

MÉDECINS D
LÅKARE I VÅ
KTERS VAN D
VÄRLDEN ME
生組織 DOCTO



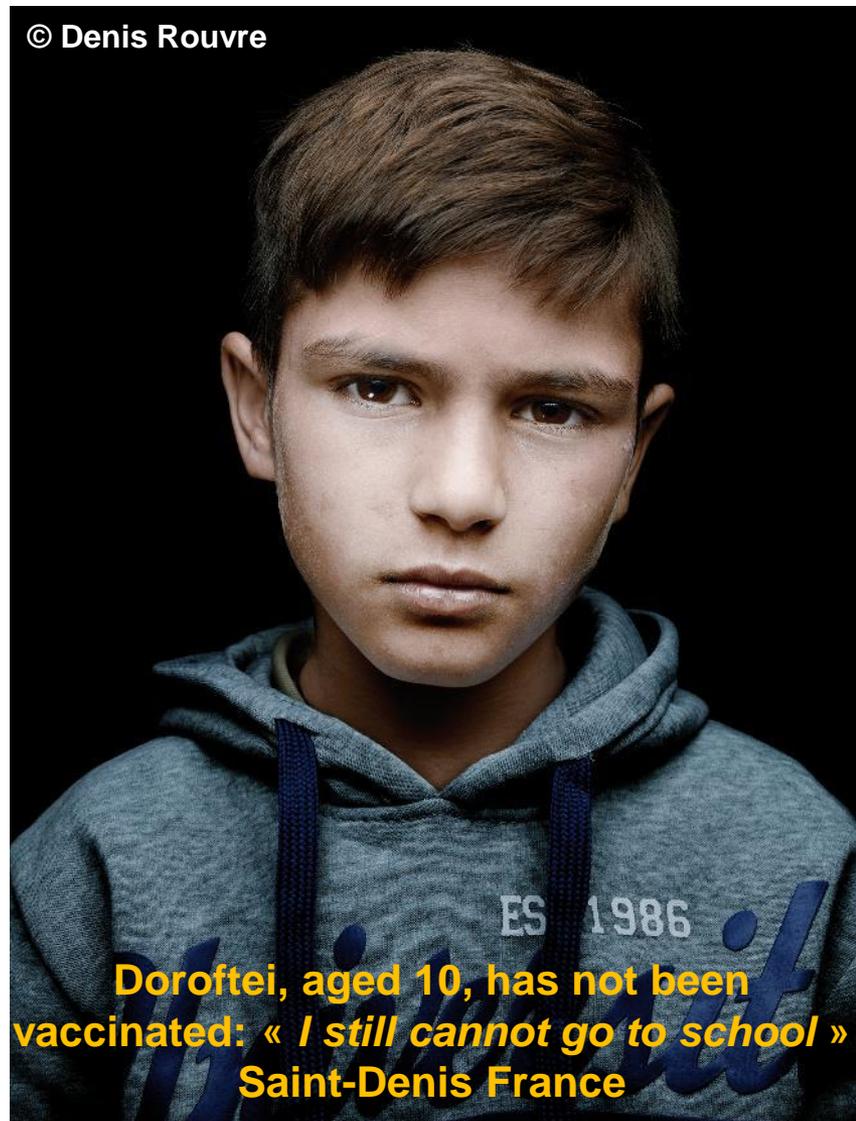
OF THE WORLD منظمة أطباء العالم LÅKARE I VÄRLDEN MEDICI DEL MONDO ΓΙΑΤΡΟΙ ΤΟΥ ΚΟΣΜΟΥ DOKTERS VAN DE WERELD MÉDICOS DO MUNDO MÉDICOS
S 世界医生组织 MÉDECINS DU MONDE 世界医生组织 DOCTORS OF THE WORLD منظمة أطباء العالم LÅKARE I VÄRLDEN MEDICI DEL MONDO ΓΙΑΤΡΟΙ ΤΟΥ ΚΟΣΜΟΥ DO
ÉDICOS DEL MUNDO 世界の医療団 ÄRZTE DER WELT दुनिया के डॉक्टर MÉDECINS DU MONDE 世界医生组织 DOCTORS OF THE WORLD منظمة أطباء العالم LÅKARE I VÅ
KOSMΟΥ DOKTERS VAN DE WERELD MÉDICOS DO MUNDO MÉDICOS DEL MUNDO 世界の医療団 ÄRZTE DER WELT दुनिया के डॉक्टर MÉDECINS DU MONDE 世界医
生组织 LÅKARE I VÄRLDEN MEDICI DEL MONDO ΓΙΑΤΡΟΙ ΤΟΥ ΚΟΣΜΟΥ DOKTERS VAN DE WERELD MÉDICOS DO MUNDO MÉDICOS DEL MUNDO 世界の医療団 ÄRZ

