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Health and Human rights of Migrants, with Special Emphasis on Undocumented Migrants

**Report of the study session held by the International
Federation of Medical Students' Associations in co-
operation with the European Youth Centre Strasbourg
of the Council of Europe**

European Youth Centre Strasbourg (EYCS)

May 2nd – 8th, 2005



This report gives an account of various aspects of the study session. It has been produced by and is the responsibility of the educational team of the study session. It does not represent the official point of view of the Council of Europe.

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International Federation of Medical Students' Associations

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Foreword

It was a quiet Saturday evening in May, and we were sitting together around the table, sipping our coffees and catching up on the latest stories in our lives. As the preparatory team for the study session on health and Human Rights of (undocumented) migrants, we had been working for a long time on this meeting. Then finally had come the time where we found ourselves together in Strasbourg, curiously awaiting the participants, whom we got to know mostly on paper or internet, yet now would soon disclose themselves in person. Twenty-nine young and inspiring students from all around Europe, working on projects on health and Human Rights issues.

Little did we know by then what a great week it was going to be. The participants all had done extensive work at home, to find out about (undocumented) migrants in their countries, in order to share their newfound knowledge with us in Strasbourg. All of the staff in Strasbourg were very welcoming, and we received so much help from our Educational Adviser, Miriam Lexmann, and from Giulio (Mac) Maistrelli.

During the week, we all gained a lot of knowledge. Not just from lectures, workshops and field trips, but maybe even more from each other, from our different backgrounds and the different situations in our home countries. I believe a lot of friendships were formed, not surprisingly, because who wouldn't want to be friends with such nice people that we could greet as our participants?!

Then all of a sudden, a week had gone by, and it was a quiet Sunday morning in May. And we found ourselves drinking coffee around a table in Strasbourg. Wondering if the next people to be sitting around that table were going to have an equally inspiring and great week as we just had...?

Hugo Konz
Course Director

Amsterdam 2005

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Executive Summary

Theme:

”Health and Human Rights of Migrants with Special Emphasis on Undocumented Migrants”

Learning Objectives:

The participants of the study session should receive basic knowledge about the health and Human Rights of Migrants in Europe, and the challenges faced in this field. They should be introduced to several non-governmental organizations (NGOs) concerned with these topics.

Background:

Providing health care to migrants, especially undocumented migrants in Europe is a great challenge as this group generally falls outside the system. Many migrants lack the knowledge of their Human Rights and of the health care facilities providing care for them. At the same time it is hard for authorities to reach out to undocumented migrants as they are undocumented and do not wish to be found. Fear of being turned in to law enforcement authorities hinders many undocumented migrants from seeking medical care, despite the fact that medical personnel are bound by their oath to secrecy.

Cultural and religious differences, as well as language, represent yet another challenge for communication and cooperation between health care providers and migrants.

The European Convention on Human Rights lays the legally binding minimum standards for the member countries of the Council of Europe (CoE). Despite this fact, many cases have been presented to the European Court of Human Rights in Strasbourg, violating the convention.

Many institutions and NGOs are concerned with these challenges and are working hard to improve the situation of migrants. Representatives from PICUM (Platform for International Cooperation on Undocumented Migrants), International Centre for Migration and Health, Médecins du Monde, “Hôpital Civil”, UNHCR and the European Court on Human Rights kindly participated in our session, sharing their knowledge and motivations with us.

The International Federation of Medical Students’ Associations (IFMSA) has assumed a leading role in educating medical students in the field of health and Human Rights. A study session entitled “Health and Human Rights of Refugees, Immigrants and Minorities in Europe” was organized by IFMSA and the CoE in December 2003 at the European Youth Centre in Budapest, Hungary. The study session “Health and Human Rights of Migrants with Special Emphasis on Undocumented Migrants” held in May 2005 in Strasbourg, France, was a follow up session to the one in Budapest.

Partners:

The study session was a collaboration between the Council of Europe, the European Youth Centre in Strasbourg and IFMSA. 30 students from 25 European countries participated.

