

## CASE STUDY

# Refugee and migrant health – improving access to health care for people in between

Zsofia Pusztai<sup>1</sup>, Ivan Zivanov<sup>1</sup>, Santino Severoni<sup>2</sup>, Soorej Jose Puthoopparambil<sup>2</sup>, Helena Vuksanovic<sup>1</sup>, Sanja Gajica Stojkovic<sup>1</sup>, Violeta Egic<sup>1</sup>

<sup>1</sup> World Health Organization Country Office in Serbia, Belgrade, Serbia

<sup>2</sup> World Health Organization Regional Office for Europe, Copenhagen, Denmark

Corresponding author: Ivan Zivanov (email: zivanovi@who.int)

## ABSTRACT

Since 2015, Serbia has been a central waypoint along the western Balkans migration route. After the closure of the humanitarian corridor in March 2016, thousands remained trapped in Serbia reluctant to seek asylum, as this would undermine their chances of finding protection in one of the EU Member States. The WHO Country Office for Serbia needed to address the challenges involved in providing health services to persons with an often unregulated legal status and in the context of limited financial and human resources of the national health system. Further difficulties included unmet hygienic, sanitary and health needs of persons voluntarily staying outside state shelters, and the cultural and language barriers preventing provision of health care.

In line with the Strategy and action plan for refugee and migrant health laid down in the WHO European Region and resolution EUR/RC66/R6 of the WHO Regional Committee for Europe, the intervention by the WHO Country Office for Serbia was focused on a coordination role supporting the establishment of a national coordination mechanism for health services which included all state actors as well as NGOs. Thus, the services provided by nongovernmental actors were included in the national public health system with the existing referral system. In parallel, development of Migrant Health Information System was supported, providing a surveillance and monitoring mechanism while further resources were mobilized through the United Nations and partners development framework to support public health services and capacities.

**Keywords:** REFUGEES, MIGRANTS, STRATEGY AND ACTION PLAN FOR REFUGEE AND MIGRANT HEALTH IN THE WHO EUROPEAN REGION, PUBLIC HEALTH SYSTEM

## INTRODUCTION

In 2015 and in the first quarter of 2016, more than 920 000 refugees and migrants - primarily from Syria, Afghanistan and Iraq - passed through Serbia on their way to Central Europe (1). Although this was an unprecedented number, people were passing through the country quickly and the health system's response was mostly limited to emergency care. The situation changed after the closure of the western Balkans migration route in March 2016, with nearly 8 000 people becoming stranded in the country and often reluctant to initiate a registration and asylum-seeking procedure (2). This number gradually reduced to approximately 4 000 in 2018 (3). The country's health care system needed to respond to new challenges:

- a. It became imperative to address a humanitarian crisis that erupted as a result of people fleeing violence and persecution.

Provision of health care services relied on NGO work and donor support focused on NGOs. Those who stayed in the country longer also needed comprehensive care that was available only within the national health system, which resulted in a need for coordination and incorporation of NGO-established care into the national health system framework.

- b. A 2013 piece of legislation that reduced new employment in state institutions, including health care providers such as primary health care centres and hospitals, set further limits to the provision of care not only for refugees and migrants but also for the host population.<sup>1</sup>

<sup>1</sup> As a budget-saving measure, the 2013 Budget System Law prohibited new employment in the public sector without approval from the government ("Sl. glasnik RS", br. 62/2013). This made it difficult for local health care centres to allocate additional professionals in the event of increased population on their territory.

- c. A significant number of persons staying in informal shelters in Belgrade and near the border, without access to sanitation and hygiene, was under constant risk of communicable diseases, harsh weather conditions, violence and exploitation.
- d. Inability to communicate with patients in languages they understand was a serious hindrance in the provision of adequate care, especially evident in the area of mental health support, which remains one of the biggest challenges even today.

## INTERVENTION

In order to address the abovementioned challenges, the WHO Country Office in Serbia supported the Ministry of Health and Health System in Serbia in developing and implementing various interventions.

