

EVERYONE HAS THE RIGHT TO HEALTHCARE



© European Union



European Union / AMIF



A model of healthcare mediation/support
intended for asylum seekers in Croatia -
outline, challenges & recommendations



EVERYONE HAS THE RIGHT TO HEALTHCARE

A MODEL OF HEALTHCARE MEDIATION/SUPPORT
INTENDED FOR ASYLUM SEEKERS IN CROATIA -
OUTLINE, CHALLENGES & RECOMMENDATIONS



European Union / AMIF



PUBLISHED BY:

Médecins du Monde ASBL - Dokters van de Wereld VZW (MDM-BELGIQUE)

Office for Croatia

Ulica Svetog Mateja 123

10000 Zagreb, Croatia

Email: info@medecinsdumonde.be

Website and Facebook page:

www.medecinsdumonde.be

MdM.HR.BiH

AUTHORS: Juliette Delescluse, Antoana Silov

PROOFREADING: Ana Irena Hudi

PHOTOGRAPHY: European Union and Renato Pejković

DESIGN: ACT Printlab d.o.o.

This publication is part of the project “4P - *Prevenција bolesti, Psihološka podrška, Pristup i Pomoć u zdravstvenoj skrbi za tražitelje međunarodne zaštite*” funded by the European Union’s Asylum, Migration and Integration Fund and Government of Croatia.

The content of this publication represents the views of the authors only and is their sole responsibility. The European Union does not accept any responsibility for use that may be made of the information it contains.

CONTENT

- 04 THE PROJECT “4P” IN NUMBERS**
- 06 INTRODUCTION**
- 08 MODEL OUTLINE**
- 08 A model primarily based on the strong belief that each human being has the right to healthcare
- 09 Global and multidisciplinary care
- 11 Outreach and early on-site care
- 14 A model complementing the public health system through frontline triage, organisation of the (multi) referrals and partnership/coordination
- 19 Individualised, linguistically adapted and culturally aware health monitoring and care
- 21 Prevention and proactive approach
- 23 Data collection and advocacy
- 23 Community-oriented approach
- 24 CHALLENGES AND READJUSTMENTS OF THE MODEL**
- 26 RECOMMENDATIONS**
- 26 At the national level (Croatia)
- 27 At the EU level



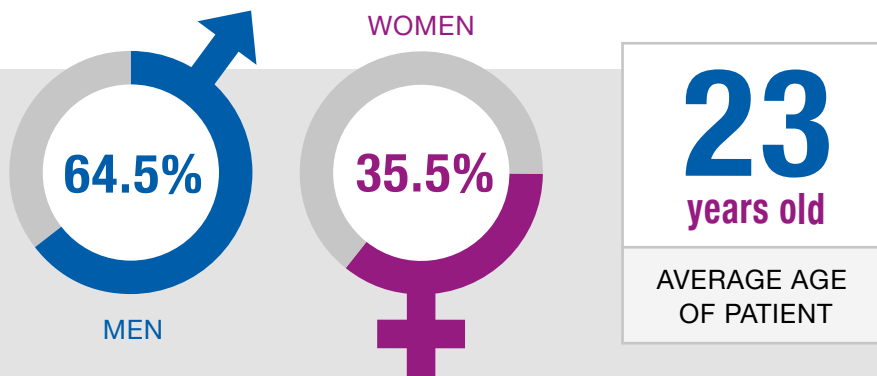
THE PROJECT “4P” IN NUMBERS¹

Through project “4P - *Prevenција bolesti, Psihološka podrška, Pristup i Pomoć u zdravstvenoj skrbi za tražitelje međunarodne zaštite*” (funded by the European Union’s Asylum, Migration and Integration Fund and Government of Croatia), **Médecins du Monde ASBL - Dokters van de Wereld VZW (MDM-BELGIQUE -BELGIQUE)** provided the following assistance in the period between November 1, 2018 and June 30, 2020:

- + **1869** initial health examinations of newly arrived asylum seekers
- + **5478** medical consultations for **2301** asylum seekers
- + **1727** psychosocial consultations for **1211** asylum seekers
- + **203** psychiatrist consultations for **119** asylum seekers
- + Accompanied **509** asylum seekers to specialist consultations/medical services - **1408** transports organised
- + Conducted **13** health information and prevention workshops
- + Developed different health info prevention toolkits (posters and brochures)

¹ In total, since August 2016 until the end of June 2020, MDM-BELGIQUE conducted 14 876 medical consultations, 2 255 individual psychosocial/psychotherapy consultations; and accompanied 2 564 patients to public health centres/hospitals in Croatia.

Patients receiving medical attention were distributed as follows:



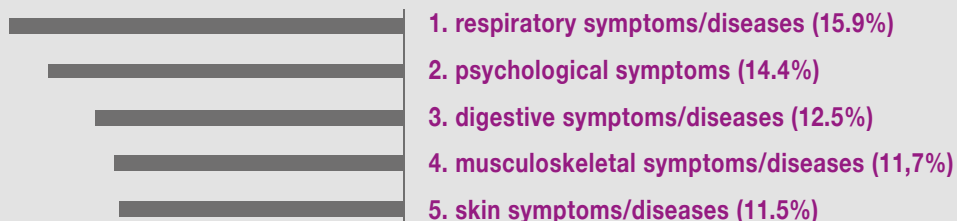
36.3 %

OF PATIENTS WERE CHILDREN

THREE MOST REPRESENTED NATIONALITIES:

1. Iraq (20.38 %)
2. Afghanistan (15.95 %)
3. Syria 13.82 %


THE MOST FREQUENT DIAGNOSES:




INTRODUCTION

The healthcare mediation/support model for asylum seekers in Croatia and presented in this publication was initiated and set up in 2016 by the organisation **Médecins du Monde ASBL - Dokters van de Wereld VZW (MDM-BELGIQUE -BELGIQUE)** in partnership with the Ministry of Health and the Ministry of the Interior of the Republic of Croatia. It has been strengthened since November 2018 with the project “**4P - Prevencija bolesti, Psihološka podrška, Pristup i Pomoć u zdravstvenoj skrbi za tražitelje međunarodne zaštite**” (funded by the European Union Asylum, Migration and Integration Fund and Government of the Republic of Croatia); and after nearly four years of implementation, this model might be considered as relatively successful in terms of enabling and facilitating access to healthcare for asylum seekers. However, this model is continuously facing new challenges - mainly due to constant evolution of migration trends. Therefore, it requires flexibility, its permanent rethinking and re-adjustment to ensure the most adequate response at any time to changing needs of beneficiaries and communities.