Issues

At the study session, we gradually worked with participants towards a positive outcome, where they would have gained knowledge on the topic, extended their network of cooperation, and developed the framework of new projects in the field.

The first working day was used as an introduction to the situation of refugees and undocumented migrants in Europe. In workshops different dilemmas were discussed. The second day gave an opportunity to hear from bigger institutions and NGOs working in the field. On day 3 participants were familiarized with the main problems in access to health care for undocumented migrants. The last two working days were used for getting project ideas and hand the participants with some of the necessary tools of developing such a project, which were intercultural learning and project development.

Conclusion:

The study session provided participants with basic tools to better understand the situation of migrants in Europe. Working methods used during the session were lectures, case studies, workshops, group discussions and field trips.

Familiarization to European institutions and NGOs gave the participants the possibility to learn more about work being done and to speak with professionals working in this field.

These kinds of sessions provide the participants with the motivation and network necessary to continue their work in the field of health and Human Rights.

The session served as a forum for students to exchange their knowledge and experiences with each other. As a result, several participants are now cooperating on implementing projects to address this issue. Most new projects will focus on raising more awareness on health care for undocumented migrants towards the general public, and more in particular medical students and professionals.

Recommendations

The field of health of (undocumented) migrants, and their access to health care is an important issue in Europe. We kindly hope that this topic will be an area of concern to many youth organizations on health and Human Rights. We recommend people working on this topic in the future, to use the expertise of NGOs and institutions in the field, for gaining knowledge. Also, let participants come prepared with knowledge about their home countries, so they can give an active contribution. And finally, use personal and grassroots examples of problems encountered by undocumented migrants, in order to sensitize participants on the importance of the subject. So they will better understand the impact on a personal level to many of the migrants on this continent.

We recommend all interested parties to take on the topic of health and access to health care for (undocumented) migrants in Europe. As it is an area where many Human Rights challenges are being encountered and where there is still a lot to be achieved!

Terms of reference

Title of the study session: Health and Human Rights of Migrants, with Special Emphasis on Undocumented Migrants.

Dates: 2 – 8 May 2005

Venue of the study session:

The European Youth Centre in Strasbourg
30 rue Pierre de Coubertin,
F-67000 Strasbourg Wacken,
France

Educational Advisor from the Council of Europe

1. Miriam Lexmann, with help from:
2. Giulio (Mac) Maistrelli

Preparatory team in alphabetical order:

1. Sandra Dudareva – IFMSA-Latvia
2. Sabina Fattah – IFMSA-Norway
3. Martina Grosch – IFMSA-Sweden
4. Hugo Konz – IFMSA-The Netherlands
5. Albert Manasyan – IFMSA-Armenia

Preparatory team advisors:

1. Sara Meier – IFMSA-Switzerland
2. Kostas Stellos – IFMSA/HelMSIC, Greece

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- *The Council of Europe and Directorate of Youth and Sport for supporting this event*
- *The European Youth Centre Strasbourg for hosting this event, and to its staff for their committed support*
- *The European Court of Human Rights for allowing us to visit the court and have discussions with judge Jan Sikuta from Slovakia, UNHCR staff Mr. Günther Scheske and Mr. Samuel Boutruche.*
- *Miriam Lexmann and Giulio (Mac) Maistrelli for their great help and contribution that made this activity a success*
- *Our great lecturers, Emily Welle from the International Centre for Migration and Health and Nele Verbruggen from the Platform for International Cooperation on Undocumented Migrants*
- *Médecins du Monde Strasbourg*
- *Hôpital Civil, who allowed us visit the hospital and the refugees for one day, and professor Kopperferschmitt*
- *The IFMSA National Member Organizations and youth organizations for supporting the selected participants*
- *All participants of the study session who participated in this event, whom we proudly call colleagues*

Introduction

“The States Parties to the present Covenant recognize the right of everyone to the enjoyment of the highest attainable standard of physical and mental health.”

