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About us



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Our Vision

A world in which *vulnerable* people affected by *war*, natural *disasters*, *disease*, *hunger*, *poverty* or *exclusion* get the **Healthcare** they need regardless of income or status.



Médecins Du Monde Network



300 Projects



70 countries



3000 volunteers

Our Programmes



Conflict & Crisis

Women & Girls



People at risk of harm

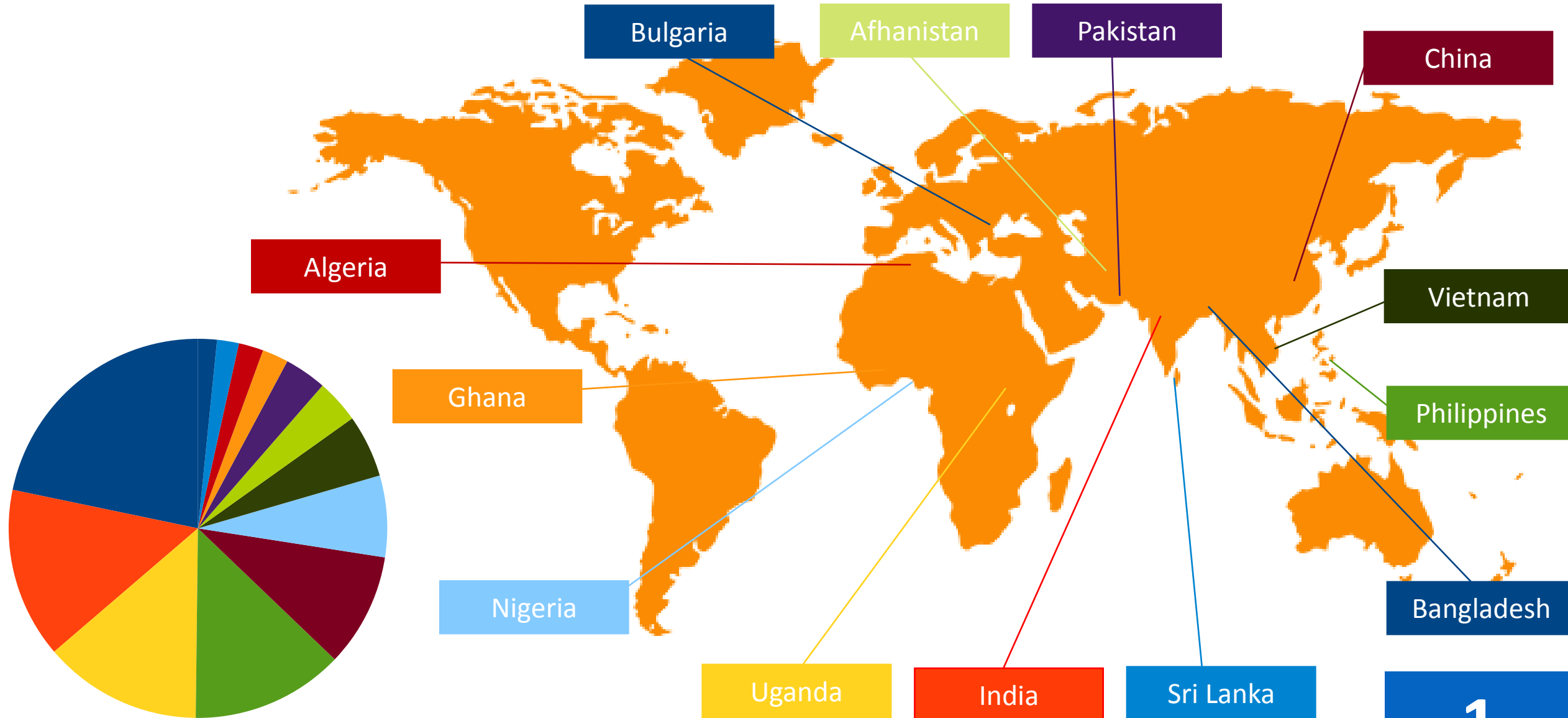
Vulnerable migrants



Our London Clinic



Our Patients



DOTW observatory



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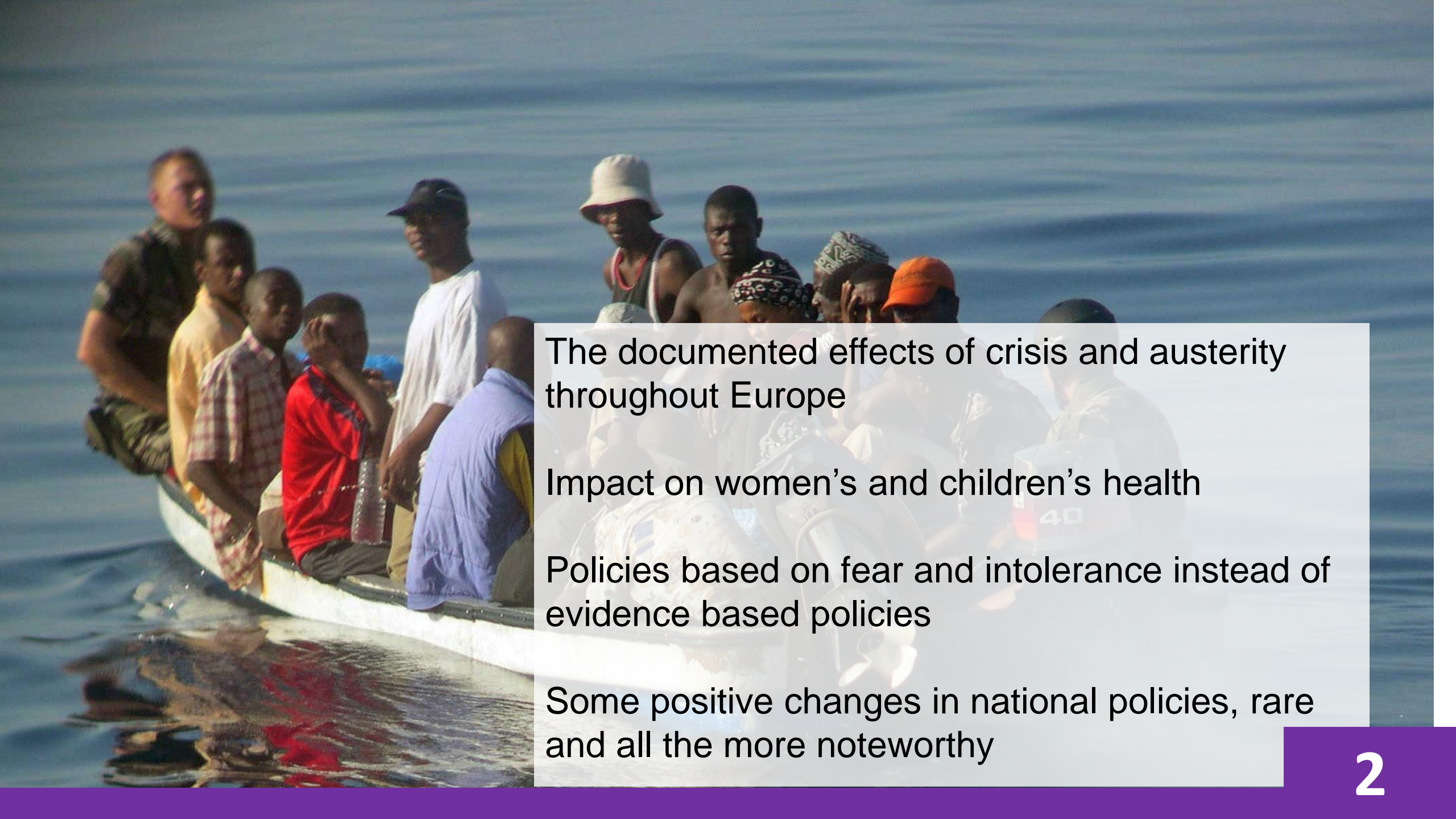
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ACCESS TO HEALTHCARE FOR THE MOST VULNERABLE