This publication will describe the different components of this model of healthcare mediation/support, as well as its results in terms of improved access to healthcare for asylum seekers in Croatia. Besides, it will also present the different challenges tackled throughout the project implementation (November 1, 2018 - July 31, 2020) and will try to draw recommendations with a view to its further improvement (especially at policy, institutional and organizational levels). Publication might therefore be useful for potential duplication of this model in other locations; but also for definition and revision of different projects, interventions and policies at the EU, national and local levels.



After signing the Memorandum of Understanding with the Ministry of Health and Ministry of the Interior of the Republic of Croatia, the organization MDM-BELGIQUE started to provide healthcare and mental health support in both Asylum seekers facilities of the country (Zagreb and Kutina, Croatia) in August 2016. With general practitioner, nurse and interpreters, MDM-BELGIQUE's team conducts the official initial medical screening of newly arrived asylum seekers, as well as urgent medical interventions on a daily basis. With two psychologists and a psychiatrist (present in asylum seekers facility three times per month), MDM-BELGIQUE's team also conducts initial mental health screening, individual psychological counselling, consultations, psychotherapy and psychiatrist consultations. To ensure provision of an all-inclusive assistance and care, MDM-BELGIQUE's community worker and interpreters also offer information and practical support to asylum seekers in accessing their rights - mainly by accompanying patients to public health services as they are referred to specialized medical care. Since 2016, the work of MDM-BELGIQUE in Croatia has been supported by the European Union Consumers, Health, Agriculture and Food Executive Agency, UNICEF Office to Croatia, European Union's Rights, Equality and Citizenship Programme, CHANEL Fondation, the European Union Asylum, Migration and Integration Fund and the Government of the Republic of Croatia.



MODEL OUTLINE



© European Union

A model primarily based on the strong belief that each human being has the right to healthcare

This healthcare mediation/support model intended for asylum seekers is primarily based on the strong belief that **each human being has the right to timely and adequate healthcare** and as stated in the article 25 of the United National Universal Declaration of Human Rights: *“Everyone has the right to a standard of living adequate for the health and well-being of himself and of his family, including food, clothing, housing and medical care and necessary social services”*. As an international humanitarian organisation, governed by this belief as its core value, Médecins du Monde-Belgique’s vision is **a world where obstacles to health are overcome and where the right to health is effective through real universal health coverage**. In line with key humanitarian principles, asylum seekers are treated by MDM-BELGIQUE’s staff following the principles of **humanity, neutrality, impartiality** and **independence**.

More specifically, the model has the following key components:

Global and multidisciplinary care

The model is based on the multidisciplinary dimension of MDM-BELGIQUE (medical) team providing care and support to asylum seekers. It is related to the concept of global health that takes into consideration not only physical, but also mental and social components of health. Consequently, the presence of MDM-BELGIQUE's primary care physician (general practitioner), nurse, psychologists and interpreters is ensured on a daily basis on the premises of the asylum seekers facility in Zagreb (and the asylum seekers facility in Kutina in times of need). The communication between the aforementioned health and mental health professionals and their incessant joint efforts allow for a holistic assessment and response to different physical and mental health needs of asylum seekers. The most successful example of this cooperation is the joint undertaking of the official initial health examination of newly arrived asylum seekers by MDM-BELGIQUE general practitioner and psychologist – which allows to assess not only physical health of newly arrived asylum seekers, but also their mental health needs, as well as prevent potential crisis/ acute situations. Furthermore, regular visits of MDM-BELGIQUE psychiatry specialist (for a minimum of three times per month) help improve the levels of specialised mental health care that is crucial in this context, given that mental health of refugees/migrants is particularly impacted and deteriorated by specific migration situation and, in many cases, multiple traumatic events. It is also important to note that exposure to severe psychological distress is often associated with the development of psychosomatic symptoms, so it is clear that the cooperation between physical and mental health professionals is extremely important in organising medical care for asylum seekers. Refugees are at an elevated risk of mental health problems mainly due to combined factors, such as leaving their home, losing their status and, in many cases, leaving their culture behind, in association with loss of relatives, and exposure to traumatic experiences linked to anxiety, high levels of stress, loss of meaning and hope as well as disruption of personal identity. The study conducted by MDM-BELGIQUE in Croatia "[Nearing a point of no return?: Mental health of asylum seekers in Croatia](#)" (February 2019) showed that 57.83% of participants scored above the cut-off result on the anxiety scale; 67.47% scored above the cut-off result on the scale of depression, while 65.06% scored above the cut-off result on the scale of overall psychological distress. Similarly, 50.61% scored above the cut-off result on the scale of post-traumatic stress disorder symptoms. These particularly worrying results confirmed the conclusions of previous MDM-BELGIQUE report "[Invisible emergencies? - Physical and mental health needs of asylum seekers in Croatia with a special focus on \(pregnant\) women and children](#)" (January 2018) that affirmed that "*Migrants often begin their journey in good health, as such an undertaking requires being in good health. However, the complexity of the migratory journey, the conditions of travel and the absence of, or inadequate access to, health care, can result in many migrants experiencing poor physical and mental health outcomes. Analysis of data on mental and physical health state of asylum seekers in Croatia showed that they suffer from common diseases that can be easily treated in Europe. [...] However, data also showed that asylum seekers have*

greater mental health needs and experience more multi-trauma compared to an average EU citizen. **It is evident that a holistic approach to working with this vulnerable group is essential: a combination of psychosocial assistance and support alongside an early access to healthcare**". The model has therefore been primarily set up as evidence-based approach.

Throughout projects "*4P - Prevencija bolesti, Psihološka podrška, Pristup i Pomoć u zdravstvenoj skrbi za tražitelje međunarodne zaštite*" (funded by the European Union Asylum, Migration and Integration Fund and Government of the Republic of Croatia) and "*Empowering Women and ChildrEn in the migrant population to take ACTion against sexual and gender-based violence (We ACT)*" (funded by the European Union's Rights, Equality and Citizenship Programme), MDM-BELGIQUE also largely strengthened its internal capacities and the ones of other professionals working in asylum seekers facilities to better detect and support survivors of **Gender-Based Violence (GBV)** - given that its rates are higher in migrant population than among general population. This consisted especially in reinforcing the multidisciplinary and holistic approaches of work practices and enhancing coordination between all staff members present in the asylum seekers facilities. Even if most of GBV survivors will not explicitly say that they survived violence during their first health consultation - jointly conducted by MDM-BELGIQUE general practitioner and psychologist, it still represents an excellent opportunity to inform them about their rights and available support they can get from different institutions/organizations. This is also a way to build trust between patients and healthcare professionals, to answer to their primary needs and to empower them to fully access the services they are entitled to or the services they need. After this first phase, when they are settled, some of them feel more at ease to speak up - including about GBV. Another valuable contribution of detection and care for GBV survivors includes individual psychological consultations and counselling, including psychotherapy and psychiatrist consultations - when needed, as well as psychosocial group sessions. During these interventions, asylum seekers - sometimes for the first time - say that they are survivors of GBV. It is also interesting to notice that they might say it not only to medical/mental health staff, but also to interpreters. All these core MDM activities are therefore crucial and complementary in terms of specific support interventions offered to GBV survivors.