Around 50 million people are at this point fleeing either within or outside the borders of their own country, most often due to massive Human Right violations caused by armed conflicts. 19,2 million are people “of concern” to UNHCR and they include 9.2 million refugees (48%), 839,200 asylum seekers (4%), 1.5 million returned refugees (8%), 5.6 million internally displaced persons (29%) and 2 million others of concern (11%).

All these people on the move have their Human Rights violated all the time in many different ways. Many of these people do not have access to even basic health care. Then even not thinking about the fact that when having experienced armed violence you are often severely traumatized or suffer from psychosocial dysfunctioning.

As future doctors, it is of greatest importance that we are not only fully aware of this big problem existing in most of our countries, but also know how to handle different situations when it comes to refugees and undocumented migrants in our countries. This problem is present everywhere, also in the western-European countries, where you would hope it wouldn't have to be so.

The urgency of the matter is why IFMSA has considered it to be of big importance that we as medical students get the chance to learn more about this topic. In December 2003, the first Study Session organised by IFMSA in cooperation with the Council of Europe took place. The theme was “Health and Human Rights of Refugees, Immigrants and Minorities in Europe” and it took place the Youth Centre of the Council of Europe in Budapest. The Study Session was a great experience for all the participants that came from all over Europe. The idea to organize another Study Session was born already at this early stage.

The team organizing the second Study Session was formed and changed a little bit at some point but the idea stayed the same and so it was decided that the theme of the second IFMSA-Council of Europe Study Session would be “Health and Human Rights of Migrants, with Special Emphasis on Undocumented Migrants”. There was a lot of hard work with the preparations to make it a reality but in the end it became a great success. It took place in May 2005 at the other Youth Centre of the Council of Europe, which is in Strasbourg.

The Council of Europe has a history on working for years on issues related to Human Rights, Refugees, and Minorities in Europe. The International Federation of Medical Students' Association (IFMSA) educates medical students on global health issues. IFMSA has been involved in activities (workshops, projects, publications) related to

conflict prevention and relief work for victims of war and refugees and to Human Rights Education through its Standing Committee on Refugees and Peace (SCORP) for many years including the organization of the Study Session on “Health and Human Rights of Refugees, Immigrants and Minorities in Europe”, which took place in December 2003 at the European Youth Centre Budapest in cooperation with the Council of Europe (please visit <http://www.ifmsa.org/scorp/reports.php> for its report).

This study session in Strasbourg was a seven-day event, aiming to provide young leaders all over Europe with the knowledge and means to address the issue of undocumented migrants. This was achieved through lectures by experienced staff of relevant NGOs, Human Rights Education, and familiarization with the intercultural learning process. This study session enhanced the participants’ understanding of the importance of peaceful coexistence and mutual respect between the migrants and the hosting societies in Europe. Moreover, the participants increased their knowledge and exchanged their experiences in the Human Rights issues concerning refugees and migrants. The study session, overall, aimed to empower them to develop relevant future activities in this field. Action plans were formed by all participants.

Aims & Objectives of the study session

The study session, overall, aimed to empower young leaders in Europe, active within Health and Human Rights Youth Organizations in Europe, to develop relevant future activities in the field of health and Human Rights of (undocumented) migrants.

Objectives

1. To enhance participants' understanding of the situation and health of (undocumented) migrants in Europe and the difficult conflict between Human Rights and local regulations.
2. To provide participants with basic knowledge about health care for (undocumented) migrants and refugees in Europe, and the NGO's and institutions concerned with these topics.
3. To provide participants with basic skills in intercultural learning/understanding, human rights and project management.
4. To motivate participants to create their own projects and collaborate with existing NGOs concerning refugees in their countries by making them come up with concrete plans of action for the coming year.

Methodology

The working methods at the study session were varied and interactive with an emphasis on small working groups. We expected a great deal of input from participants themselves. Experienced lecturers provided the necessary framework and analysis to start from. The tools and resources developed during the seminar were made available to all organizations after the study session, so they can be multiplied in their local / regional / national / international youth communities.