Accesso dei minori migranti ai servizi sanitari in Europa

71° Congresso Italiano di Pediatria
5 GIUGNO 2015

Nathalie SIMONNOT

© Denis Rouvre





Doctors of the World – Médecins du monde

- Improving access to healthcare for people all over the world facing numerous vulnerability factors – 355 programs in 82 countries
- 15 autonomous organisations: Argentina, Belgium, Canada, France, Germany, Greece, Japan, Luxembourg, the Netherlands, Portugal, Spain, Sweden, Switzerland, the UK and the USA
- 180 domestic programs: migrants, undocumented EU citizens, destitute nationals, drug users, sex workers, Roma, ...
- 2014 survey on the health status and social health determinants of 23,040 individuals received in nine European countries and Turkey, in 25 of our 171 European programmes, 42,534 social and medical consultations

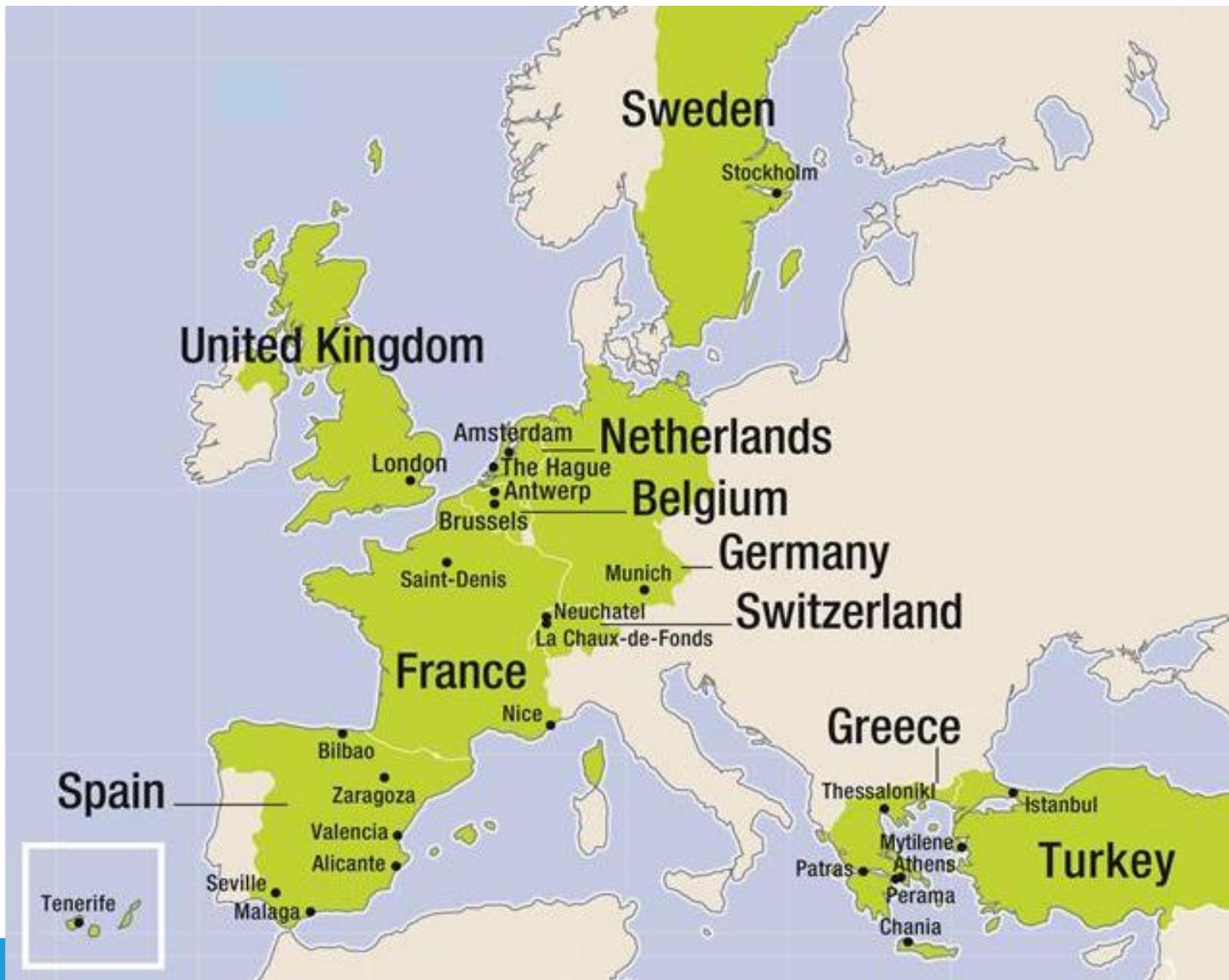


ΓΙΑΤΡΟΙ
ΤΟΥ
