

4.14.4.5. Health care

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The COVID-19 pandemic spurred interest in reviewing overall access to health care in many countries. Following up on a report from 2018, the National Audit Office of the Danish Parliament issued a new note on the treatment of trauma suffered by refugees. The note summarises the improvements since 2018 but still found important gaps. For example, about one-third of newly-arrived applicants in the municipalities are assessed not to need a medical examination upon arrival, while another one-third are not even assessed for an examination. When recognised beneficiaries make the transition from a reception facility to a municipality, information on their health situation is not transferred due to a lack of consent, hindering adequate medical follow up.[1232](#) The Danish Refugee Council published recommendations to improve the identification and treatment of trauma.[1233](#)

The French authority responsible for public health published a report on the health situation of migrants with vulnerabilities, including refugees. The report observes that the health of newly-arrived asylum applicants is typically better compared to citizens in the host country, but it can quickly deteriorate due to difficulties in accessing health care and discrimination.[1234](#)

Amendments to the Health Insurance Act came into force in Slovakia, which will facilitate the financing process for health care costs for beneficiaries of subsidiary protection.

The Fundación Cepaim appreciated that beneficiaries of international protection can readily access the Spanish health care system, but observed instances of difficulties in accessing certain medical treatments, namely medicines that are not covered by the reception programme or the health care system, where costs must be borne by the beneficiary.[1235](#)

MPI Europe published a report on health care and integration of migrants and highlighted that migrants and refugees were at disproportionately higher risk of infection and severe disease during the COVID-19 pandemic. Still, the report concludes that increased awareness about the connection between health and integration could be a catalyst for more inclusive services instead of an accelerator for inequalities.[1236](#) A report from the RESPOND project focuses on Yazidi ethnics recovering from trauma and recommends different therapeutic approaches in host countries, like Germany and the Netherlands.[1237](#)

[1232](#) European Website on Integration. (2021, March 10). National Audit Office criticises refugee trauma information. https://ec.europa.eu/migrant-integration/library-document/national-audit-office-criticises-refugee-trauma-information_en

[1233](#) European Website on Integration. (2021, March 15). Denmark: Better recognition of refugee trauma is needed. https://ec.europa.eu/migrant-integration/news/denmark-better-recognition-refugee-trauma-needed_en

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[1235](#) Convive - Fundación Cepaim. (2022). Input to the Asylum Report 2022. https://euaa.europa.eu/sites/default/files/2022-03/convive_fundacion_cepaim.pdf

[1236](#) Migration Policy Institute. (September 2021). Healing the Gap: Building inclusive public-health and migrant integration systems in Europe. https://www.migrationpolicy.org/sites/default/files/publications/mpie-integration-futures-health_final.pdf

[1237](#) Gellersen, H. M., Shende, J. P., Davies, I. S., & Ralph, a. (2021, March 31). Trauma recovery for Yazidis after the 2014 ISIS genocide: international approaches and policy recommendations. Working Paper Series 5. RESPOND Project. <https://respondmigration.com/wp-blog/trauma-recovery-for-yazidis-after-2014-isis-genocide-intl-approaches-policy-recommendations>