NEWSLETTER #6

European Network to Reduce Vulnerabilities in Health – July 2017

EUROPEAN
NETWORK
TO REDUCE
VULNERABILITIES
IN HEALTH

ANNUAL MEETING

29 AND 30 JUNE 2017

Representatives from 20 countries met in Paris to discuss and create a new dynamic within the European Network to reduce vulnerabilities.

ANNUAL NETWORK COORDINATORS MEETING - EUROPEAN NETWORK TO REDUCE VULNERABILITIES IN HEALTH

Since 2015, *Médecins du Monde* France has been hosting the European Network to reduce vulnerabilities, funded by the European Commission in health, which brings together organisations that provide frontline health and social services to people facing multiple vulnerability factors. The Network is unique because of the actors and the populations we work with.

The two-day meeting allowed the coordinators of the Network to capitalise on lessons learned over the previous three years (2015-2017), to look back at major milestones in the Network and to agree on the next steps for 2018-2021.

Day one focused on reinforcing the building blocks of the Network for the next four years. Thus, the data collection process on access to healthcare for people facing vulnerabilities in Europe remains a central building block (Block I) to Network's theory of change; data collection should serve advocacy at national and EU level (Block II). Day two focused on implementing the network structure discussed on day one.

> *"Very nice to meet people from the other projects!"* - says one of the participants – June 2017

The group agreed to continue the fight towards more solidarity in Europe (given that the situation of these past years is a missed opportunity for the EU to shift position on migration). Data collection and advocacy to reinforce the right to care and access to healthcare for people facing multiple vulnerabilities will remain our two main pillars. Particular topics such as the violence experienced by patients seen by MdM and its partners, mental health or the right to healthcare and its effective access (including for EU mobile citizens) were raised during the discussion and should be the focus of the network for the next years through the creation of clusters.

The New Observatory team.

The International MdM Network Directorate recently took the decision to hand over the coordination of the European Observatory on access to healthcare[1] to MdM UK. Technical support will be provided for the years to come by a group of public health experts from the University College London (UCL), who have an international reputation for research on migrants and are currently leading the UCL Lancet Commission on Migration and Health. The Launch of the 2017 Observatory report is foreseen in November in Brussels.

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[1] Visit our blog : https://mdmeuroblog.wordpress.com/resources/publications/

NHS STAFF ARE FURIOUS THAT THE HOME OFFICE IS SNOOPING ON THEIR PATIENTS

On weekday mornings in east London, NHS doctors, nurses, therapists and administrative staff rush to the Royal London Hospital to hit the wards for the 8am shift. But many of them do not know that the NHS data records they create for their patients are being shared with the UK government.

“*This [data-sharing] is quite unacceptable*” said Niki Margari, an NHS endocrinologist who was interviewed by Doctors of the World–Médecins du Monde (MdM) one morning this week. “*People should have access to the NHS and healthcare without being afraid of being arrested*.” MdM UK’s #StopSharing campaign is calling on the UK government to stop using NHS patients’ personal records in order to find, arrest and deport undocumented migrants. MdM UK clinics in the UK regularly see people in urgent need, including pregnant women and cancer sufferers, who are not going to a doctor because they fear their details will be passed on. The UK government and NHS Digital, the NHS body that stores patient data, made a deal (published this year) to further widen data-sharing.

“*This is going to make people fall ill unnecessarily, and even cause deaths*,” said Esther, a mental health nurse at the Royal London Hospital who did not want to give her full name. “*Everyone is entitled to healthcare, whether they have their immigration papers or not*.”

NHS staff have not been consulted about the deal, even though confidentiality is central to their job. The British Medical Association, the General Medical Council, Public Health England and the National Data Guardian have all raised serious concerns about it – but they have been ignored. “*It’s really concerning because I don’t think anyone in the medical profession or nursing profession actually knows very much about this*” said Melania Ishak, a gynaecologist on her way into the hospital. “*And I think we’d all be quite appalled by it*.” Mike Brandabur, a therapy support worker, said his main concern that his patients would “*lose trust*” in him if he could not promise them confidentiality.

The NHS staff we spoke to simply wanted to treat people in need, regardless of their immigration status, income, or any other such factor. “*I think everyone should be entitled to healthcare*” said Ian Renfrew, a radiologist. “*I don’t think there should be any border or boundary on that*.”