ΚΟΣΜΟΥ

RIG



Surveyed countries and programs



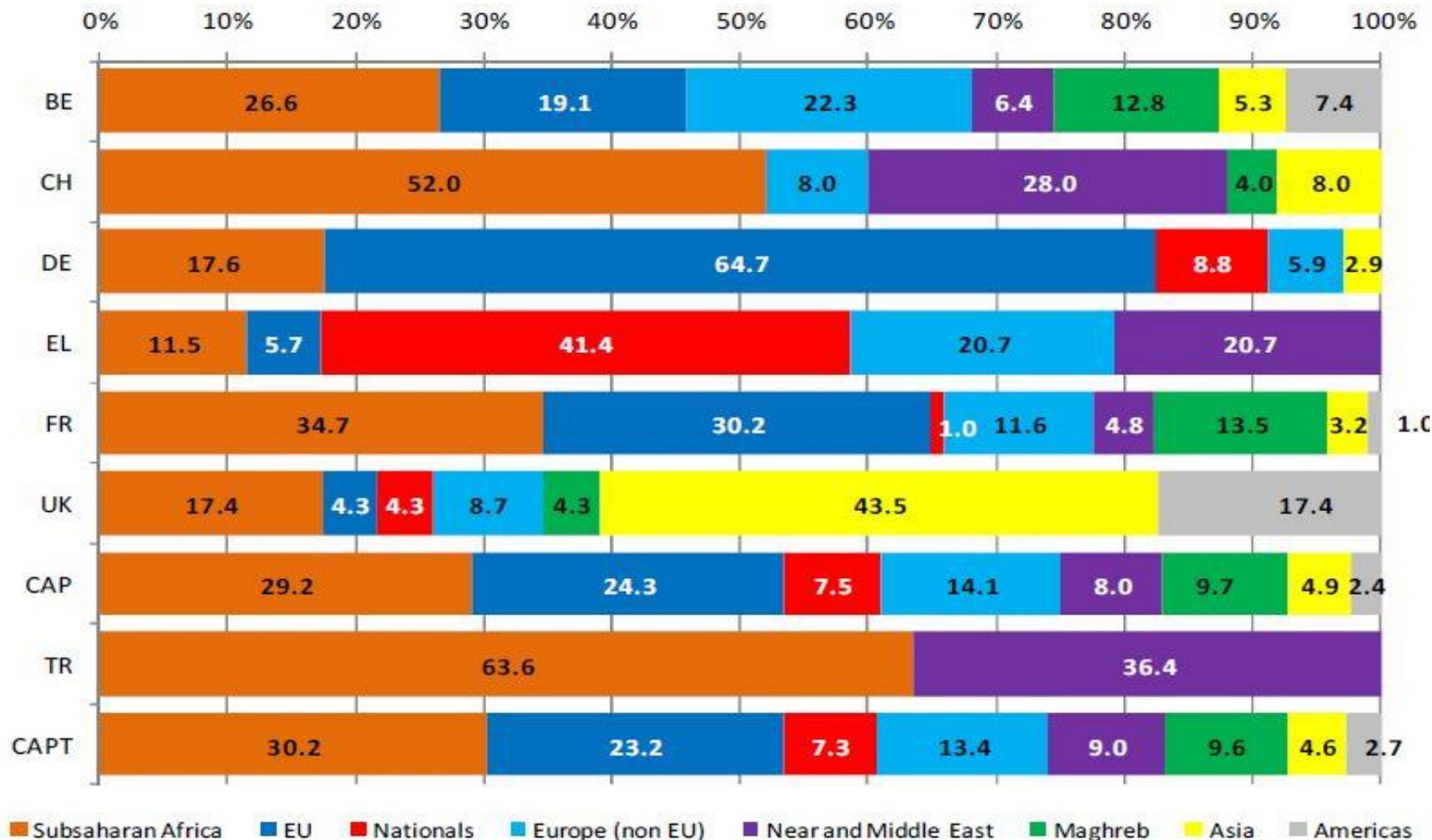


4% of all patients seen in the programmes participating in the survey were minors in 2014.
Paris suburbs - France – 2014

© Coralie Couetil



Geographical origins of minors seen





Legal & administrative barriers to access care (1/2)

- BE: 4 weeks waiting time between the application request and access to curative care
- FR: **Children in France are not considered as undocumented, they do not need a permit to reside.** Administrative loopholes for unaccompanied minors
- DE: children of asylum seekers need to wait **48** months before integration in mainstream healthcare, children vaguely exempt + duty to denounce undocumented migrants and their children beyond emergency care + no access at all for children of destitute EU citizens
- EL: children specifically excluded from the law that... excludes undocumented adults. In practice, more than 30% of the Greek population did not have health coverage in 2014 (cf. OECD)



Legal & administrative barriers to access care (2/2)

- NL: no access at all for children of destitute EU citizens + undocumented parents are supposed to pay full cost + new rule 5€ for every drug treatment
- ES: children are theoretically exempt from Royal Decree 16/2012 that excludes undocumented adults – lack of knowledge among providers
- **SE: all children of authorised residents, asylum seekers and undocumented third-country nationals have access to the same care.** Lack of legal clarity concerning children of destitute EU citizens.
- CH: children's obligatory health insurance costs at least 80€ / month
- UK: children of undocumented parents are only accepted in GP practices if at least one of their parents is already registered