The recently adopted Strategy and action plan for refugee and migrant health in the WHO European Region (4) provided a framework for prioritizing and implementing the interventions. The Strategy and action plan defines strategic areas and priority actions to address the public health and health system challenges related to migration. They follow the spirit of the 2030 Agenda for Sustainable Development, Health 2020 – the European policy framework for health and well-being, and World Health Assembly resolution WHA61.17 on health of migrants.

The interventions by the WHO Country Office for Serbia covered all the strategic areas (SA) set by the Strategy and action plan.

*SA 1: Establishing a framework for collaborative action.* In June 2015, an Interministerial Working Group on Mixed Migration Flow was established by the Government of Serbia to coordinate the response of all state sectors to the refugee crisis. It is an overarching body that sets the Government strategy. Specific working groups were also appointed for each sector. WHO supported the Ministry of Health in developing a national coordination mechanism for health services in which all stakeholders regularly take part – state-funded health care providers and public health institutes, NGOs and international organizations. WHO supported this mechanism with advocacy functions and through co-chairing the work. As a consequence of this process and in order to bind health services provided by NGOs and financed by foreign donors and multilateral partners with the state health system, the Ministry of Health implemented a mechanism whereby NGOs hire staff through contracts with local primary health care centres. This is considered a transitional measure put in place until primary health care centres are able to take over the provision of services without financial and

human resource support from NGOs. Cooperation protocols were signed between each NGO and local primary health care centres. Thus, even though services are managed and financed by NGOs, medical teams are considered part of the primary health care system and NGO doctors can refer patients to other primary or secondary care services. At the same time, primary health care centres were authorised to provide services to an increased population without additional employment.

*SA 2: Advocating for the right to health of refugees, asylum-seekers and migrants.* At the moment medical services are provided to refugees and migrants regardless of their registration status, but this is not supported in current legislation under which health care costs may be covered from the national budget only for those who have been granted asylum. In the Assessment Report presented in November 2017, WHO recommended legislative changes under which the country's universal coverage scheme would include refugees and migrants who request asylum or are granted a temporary stay arrangement in Serbia on a humanitarian basis (without a request for asylum).

The United Nations country team in Serbia has successfully mobilized resources from the European Delegation to Serbia for the support of migrant health and particularly assistance to the national and local health care systems to strengthen their capacities in responding to refugee and migrant rights and needs, but also to improve access to care for the local population.<sup>2</sup> The set of measures being implemented in the years 2017–2019 includes procurement of equipment and improvement of infrastructure of medical facilities in migrant-recipient municipalities, development of technical guidance and contingency plans, trainings for health professionals and public health specialists, training for cultural mediators with a refugee and migrant background and their work in health awareness-raising activities for refugees, migrants and the host population. These activities will prepare the health system to fully take over the provision of services to refugee and migrant populations in the near future.

*SA 3: Addressing the social determinants of health.* At the peak of the refugee crisis, the WHO Regional Office for Europe performed 10 country assessments to analyse the health system and broader social protection capacity to manage sudden, large influxes of refugees and migrants. The assessment for Serbia was performed in June 2015 (5) and the results with recommendations were taken forward. In October 2017, a follow-up assessment was conducted

<sup>2</sup> In June 2017, four UN agencies: UNDP as a lead and WHO, UNOPS and IOM, were granted implementation of the two-year Project for support to health, communal and social services in Serbian municipalities hosting migrants and refugees, in total EUR 3 997 865.

and its results were discussed with key national, international and local stakeholders in November of that year.<sup>3</sup> Following these recommendations, an NGO-based care model for refugees and migrants was incorporated into the national health system. In 2016, a total of 180 987 services (medical procedures) were provided to refugees and migrants, of which 96 314 were provided by NGOs as part of the national health system and 45 421 were provided by NGOs outside the state system but reported to the Institute of Public Health of Serbia (6).<sup>4</sup> The same cooperation model is used in the area of child protection. In 2016, NGOs supported by UNICEF provided services in child friendly spaces in refugee centres to 38 513 children receiving psychosocial support through recreational and educational activities, while 6 690 children under two years of age and 4 821 mothers benefited from counselling and support on infant and young child feeding in mother-baby spaces (7). Compared to the situation in 2016, when thousands of people were staying in irregular shelters with little or no access to sanitation, hygiene and safety, thanks to the coordinated efforts of governmental bodies, NGOs and international organizations, now approximately 90% of refugees and migrants are accommodated in state shelters with adequate access to water, sanitation and hygiene and protection services, even though some centres continue to face challenges such as overcrowding.<sup>5</sup>

