

*Review Article*

## **Migrant Outbreak- A Public Health Treat That Needs Immediate Response and Shared Responsibility**

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### **ABSTRACT**

The number of refugees and migrants entering south European states is increasing, driven by the wars in Syria and Iraq, as well as conflict and instability in Afghanistan, Eritrea and elsewhere. EU states without external borders need to accept far larger numbers of refugees who landed in the southern European member states and should be treated in a responsible and dignified manner. Many factors affect the process of migration and migrants' mortality and morbidity rates. The need for accessible health services is more than obvious.

People will continue to move between countries and continents, irrespective of laws and patrol boats, of oceans and deadly perils. It is necessary to create appropriate structures accessible to refugees and societies that accommodate people's free movement and share resources more fairly, based on universal rights and duties. This can only be achieved if all European countries share responsibility for integrating migrants in their societies. Cross-border collaborations can face multiple logistical barriers, and developing solutions requires the commitment of many actors.

**Key words:** migrants, asylum seekers, migration policy, integration, public health.

### **INTRODUCTION**

The number of refugees and migrants entering European states is increasing, driven by the wars in Syria and Iraq, as well as conflict and instability in Afghanistan, Eritrea and elsewhere. In 2014 in 38 European countries there were 264,000 asylum applications (24% more than in 2013), out of which 216,300 were made in the European Union (EU) Member States. The most attractive EU countries for asylum seekers are Germany, France, Sweden, Italy and the United Kingdom. Russian Federation registered an additional 168,000

people seeking protection from conflict in Ukraine; and Turkey has received more than half a million asylum-seekers and refugees from Syria, Iraq and other countries. Since 2013, the numbers of refugees and migrants crossing the Mediterranean has increased significantly. In the first seven months of 2014, over 87,000 people arrived in Italy by sea, with the two largest groups coming from Eritrea and Syria. Increases in arrivals have also been recorded in Greece and Spain. <sup>(1)</sup> (See Figure 1) Despite the crisis in Greece, the population and workforce kept growing with more immigrants and asylum

seekers, as Greece becomes one of Europe's major countries of transit and destination. In 2013 number of foreign born population in Greece increased to 1 235 426 or 11, 2% of the total population in the country (European Union average is 10,1%).<sup>(2)</sup> More than 1600 refugees drowned in the Mediterranean between January and April 2015, according to UNHCR estimates.<sup>(3)</sup> Migrants arriving on European Union territory should be treated in a responsible and dignified manner and the need for accessible health services is more than obvious.<sup>(4)</sup>

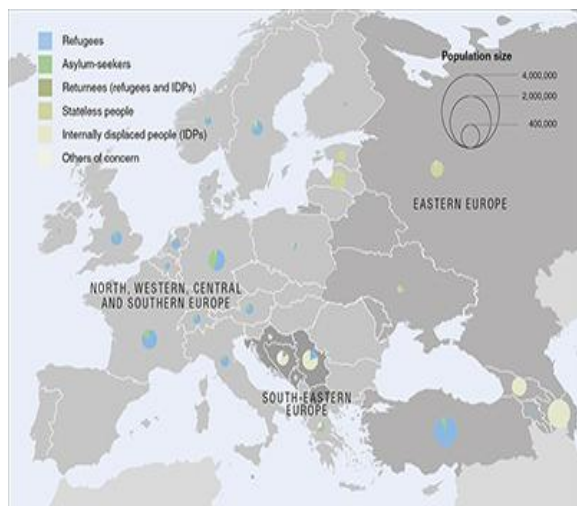


Figure: 1 2015 UNHCR regional operations profile - Europe  
Source: UNHCR 2015<sup>(1)</sup>

The main goal of this paper is to present the current situation with migrants and migration integration policy in Republic of Macedonia as a response to this public health problem and treat.

**Public healths treat:** Migration exposes people to vulnerable situations and health risks related to discrimination, loss of status and abusive working conditions in the host countries. Migrants' health is complex, related to different determinants such as: lifestyle/ behavior, biological/genetic factors, environmental factors (physical, economical, social and cultural) and the availability, accessibility and quality of health care. It has been documented that the

disease patterns of migrants are influenced by the environments of the source and destination countries and by the process of immigration itself. Thus many factors affect the process of migration and migrants' mortality and morbidity rates.<sup>(5)</sup>

The reduced access to health care and the health consequences for migrants have been documented. The main barriers to health care for some mobile groups are caused by the considerable variation of national regulations, laws and policies which regulate the entitlements to health services for refugees, asylum seekers and undocumented migrants in EU Member States.<sup>(6)</sup> Specifically, for undocumented migrants, current regulations and legislations in EU Member States do not guarantee access to health care and tend to become more restrictive.<sup>(7)</sup>

