



Training packages for health professionals to improve access and quality of health services for migrants and ethnic minorities, including the Roma

ADDITIONAL MODULE 1 TARGET GROUPS

Unit 4. VULNERABLE GROUPS



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Introduction



According to WHO European Region the overall health of the population “has improved during recent years. However, these improvements and the conditions that foster them have not been equally shared within and among the different European countries. Substantial differences persist, and health inequalities and their determinants continue to widen in many parts of the Region. Migration is a key factor influencing these avoidable and unfair inequalities in Europe.

Women's health

- Characteristics of migrant women:
 - ✓ Feminization of migration flows
 - ✓ Invisibility
 - ✓ Young and fertile
 - ✓ Diversity of origin
 - ✓ Available work focused on service and care
 - ✓ Healthy in general
 - ✓ Triple work discrimination: social class, gender and ethnic group
 - ✓ Double risk of gender-based & ethnicity-based violence



European Network of Migrant Women. Dear Europe: Stop ignoring The Violence, 2014.

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- Reproductive and sexual health:

- ✓ Cultural and ethnic reproductive and sexual health practices and norms of behaviour may challenge or conflict with those in the host community
- ✓ Their main health requirements related to reproduction and maternity
- ✓ Higher risk of maternal mortality
- ✓ Limited access to reproductive health services for migrants
- ✓ Restrictive migratory legislation, which often excludes migrant sexual workers from the limited health care facilities
- ✓ Migrant women trafficked or displaced are often subject to gender-based violence
- ✓ Gender violence makes them more vulnerable to sexually transmitted diseases.

*Gushulak B, Pace P, Weekers J (2010). Migration and health of migrants
In: Poverty and social exclusion in the WHO European Region: health systems respond. Copenhagen, WHO Regional Office for Europe.
Pedersen, G.S., Grøntved, A., Mortensen, L.H., Andersen, A.-M.N., Rich-Edwards, J.
Maternal Mortality Among Migrants in Western Europe: A Meta-Analysis. Matern Child Health J 2013, 1–11.
Bollini, P., Pampallona, S., Wanner, P., Kupelnick, B.
Pregnancy outcome of migrant women and integration policy: A systematic review of the international literature. Social Science & Medicine 2009, 68, 452–4
Reeske, A., Razum, O. Maternal and child health – from conception to first birthday. In Rechel et al. (2011), op. cit., 139-144
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Trafficked persons

- Health consequences of human trafficking:
 - ✓ Trafficked persons are exposed to health risks before, during and even after the period of exploitation.
 - ✓ Diagnosing the health need of trafficked people is often complex because their symptoms reflect cumulative effects of health risks faced throughout the trafficking process.
- Health professionals need to learn about the specialized services available for trafficked persons at local level.



*International Organization for Migration (IOM) Equi-Health project to address Roma, migrant health issues in Europe.
PBHLM Increasing Public Health Safety alongside the New Eastern European Borderline.
Caring for Trafficked Persons: Guidance for Health Providers (2009) International Organization for Migration (IOM)*

Figure 1 Summary of the health risks and consequences of being trafficked

Health risks	Potential Consequences (examples)
Physical abuse, deprivation	Physical health problems, including death, contusions, cuts, burns, broken bones
Threats, intimidation, abuse	Mental health problems including suicidal ideation and attempts, depression, anxiety
Sexual Abuse	Sexually transmitted infections, pelvic inflammatory disease, unwanted pregnancy, unsafe abortion
Substance misuse Drugs (legal & illegal), alcohol	Overdose, drug or alcohol addiction
Social restrictions & manipulation & emotional abuse	Psychological distress, inability to access care
Legal Security (forced illegal activities, confiscation of documents)	Restriction from or hesitancy to access services resulting in deterioration of health and exacerbation of conditions
Occupational hazards Dangerous working conditions, poor training or equipment	Dehydration, physical injury, bacterial infections, heat or cold overexposure, cut or amputated limbs.
Marginalization Structural and social barriers, including isolation, discrimination	Unattended injuries or infections, debilitating conditions, psycho-social health problems

Figure 2 Ethical and human right standards of health care for trafficked people

1. Adhere to recommendations	7. Ensure the confidentiality and privacy of trafficked persons and their families.
2. Treat all contact with trafficked persons as a potential step towards improving their health.	8. Provide information in a way that each trafficked person can understand.
3. Prioritize the safety of trafficked persons, self and staff.	9. Obtain voluntary, informed consent.
4. Provide respectful, equitable care that does not discriminate.	10. Respect the rights, choices, and dignity of each individual.
5. Be prepared with referral information and contact details for trusted support persons.	11. Avoid calling authorities (e.g. police or immigration services) unless given consent of the trafficked person.
6. Collaborate with other support services.	12. Maintain all information about trafficked persons in secure facilities.