Outreach and early on-site care

Different services of this model are mainly provided on-site, in the asylum seekers facility, as close as possible to the patients. Some arguers may consider that the presence of the entire medical team for such a low number of persons is “up to standards”. However, MDM-BELGIQUE experience over the past four years has shown that access to basic primary care, as well as to mental health and psychosocial support (MHPSS) and early on-site treatment, apart from being a fundamental human right, is not only beneficial for migrant population but also cost-efficient (in both the short and long term) as it reduces demand for emergency care by providing cheaper and more effective primary care and preventive measures. Calls to emergency services from asylum seekers facility dropped dramatically when the MDM-BELGIQUE medical team started to offer patients a minimum of six hours of direct patient care on each weekday.

“Importance of our work, besides early on-site treatment, is not only reflected on the benefits for asylum seekers but also on cost efficiency, because it reduces demand for emergency care. In the facility, we had to deal with a range of situations - from life-threatening situations where every second was a gift to teenage acnes. All of our cases are equally important and through them we communicate to patients a message of reliability”,
MDM-BELGIQUE General practitioner

Health needs (including mental health needs) of migrant population represent “invisible emergencies” whose treatment is easy and relatively inexpensive to deliver before they escalate into irreversible complications. Early treatment is also important for tackling and protecting against the deterioration of mental health due to pre-existing traumas from war and conflict, as well as from numerous journeys and/or transfers within the European Union (mainly under the Dublin III Regulation). It is also a way to prevent GBV among service users, especially towards children, since *“violence is a continuum and taking care of the parents’ mental health is beneficial to all the family members and can thus contribute to decreasing exposure to violence for partner or children”*, as described by MDM-BELGIQUE psychologist. Early detection of potential infectious diseases is also an important benefit of continuous health monitoring services for both migrant and local populations. Through conduction of the official initial medical examination of newly arrived asylum seekers, potential infectious risks are almost immediately contained. However, this argument needs to be relativized and observed in a way free of stereotypes about migrant population considering them as higher vectors of infectious diseases when compared to general population. During the period between November 1, 2018 and June 30, 2020, MDM-BELGIQUE reported a total of 175 infectious disease cases to Andrija Štampar Teaching Institute of Public Health - mainly cases of scabies (and several cases of varicella and pediculosis capitis). No case of asylum seekers infected by CoVid-19 has been identified in the period between March and June 2020. In other words, migrant population treated by MDM-BELGIQUE team suffered from health needs mainly similar to those of the majority of the EU citizens, even if harsh travelling conditions, deportation, and poor sanitation, hygiene and housing conditions pose additional risks

and can increase the need for health interventions, particularly for the most vulnerable populations (pregnant women, children, or people with disability). Adequate housing conditions, protection measures, adequate sanitary facilities and early access to healthcare are thus essential to avoid short-term and long-term complications of chronic, infectious, dental and mental health problems. This has been particularly witnessed by MDM-BELGIQUE team in Croatia since mid-2018, with asylum seekers coming no longer from the EU countries (transferred mainly under the Dublin III Regulation) but rather via Bosnia and Herzegovina (BH) in a particularly poor physical and mental health state. As described by MDM-BELGIQUE in reports "[Croatia - Hidden \(human\) faces of European Union's Dublin regulation from a health perspective](#)" (July 2018) and "[Nearing a point of no return?: Mental health of asylum seekers in Croatia](#)", asylum seekers transferred to Croatia under the Dublin III Regulation were at a higher risk of re-traumatisation and more severe symptoms of depression, anxiety, psychosis and post-traumatic stress disorder². However, their physical health remained relatively stable during their journey in the EU countries, where living conditions and access to healthcare were globally better for them than for asylum seekers in Bosnia and Herzegovina. Due to exhaustion from travel, bad living conditions and experiencing multiple dangers as they were crossing the border; asylum seekers coming via Bosnia and Herzegovina come in particularly worrying and degraded physical and mental health. Additionally, MDM-BELGIQUE has also observed a change in behaviour of asylum seekers: current newly arrived persons show a relatively lower level of worry about their own health and health of their children (even in cases of suspicion of severe illness, such as cancer or multiple sclerosis, etc.).

² See report "[Croatia - Hidden \(human\) faces of European Union's Dublin regulation from a health perspective](#)"- p.11: "The relocation by the application of the Dublin III regulation, which in many cases includes the police arrest of asylum seekers preceding the enforced transfer (and for some of them even several days in detention), often represents an additional risk factor for mental health of asylum seekers, as it disturbs their established routine and social networks that are a prerequisite for successful recovery from psychological trauma, normal social functioning and successful integration process. The most alarming cases include transfers of persons separated from their families (for instance, pregnant women separated from her husband and the rest of the family), persons with highly impaired mental health (psychotic disorders, suicidal risk, postpartum depression, post-traumatic stress disorder), persons that have applied for asylum prior to transfer and spent more than two years waiting for the response in the country from which they are transferred, persons who have had scheduled surgical procedures and persons transferred even for a second or third time. Consequently, events that resemble previous traumatic experiences have strong chances to result in re-traumatisation and worsening symptoms of depression, anxiety, psychosis and posttraumatic stress disorder. Mental health problems of adult asylum seekers transferred from Austria, Germany, Switzerland, Sweden, Netherlands, Luxembourg, Finland, Slovenia, Belgium and France who have requested psychological support from MDM team in Zagreb AS facility during 2017 and 2018 include symptoms of depressive disorder (insomnia, lack of energy, lack of motivation, apathy, inability to maintain concentration, hopelessness, negative self-perception, suicidal thoughts), tension, restlessness, high levels of stress, feelings of uncertainty and loneliness, anxiety disorder, panic disorder, adjustment disorder, acute stress disorder, various post-traumatic reactions (nightmares, mistrust, irritability, recurrent intrusive thoughts and traumatic images). There have also been cases of psychotic disorders, postpartum depression, and post-traumatic stress disorder and suicide attempts. Stress and traumatic experiences can also lead to various psychosomatic symptoms or substance abuse in an attempt to cope with high levels of stress."