Other barriers refer to language, cultural differences in concepts of health and disease, and the expression of symptoms and to the recognition of the need to seek treatment and the presence of racism. In many cases migrants and refugees when referring to health concerns involve cultural factors that make them hesitant to seek health care. It is evident that problems arise primarily from difficulties of adapting to a new climate when confronting health problems and dealing with health professionals. Cultural competence needs to be developed in relation to social and health care.<sup>(8)</sup> Health systems need to be supported to respond both to their immediate health needs due to problems arising from exposure and injury as well as ensuring access to health services in the long term particularly to psychological support services.<sup>(9)</sup>

People will continue to move between countries and continents, irrespective of laws and patrol boats, of oceans and deadly perils. So there is a need to create appropriate structures accessible to refugees and societies that accommodate

people's free movement and share resources more fairly, based on universal rights and duties. <sup>(10)</sup> This can only be achieved if all European countries share responsibility for integrating migrants in their societies. <sup>(11)</sup> Cross-border collaborations can face multiple logistical barriers, and developing solutions requires the commitment of many actors.

**Migration situation:** The immigration process in Republic of Macedonia is quite different and that pushed the government to action by implementing new policies. Concerning immigrants coming from other countries, there have been evident changes in the scope and type of such flows that have been taking place in the Republic of Macedonia during the transition period after the break-up of Socialistic Federative Republic of Yugoslavia. With the expansion of the European Union into South East Europe, there has been a notable growth of transit and illegal migration in the Republic of Macedonia. Given the geographic position of the country, there is a high likelihood of further growth of such migratory developments.

Largely a country of emigration, Macedonia has slowly started to become a country of transit and permanent immigration, Macedonia experienced several refugee crises, during which

continuously expressed readiness to provide care and environment where refugee rights are fully accessible and respected. Macedonia attracts immigrants mainly from Turkey, Albania and Kosovo, but also more recently people from Afghanistan and Pakistan, as well as Syrian refugees. At the end of 2012, there were around 2,700 persons of concern; 1,100 of these persons were forcibly displaced from neighboring Kosovo and 638 were asylum-seekers from countries outside of the region. The remaining 905 are persons of undetermined nationality at risk of becoming stateless. New asylum-seekers are mainly from Afghanistan, Pakistan and Somalia, as well as Algeria and Syria in 2013. A small number of asylum-seekers also come from other countries such as, Eritrea, the Occupied Palestinian Territory, Georgia, Iran, Iraq, India, Libya, Morocco, Nepal, Sudan, Sri Lanka, the Russian Federation and Tunisia. Most of these asylum-seekers entered Macedonia through Greece as part of the rising flow of mixed migration en route to the EU. Most asylum-seekers are single men (90%) between the ages of 18 and 35. There continues to be a trend of spontaneous departures before final determination of asylum claims, including some 55 unaccompanied minors registered throughout 2012, mostly boys. <sup>(12)</sup>

**Table 1: Indicators for harmonized integration migration for Republic of Macedonia**

<i>Residing in Republic of Macedonia</i>		<i>Originating from Republic of Macedonia</i>	
Refugees	955	Refugees	1,759
Asylum Seekers	1,431	Asylum Seekers	6,410
Returned Refugees	0	Returned Refugees	0
Internally Displaced Persons (IDPs)	0	Internally Displaced Persons (IDPs)	0
Returned IDPs	0	Returned IDPs	0
Stateless Persons	734		
Various	0	Various	0
Total Population of Concern	3,120	Total Population of Concern	8,169
		As at July 2014	

Source: UNHCR 2015 <sup>(15)</sup>

The increasing trend in Macedonia continued in 2013 with 3 991 immigrants and net migration +2 950 (higher than in 2012 +2 372), <sup>(13)</sup> Immigration flow is 3,787,

three largest countries of origin are Turkey, Albania, Kosovo, foreign-born population is 139,751 or 6.6% of the total population, 58.4% of them are women. There were

1,069 refugees, residing in the Republic of Macedonia. <sup>(14)</sup> Indicators for harmonized migration in Macedonia in 2014 are presented in table 1. <sup>(15)</sup> The situation is worse in 2015 when thousands of transit migrants illegally are crossing the borders, coming from Greece and going to Serbia.