Please support our #StopSharing campaign by signing our petition, downloading our toolkit for GP surgeries that want to keep their patients' data safe, and taking part in our online protest.


From July 7th to 14th - من ٧ـ١٤ يوليو في معرض
In Metapolis (Kairi 6,Athens 105 151)

Pain & Hope
ألم و أمل - معرض فني
ART EXHIBITION

Join us to discover the brilliant creations of artists from the refugees community
انضموا إلينا لاكتشاف الإبداعات الرائعة لفنانين من مجتمع اللاجئين

Opening event: July 7th at 8.30 pm
حفل الإفتتاح : ٧ يوليو الساعة ٢٠:٠٠

ENTRANCE FREE
الدخول مجاني

TO ADAPT PSYCHOSOCIAL SUPPORT ON THE FIELD REALITIES: ART THERAPY WITH REFUGEES IN THE THESSALONIKI REGION

"Art is inseparable from justice at last…. It becomes a meeting-place of the invisible, the irreducible, the enduring guts, and honour" John Berger in Minors.

Last **July 7th 2017,** MdM-Greece launched **the opening of the exhibition "Pain & Hope" at METApolis Gallery (Athens), where 17 refugees and asylum seekers aged from 12 to 48 years old and coming from Syria, Iraq and Afghanistan (which participated in MdM programs) are presenting their works of art.** The exhibition constitutes a work of social empowerment, where artists from the refugee community of Northern Greece were invited to create a connection with each other, their stories and their communities. Thus, they appear as bearers of inspiration and transformation

The exhibition in METApolis space constitutes the third step after Thessaloniki and Prague.

Over 30,000 refugees reached Northern Greece during the last few years under hard conditions. They cope with the adverse path of migration, continuous loss, the growing feeling of angst and stress that comes with the uncertainty they face regarding their future. MdM has been active in the accommodation facilities for refugees since the beginning of 2016, having met a great number of children, women, men, young adults who, out of passion, out of choice, and sometimes out of desperation or need to fill in the gap of all the months they have passed inert because of their condition, invoked different forms of art in order to deal with the adversities they are facing every day.

And that is how the first exhibition "Pain & Hope" was created in March 2017 by MdM-Greece in collaboration with MdM-Switzerland and with the kind support of Solidarity Now, in which artists from different accommodation facilities throughout Northern Greece shared their realities, their tribulations, as well as their love and hope through poetry, painting and sketching, they sought out and found patterns, forms that can support their experience in a more "tolerable" way for themselves.. as well as for others.

Video: https://youtu.be/U3424CLUUOw

WHAT DOES IT MEAN TO BE A DATA COLLECTION COORDINATOR?

By Anabel Rodriguez, data collection manager

Misunderstandings are the main obstacles

Every day, in MdM centres and the Health Centre for Undocumented Migrants in Norway (HCUM), the Migrants Rights Centre Ireland (MRCI), Slovene Philanthropy and Carusel centres in Slovenia and in Romania, social and medical data from the beneficiaries are recorded. Collecting data first allows – and to me this is the most important – having an adequate follow-up of the beneficiaries who come to the centres in search for medical and/or social assistance. It also ensures that the teams know quantitatively their programmes and adjust them to the needs of the beneficiaries. From the International Observatory point of view, medical and social data collection is a formidable tool for evidence-based advocacy, unique in Europe at this scale.

It would be hard for me to summarise all the activities performed last year as a data collection coordinator. The lessons that I have learned might be more interesting to the readers:

1) When working at the headquarters for the Network, it is crucial to be in continuous communication with the teams that actually collect and enter the data in the systems. Misunderstandings are the main obstacles: *what do the Observatory indicators concretely mean? How are they understood? When and how data should be collected? How should data be interpreted when the annual report is being written?*

2) The data collection coordinator's main role is to provide daily support to the teams, answering their needs as soon and as accurately as possible.

3) As coordinators, we can create opportunities to improve the communication and the exchange of practices among the Network members as far as data collection is concerned: tools, guidelines, methodology…

4) The Observatory methodology and calendar should be known, validated and well understood by all the Observatory members. This is also the data collection coordinator's responsibility. It would avoid most of the issues that are raised when data is analysed for the annual report.