Main Program of the Study Session

2nd of May, Arrival Day

A time for ice breakers, name games and a Welcome Party.

3rd of May, Introduction day

Introduction, official opening and welcome by the preparatory team. We also had an introduction to the Council of Europe, by Miriam Lexmann, and talked about the expectations of the participants.

Focus in the afternoon was on *Migration trends in Europe* and *Living conditions and health, and the connection with human rights*. A lecture was given by Emily Welle, International Center for Migration & Health, and we held a workshop on Undocumented Migrants in Europe.

4th of May, European Court and Social Program

Visit to the European Court of Human Rights. As well, representatives from Médecins du Monde Strasbourg came to the European Youth Centre and gave a presentation of the organizations' work both in Strasbourg and abroad.

The rest of the afternoon was free and in the evening, we had dinner in town at a typical Alsatian restaurant.

5th of May, Right to health and access to health care

The focus this day was on *The right to health and health care* and *Access to health care for undocumented migrants*. A lecture by Nele Verbruggen, PICUM was followed by a workshop on Access to Health Care and a group discussion.

In the afternoon working groups were held on problem identification and needs assessment, and developing project ideas.

6th of May, Field trip and intercultural learning

In the morning, a workshop on intercultural learning took place. In the afternoon, a field trip to Hôpital Civil in Strasbourg was offered to 15 participants.

7th of May, Personal plans and projects

This was a day for working on the individual plans of action. There was an interactive training in Project development. We held the final evaluations, a closing ceremony and in the evening the Farewell party.

8th of May, Departure Day

Profile of the participants

In the study session, 30 people from youth organizations all over Europe, active in the field of health and human rights, participated. They represented countries that deal with issues of undocumented migrants on various levels. Countries of possible ‘departure’ like Georgia or Armenia, countries in regions where migrants arrive on their coasts, like Malta, Greece or Spain, and countries like Netherlands, France or United Kingdom, where populations of undocumented migrants encounter more and more challenges in their daily lives.

Participants were selected according to the following criteria:

- Project Coordinators and youth leaders developing activities at Local, National and International level within the health and human rights of migrants in Europe
- Active members of organizations willing to develop further activities and act as multipliers within their organizations
- Proficient in English
- Preferably less than 30 years of age (at least 18 years old)
- Available for the whole duration of the study session
- Already have experience or a special interest in health and human rights of migrants in Europe
- Be motivated to develop their knowledge and competence in the specific field and to share their experiences with other participants
- Contribute to the preparation of the study session and be supported by the IFMSA National Member Organization, Institution, or Service
- Priority was given to applicants from a minority group or who are refugees or migrants.
- Participants from a country member of Council of Europe:

Total number of participants: 30
Female: 19
Male 11
Countries of Residence: 25

Challenges faced by (undocumented) migrants in some countries

Jihaan, Netherlands:

The Dutch society has traditionally been very tolerant towards foreigners and minority groups. However, attitudes have toughened in the past decade and people in the Netherlands are becoming more xenophobic by the day. This has led to a strict immigration policy, intent on drastically reducing the number of people coming into the country. Furthermore, more people are being deported. It has also become extremely difficult to get a residency status.

Barbara and Marko, Slovenia:

The attitude towards migrants, especially if their skin is colored, is still full of prejudices. There are some NGO's trying to make the assimilation into our society easier, but it is a slow process.

Venla, Finland:

In Finland, there is quite a strict immigration policy. Until quite lately, the authorities have denied the existence of undocumented migrants in Finland and that is why there have not been any services or actual legislation for them. Finland is a transit country and it's possible that the route is used for human trafficking as well. The NGOs haven't been active when it comes to undocumented migrants, but for people who have the refugee status there are NGOs which defend their rights and help them to integrate in our society.