**Migration integration policy:** Continuous cooperation with national and international institutions, especially with the UN Refugee Agency, contributed to establishing integration policies that incorporate respect for cultural and social differences, human rights and respect for human dignity. In 2008, the government adopted the first national migration policy and national strategy on integration of refugees and foreigners 2008-2015, <sup>(16)</sup> providing a national policy framework to implement an integration process targeting recognized refugees and persons under humanitarian/subsidiary protection and other vulnerable categories. In 2009, the National Plan of Action (NAP) <sup>(17)</sup> was adopted by the Government outlining the activities for integration of refugees and foreigners within six-core components, as per the strategy. These policy and operational documents specify activities across sectors relevant to support the refugee integration.

Macedonia has ratified the main ILO and UN conventions but has not yet signed the UN International Convention on the Protection of the Rights of All Migrant Workers and Members of their Families, the Council of Europe Convention on the Legal Status of Migrant Workers, and the Convention on the Participation of Foreigners in Public Life at Local Level.

The country's policies for societal integration are just below the European average and slightly better than other countries in the region, such as Serbia, Bosnia and Herzegovina, Croatia and Bulgaria. The country's anti-discrimination legislation could contribute the most to the

integration of future immigrants, as in other countries with similar laws in Central and Eastern Europe. Victims of discrimination have access to slightly favourable enforcement mechanisms and a relatively strong equality body. Common across the region, the discretionary powers of the authorities hamper the procedures for family reunion, long-term residence and naturalisation. Immigrants must also endure one of the longest waiting periods to be eligible for naturalisation. Beyond the law and their legal status, immigrants lack targeted state support to find the right job, improve the education of their children or benefit from consultative bodies, enabling their voice to be heard in political debates. <sup>(18)</sup>

While the number of asylum-seekers in South-Eastern Europe continues to rise, most national asylum systems in the subregion do not meet international standards. The majority of new asylum-seekers are Syrian, with Serbia receiving by far the largest percentage of those seeking international protection in the subregion, coming illegally from Greece through Macedonia. Thousands of migrants illegally are coming from Greece in Macedonia and continue transit through Serbia to final destination in rich EU countries. However, many asylum-seekers and refugees move on before their international protection needs have been assessed. Such movements are prompted in part by: difficulties in applying for asylum, for example at borders; inadequate or insufficient reception conditions; low recognition rates; or a lack of local integration prospects. <sup>(1)</sup>

There are differences in migration integration policy between countries in Europe. Attention to migrants' health needs is fairly recent in integration policies. On one end, health systems are usually more 'migrant-friendly' in countries with a strong commitment to equal rights and

opportunities. On the other end, health systems are rarely inclusive or responsive in countries with restrictive integration policies, such as in most of Central and Southeast Europe. Targeted migrant health policies are usually stronger and services more responsive in countries with greater wealth, more immigrants and tax-based as opposed to insurance-based health systems. Most Southeast European countries offer migrants legal entitlements to healthcare, but make little effort to adapt services to their needs.

EU states without external borders need to accept far larger numbers of refugees who landed in the southern European member states. They need to move from sovereignty to solidarity to meet the challenges of interdependency. <sup>(19)</sup> The current ten point action plan of the European Commission, however, merely “securitizes” the emergency governance response <sup>(20)</sup> and a short-sighted approach which has proven as trap in other global health contexts. <sup>(21)</sup> The integration of migrants into their host societies promotes equal opportunities for migrants and nationals, <sup>(22)</sup> thereby fostering economic development in countries of origin and destination. <sup>(23)</sup> Underlying causes of refugee movements need to be tackled. EU states need to implement their Global Health Strategies which often exist mainly on paper. <sup>(24)</sup>

**Health policy and migrant health:** Health care is a constitutionally-guaranteed universal right for citizens in Republic of Macedonia <sup>(25,26)</sup> and is financed by compulsory health insurance and from the central budget through Ministry of Health (MOH) vertical programs. Compulsory health insurance is based on solidarity, equity and equality providing universal coverage with basic benefit package (horizontal and vertical equity) and defined by Health Insurance Law (HIL). <sup>(27)</sup>

Compulsory health insurance payroll contributions from the salaries are paid to the Health insurance fund for a defined package of benefits (HIL). In principle, these benefits may be supplemented with private insurance, but this practice is still limited. Risk sharing system is equitable but access to this system is unequal.

Foreigners (or legal migrants) in Macedonia are covered by the same risk-sharing system for health care but are subjected to additional requirements such permission to stay, paid employment. Entitlement to health services including right to health insurance is regulated with Law on Foreigners <sup>(28)</sup> and with the Health Insurance Law. Systematic use of out-of-pocket payments exists for all. Migrants with access to compulsory health insurance are obliged to pay co-payments at the same level as nationals.