This reflects a “survival mode” that indicates - among other things - a global level of distress/psychological and physical exhaustion, loss of hope, learned helplessness, apathy, impaired self-esteem, and/or decision to leave Croatia and to reach another EU country, etc. Consequently, this change represented an additional challenge for MDM-BELGIQUE team that sometimes needs to insist that patients should go to specialist examinations (including women at a later stage of pregnancy, parents with children in need of paediatric care, people with contagious diseases or life-threatening health conditions, etc.). Considering the high level and contrasted impacts of different types of migration journeys on physical and mental health, and more globally, the impact of external factors on health, presence of healthcare team knowing migration journey specificities in the facilities is more than needed - despite the relatively low number of patients. In conclusion, MDM-BELGIQUE considers that asylum seekers do not pose a higher risk of being vectors of infectious diseases and/or being relatively less healthy than global population; however, considering the dangers and psychological distress they endured, discrimination and globally lower levels of rights, their physical and mental health is at higher risk of (sudden) deterioration compared to the global population. Asylum seekers proved their resilience and resistance to multiple difficulties, often happening for a long period of time; however, **being constantly on edge until they get security of a status and official (legal) recognition presents a source of significant and constant stress, which in turn presents a risk factor for developing different psychological, physical or psychosomatic symptoms.**



A model complementing the public health system through frontline triage, organisation of the (multi) referrals and partnership/coordination

Access to healthcare for asylum seekers/applicants for international protection in Croatia is further limited. According to Article 57 of the “Law on International and Temporary Protection”, which entered into force on 02 July 2015, applicants for international protection have **free-of-charge access only to “emergency medical assistance and necessary treatment of illnesses and serious mental disorders”**. Since 2016, MDM-BELGIQUE argued that it was necessary to ensure complete access to healthcare for asylum seekers and “for children and pregnant women asylum seekers as an immediate priority”³. In that way, it has been satisfying to notice that the Ministry of Health extended the scope of rights to healthcare to which pregnant women and children asylum seekers are entitled in Croatia – extending it from the right only to “emergency care/necessary treatment” to full scope of rights equal to those available to Croatian citizens (see document “Ordinance on the health protection standards for applicants of international protection and foreigners under temporary protection / Pravilnik o standardima zdravstvene zaštite tražitelja međunarodne zaštite i stranca pod privremenom zaštitom” - March, 2020).

“One of the hardest moments while working with MDM-BELGIQUE was the case of a patient who had to wait for months for Magnetic resonance (MR) enterography and when, he was diagnosed with multiple sclerosis, he again had to wait for months to be admitted to treatment. He would come to me every day during that period asking if there was any news about his medications. I remember how sad he was when I told him each time that there was no news. At the end, we received positive answer a few days after he left Croatia”, MDM-BELGIQUE interpreter

In this model, MDM-BELGIQUE is mainly acting as health mediator/facilitator between asylum seekers (beneficiaries) and public health institutions and/or other service providers. This is especially true since, from January 2020 (and decision of Ministry of Health), MDM-BELGIQUE is authorised to conduct only initial health examinations, urgent care interventions and medication distribution (prescribed by GP from local outpatient

³ See report “Invisible emergencies? - Physical and mental health needs of asylum seekers in Croatia with a special focus on (pregnant) women and children” - p 13.

clinic “Dom zdravlje Zagreb Centar - Dugave”). Until January 2020, MDM-BELGIQUE was also conducting other GP consultations and had the right to prescribe necessary medication and refer patients to specialist services (paid by the Ministry of Health). Currently, after initial examinations, patients in need of health services are referred to “Infirmary for applicants for international protection/Ambulanta za tražitelje međunarodne zaštite” in local outpatient clinic “Dom zdravlje Zagreb Centar - Dugave” (1.3 kilometres from the asylum seekers facility). In this location, GP is available for eight hours during weekdays based on the agreement between the Ministry of Health and “Dom zdravlje Zagreb Centar” outpatient clinic. Furthermore, “Dom zdravlje Zagreb Centar” outpatient clinic provides paediatrician consultations in “Dom zdravlje Zagreb Centar – Dugave” outpatient clinic (for three children per week) and in “Dom zdravlje Zagreb - Centar - Kruge” outpatient clinic (for six children per week). As for gynaecological consultations, “Dom zdravlje Zagreb - Centar” outpatient clinic ensures them in “Dom zdravlje Zagreb - Centar - Dugave” outpatient clinic (usually for two women per week). From July 2020, “Dom zdravlje Zagreb - Centar” ensured two additional locations for gynaecological consultations for pregnant women. MDM-BELGIQUE considers that there should not be any restrictions regarding the number of paediatrician/gynaecologist consultations for asylum seekers since minors currently represent 41% of total asylum seekers population in Zagreb (out of which 49% are pre-school children and 84% are children under 14) and 15 pregnant women stay in the facilities (and often did not receive any prenatal care during their previous stay in Bosnia and Herzegovina). After consultation with GP, gynaecologist or paediatrician from local outpatient clinic “Dom zdravlje Zagreb Centar - Dugave”, MDM-BELGIQUE medical staff ensures, if needed, the distribution of prescribed therapy (paid by the Ministry of Health if it is listed on a national Essential Medicines List - “List A”; if this is not the case – the cost will be paid by the Croatian Red Cross - HCK).

Through its work and besides patient referral to GP consultations in local outpatient clinic “Dom zdravlje Zagreb Centar - Dugave” after on-site initial health examination/triage, MDM-BELGIQUE also ensures organisation of referrals if needed. The process consists in making an appointment in hospitals or public health institutions for specialist consultation or diagnostic/laboratory test (based on prescription from GP, gynaecologist or paediatrician from local outpatient clinic “Dom zdravlje Zagreb Centar - Dugave”; or internal hospital prescription). Upon confirming the appointment, MDM-BELGIQUE sets up a weekly schedule of these consultations/tests; and coordinate the transport and assistance provided to them as they are accompanied by MDM-BELGIQUE interpreters, community worker or HCK interpreters/staff (since HCK is also covering part of medical care). This component of the model is crucial since it ensures access to timely diagnosis and specialist care and treatment for asylum seekers that would be very difficult to access without this support, owing to lack of information about their rights, public health system, language barriers, transport barriers (for persons with disabilities, persons in acute conditions, pregnant women, children or other most vulnerable asylum seeker groups), etc. However, it is very challenging in terms of work resources and logistic aspects, since MDM-BELGIQUE organised/conducted an average of 70 transportation/accompaniment services for patients per month for period November 01, 2018 – June 30, 2020. It also

requires constant readjustments of planning, including health emergencies, cancellation of appointments (by health institution, due to COVID-19 crisis or due to departure of patients from Croatia), etc. This task also includes (when needed) organising the visit to the medical record pick-up window to get the results and forwarding the results to the GP, gynaecologist or paediatrician from the local outpatient clinic “Dom zdravlje Zagreb Centar - Dugave” for prescription of recommended medicines and/or potential further referral of patients.

