture-related misunderstandings
 2. Acknowledge of special needs of protection for vulnerable groups, e.g. female refugees and minors
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3. Projects or initiatives for protection against gender-specific themes e.g. genital mutilation
 4. Independent ombudsperson and complaints office