Health care of asylum seekers is regulated with Law on Asylum and Temporary Protection (LATP). <sup>(29)</sup> and with Health Insurance Law compulsory health insurance with right to basic benefit package, covers asylum granted persons, under subsidiary protection and asylum seekers. Ministry of labour and Social Policy covers the costs of health services at the point of use.

Undocumented migrants have no access to the same system as nationals; they have private insurance or payment of full costs of the services. Emergency care in life threatening situations should be provided without patient documentation. Migrants that entered the country illegally are transferred to the Transition centre of the Ministry of Interior (MOI) in Gazi Baba (Skopje) where health services are organized in collaboration with Red Cross. The costs for health services during their stay at this centre are paid by Government through MOI. If they seek asylum they become asylum seekers and are being transferred to



asylum Reception Center in Visbegovo, Skopje, where have the same entitlements to health care as asylum seekers. The sanitary conditions and health care provisions, including psychosocial support in these centers, are poor, posing a threat to the health of migrants which number is growing.

Although the law may grant migrants certain entitlements to healthcare coverage, administrative procedures (e.g. requirements for documentation or discretionary decisions) often prevent them from exercising these rights in Macedonia. The complexity, bureaucracy and delays characterizing immigration procedures, combined with the extent of informal employment, are the major obstacles to immigrants' access to care in Macedonia, as a large share remains uninsured. The precarious socio-economic condition of many also gravely restricts their access to health care services, mainly to specialized services and secondary care.

The state of health of migrants and minorities remains gravely under researched, reflecting the novelty of immigration and the lack of reliable, routinely collected data. The few epidemiologic studies, on migrant and ethnic minority health, focus on infectious diseases. Results of these studies<sup>(30)</sup> indicate a statistically significant upward trend over time of the proportion of immigrants among the total number of TB patients. With regards to HIV, indicate an increasing trend of HIV-seropositive migrants in Greece during recent years.<sup>(31)</sup> Studies on the mental health of migrants have focused on psychosocial adaptation and psychiatric morbidity among repatriated Greeks, especially adolescents.<sup>(32)</sup>

Currently the few studies available in Macedonia can only provide indications of minorities' mostly Roma health problems

and not an accurate picture of the state of health of migrants.<sup>(33-35)</sup>

Effective health care delivery to migrant and minority groups is compromised by the absence of cultural sensitive services such as interpreters, cultural mediators, health and social care professionals trained on multicultural approaches. Communication barriers seem to be important, not only regarding access to health as such, but mostly in respect to information, negotiation and communication with health care administrators and providers. In Macedonia there are only Roma mediators. Migrants are not involved in information provision, service design and delivery.

Health services are not adapted to the needs of migrants and are not responsive to diverse cultures. Staff is not prepared for migrants' specific needs. Standards or guidelines that require health services to be competent in intercultural communication and take in account diversity of patients such individual and family characteristics, experiences and situation, respect for different beliefs, religion, culture are not in place. There is a need to invest more, and sooner, in the health care, language and vocational training of refugees-there is no societal benefit in denying these rights.<sup>(36)</sup>

Routine data collection on health in Macedonia does not include information about migrant status and country of origin. There is a need for research and data to address migrants' specific health needs. This includes building the infrastructure to improve collection of routine health data on migrants and asylum seekers; such data are not available (or only in a highly aggregated format) in most EU member states. In the absence of reliable data, the full extent of human suffering and health tragedies remains invisible. Public health professionals also need to develop strategies to address health threats and health care

needs of refugees across the continuum of peri- and post-migration phases. This includes effective protection from infectious diseases, access to comprehensive primary care particularly for vulnerable groups with mental and maternal health needs, and last but not least decent coverage of existential human needs.

## CONCLUSION

The Government adopted national legal framework and strategic documents on integration and established institutional framework creating conditions to start new development processes and transfer from provision of basic emergency/humanitarian assistance to the provision of assistance supporting self-reliance and sustainability. Taking into consideration that the integration strategies and policies are relatively new in Macedonia, along with the fact that such strategies are also subject to constant upgrade at the level of EU due to their wide socioeconomic impact and related migration developments, the responsible institutions must be constantly up-to-date and thus enabled to transfer policies into timely-targeted activities and results.

In general, measures regarding immigrants' healthcare and broader welfare issues remain closely tied to the general framework of immigration policy. Thus any initiatives addressing migrants' access to and accessibility of care would not alone be enough. There is a need for a coherent migration policy to address the status of undocumented immigrants and rejected asylum seekers, as well as a series of conflicting issues, including labour market regulation to reduce the number of uninsured migrants.

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