*SA 4: Achieving public health preparedness and ensuring an effective response.* Based on the joint assessment of the Serbian health system's capacity to manage large influxes of refugees and migrants, WHO is currently supporting the development of three local contingency plans for the border regions located along the migrant route. These contingency plans will use the *WHO Toolkit on assessing health system capacity to manage large influxes of refugees, asylum-seekers and migrants* (8) and will be adopted by the end of 2018. They will help improve health authorities and local governments' capacity to timely and adequately respond in case of new waves of arrivals.

*SA 5: Strengthening health systems and their resilience.* WHO identified access to and provision of mental health services and psychosocial support and communicable disease prevention as two areas that need special attention. In collaboration with national institutions, WHO is drafting two sets of technical guidance to address these areas. Additionally, WHO is

developing a training programme for health care professionals in state institutions, which will improve their capacity to work with patients with a refugee and migrant background as well as with vulnerable local populations.

*SA 6: Preventing communicable diseases.* Dire living conditions in informal shelters and during the journey caused a body lice outbreak in October 2016. WHO responded rapidly and developed a set of communication materials for refugees, migrants, health professionals and refugee centre staff, aiming to provide relevant information and prevent further spread of the outbreak. The materials were printed in six languages. Six thousand copies of leaflets and materials for medical staff were made available in all medical admission rooms in refugee centres and to medical teams working with migrants in informal shelters. At the beginning of the outbreak, on average 1 000 cases were being detected and treated per month, while in December 2017, the number of cases decreased to 67. In total, 11 077 cases of body lice were detected since the beginning of the outbreak. Based on the data provided by the Migrant Health Information System, WHO was producing weekly updates on the situation in refugee centres and informal locations during the outbreak, assisting the United Nations country team in providing direct support for Water and Sanitation for Health needs and in advocating for voluntary admission of refugees and migrants to state shelters.

*SA 7: Preventing and reducing the risks posed by noncommunicable diseases.* The stress and uncertainty of the refugee and migrant condition in general and the specific challenges of being stranded in Serbia in particular triggered a heightened number of mental disorders and conditions that need to be addressed in a culturally sensitive way.<sup>6</sup> Together with national mental health experts, state institutions and NGOs and in addition to developing WHO European Region guidance for mental health, WHO is supporting the development of national guidance for this area. It will be finalized in the first half of 2018 and provide basic principles for the provision of services, a description of minimum and adequate mental health and psychosocial support services that must be made available to refugees and migrants in reception and asylum centres, as well as links between various state actors that need to be involved with an established coordination mechanism and task force for mental health.

<sup>3</sup> A follow-up assessment report will be published in the first half of 2018.

<sup>4</sup> We are presenting only the 2016 data as the 2017 report has not yet been released.

<sup>5</sup> According to UNHCR reports, in December 2016, 1 400 persons were staying in irregular shelters. By March 2018, their number went down to 250. (Source: <https://data2.unhcr.org/en/documents/download/52758>; <https://data2.unhcr.org/en/documents/download/62372>)

<sup>6</sup> As an illustration of these needs, in October 2017, 450 cases of mental health disorders were reported by doctors working with refugees and migrants. This represents 3.6% of all health conditions registered in the population. (Source: Периодични извештај о здравственом надзору над популацијом миграната – избеглица, тражилаца азила и азиланата, Институт за јавно здравље Србије „Др Милан Јовановић Батут“, 17 November 2017)

SA8: *Ensuring ethical and effective health screening and assessment.* WHO is developing a training curriculum for professionals in state health care institutions who work with refugees and migrants to enable them to provide culturally sensitive care in accordance with WHO recommendations based on evidence gathered through the two health system assessments conducted in the country and HEN synthesis reports (9). The training for 15 primary health care centres will be completed by early 2019. The curriculum will be accredited by the Health Council of Serbia and made available for replication in other regions.

