

## **IFMSA Policy Statement**

### **Asylum Seeker and Refugee's Health**

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#### **Summary**

Taking a stance on the global refugee crisis is important and relevant to the medical profession as it is the role of a physician to alleviate suffering and promote health. Asylum seekers and refugees face a unique set of health challenges related to the situation in their home countries, during the journey as well as in the hosting countries. Responding to what the United Nations calls 'the worst migration crisis since World War II' will require a collective effort from the global community.

The International Federation of Medical Students' Associations recognizes the efforts that organisations such as United Nations High Commissioner for Refugees place into asylum seekers' and refugees' health and calls for its members to advocate for accessible healthcare for these vulnerable groups, raise awareness about the health inequalities that asylum seekers and refugees face and promote research on the physical and psycho-social aspects of asylum seekers and refugees health. We aim to lobby governments to comply with international human rights and humanitarian laws and share the responsibility of hosting refugees to ease the pressure on strained infrastructure in other hosting countries, reduce the morbidity and mortality caused by the routes between country of origin and hosting countries and thereby ensure that this displaced population can reach their highest attainable state of health.

#### **Introduction**

A refugee is a person that "...owing to a well-founded fear of being persecuted for reasons of race, religion, nationality, membership of a particular social group or political opinion, is outside the country of his nationality, and is unable to, or owing to such fear, is unwilling to avail himself of the protection of that country" [1]. According to United Nations High Commissioner for Refugees (UNHCR), there were 19.5 million refugees worldwide at the end of 2014, together with 1.66 million persons submitting applications for asylum in this same year [2]. The Universal Declaration on Human Rights (UDHR), ratified in 1948, highlights in Article 14 the right to seek asylum from persecution in other countries. Although not legally binding, the declaration sets a framework that should be supported by signatory states. In addition, states that have signed the 1951 Refugee Convention have the responsibility to protect refugees according to international refugee law. [1]

In addition to Article 14, other sections within the UDHR also come into play when looking at the journey, vulnerabilities, and living conditions that asylum seekers and refugees (AS&R) often experience after leaving their country. Of particular importance for us as future health professionals comes Article 3, which establishes that everyone has the 'right to life, liberty, and security, of person', as well as Article 25, which provides everyone with the 'right to a standard of living adequate for the health and well-being of himself and of his family, including food, clothing, housing, medical care and necessary social services'. [3]

According to UNHCR, developing countries are hosting 86% of the world's refugees. From a social perspective, refugees are often stigmatized, subjected to discrimination, and are viewed as a burden, which hinders their ability to find employment and integrate seamlessly into the society. [4][5][6] In states with already strained infrastructures and health systems, a rapid increase in refugee populations can also lead to economic and social challenges for both refugees and citizens, due to a lack of resilience in the

system. [7] [8] In countries with well-equipped health systems however, refugees and asylum seekers do not increase the disease burden in the hosting populations, as highlighted by WHO Europe. WHO recognises that the physical health problems of AS&R are similar to that of the general population, although some newly arrived migrants may present with conditions such as accidental injuries or hypothermia as a consequence of the journey they have taken. [9]

A WHO review focusing on refugees and asylum seekers health in Europe reported a higher prevalence of mental distress and increased perinatal mortality within this population group compared to native-born residents. [10] The evidence showed that social support and stable settlement improved mental health outcomes. Thus, health systems directed at helping asylum seekers that foster integration and improve access to health care and social services are crucial. The report also highlighted issues with the existing sparse research, particularly in differing terms and definitions. This serves to emphasise the need for more consistent and comprehensive research into this topic. [10]

Evidence shows that restricting access to healthcare for AS&R in a host country can ultimately have a higher cost than granting these groups with regular access to health care. [11] This research shows the need for change on the restricted access to healthcare imposed on AS&R by many countries. Improving access will not only provide better health outcomes and reduce health inequalities and inequity, but it will also reduce the cost expenditure on health by the hosting governments.

Vulnerable groups fleeing from conflict are often forced to take dangerous risks in order to reach safety. Most states fail to protect the human rights of the refugees during their travel, and often they lack access to adequate health care and a decent standard of living. [12][13][14]. In 2014, only 30% of applications for asylum made within the European Union were granted refugees status or other kind of residency permit. The principle of “non-refoulement”, within international law, protects AS&R from involuntary return to a state where his or her life, liberty, or integrity would be threatened, is stated in several conventions and in international refugee law. In spite of this, countries all over the world are turning away people who may need international protection. [15]

Upon arrival in the hosting countries, a number of refugees are held in detention facilities upon arrival to various host countries and may face deportation. As one example, in November 2015, 3,906 refugees were detained in detention facilities across Australia. [16] In many cases, living conditions in detention centres are poor and do not provide adequate health care, particularly for mental health. [17] There is evidence that a correlation exists between an increased length of detention and greater mental health burden [18] [19] A study suggests that of 131 detainees sampled in Australian detention centres, over 80% were classified as having depression. [20]

Furthermore, around half of all refugees in 2014 were under 18 years of age. [2] Educational opportunities and an appropriate social and family environment are important aspects to aid their mental development. To split the share of refugees more proportionally, UNHCR runs a refugee resettlement program that offers resettlement of refugees in a third country as durable solutions. Under the UNHCR mandate, enrolled countries agree to receive a set number of refugees annually. However, the total quota offered by the approximately 25 participating member states is no more than 80,000 people annually, while the UN estimates that the number of people in need of resettlement worldwide is close to 1 million. [21] This highlights the need for further tools to be implemented to solve the plight of refugees, as well as the need for a worldwide plan of action to protect refugees and asylum seekers.

