Background

Despite the heterogeneity of trajectories, asylum seekers face a common challenge regarding health issues. Because of their particular life trajectories, they are more at-risk of facing health risks during the migration process but also after reaching their final destination. The recent asylum crisis faced by the European Union and its neighbouring countries such as Turkey highlights new challenges in providing health care for asylum seekers. Countries have been affected differently, depending on whether they are arrival, transit or destination countries. Yet despite the differential exposure, the situation has proved similar: asylum seekers faced barriers to access adequate health services.

Some of the barriers have already been identified. At the macro level, it concerns legal barriers, complex administrative procedures and financial aspects. At the organisational or service-level, it implies unavailability of the services, insufficient coverage of the health needs, lack of responsiveness of the services, i.e. lack of training of health care professionals or the lack of adaptation to the specific needs of asylum seekers, as well as lack of reachability. At an individual level, asylum seekers may face linguistic or cultural barriers, fear and mistrust of official services or may experience lack of health literacy, preventing them from accessing quality health care. If the barriers have been identified, solutions are scant. However, a number of strategies to overcome barriers have been identified, although others need to be developed. To cope with linguistic and cultural barriers, interpreting, (inter)cultural mediation or community health worker services have been developed in several countries. Moreover, specific health promotion programs, targeted training for health care professionals, rapid screening systems, are examples of good practices for improving access to health care.

However, the recent crisis has increased exponentially the number of asylum seekers in health services. The profile of asylum seekers has also changed – we are now also confronted with unaccompanied minors, families, pregnant women and elders – bringing specific health needs and new challenges. The migration routes, through the Mediterranean Sea or through the Balkans, impact the health of the candidates to asylum. In some countries, no health care is provided before entering the official system of asylum applications. For those entering the system, access may still be impeded by various obstacles. The politics of redistribution of asylum seekers across the European Union may also bring asylum seekers to settings where the local health care system – and the health professionals - are not ready to face specific health problems such as PTSD, sexual violence or tropical diseases such as malaria. The recent crisis has also highlighted the difficulties of coordination between immigration services and public health departments, between NGOs and local authorities that also affected negatively the access to health care for asylum seekers.

Information to support Member States to address barriers in the access to health care for refugees and asylum seekers have been grouped in two categories. The first category provides evidence on the general barriers and solutions to address health care: 1) legislative, administrative and bureaucratic barriers; 2) linguistic and sociocultural barriers; 3) organisational barriers and difficulties to ensure equitable quality of care; 3) lack of information for health providers and difficulties to ensure continuity of care; 4) lack of information and education for refugees and asylum seekers; 5) lack of coordination between services. The second category provides evidence on barriers and solutions concerning specific areas of health care: 1) mental health care, 2) sexual and reproductive care, 3) children and adolescents care, 4) victims of violence care.