5) Based on this non-exhaustive list of lessons learned, I would kindly recommend the coordinators and field data collectors that:

- They take a look at the Observatory manual. Most of the questions and uncertainties related to the data collection methodology, the writing of the annual report and the daily technical support are answered there;

- They keep monitoring the data collection process in their centres on a regular basis, for the moment through the tool called *monitobs*.

- They keep paying attention to the data collection coordinator's emails, in order to be aware of the deadlines and feedback expected from them;

- And mostly, that they provide sincere and frequent feedback to the coordinator, so that the quality of the support can improve and the needs from the field are answered more appropriately.

NEWS FROM THE NETWORK

Germany

A new law on access to social welfare (*GrSiAuslG*), applicable since the beginning of 2017, has drastically reduced the rights of some EU citizens legally residing in Germany to access social services such as healthcare insurance. It concerns people coming from the new EU member states, unemployed, without sufficient means of existence or acquiring residence permit through their children, and it applies for the first five years of their stay in Germany.

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Northern Ireland- UK

British Pregnancy Advisory Services just announced a withdrawal of abortion fees for Northern Irish women

In Northern Ireland, women face life sentences for abortion as it is strictly prohibited unlike in the rest of the UK. Until June 2017, pregnant women could travel to England to terminate their pregnancy, but would not be covered by the NHS and would have to pay full cost. In June 2017, the Parliament passed an amendment allowing Northern Ireland women to be covered by the NHS for abortion in England.

Ireland

In Ireland, some 5,000 young people are growing up Irish but live in fear of being forced to leave home because of their undocumented status. The Migrant Rights Centre Ireland (MRCI) estimates there are about 20,000-26,000 undocumented people in Ireland and that between 3,000 and 5,000 of them are under the age of 18. They want their situation to be regularised.

In the Irish Times of July 15th, the journalist Patrick Freyne speaks to the undocumented teenagers who make up a youth group called Young, Paperless & Powerful, and perfectly captures the spirit and energy of this incredible, strong and talented crew.

Read the story

Czech Republic

The amended Czech *Aliens Act* will enter into force in a matter of weeks. It is a step in the direction of increasingly restrictive migration policies. In practice, it will become very difficult for migrants to retain residency rights once they lose their job. Moreover, the assessment of proportionality for the revocation of residence permits will be significantly curbed, in violation of EU law. The amendment also negatively affects family members of third country nationals. At the same time, it also limits court reviews on the detention of foreigners, undermining supervision on the Ministry of the Interior's decisions. As migration NGOs, the Consortium of Migrants Assisting Organisations in Czech Republic, has at least managed to have the most restrictive provision rejected (abolition of court review on residence decisions). At present, we are collaborating with selected Senators on drafting a legal action to the Constitutional Court, seeking to scrap the most controversial provisions.

As for the ruling of the Constitutional Court, which concerns the health insurance of third country nationals, the impressions are mixed. Indeed, the Court has stated that excluding people without employment or permanent residence from access to public health insurance is not discriminatory. However, it was stated by the narrowest majority (8-7), suggesting a possible shifting approach. In addition, the court has reiterated an important ruling of the Supreme Court, which decided that a fiction of permanent residence (granting access to public health insurance) applies to newly born children once their parents apply for

asylum. A conference "Integration as Challenge - Creative Approaches in Response" was organised by the Consortium in cooperation with the National Gallery in Prague in June. Participants could learn about various non-traditional ways of involving artists and migrants in the process of integration of migrants, both in Czech Republic and in Germany. The conference was held on June 14th 2017, and was attended by over 60 representatives of non-profit organisations, state administration, city authorities, art institutions and migrant associations. There were three guests from Germany: Wanja Staatkamp of the Dresden State Theater, Reka Lörincz of the Bavarian AGABY Association and Susa Gunzner of Granhotel Cospomolis in Augsburg. The conference was organised as supplementary programme to the Exhibition of Ai Weiwei supported by the Heinrich-Böll-Stiftung Foundation.

Slovenia

First Pro Bono dental practice in Slovenia opens its doors

Pro Bono outpatient facilities in Slovenia have an 18-year-long history, but until last month, it remained exceedingly difficult for people without health insurance to access dental care. On June 16th 2017, Želimir Božič, DMD, opened doors of his dental office anew, shortly after his retirement, only this time he is providing his services voluntarily. His last contribution is going to greatly enrich humanitarian and *Pro Bono* work among Slovenian healthcare providers.