Additionally, MDM-BELGIQUE coordinates an update of referral planning for vaccination of children (by paediatrician from local outpatient clinic “Dom zdravlje Zagreb Centar” in Dugave or Kruge), school doctor consultation as part of pre-school/primary school enrolment process, and, lastly, regular prenatal and postnatal care for pregnant women and new-born children (by gynaecologist from local outpatient clinic “Dom zdravlje Zagreb Centar - Dugave”, postpartum nurse and hospital).

Between November 1, 2018 and June 30, 2020, asylum seekers examined through 5478 consultations by MDM-BELGIQUE general practitioners (to be distinguished from diagnoses observed during psychiatric/psychological evaluations) in Croatia mostly suffered from respiratory symptoms/diseases (15.9%), psychological symptoms (14.4%), digestive symptoms/diseases (12.5%), musculoskeletal symptoms/disorders (11,7%) and skin symptoms/diseases (11.5%). These pathologies are related to the migration route and the inadequate conditions asylum seekers live in. This population - especially women - frequently suffered from headaches, anxiety, insomnia, and loss of appetite, abdominal and back pain. Most of these symptoms were of a psychosomatic nature. This can be expected given the circumstances, uncertainties and dangers of their migration journey. Besides providing medication, support in the form of informing, listening, counselling and psychotherapy is therefore essential. The absence of, or irregular, menstruation has also been largely diagnosed among women and girls, especially between the ages of 15 and early 20-ies, which is likely to be a consequence of stress. Women and girls are among the most vulnerable groups in the migrant population and have to bear very difficult and dangerous situations. Other prevailing problems included respiratory infections, urinary and genital infections, allergies, and digestive problems (constipation, diarrhoea, teeth and gum infection symptoms). Children, beside respiratory infections and diarrhoea, have suffered from various types of scratches, lacerations, fractures, burns/scalds, sprains, strains etc. The most common problem identified among pregnant women asylum seekers was anaemia that required provision of iron supplements (provided by MDM-BELGIQUE/HCK). In cooperation with MdM-BE's psychologist, psychological support was provided to pregnant women who showed an acute stress reaction to pregnancy (mostly due to uncertain future). Some pregnant women had urinary and vaginal infections, which were treated timely in a safe and effective way.

When needed, referral to other types of services is also ensured by MDM-BELGIQUE. This includes provision of information on their rights regarding the access to health care and on how to access some other services they need (for instance, specific food regime ensured by the Ministry of the Interior, since it is in charge of asylum seekers facilities, hygiene products and clothes ensured by the HCK, legal counselling ensured mainly by non-governmental organisations such as the Croatian Law Centre, regarding working hours and location of relevant medical institutions, etc.). If needed, MDM-BELGIQUE (medical) staff issues a special diet statement, statements on supplements, procurement of needed medical supplies, and/or support in making an appointment.

An increasing number of asylum seekers need tailor-made case management support from MDM-BELGIQUE, given that some of them need multiple referrals to (mental) health care facilities and/or other services. Some of our patients need long-term follow-up. For example, such cases include: survivors of GBV/trafficking, survivors of torture and persons with physical or mental health problems that disrupt their everyday functioning and thus require specialized care (e.g. serious health conditions, chronic diseases, disabilities, psychosis, suicidality, PTSD, depressive disorder etc.). Case management is mainly conducted by MDM-BELGIQUE programme manager, psychologists and recently by community worker. MDM-BELGIQUE intends to develop and reinforce this dimension of the model (through trainings and development of standard procedures with other institutions and organisations involved in healthcare needs of asylum seekers). Support provided follows existing standards, procedures and regulations; but is personalised and, as much as possible, adapted to complex and multidimensional individual needs of our beneficiaries. It sometimes happens that some individual situations require rapid and - to a certain extent - improvised answer – but, fortunately, it is always based on skills of staff, created network of partner institutions/organisations, advanced knowledge of migration specificities and MDM-BELGIQUE organisation experience of work in the facilities. After this, as much as possible, MDM-BELGIQUE tries to draw experience and knowledge from these (new) situations and share/discuss them with partner institutions and organisations.

The most concrete illustration of this retrospection process includes the recent collaborative project led by MDM-BELGIQUE and UNHCR Office in Croatia in which *Standard operations procedures/guidelines in cases of sexual and gender-based violence among international protection seekers in the Republic of Croatia* has been developed. This document is currently under approval process by the Ministry of the Interior and plans to set up, among other things, comprehensive regular coordination mechanisms regarding SGBV among asylum seekers (through setting up a working group) but also immediate case-by-case individual coordination mechanisms (through Case Management Team).



Taking into account the needs, the absence of a national protocol⁴ and clearly addressing migrant/refugee population GBV survivors, as well as unstructured services provision, it was crucial to work on the development of a protocol that would help shed some light on basic concepts, refer to existing legislative framework and define clear standards for operation procedures/tools.

As described, this healthcare mediation/support model is thus complementing the public health care system and is based on (sometimes daily) communication/coordination with the Ministry of the Interior, the Ministry of Health, healthcare institutions (outpatient clinics, hospitals, public health institutes - Andrija Štampar Teaching Institute of Public Health, Croatian Institute of Public health) and other governmental institutions (i.e. the Government Office for Human Rights and Rights of National Minorities), as well as with international organizations and local civil society organizations having frequent and direct contact with migrants and refugees, and expertise in the field (UNICEF, UNHCR, World Health Organisation, Croatian Red Cross, Croatian Baptist Aid, Jesuit Refugee Service, Centre for Peace studies, Are You Syrious, Croatian Law Centre, Rehabilitation Centre for Stress and Trauma Zagreb, Civil Rights Project Sisak, etc.). This network of partners is crucial in responding to multiple, complex and relatively changing (health related) needs of asylum seekers population in Croatia. After four years of work, several clear referral pathways were defined - especially those regarding mental health and vaccination of children - but it is still a “work in progress”, constantly changing/being updated since migration routes, needs of beneficiaries and capacities of public institutions and NGOs evolve. It thus requires flexibility, coordination and capacity of identification of new needs that MDM-BELGIQUE largely provides through this model to meet the healthcare needs of asylum seekers. This proved to have a positive direct impact on asylum seekers, but also indirectly on public health care system and local community. Lastly, it is worth mentioning the presence of MDM-BELGIQUE in Bosnia and Herzegovina and, more generally, of MDM missions in most of the EU countries. Cooperation among their medical teams already allowed for a successful exchange of information (including medical documentation) about some individual cases, such as GBV survivors or patients with severe illnesses.