Thomas, Sweden:

In Sweden, asylum seekers have almost the same rights as nationals. Healthcare, school for children and childcare is provided. Non-nationals do not have the right to work, and because they just receive a small amount of money to pay for somewhere to live, they need to find "black" work.

Undocumented migrants do not legally exist in the law system in Sweden. Therefore, they cannot enjoy the right that asylum seekers do. Healthcare is just provided after the tourist tariff. This means that you will be charged 2000 SEK as soon as you seek emergency healthcare. No exceptions are made for infectious diseases. Children, on the other hand, are regarded as exceptions and receive general free healthcare.

In Sweden, the policy is more or less that either you are in the system or you are out. Either you have many rights or you don't have any.

Lotte, United Kingdom:

Regarding access to healthcare, to my knowledge, there are no legal requirements on doctors in the UK to report undocumented migrants to the authorities. However, this is often a concern that prevents undocumented migrants from accessing health care services. Their access to primary care services is further limited as it is necessary to have a UK address to register with a General Practitioner (GP). Effectively therefore undocumented migrants only receive emergency health care. The Government plans to restrict health care for all asylum seekers to emergency care only, to prevent so-called

'health tourism' however this idea is still meeting widespread resistance amongst the medical profession.

Martina, Croatia:

By the numbers made in year 2003, there are still around 22000 refugees remaining in Croatia. Their living conditions are getting worse as time passes by because the hotels and other shelters are ruined during these past years but not renewed. They have a status of refugee, which provides them health care, education, and social fare.

Considering their bad life conditions and their bad psychological and physical state, many humanitarian organizations are involved in their resocialisation. Among the international are UNHCR, Caritas and Red Cross. There are also a lot of organizations or small groups that are acting locally providing them with help, information, and supplies.

Dido, Greece:

In Greece nowadays live about 1.000.000 migrants who are documented and almost 500.000 undocumented. These people come to Greece by boat, on foot through the borders or as tourists with temporary permission of stay. For these people Greece can be a final destination or a transit country as it is the South East border of Europe.

Most of the undocumented migrants live in the big cities and work there as construction workers, cleaners, black market salesmen, in restaurants and house servants. Because of their low income, they have to live in small, old, and overcrowded houses, where the hygiene conditions are bad.

Over the last years in Greece, according to the law, none who was undocumented should have access to any kind of public service. Nevertheless, no doctor was taken to court because of offering help to a undocumented migrant who was an emergency case.

Without being sure, I think that since a couple of months ago, a new law offers access to emergency health care to the undocumented migrants. However, it is still too early to evaluate its implementation.

Report of the activities per day

3rd of May, Introduction Day

Introduction

First Sandra Dudareva held an opening speech and presented the preparatory team members, plus Miriam Lexmann and Giulio ‘Mac’ Maistrelli to the participants. Ground rules were set. Sandra arranged an ice-breaking game for the participants.

A Power point presentation was held by Hugo Konz, where he informed the participants about the aim and the objectives of the study session, followed by a detailed explanation about the agenda for study session.

Martina Grosch introduced the participants to the “shields”. The “shield” is made out of 4 sections:

- Likes
- Interest in the study session
- Expectations
- Where do you see yourself in 5 years from now

Ten minutes was given to fill in the form after which they were asked to present only one section to the rest of the participants. After this, all the papers were put up on the wall for the rest of the participants to view, for better acquaintance.

Participants were divided into groups moderated by one member from the preparatory team. Articles (documentary cases) regarding Human Rights / refugees were handed out to the participants. Five minutes were given to read the articles, followed by discussions. Hugo passed out a questionnaire to the moderators, in order to keep the discussions going. Half an hour was given to the groups to discuss the topics.

Miriam Lexmann gave a power point presentation about the Council of Europe, which was followed by questions/answers. She informed the participants on “How to survive in the EYC for a week”.

Martina Grosch informed the participants about the “Project fair”. Participants would like to inform the rest of the members about their projects, done in their country/NGO/NMO. Posters were given to the participants and they were asked to present their project(s) by hanging them on stands in the hall (2nd floor).