SA 9: *Improving health information and communication.* The development of the Migrant Health Information System was one of the first interventions supported, both financially and technically, by WHO in 2015. All health care providers in the country – state institutions and NGOs (whether or not they operate within the state health system) – submit weekly reports to the Institute of Public Health of Serbia on the number of health conditions recorded and services provided. This system has laid the groundwork for timely monitoring of the situation and response planning, but further refinement is needed to provide more specific and disaggregated data required for targeted interventions.

## PAST LESSONS AND PRESENT CHALLENGES

The first wave of the refugee and migrant influx in 2015 compelled multilateral partners to allocate significant resources for the provision of services. The humanitarian emergency required a rapid response and NGOs were the most capable partner ready for intervention. Massive movements of people are not new to the Balkans due to the wars that ravaged the region in the last decade of the 20th century. The lesson learned from the current situation was that despite the previous experience, there were gaps to be filled in order to address the refugee and migrant situation faced by Serbia in the years 2015–2016. Assistance from NGOs and other partners was needed to fill the gap. At the moment, there are no significant disparities in access to care between the local population and the refugee and migrant populations. The Ministry of Health has decided to provide the health care to all persons staying in the country but several challenges remain:

1. Extension of universal health coverage of persons who do not want to register in Serbia or initiate an asylum request will require a new legislative solution, as migrants in an irregular situation in the country are only entitled to emergency services pursuant to the national legislation.

At the moment, primary care services for these persons are financed by NGOs, while secondary and tertiary care services provided by the state health system are typically not reimbursed and hospitals cover them from their running costs. A long-term solution is therefore needed.

2. The number of translators and cultural mediators available to facilitate communication between medical staff and refugees and migrants remains insufficient. The health system will need to introduce the profession of cultural mediators and accommodate these services within state health care institutions.
3. The national vaccine procurement plan did not account for refugee and migrant children. Currently only refugee and migrant children born in Serbia are regularly vaccinated, while other children are vaccinated sporadically, depending on the availability of surplus vaccines in primary health centres or the benevolence of primary health centre management. A mechanism allowing greater flexibility is needed in procurement procedures to improve contingency preparedness.
4. At the moment there are no standards or clear definitions of the mental health and psychosocial support services that should be available in refugee centres. Therefore, authorities are sometimes reluctant to allow the provision of support, even when human and financial resources are available. Technical guidance is being developed to help resolve this issue.

While the emergency response in Serbia was successful, there is still a need for changes in legislation and regulations that would recognize the right to universal health care for migrants in an irregular situation. To this end, policymakers and broader public should first recognize that migration flows are not sudden and temporary but represent inevitable structural change in an increasingly globalized world.

## CONCLUSION

As a consequence of the work presented, the health system in Serbia was able to provide the necessary services for refugees and migrants at a similar level to the quality of services provided to the local population. According to the Migrant Health Information System, 180 987 health care services were provided to refugees and migrants by the state and NGO sector in 2016,



with 210 149 services provided in 2017.<sup>7</sup> The outbreak of body lice and scabies was subdued and other outbreaks were prevented. The health system's resilience to emergencies has improved thanks to a new migration-related health information system established as a clear output. Through health coordination work under the UN and partners development framework, WHO leadership was also further strengthened, with improved coordination among key stakeholders and ministries. Lastly, joint efforts of the Country office and Regional Office Migration team resulted in further resource mobilization to support public health services to respond to refugee and migrant rights and needs, while host population needs were efficiently addressed through increased public health capacities.

