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SH-CAPAC – WP4 – ACCESS TO HEALTH CARE SERVICES

Challenges for health professionals and
health care managers



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2 Aim of the resource package

Provide evidence on the new barriers to health care for asylum-seekers and refugees

Provide a framework and outline steps for improving access

Provide evidenced tools/measures/resources that can help to reduce the barriers

Support EU Member States to address these barriers through the development and dissemination of the actual resource package



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Method

Interviews

Focus groups (February - March 2016)

10 EU countries:

Austria, Belgium, Denmark, Greece, Hungary, Italy, Slovenia, Spain,
The Netherland, UK

(Literature study)



Results

Administrative issues related to the legal status of the asylum-seeker/refugee

- Accessibility of health care depends on the legal/administratieve status of the asylum-seeker / refugee
- Health / social services may be insufficiently familiar with procedures required to guarantee access
- Patients may not receive care they are entitled to



Linguistic and cultural barriers

- Lack of professional interpreter / intercultural mediator services
- Unresolved linguistic barriers may make it impossible to handle cultural barriers
- Lack of cultural competence in care providers
- Differences between 'medical' culture in countries of origin / receiving countries



- Lack of information for health care providers on existing possibilities where people can be directed
- Lack of information for asylum-seekers / refugees on how to navigate the system



Lack of health records - continuity of care

- Absence of health records
- Vaccination status of children
- 'Moving' impedes provision of integrated / extensive care
- Partial and fragmented care
- Countries of transit: treatment stopped to continue journey



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Organization, quality and coordination of medical services

- Care may be of uneven quality
- Poor coordination
- Reluctance to see asylum-seekers because of administrative complexity
- Competition with indigenous patients
- Overcrowding - burn-out - compassion-fatigue



- Health care system consulted for social problems
- Specialist care may be hard to access
- Recognition of uncommon diseases (in het receiving country)



10 Challenges related to specific phases

Arrival phase

- Duration of registration procedure
- Lack of health literacy (rights to -/ health care system)
- Use of emergency services for chronic / social / mental health problems
- NGO's: capacity problems



Transit phase

- Incomplete treatments (chronic diseases)
- No prevention / health promotion / psychological care



Destination phase

- Loss of assistance received during previous stages (once granted refugee status)

- Refugee status may create new barriers



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Specific health situations

- Sexual and reproductive health care
- Mental health care
- - Children / unaccompanied minors (UNICEF-report)
- Victims of violence