Migration Trends in Europe

In the afternoon, Emily Welle of the International Center for Migration & Health was making a presentation on Migration Trends in Europe. She explained about the different waves of migration that have taken place in Europe, and the social and Human Rights framework that surrounds this topic.

After the break, the participants were given time for questions and comments addressed to Emily Welle, referring to the presentation done by her.

After that, participants were divided into 5 working groups, according to the region they belong to. Five questions were given to all the group members; the questions were from

the “homework” they were asked to do before attending the study session. During the working groups, the participants wrote down “key-words” describing / referring to their country. After the working groups, one member presented the discussion to the rest of the study session participants, in brief. A special “map of Europe” was made, where the participants stuck papers on their country, with key-words, describing the refugees / migrants case in their country.

4th of May

Visit to the European Court of Human Rights

Our visit to the European Court of Human Rights began with a movie: “European Court of Human Rights - The Conscience of Europe”. It gave a brief introduction to the Council of Europe, the European Court of Human Rights as well as the European Convention (November 9, 1950) on Human Rights and Human Rights cases.

The movie was followed by a discussion between the participants and the 3 representatives: Judge Jan Sikuta and UNHCR staff Mr. Günther Scheske and Mr. Samuel Boutruche. Miriam Lexmann gave a welcome speech and introduced the three representatives from the Court of Human Rights to the participants. Hugo Konz followed with a brief introduction about the study session to the guests. The participants introduced themselves with their names and country of residency.

Mr. Günther Scheske gave us a brief introduction to the UNHCR. He spoke of the UNHCR’s tasks and responsibilities. Mr. Samuel Boutruche spoke about how health and Human Rights are linked, as well as the difficulties we might face as future doctors. He gave us several examples of cases the court has tried, and the outcome of these cases.

Judge Jan Sikuta explained the role and structure of the court, to make things more clear. He emphasized that all other remedies must be exhausted before the European Court of Human Rights can try a case.

During the whole session the participants were encouraged to ask questions, and give comments.

Presentation of “Médecins du Monde Strasbourg”

The presentation was given in French and translated to English by participant Jeremie Sinzelle.

The three colleagues presented themselves and gave a brief description about “Médecins du Monde” – an NGO found in 1980 by 15 doctors acting in South China Sea. “Médecins du Monde” is well known for its participation in various issues – Tsunami, Darfour, fighting against malaria and AIDS, providing healthcare in conflicts and providing shelter.

We watched a movie about “Médecins du Monde” and their actions in the world (e.g. Azerbaizjan, Mali etc.), in French.

The second movie was about “Médecins du Monde” in Strasbourg. The main working areas in Strasbourg are:

1. Street Action
2. Health Social Centre
3. Adoption – adoption of foreign children by French couples – 80 children have been adopted.

Even though Strasbourg is considered to be a “developed” city, only last year there were 7500 consultations, and 5500 medical consultations provided by Médecins du Monde - Strasbourg.

The presentation was followed by a round of questions from the participants.

Social program: sightseeing in city centre guided by Jeremie Sinzelle followed by dinner at a typical Alsatian restaurant.

May 5th

Lecture on Right to health and access to health care

In a short introduction, Nele Verbruggen was presenting PICUM (Platform for International Cooperation on Undocumented Migrants), its structure, main activities and principles. PICUM is a Human Rights organization for undocumented migrants: working on housing, education, access to fair work conditions and health care.

The presentation she was showing us, “Access to Health Care for Undocumented Migrants”, was starting with Art. 12 of ICESCR, which is the standard on the access to health care for everyone (including migrants). This adds up to the General Comment 14 of the European Social Charter Committee, which states that it also applies to undocumented migrants, stressing the preventive care.