IN A EUROPE IN SOCIAL CRISIS

Focus on pregnant women and children



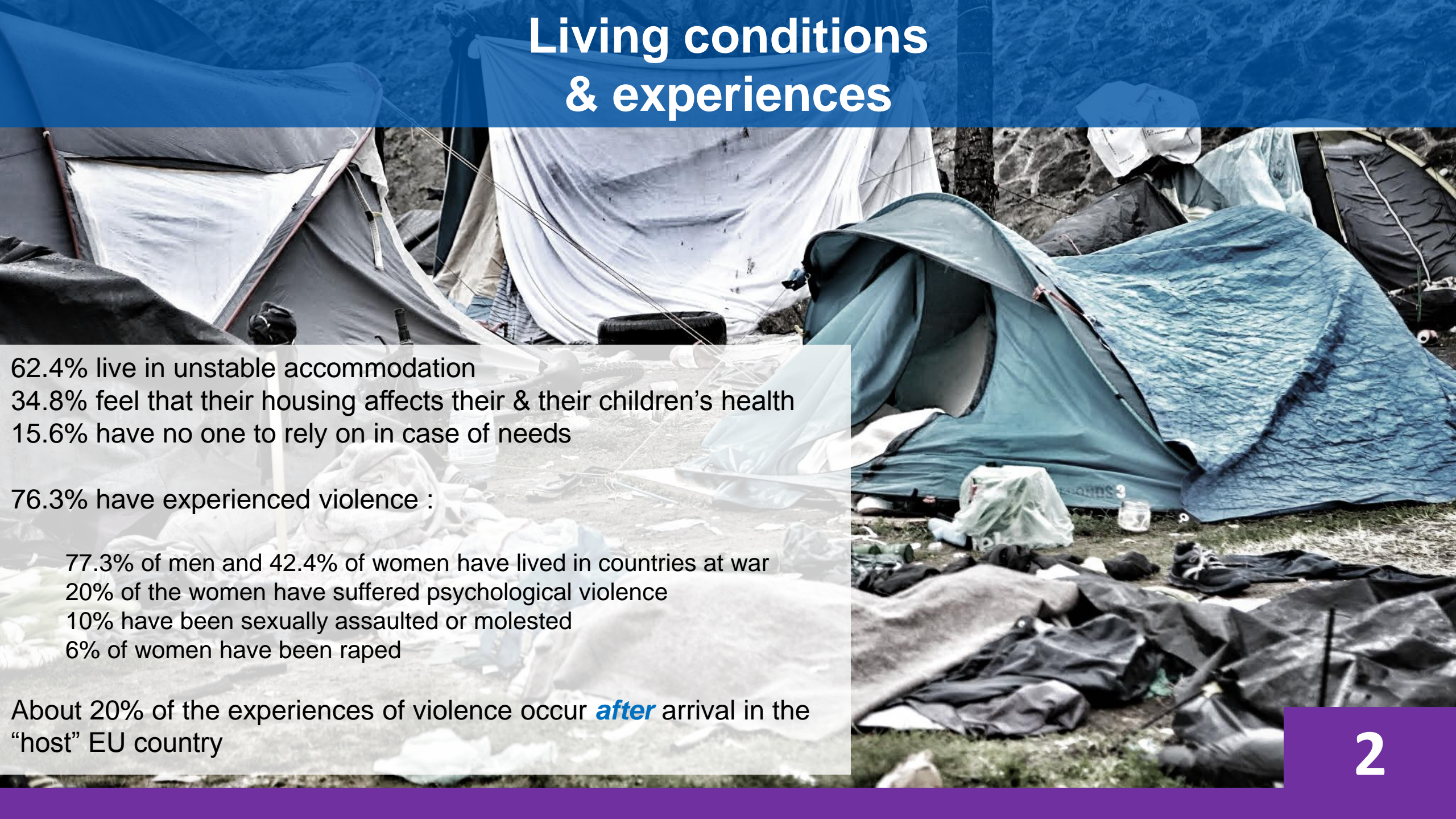
The documented effects of crisis and austerity throughout Europe