⁴ Croatia is a signatory of all relevant international legal instruments on GBV. National laws are in line with United Nations and European Union documents. At the national level, the following protocols are also in place: Protocol on Procedures in the Case of Sexual Violence; Protocol on Unaccompanied Children; National Action Plan on Combating Trafficking in Persons; Protocol on Family Violence. Protocol of the United Nations Security Council Resolution 1325 (S/RES/1325), on women, peace, and security was adopted and the Istanbul Convention has been ratified in July 2018. However, these national protocols do not specifically mention GBV among migrants and refugees as a specific issue to be addressed through dedicated measures.

Individualised, linguistically adapted and culturally aware health monitoring and care

As previously described, care provided through this model is tailored according to the person's specific needs and mostly based on one-to-one approach. Most provided services are individual, rarely delivered in group sessions. Interpretation is ensured through interpreters for Arabic, Farsi, Urdu, Pashtu and Kurdish. Presence of interpreters is not systematic if the patient prefers to have a private conversation with health worker or mental health (MH) specialist. However, it is mandatory when the absence of interpreter could put the patient's life in danger. Interpreters also have a vital role in raising awareness of other team members about cultural specificities that might be important in the process of physical or mental health monitoring and care.

MdM-BELGIQUE's experience in providing mental health support at the Asylum Seekers' Facility indicates that men are more likely to report nightmares, over-stimulation from external stimuli, irritability, avoidance symptoms, and, on some occasions, psychoactive substances abuse as a way of dealing with stress. In the long run, women are more likely to report difficulty breathing, panic attacks, loneliness and lack of social support, especially if they are alone in the facility or stay only with their children. For women with family, partner's unemployment is a significant source of stress, which results in a lower quality of life, i.e. the fact that they are unable to afford more than covering the most basic needs for their children and themselves. In addition, for men, unemployment and the inability to structure their time effectively mainly contributes to the development of lower self-esteem and low self-efficacy, because work not only brings financial independence but also a sense that one is valuable and useful in the community, which is an important component of personal well-being. Going to work also allows for short-term separation from partners and independent time management, and without that natural balance between, on one hand, bonding and sharing and, on the other, separation and freedom, it is difficult to maintain the quality of the relationship.

Through its work in Croatia since 2016, MDM-BELGIQUE additionally observed that more than half of migrant population is suffering from depression, anxiety disorders and/or post-traumatic stress disorders (PTSD) (see research study conducted by MDM-BELGIQUE-BE in Croatia Mental "[*Nearing a point of no return?: Mental health of asylum seekers in Croatia*](#)" (February 2019): "57.83% of participants scored above the cut-off result on the anxiety scale; 67.47% scored above the cut-off result on the scale of depression; while 65.06% scored above the cut-off result on the scale of overall psychological distress. Similarly, 50.61% scored above the cut-off result on the scale of post-traumatic stress disorder symptoms"). These symptoms - mainly resulting from high levels of stress, traumatic

experiences during pre-migration, migration and post-migration phase as well as hard living conditions - imply longer term reactions and even psychosomatic symptoms (headaches, nausea, gastric problems, etc.). As a consequence, 25% of migrants are in need of individual therapy and 80% of support group sessions (WHO MHPSS guidelines) but also of a holistic approach of care conducted by multidisciplinary, trained & culturally sensitized team of professionals - which is the purpose of MDM-BELGIQUE response through this model.

Considering these needs, mental health referral pathway has been developed as integrated part of this healthcare mediation/support model. Mental health support (psychologist and/or psychiatrist support) is proposed at the initial health examination and during other health consultations if needed. Information about presence and activities of MDM-BELGIQUE team is also set up through posters in different locations of the asylum seekers facility. Beneficiaries themselves are able to ask for support during the fixed duty hours when psychologists' room is open for consultations (six hours during weekdays). Psychologists also ensure follow-up of identified cases who might need MH support, but failed to request it (usually because of stigmatisation that is still connected to mental health problems) - mainly by regularly visiting them in their rooms. In case of specific specialist needs, there is an organised referral to MDM psychiatrist (visiting AS facility in Zagreb three times per month) and/or to other specialised services (for instance: department for mental health and prevention of addictions, clinic for children of the City of Zagreb, Psychiatric hospital "Sv. Ivan" etc.). Presence of interpreters is ensured during referral phase. In case of emergencies/acute crisis, emergency services are called to step in. MDM-BELGIQUE MH team also conducts regular workshops that serve as another way of detecting persons in need of individual mental health care and empowering beneficiaries to ask for such a support. More generally, MDM's psychologists' team is continuously working to inform and raise awareness about the importance of mental health care and the available services of mental health experts within the Facility. This importance is reflected in the gradual increase in the number of people who choose to seek help from mental health professionals during the last year.

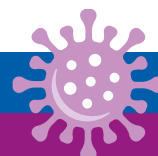
The techniques used during psychosocial consultations include psychoeducation component (explaining to asylum seekers the reactions experienced in the body as a response to stress, demonstrating the technique of diaphragmatic breathing, etc.), counselling on parenting skills, working on self-esteem, using guided imagery to promote feelings of safety, informing the beneficiaries about the services in facilities that promote development of social skills and integration, using empathy and active listening to offer support and communicate to beneficiaries that they are being heard and understood and that their stories are important.

Lastly, it can be noticed that the global quality of MH services available for asylum seekers largely improved with continuous presence of two psychologists (before 2018, only one MDM-BELGIQUE psychologist was constantly present in the facility) and regular visits of psychiatrist.

Prevention and proactive approach

Raising awareness and prevention activities represent a large component of this model. This includes: regular info-prevention workshops (mental health, relaxation techniques, stress prevention, family planning, infectious diseases, hygiene, sexual and reproductive health, etc.), development of multilingual info prevention material (posters, brochures, etc.), offering information and advice through all activities (consultations, referrals, etc.).

Additionally, MDM-BELGIQUE constantly tries to offer adequate response with a proactive and solution-oriented approach. This was especially the case during CoVid-19 outbreak since March 2020.



URGENT ANSWER COVID-19

MDM-BELGIQUE was almost the only frontline health actor with local outpatient clinic “Dom zdravlje Zagreb Centar-Dugave” to deal with **prevention/response against CoVid-19** among asylum seekers in the country. With the existing financial/human resources and public health institutions heavily burdened with the crisis (at the time), MDM-BELGIQUE managed to set up a basic answer to CoVid-19 in very short period of time, in coordination with head of Reception Centre for Asylum Seekers in Zagreb. The response mainly consisted in the following measures:

1. Setting up of an isolation zone in the Zagreb facility for newly arrived asylum seekers coming from countries at risk (whether through the Dublin III regulation or from Bosnia and Herzegovina and Serbia) or showing some respiratory disease symptoms. Daily health monitoring is ensured for persons in isolation, and suspicious cases are sent immediately for testing for CoVid-19 virus.
2. Daily body temperature screening/detection of symptoms for all asylum seekers as well as handwashing in the asylum seekers facility’s restaurant. Through this daily detection activity, information about preventive measures are also shared with asylum seekers. During Ramazan period in May 2020, daily screening was conducted directly in the rooms.
3. Development and distribution of multilingual info-prevention posters and flyers to asylum seekers present in the centre (main sources were official prevention posters developed by the Ministry of Health/public health institutions). Specific informative material has also been developed and shared with persons staying in the isolation zone.
4. Hand sanitiser dispensers were placed at the main entrances of the asylum seekers facility and different key locations in the facility.