Because the appendix from the European Social Charter applies only to people who are lawfully residents, a recent ruling of the Committee on Social Rights stated that this is actually against the Charter. Nele Verbruggen talked about the dilemmas of health professionals, about the legal situation of the subject: a big difference between the theory and the actual implementation. The situation is different from country to country:

- Denmark, Austria, Sweden (no mentioning in the national law),
- Germany, UK (only life-threatening situation and infectious diseases)
- Spain, Italy (almost the same status as the nationals), France (recently changed its regulations).

She then focused on a specific example: Spain. Although in theory all undocumented migrants could have access to health and social services, in practice only the ones that register with the local authorities have actual access to these services.

Belgium and Netherlands were named as a combination between the humanitarian and utilitarian approach. In practice, both formal and informal strategies are used by the undocumented migrants to have access to health care.

As Nele pointed out, several important problems stand in the way of access to health care:

- Duty to denounce: Germany (if the doctor wants to be refunded for the services he has performed)
- (proposal) Health care staff as migration officers: UK
- Data-exchange: Spain (police might get access to the databases)
- “3-months regulation”: France (only people with a minimum of 3 months of residence may have access to health care)

Another difficulty is the complexity of the procedure, which is trying to limit the access only to urgent care. A general problem is the lack of information for all parts involved. Combined with the complexity of the process, it leads to an inadequate implementation of the system. In conclusion, the 2 main objectives of PICUM to achieve for undocumented migrants: universal access to urgent medical care (at least) and the continuous strive to provide holistic health care.

Workshop Access to health care

We divided into small working groups to work on a case study. The case study deals with the (fictive) story of Henriette, an undocumented migrant of Congolese origin. She gets ill due to malignant hypertension and later suffers from kidney failure as a result. In the workshop, we tried to let participants think about the complexities of “emergency care” as opposed to primary / chronic forms of health care, because all forms of health care are related. Lack of primary care can lead to more serious health damage with need for emergency care. Participants discussed these complexities, the possibilities they would have in their home countries to provide care, their personal ideas and related Human Rights agreements. The case story gives participants an approach to access to health care on a more individual level, and it leads to interesting discussions.

Working groups problem identification and project ideas

The morning lecture and workshop have lead to a lot of inspiration and motivation. So in the afternoon we split up in smaller groups, and each group listed the main problems that (undocumented) migrants face in the participants’ home countries. These lists of problem areas were used to come up with project plans that address these particular issues.

Important problems that were mentioned are prejudice and xenophobia, lack of awareness among the general population, the problems around human trafficking, and the vulnerability and voicelessness of undocumented migrants in their particular position.

Many project ideas were about awareness campaigns among the general public and / or health care students and professionals. In addition, people came up with ideas about information campaigns about health care system for undocumented migrants, and public health campaigns.

This day was a turning point where all participants start to think actively about their personal ideas action plans!

May 6th

Intercultural learning session

“Judgment without enough information is not justified” - (A participant)

For the intercultural learning session, we wanted to get a discussion going on different cultures and prejudices we tend to have. For this purpose Miriam, Albert and Martina put together a story about a girl, Maria, 23 years old, in Belgium, who falls in love with a Muslim refugee from Lebanon, Ahmed. Maria and Ahmed want to get married. Maria’s family and friends have different opinions about their planned marriage. The people in the story are Maria’s mother, father, sister and brother and then her friends Ana, Inge and Peter.

The participants were divided into 5 groups, which the preparatory team members were not moderating. The story was given to the small working groups and 30 minutes was given to discuss the story and then categorize all the characters in the story from the most positive to the least positive character. Then all the groups presented their lists and after that, a discussion took place with the whole group.

All groups but one had made lists. The group that didn’t have a list were saying that it would feel prejudicial to order people as most and least positive. One of the participants opened the group discussion by asking if we even would have this discussion if Ahmed hadn’t been a refugee with a different religion. In the beginning, the discussion was about the fact that people often judge without having any or enough information about a situation. One of the participants put it nicely: “Judgment without enough information is not justified”.