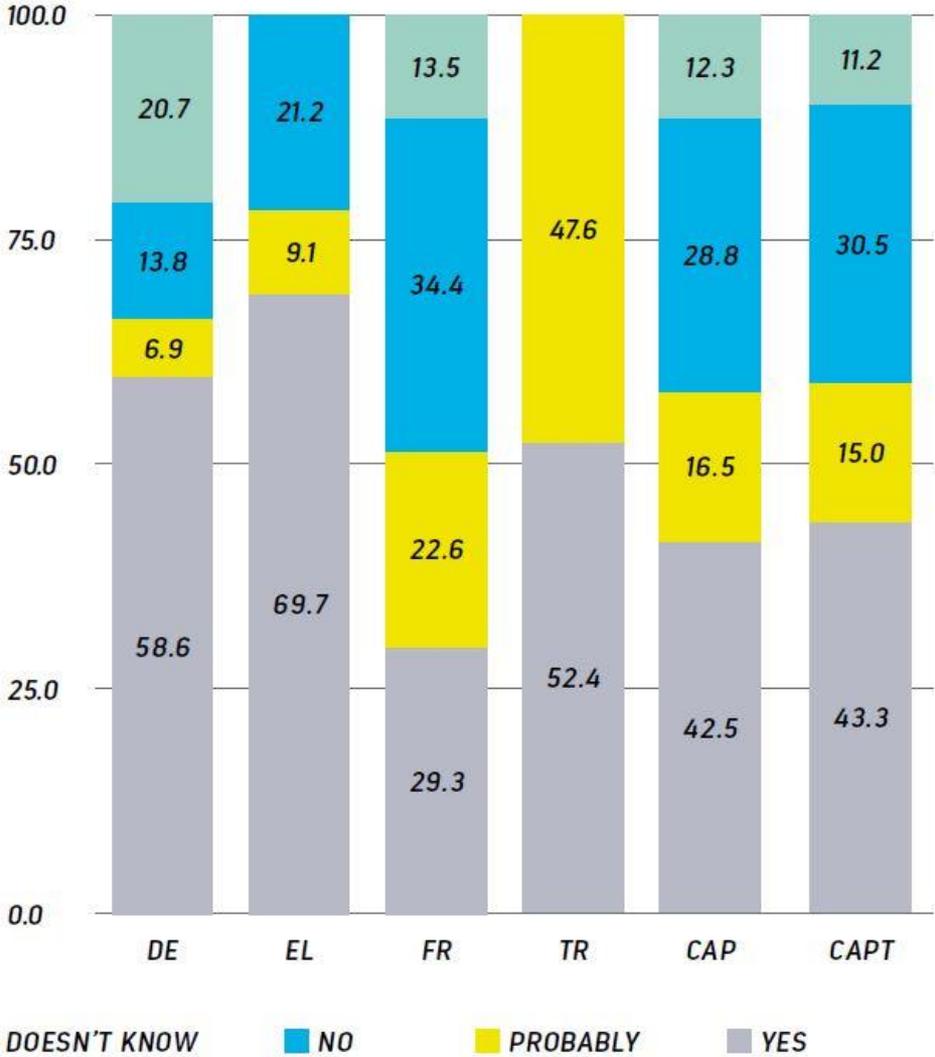
As a consequence – shocking child vaccination coverage rates across Europe

Average vaccination rates among the 623 children seen in Europe

- 42.5% against tetanus – 39.8 % against pertussis (whooping cough)
- 38.7% against hepatitis B – 34.5% mumps, measles and rubella
- Against > 90% coverage rates in the general population!
- 38.8% of patients did not know where to go to get their children vaccinated
- Yet vaccination is an essential, cost-effective way to reduce mortality and a key tool for effective public health policies...
- Consequences of not being vaccinated on access to school (FR, EL, ES, DE...)



Tetanus vaccination coverage among minors (%)





Migrant children & violence

84.4% of (adult) patients questioned on the issue reported having suffered at least one violent experience.

Increasing criminalisation of undocumented migrants (e.g. Mos Maiorum) and impact on adults' and children's mental health and well-being.

Fear that undocumented parents' are detained / expelled, having to move from place to place hinders continuity of care and stable social life.

Examples of where children are not spared from xenophobia (witness to violence or direct victims of violence)





Child deaths in the Mediterranean

Access to care: if they arrive alive

People die because any safe migration route by land has been systematically blocked in recent years, which is a direct EU and Member State responsibility.

Migrants should be considered as an opportunity, not as a threat!



MdM asks to Europe and its Member States

- MdM urges Member States and European institutions to ensure universal public health systems built on solidarity, equality and equity, open to everyone living in an EU Member State.
- All children residing in Europe must have full access to national immunization schemes and to pediatric care. All pregnant women must have access to termination of pregnancy, antenatal and postnatal care and safe delivery.
- Seriously ill migrants must be protected from expulsion when effective access to adequate healthcare cannot be ensured in the country to which they are expelled.



Healthcare professionals can make the difference

Examples

- Granada Declaration
- World Medical Association's Declaration on the Rights of the Patient
- UK Royal College of Radiologists – refusal of age determination techniques
- UK Royal College of Midwives want to take care of all pregnant women
- massive objection against new restrictive laws in Spain





Thank you! More information?

www.mdmeuroblog.wordpress.com



Chauvin P, Simonnot N, Vanbiervliet F,
Vicart M, Vuillermoz C.

**Access to healthcare for people
facing multiple vulnerabilities in
health.**

Paris: Doctors of the World – Médecins
du monde International Network, 2015.