5. Different social distancing floor zone signs were designed in crowded zones of the reception centre.
6. Distribution of cotton and surgical face masks to all asylum seekers.
7. Provision of professional disinfectant products to restaurant/cleaning staff of the centre.
8. MDM-BELGIQUE was split in two teams that were not in contact and that were working in 2-week shifts between March 24, and mid-May 2020 (as well as the Ministry of the Interior and Croatian Red Cross staff).
9. Medical consultations are further ensured, with some prevention measures in place, such as mandatory wearing masks, hand sanitization before entering the medical practitioner's office, and only one patient is entering the room (not accompanied by a family member or friend).
10. One of the two MDM-BELGIQUE psychologists remained on duty since high levels of psychological distress have been observed among asylum seekers during CoVid-19 crisis, and especially after the earthquake hit Zagreb on March 22, 2020. From mid-May 2020, both psychologists returned to perform onsite duties.
11. Daily coordination with leading authorities of reception centres (the Ministry of the Interior) and Croatian Red Cross (in charge of reception of newly arrived asylum seekers) to adjust response based on new needs and challenges.

With reopening of the BiH-Croatian border in early June, an important raise of persons in isolation area of the facility has been observed (from 10-15 in March-May 2020 to 80-120 persons in June 2020) since isolation of 14 days is requested for persons coming from Bosnia and Herzegovina, Serbia or other countries at risk and other asylum seekers in the facility showing any respiratory disease symptoms. This situation therefore represents a heavy workload for MDM-BELGIQUE and other service providers, since the facility is not designed to ensure "quarantine" conditions, even less so for the abovementioned number of people.

CoVid-19 is globally spreading rapidly and even if as of today (end of June 2020) there were no CoVid-19 cases in the asylum seekers facility, it is almost certain that the virus might soon affect this area. Preventive measures and rapid response are therefore crucial.

MDM-BELGIQUE noticed a relatively high level of asylum seekers' responsibility regarding preventive measures as well as high interest in learning about CoVid-19 situation in Croatia and how to prevent its spreading.



Data collection and advocacy

Apart from services' provision, data collection and their analysis represent a key part of MDM-BELGIQUE's work in Croatia. Through this process, MDM-BELGIQUE ensures monitoring of health status and needs of asylum seekers useful for public health authorities, including for national policies development and revision. These data are also indirectly useful at the EU and local levels. During the past four years, MDM-BELGIQUE published the following reports on physical/mental health needs of asylum seekers addressed to national/EU authorities: "[*Invisible emergencies? - Physical and mental health needs of asylum seekers in Croatia with a special focus on \(pregnant\) women and children*](#)" (January 2018); "[*Croatia - Hidden \(human\) faces of European Union's Dublin regulation from a health perspective*](#)" (July 2018); and "[*Nearing a point of no return?: Mental health of asylum seekers in Croatia*](#)". The key message of these reports is the need to allow the asylum seekers in Croatia an access to public healthcare that would be equal to healthcare available to Croatian citizens (through modification of legal framework) and to further ensure the presence of continuous, multidisciplinary, individualised and linguistically adapted health monitoring and care inside the asylum seekers facilities. The amount of data collected by MDM-BELGIQUE since August 2016 also represents an important potential for research purposes in the field of health and migration.

Community-oriented approach

MDM-BELGIQUE has a comprehensive and community-oriented approach of medical care provision, which means that the organisation' staff focuses on the person, not just on their illness, and participation of the communities is encouraged. In this respect, this model includes the following: - patients are encouraged to give their feedback to MDM-BELGIQUE ("feedback box" in front of infirmary, regular satisfaction surveys of patients, focus groups with patients, etc.), - in some cases, MDM-BELGIQUE hired interpreters from the pool of persons who were asylum seekers themselves in the country; - detailed surveys of beneficiaries are conducted to include their needs/information about their health in different reports/publications; etc. More globally, and in connection to this point, MDM-BELGIQUE is based on the following core beliefs/principles: - behaviour does not occur in a vacuum, but is affected by the wider context of culture and society at large, as well as the local community and its institutions; - cultural competencies involves three broad dimensions: health staff's cultural knowledge, health staff's attitudes and beliefs towards culturally different clients and self-understanding, and health staff's skills and use of culturally appropriate interventions; - social justice perspective in care is rooted in the belief that all people have a right to equal treatment, a fair allocation of societal resources, and a share in decision making processes. At **MDM-BELGIQUE, each person is seen as a human being, and this is the starting point and the purpose of this model.**

CHALLENGES AND READJUSTMENTS OF THE MODEL

The implementation of this healthcare mediation/support model intended for asylum seekers faced the following main challenges:

As previously described, migration routes have changed since mid-2018, showing high migration influx coming from Bosnia and Herzegovina and a particularly high transit dimension in the asylum seekers' flow in the country was observed. Among newly arrived persons, a significant raise of the proportion of women, children, and families, patients with chronic diseases or severe illnesses and persons with disabilities has been observed. The situation imposed heavy workload on MdM-BELGIQUE's team, since the organisation is responsible for initial medical examination of newly arrived persons, as well as distribution of prescribed medication, organisation of transport and transport for referrals, etc.