We can conclude that the nine strategic areas of the WHO action plan represented an effective tool in addressing the refugee crisis in a transit country that suddenly became a destination for over 7 000 refugees in 2016, which number decreased to 4 000 by 2018. Given the unpredictability of migration patterns, the Serbian Health System should continue pursuing the nine strategic areas to ensure preparedness for any future scenarios. Sound risk assessment and the use of evidence-based interventions are needed to reduce cost and burden to the Health System, and interventions should be not only well planned, but also adequately resourced to provide better health outcomes and cost efficiency (8).

**Acknowledgements:** None

**Sources of funding:** None

**Conflicts of interest:** None declared.

**Disclaimer:** The authors alone are responsible for the views expressed in this publication and they do not necessarily represent the decisions or policies of the World Health Organization.

## REFERENCES

1. Directorate-General for European Civil Protection and Humanitarian Aid Operations, European Commission. Serbia; last updated 9 October 2017 ([http://ec.europa.eu/echo/files/aid/countries/factsheets/serbia\\_en.pdf](http://ec.europa.eu/echo/files/aid/countries/factsheets/serbia_en.pdf), accessed 7 June 2018).

<sup>7</sup> Still unpublished Извештај о здравственом надзору над популацијом избеглица, миграната, тражилаца азила и азиланата у републици Србији за 2017, Институт за јавно здравље Србије „Др Милан Јовановић Батут“.

2. UNHCR Serbia Update. Geneva: Office of the United Nations High Commissioner for Refugees; 14 February 2017 (<https://data2.unhcr.org/en/documents/download/53721>, accessed 7 June 2018).
3. UNHCR Serbia Update. Geneva: Office of the United Nations High Commissioner for Refugees; 5 March 2018 (<https://data2.unhcr.org/en/documents/download/62372>, accessed 7 June 2018).
4. Strategy and action plan for refugee and migrant health in the WHO European Region, WHO Regional Committee for Europe (EUR/RC66/8). Copenhagen: WHO Regional Office for Europe; 12–15 September 2016 (<http://www.euro.who.int/en/about-us/governance/regional-committee-for-europe/past-sessions/66th-session/documentation/working-documents/eurrc668-strategy-and-action-plan-for-refugee-and-migrant-health-in-the-who-european-region>, accessed 7 June 2018).
5. Serbia: assessing health-system capacity to manage sudden large influxes of migrants. Copenhagen: WHO Regional Office for Europe; 2015 ([http://www.euro.who.int/\\_\\_data/assets/pdf\\_file/0010/293329/Serbia-Assessment-Report-en.pdf?ua=1](http://www.euro.who.int/__data/assets/pdf_file/0010/293329/Serbia-Assessment-Report-en.pdf?ua=1), accessed 7 June 2018).
6. Извештај о здравственом надзору над популацијом избеглица, миграната, тражилаца азила и азиланата у републици Србији за 2016. годину, Институт за јавно здравље Србије „Др Милан Јовановић Батут“, 2017.
7. UNICEF Annual Report 2016 – Serbia. UNICEF ([https://www.unicef.org/about/annualreport/files/Serbia\\_2016\\_COAR.pdf](https://www.unicef.org/about/annualreport/files/Serbia_2016_COAR.pdf), accessed 7 June 2018).
8. Toolkit for assessing health system capacity to manage large influxes of refugees, asylum-seekers and migrants. Copenhagen: WHO Regional Office for Europe; 2016 ([http://www.euro.who.int/\\_\\_data/assets/pdf\\_file/0018/325611/Toolkit-assessing-HS-capacity-manage-large-influxes-refugees-asylum-seekers-migrants.pdf?ua=1](http://www.euro.who.int/__data/assets/pdf_file/0018/325611/Toolkit-assessing-HS-capacity-manage-large-influxes-refugees-asylum-seekers-migrants.pdf?ua=1), accessed 7 June 2018).
9. Migration and health – Health Evidence Network (HEN) synthesis reports. Copenhagen: WHO Regional Office for Europe; 2018 (<http://www.euro.who.int/en/health-topics/health-determinants/migration-and-health/publications/health-evidence-network-hen-synthesis-reports>, accessed 7 June 2018). ■