Services in the new *Pro Bono* dental office, located in a small village called Matenja vas (South of Slovenia), are intended primarily for asylum seekers, people with granted refugee status, and inhabitants of Postojna and Pivka municipalities of Slovenia who cannot afford basic dental treatment. Those municipalities are also supporting the project, along with Slovenian Philanthropy and Postojna Centre for Social Work. Želimir Božič's dental office will initially be open once a week, but the opening hours may be extended according to the demand.

Hungary

On June 2017, the Hungarian Parliament adopted a new law affecting NGOs in Hungary. Pursuant to this law, NGOs that receive more than €24,000 from foreign funds must register as foreign-supported organisations and must display the designation on all their communications. This has been criticised as an attempt to stigmatise NGOs and impede their work, by questioning their independence. It is part of a wider governmental effort aimed at undermining the credibility of civil society in Hungary. Civil society organisations are convinced that the new law is in breach of Hungary's Basic Law and many other international treaties ratified by Hungary because it unjustifiably restricts the right to freedom of association and freedom of expression.

More to read on our partner's website

Norway

As a result of the Health Centre's advocacy work in different forums, the Christian party sent a proposal to the Parliament in May. It contained three main issues: making sure that all undocumented migrants have the right to primary health care; that vulnerable groups like children, pregnant women and person with disabilities have the same access to health care as Norwegian citizens and that there are financing arrangements for undocumented migrants who cannot pay for health care. The proposal was discussed in the Health and Social Committee, making it the first time they addressed healthcare for undocumented migrants.

The Health Centre managed to mobilise other actors such as the Norwegian Red Cross, MSF Norway, the Nursing Association, the Doctors Union, Refugees Welcome Norway and LHL (Tuberculosis Union) in order to express their opinion to the committee members before the debate.

Refugees Welcome Norway posted a video in their Facebook page with 30 000 viewers

The three biggest parties voted down the proposal in the Parliament: the Labour party, the Progress party and the Conservative party. Even so, we managed to get a good mobilisation, to have the politicians discuss the issue for the first time and to have it covered by the media.

An election of the national Parliament in Norway is scheduled for September and we will continue to advocate for access to health care after the election.

WHO WE ARE

The 'European Network to reduce vulnerabilities in health' is a broad network of 23 non-governmental organisations (NGOs) and academic partners, financed by the European Commission, contributing to decrease EU-wide health inequalities and support European health systems to be better equipped to deal with vulnerability factors. We advocate for better access to healthcare for people facing vulnerabilities through robust data collected among the partners and representation towards European institutions and stakeholders.

EUROPEAN NETWORK TO REDUCE VULNERABILITIES IN HEALTH

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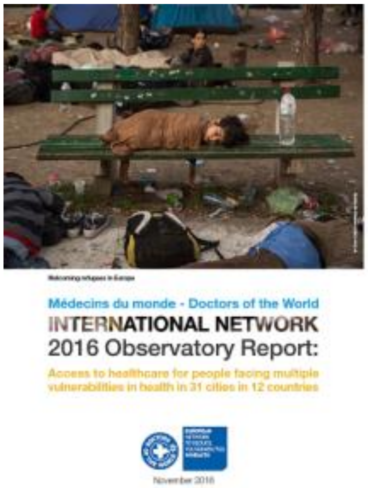
European network annual meeting – Paris June 2017

For more information, consult the most recent legal report on access to healthcare in 17 countries (November 2016), and the 2016 European Observatory report.

LEGAL REPORT ON ACCESS TO HEALTHCARE IN 17 COUNTRIES

BELGIUM - CANADA - FRANCE - GERMANY - GREECE - IRELAND - ITALY - LUXEMBOURG - NETHERLANDS - NORWAY - ROMANIA - SLOVENIA - SPAIN - SWEDEN - SWITZERLAND - TURKEY - UNITED-KINGDOM



Welcoming refugees in Europe

Médecins du monde - Doctors of the World
INTERNATIONAL NETWORK
2016 Observatory Report:
Access to healthcare for people facing multiple vulnerabilities in health in 31 cities in 12 countries

November 2016

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