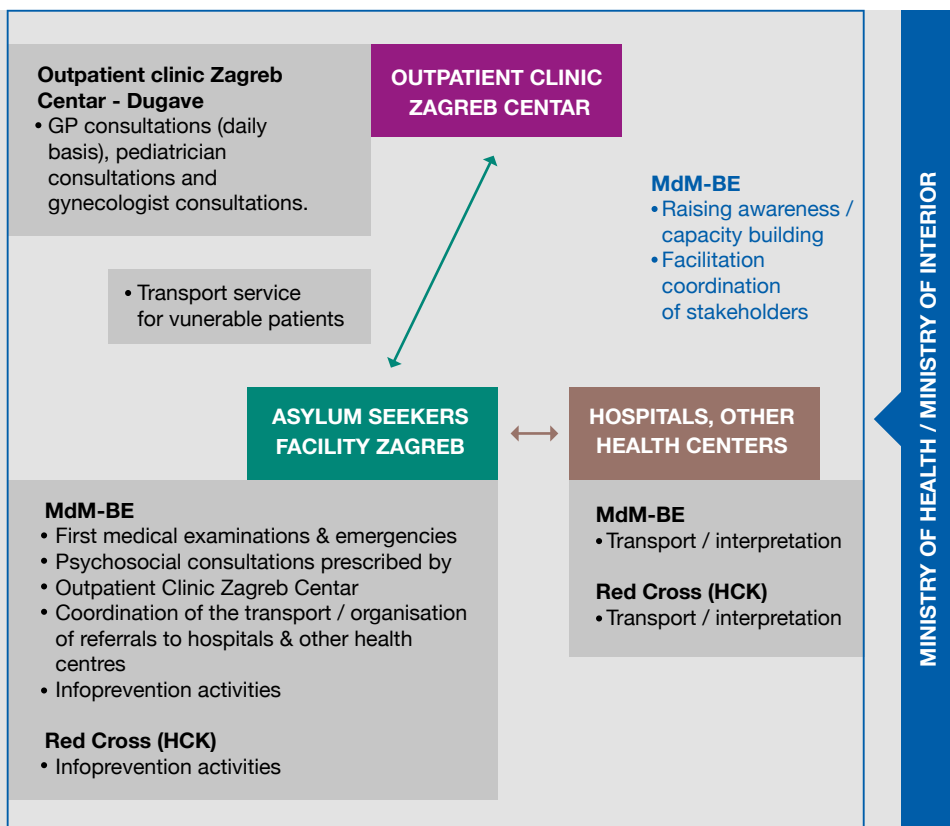
Regarding these changes, the transit dimension of asylum seekers' flow for the last year and half posed additional challenges, and so did the observed physical and psychological exhaustion of applicants for international protection, who arrived from poor living conditions of temporary reception camps in Bosnia and Herzegovina.

Considering this particularly problematic new situation and unsustainable pressure on MdM-BELGIQUE's team, the organisation decided to work on adjustment of new intervention model, mainly based on larger cooperation with the Outpatient clinic "Dom zdravlje Zagreb Centar - Dugave". In this new set-up (validated by the Ministry of Health in January 2020):

- MdM-BELGIQUE is in charge of the obligatory initial examinations (triage), mental health care and takes the role of the health facilitator (interpretation for outpatient clinic GP/specialists, organisation of referral and transport services).
- Outpatient clinic "Dom zdravlje Zagreb Centar - Dugave" is in charge of GP/specialist consultations - gynaecologist/paediatrician consultations.

This new intervention model is more balanced, promoting public cooperation with NGO sector for provision of a joint response, ensuring improved access to public healthcare for asylum seekers in the country.

The CoVid-19 crisis also poses a separate and completely new challenge for our team, which requires flexibility and adjustment of the living and working conditions in the shelter according to the recommended preventive epidemiological measures. The improvised quarantine area in the facility in Zagreb currently houses approximately 120 beneficiaries, for whom a daily medical check-up, screening and delivery of medicines when necessary must be organised. This working model needs to be constantly adjusted to the changing conditions in the facility and is systematically revised with regard to epidemiological measures and recommendations. However, long-term exposure of staff to a significantly increased workload in the facility that is not adequately equipped and does not have enough staff to organize an effective quarantine area causes high levels of stress and a sense of disproportionate responsibility among our employees. Organizing a quarantine area under the management of the National Civil Protection Headquarters intended for applicants for international protection, while our team implements other protective and preventive measures in the shelter, might be the only sustainable solution.



RECOMMENDATIONS



© Renato Pejković

At the national level (Croatia)

- In terms of rights, asylum seekers in Croatia are still largely disadvantaged by the Law compared to persons who were granted international protection or Croatian citizens. This is especially the case regarding access to healthcare, where access to public healthcare for asylum seekers/applicants for international protection in Croatia is still limited by the Law. According to Article 57 of the “Law on International and Temporary Protection” which entered into force on July 02, 2015, applicants for international protection have free-of-charge access only to “emergency medical assistance and necessary treatment of illnesses and serious mental disorders”. MDM-BELGIQUE considers that **asylum seekers should have the right to full access to the healthcare system in Croatia, equal to the rights enjoyed by Croatian citizens.**
- In Reception centre for asylum seekers in Croatia, women and girls are still facing lack of specialist care from paediatrician/gynaecologist specialists, since possibilities of referral to local patient clinic is quite limited. MDM-BELGIQUE considers that **there should not be any restrictions regarding the number of specialist visits available to (pregnant) women/children asylum seekers.**

- **It is necessary to sign an official contract with a psychiatric hospital which will, without exception, be responsible for psychiatric care and hospitalisation of people with severe mental health disorders, and provide systematic and adequate care for a small population of asylum seekers with the problem of addiction to psychoactive substances.**
- Health needs of asylum seekers represent invisible emergencies that can easily be treated before they escalate into irreversible complications. The existence of the continuous, multidisciplinary, individualised, and linguistically adapted health monitoring and care within the AS facilities proved to have a positive impact both on asylum seekers and local community. Consequently, **provision of onsite, combined and integrated physical and mental health care to asylum seekers in Croatia should be maintained.**
- The know-how of MDM-BELGIQUE staff on the specificities of health care provision to asylum seekers should be shared with other health care workers in Croatia (potentially in partnership with universities).
- **Access to work authorisations and visa should be facilitated for asylum seekers and foreigners with language skills and health care professionals** - since there is a general shortage of staff with such skills/experience in the country. Applicants for international protection should be able to get the work permit faster (after three months of residence in Croatia).
- **Capacity building of the staff working in asylum seekers facility should be continuously conducted, and their mental health should be taken into account** (directly and largely exposed to stress, witnessing of human suffering and crisis events).
- It is necessary to work on a clearer, continuous and linguistically/culturally adapted system of informing the asylum seekers about their rights, obligations and available services during their stay in asylum seekers' facilities.
- Shortening and unification of the administrative process regarding the international protection decision making and educating the involved staff about the fundamental concepts of trauma-informed approach need to be considered. **Furthermore, the possibility of involving mental health professionals in the international protection seekers' interviewing process needs to be considered.**

At the EU level

- The global system, the criteria for selection and the consequences of the transfer under the Dublin III Regulation need to be reviewed, bearing in mind the length of stay in the first country of reception in the EU, and the impact of transfers on the physical and mental health and the well-being of asylum seekers.
- The EU migration policy, increasing legal pathways and harmonising asylum policy need to be reviewed.

© European Union



Médecins du Monde ASBL - Dokters van de Wereld VZW (MDM-BELGIQUE)

This publication is part of the project "4P - Prevencija bolesti, Psihološka podrška, Pristup i Pomoć u zdravstvenoj skrbi za tražitelje međunarodne zaštite" funded by the European Union's Asylum, Migration and Integration Fund and Government of Croatia