Impact on women's and children's health

Policies based on fear and intolerance instead of evidence based policies

Some positive changes in national policies, rare and all the more noteworthy

Living conditions & experiences



62.4% live in unstable accommodation
34.8% feel that their housing affects their & their children's health
15.6% have no one to rely on in case of needs

76.3% have experienced violence :

- 77.3% of men and 42.4% of women have lived in countries at war
- 20% of the women have suffered psychological violence
- 10% have been sexually assaulted or molested
- 6% of women have been raped

About 20% of the experiences of violence occur *after* arrival in the “host” EU country

Health



26.1% are in poor or very poor perceived health
(9.7% among the general population in the EU)

27.6% in poor or very poor mental health

Diagnosed health problems:
mainly gastro-intestinal, cardiovascular,
muscle-skeletal
and psycho-psychiatry (10.4%): anxiety,
stress, psychosomatic disorders and
depression

4 patients out of 10 required essential treatments
according to physicians

Nearly 30% of patients had a health problem that
had **never** been treated before coming to MdM

Pregnant women and children



Pregnant women

30% have nobody to rely on in case of needs

89.1% < poverty threshold of the host country

63.7% have no residence permit

83.5% have no health care coverage

65.9% had no access to prenatal care

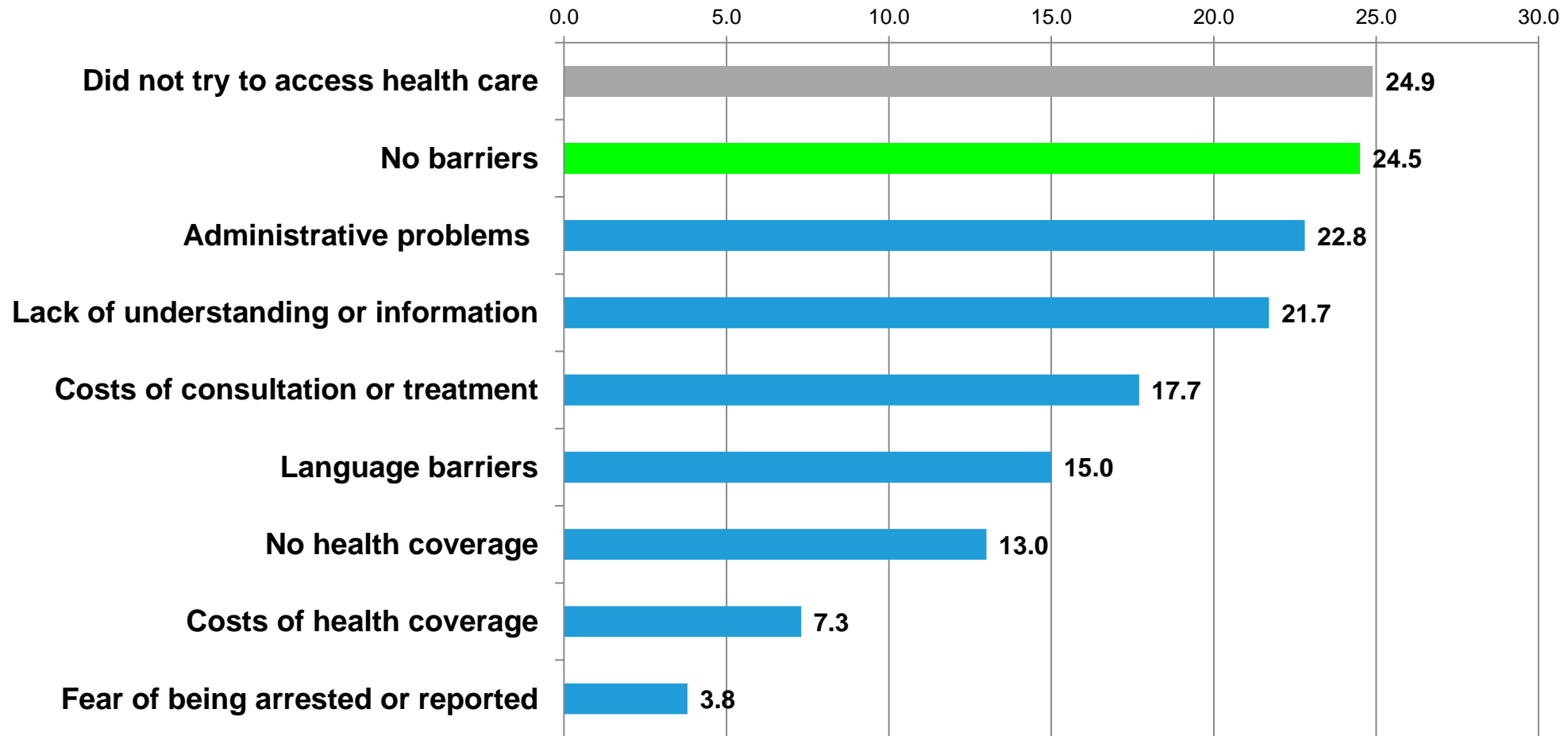
42.8% had received late prenatal care- among those who had access (i.e. after the 12th week)

