4.14.4.4. Health

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Following a peak in reviewing access to health care in many countries, which was prompted by the COVID-19 pandemic, in 2022 many initiatives focused on facilitating access to health care for persons fleeing the war in Ukraine,1243 but fewer initiatives were captured specifically for beneficiaries of international protection.

In May 2022, the organisation CEAR and the Fundación Sanitas signed an agreement to provide comprehensive health assistance to refugees in Spain. The project will provide mental health care, dental assistance and support for emotional well-being to more than 75 refugees.1244

An AMIF-funded project in Italy aims to develop a training curriculum for cultural mediators in the health sector.1245

The Finnish Institute for Health and Welfare produced a multilingual video series on mental health for beneficiaries of international protection. Beneficiaries themselves were included in the development of the material and they also appear in the video *(see Section 4.9)*.1246

The civil society organisation Are You Syrious drafted a handbook on accessing health care for beneficiaries of international protection in Croatia. The publication explains the legal framework and provides recommendations for practitioners in treating beneficiaries.1247

In Greece, a Ministerial Decision that came into effect in March 2022 provided that the prescription of medicine, therapeutic operations and diagnostic examinations for patients without health insurance will be possible only by doctors of public hospitals and primary health care structures and not private doctors. According to the Greek Council of Refugees, this affected the vast majority of beneficiaries of international protection, since most of them do not have health insurance and will therefore no longer be able to visit private doctors.1248

'I have rights', an NGO from Greece, applied for interim measures to the ECtHR concerning the cases of two people with Hepatitis B, who were denied urgent medical care for months in Samos.

The interim measures were granted and the beneficiaries of international protection were transferred to the mainland for their medical treatment.[1249]

Following the lifting of free interpretation in the health care sector in 2018, researchers from the University of Copenhagen interviewed general practitioners on the experiences with consultations with non-Danish speaking foreigners – many of them being beneficiaries of international protection. The study concluded that this policy led to a lack of understanding between doctors and patients, risked inadequate treatment and created an inequality in accessing knowledge.[1250]

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