Elderly migrants

- Older people facing social exclusion, older migrants, refugees or the homeless are more prone to ill-health and disabilities, and therefore need special attention
- The age groups under 24 and over 65 show an above-average risk of persistent poverty
- Older women run a higher risk of poverty than older men do; they have a higher life expectancy than men, although in many cases a longer life with chronic and incapacitating disease
- *Tackling health inequalities in later life and improving the underlying socioeconomic determinants for older people in disadvantaged situations should be at the core of any healthy ageing strategy*

Migrants in detention centres

- Health risks:
 - ✓ Precarious living conditions
 - ✓ Inadequate healing
 - ✓ Overcrowding
 - ✓ Physical or psychological violence
 - ✓ Limited access to health care
 - ✓ Insufficient quality of health care
 - ✓ Detention may exacerbates dormant medical conditions such as those related to mental trauma



JRS-Europe, Jesuit Refugee Service-Europe. Civil Society Report on the Detention of Vulnerable Asylum Seekers and Irregular Migrants in the European Union (The Devas Project). Brussels: JRS-Europe, 2010.

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Victims of harassment and hate crimes

- In Europe, 18% of Roma and 18% of Sub-Saharan African had experienced at least one assault or threat, or serious harassment 'racially motivated' in 2008 (FRA, 2012).
- The highest levels of 'racially motivated' in-person crime were recorded among Roma in the Czech Republic, Somalis in Finland or in Denmark and Africans in Malta (FRA, 2012).
- Migrants due to hate crimes, escaping war zones or ethnic persecution, like the non EU and EU Roma.
- Victims of racist violence have specific needs for support.
- Racism effects may increase the risk of mental distress and mental illness.

Financial and economic crisis

- Roma and immigrant workers are often the first to lose their jobs because of the sectors of the economy in which they are employed.
- Undocumented migrants, have suffered increased pay cuts, deterioration of working conditions and deprivation of health care services.
- Family reunification regulations have become more severe.
- Some states have adopted harsher deportation and detention policies.
- In countries as Greece, the economic crisis has exacerbated the xenophobia.
- Less than a half of adult Roma in Greece, Romania and Bulgaria have medical insurance.
- Roma "is likely to suffer disproportionate economic hardship as a result of the crisis.

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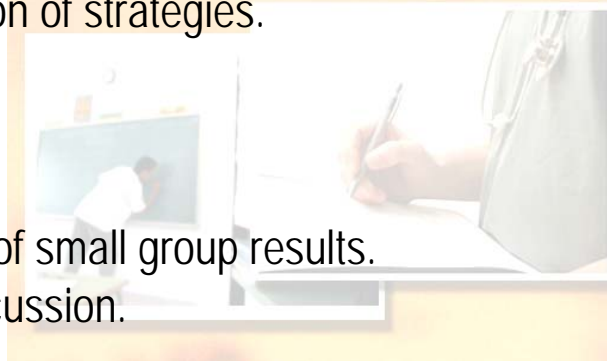
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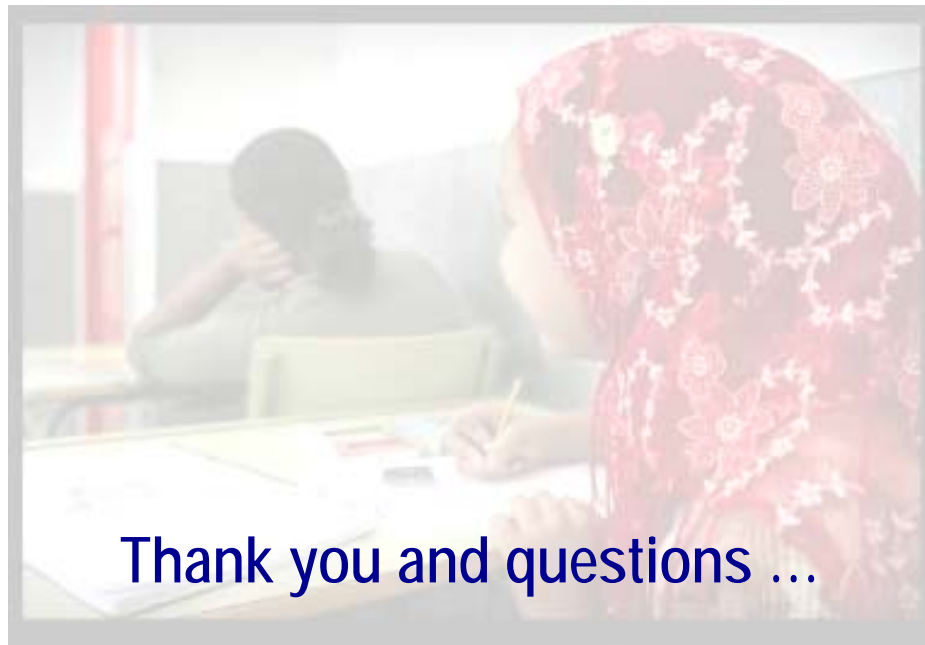
Activity:

Strategies for Improving Access to Health Care for Migrant and Ethnic Minority Population Groups in Situation of Social Vulnerability

- Presentation of the methodology
- In small groups
 - ✓ Strategies for improving access to health care for migrant and ethnic minority population groups in situation of social vulnerability in your region / country.
 - ✓ Prioritization of strategies.

- In plenary
 - ✓ Summary of small group results.
 - ✓ Group discussion.





Thank you and questions ...

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