In order to claim asylum, one is required to be at the borders of the hosting country. The UDHR states: “Everyone has the right to seek and to enjoy in other countries asylum from persecution” (Article 14). [3] Nevertheless, the extent to which this is enforced in practice is questionable. Due to the poverty, violence, persecution, or conflict they face back in their home countries, AS&R often see no option other than to choose illegal and dangerous routes. [22] As a result of the limited possibilities of reaching safe countries through legal routes, AS&R often travel through irregular mediums of transport such as by foot or through smugglers. This makes refugees vulnerable to abuse and exploitation by smugglers, and can put their

lives at risk. As a consequence of the lack of humanitarian actions and assistance, more than 5,000 migrants have lost their lives in 2015 while traveling on broken and overcrowded boats across the Mediterranean or Indian Ocean. [23] During the journey towards asylum taken by refugees, which in some cases can take several years, the access to health care is often heavily restricted. They may not only be fleeing from violence back in their home country but also suffer from exposure to infectious disease, trauma, and mental health risk factors during their journey to seek asylum. [24] [25]

In the short-term, countries are expected to provide protection and assistance to those seeking refuge. [1] However, as time passes and the settlement of refugees changes from 'humanitarian emergency' to 'permanent residency', it becomes paramount to provide an environment where refugees can thrive sustainably long-term. Many conflicts today are becoming increasingly protracted, and more than half of all refugees under UNHCR have been displaced for over 5 years, with no end in sight. [2]

## Main text

The International Federation of Medical Students Associations (IFMSA), the world's largest federation of medical students, believes that its members have a global responsibility to respond to the refugee crisis. The IFMSA calls upon all countries to share this responsibility. The IFMSA acknowledges and supports the efforts of the UN agencies, NGOs, governments, and civil society to provide protection to refugees and asylum seeker. The IFMSA believes that equitable contributions should be made by the global community to support the plight of refugees fleeing conflict zones.

The IFMSA also believes that this issue is of special concern to all medical students as future health care professionals. One of the foundations of the medical profession is the right to health and, as such, medical students have the duty to promote and protect this, alongside other human rights.

AS&R are an especially vulnerable group with specific health needs. Health care workers have a duty to address their plight. As an integral and respected sector of society, health professionals also play a vital role in the social inclusion of this group. It is therefore of great importance that medical students have knowledge of the general and health-related situation of AS&R, and of Human Rights, in order to be best able to effectively practice their future profession.

The right to health is a basic human right. The IFMSA believes that all people should be afforded this right.

We therefore call upon:

### **IFMSA National Member Organizations and individual members to:**

- a) take active roles in advocating for the rights of AS&R in their country;
- b) start and support projects, activities, and initiatives that encourage social cohesion between refugees and the general population, and promote the integration of refugees into the hosting community;
- c) advocate for a sustainable expansion of accessible services in the health systems of hosting countries, guaranteeing dignifying and non-discriminatory care for AS&R
- d) engage different stakeholders (e.g., governments, NGOs) to implement a plan of action to ensure the wellbeing of AS&R;
- e) promote research on the physical, psycho-social and public health aspects of AS&R health;
- f) advocate for migrant's health education to be part of the medical curricula
- g) raise public awareness around the inequities in health as well as the prejudice faced by AS&R in order to encourage a more widespread and critical public dialogue about the healthcare afforded to AS&R.

Governments, according to ability, to:

- a) be held accountable for any contributions to forced migration, such as financing or participating in armed conflicts;
- b) respect international human rights and humanitarian laws by ensuring that the rights of AS&R are respected and that AS&R are treated with dignity and without discrimination and arbitrary detention;
- c) offer an increased amount of resettlement places, without discrimination based on race, national or ethnic origin, colour, religion, sex, age, sexual orientation, or mental or physical disability;
- d) create and promote safe, legal routes that people needing protection can access in order to reach the country and apply for asylum without endangering their lives;
- e) ensure that national legislation protects AS&R from exploitation similar to the protection offered for the citizens;
- f) respect the fundamental principle of 'non-refoulement' according to UNHCR, and abstain from expelling people to any country where his or her life would be threatened;
- g) contribute funding and resources aimed at improving infrastructure and ability to cope, as well as short term humanitarian assistance, in countries with a high refugee population;
- h) collaborate with other countries as well as international non-governmental organisations, UN agencies, and other relevant actors in order to create a refugee-handling plan that is equitable and takes into account the capacity of countries to accept refugees by looking at the resources they have available;
- i) collaborate with other countries in order to provide more informative and efficient research about the social determinants of health and the journey of the refugees;
- j) take measures to ensure that under aged persons have the possibility to reunite with their parents or guardians in a safe country.
- k) Minimise the detrimental health impacts of detention by implementing a legally binding maximum time to be spent in detention as well as ensure that while in detention, health and living conditions are of an appropriate standard

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