Children

Only 50% are vaccinated against tetanus

70% are not vaccinated (or don't know if they are) against HBV, measles, and/or whooping cough

Barriers to healthcare



Our demands

Universal public health systems built on solidarity, equality and equity, open to everyone living in all EU Member States, rather than systems based on a profit rationale

Coherent infectious disease policies across Europe, *i.e. without excluding anybody* – cf. ECDC recommendations

The *protection of seriously ill migrants* who cannot access adequate healthcare in their country of origin (cf. Parliamentary Assembly of the Council of Europe)

In order to achieve more universal access, groups facing multiple vulnerability factors need to be rendered more visible in national and international health data collection systems.



UK



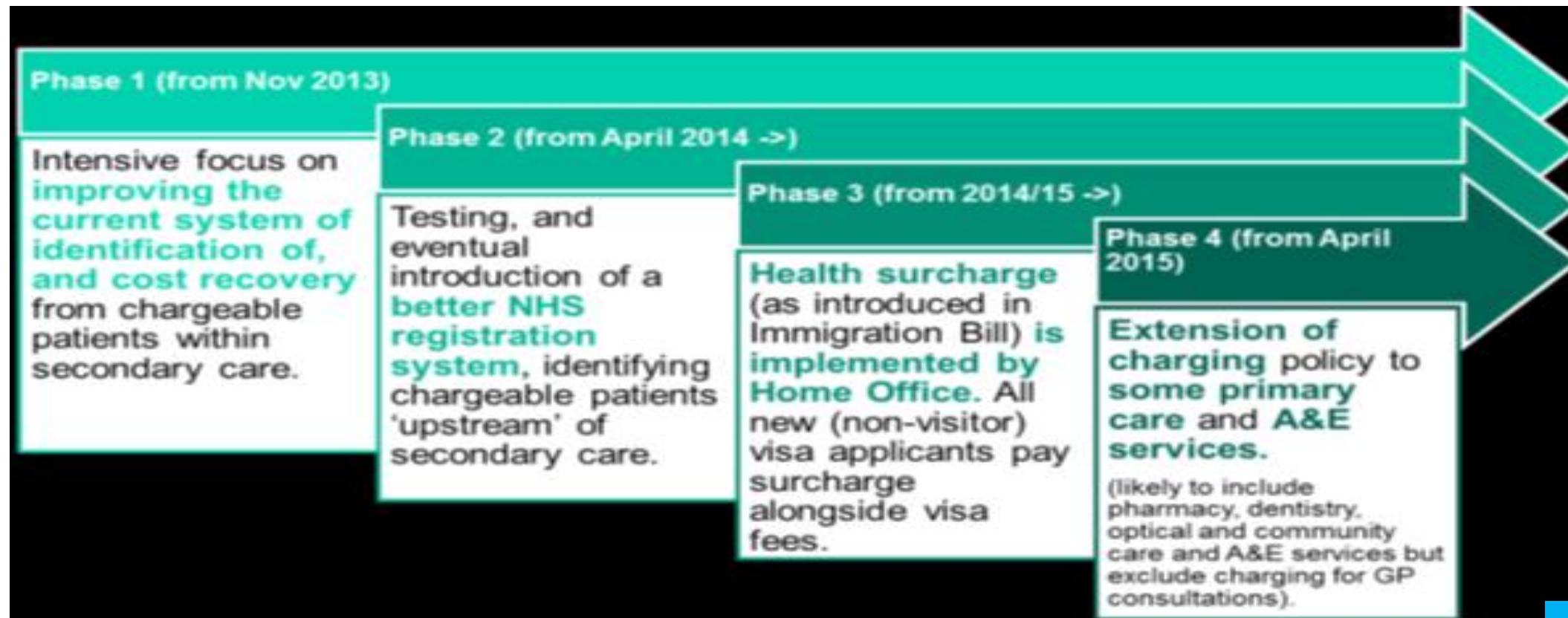
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UK Immigration Act & Department of Health migrant and visitor cost recovery plan



Demos

“Ensuring fair use of the NHS efficiently and effectively...”

DO NO HARM

Max Wind-Cowie
Claudia Wood

DEMOS

‘The government should:

- consider setting up triage clinics
- impose blanket exemptions for children who need NHS care
- establish a principle of one-way information sharing
- educate the administrators
- impose a rolling impact assessment’

What has changed?



**Primary care remains free
for all**



**Surcharge and
exemptions**



EHIC card



Immediately Necessary and Urgent Treatment must always be provided

What has changed?



Consultation in the autumn



'Deprioritised'



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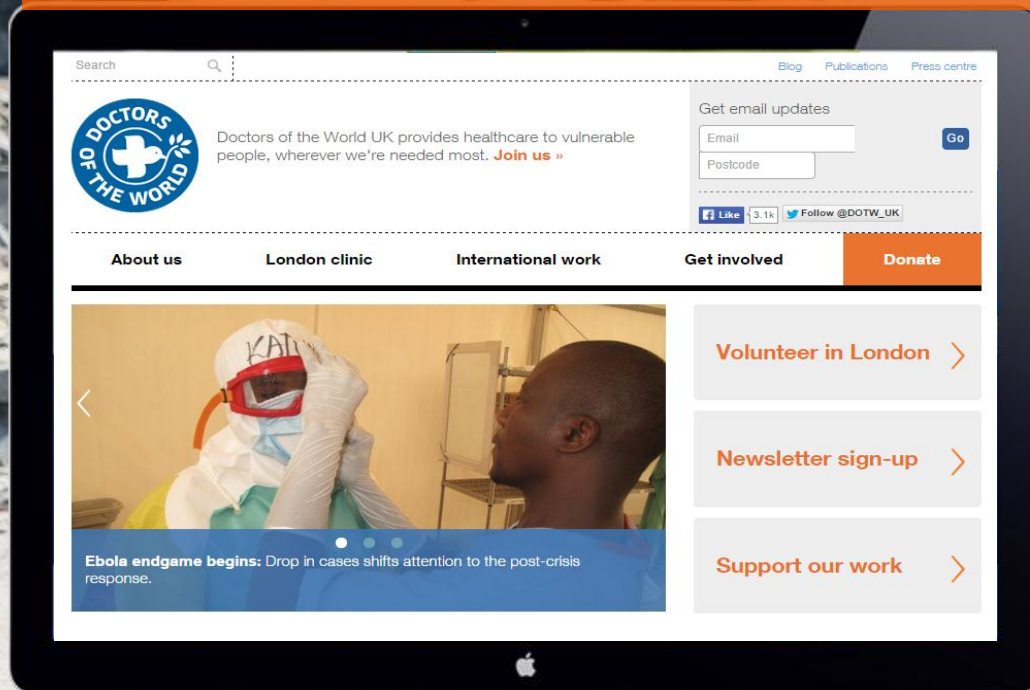
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How You Can Help



Volunteer

<http://doctorsoftheworld.org.uk/>



Collect evidence

Speak out



Spread the word

Like US



Follow @DOTW_UK



Share Our Videos



Any Questions ?



Thank You



Details:

Doctorsoftheworld.org.uk
@DOTW_UK

Contacts:

Lucy Jones, UK Programme Manager
ljones@doctorsoftheworld.org.uk

020 7515 7534

Thank You