Much of the discussion was about that we have different opinions because we come from different cultural backgrounds and that we should be aware of that. In addition, we discussed how knowing that a person has a certain background or religion can make us form some ideas about that person or a situation that person is involved in.

After finishing the session, one idea we had on how to further develop the training was to have two stories that had the same basic storyline but some different characteristics as

background and religion. It would have been interesting to see if the lists of the characters would have differed between the two stories.

Field trip to “Hôpital Civil” in Strasbourg

guided tour by professor Kopperferschmitt, translated by participant Jeremie Sinzelle.

The “Hôpital Civil” is a special department at the hospital in Strasbourg, funded by the government. The medication is paid for by regional funds whilst the workers are paid by the state. Sometimes clothes are sponsored by department stores. The hospital offers a shower, food and clothes for those who need it, and a place for dogs. The hospital accepts all patients, regardless of social and economic status. Every patient is treated with the same standard as every other French citizen.

Two doctors work there together with nurses and social workers. In the summer, they have some medical students volunteering. The doctors work some hours in the afternoons, but the patients start arriving hours earlier. When the department is not open, the patients can go to the emergency room. The department has seen cases where patients have inflicted injuries on themselves or imitate symptoms in the hope of being granted asylum. They sometimes have problems with patients selling their medication on the black market instead of taking it themselves.

Patients are sometimes referred to smaller clinics in the city if they do not need hospital treatment. In France, patients can go to private doctors' clinics once they have officially applied for asylum and are waiting for an answer. Those who don't want to go to hospital because it is a huge formal state-owned structure can go to Médecins du Monde's clinic in town, whether they have social security coverage or not.

Doctors and nurses never contact the police as it is forbidden by law in France. Medical information including names of patients has to remain secret to any third person not involved in current healthcare including the police.

The field trip gave the participants the opportunity to see and learn more about the health care facilities provided for asylum seekers in Strasbourg.

May 7th – Project ideas and project design

Project Design

Each participant was asked to think of a word connected to the theme of the study session, and write the word down. The participants were then given pieces of paper with a name of an animal and were asked to act like the animal. They had to find the other members of their group without speaking by recognising the behaviour. This was a way to form groups. Now each group was asked to come up with a fictitious project that would cover all the words connected to the theme, which participants had earlier written down. This was used as a way to stimulate creativity and a way to combine different interests and ideas of a project team.

Thinking about personal realistic projects

Participants were then asked to think of a realistic project they could do in their countries. Then they were asked to put their name, the name of the project and the keywords on a post-it, read them out loud one by one and then post it on a board.

Needs for creating a good project:

- Financial support
- Build our capacity, volunteers
- Educate ourselves regarding the topic and explore possible network we can work with
- Efficient local / national NGO work
- Influential support by other NGOs
- Contacts and cooperation
- Credibility and good education as medical students, so that the projects are accepted and respected
- Previous experience from other campaigns as something to apply to projects

Capacities that can be used:

- existing networks of NGOs and religious organizations and other international organizations
- support from the government

Projects:

- Awareness campaigns:
 - o amongst the general public
 - o among the healthcare professionals
 - o thematic evenings to deal with certain aspects of refugee problems
 - o discussion sessions with doctors who are involved in dealing with migrants, both documented and undocumented
 - o exhibitions
 - o articles in general media and in student newspapers.
 - o cultural costume parties
 - o case studies of successful and unsuccessful stories about migrants
 - o peer education
- Awareness campaigns among the refugee and migrants population:
 - o About their rights
 - o About access to healthcare
- Include migration issues on medical school curricula
- Language courses for migrants and refugees
- Activities for refugee children. Medical first aid (teaching and treatment)
- Affiliations with international / European organizations dealing with refugee and migrant issues
- Join active and recognized NGOs and projects.

Some of the ideas that participants came up with are mentioned more extensively further on in this report.

Closing Ceremony:

Hugo held the closing speech on behalf of the preparatory team. Miriam Lexmann received presents from the group. A power point presentation was presented by Sandra, with pictures from the study session. Participation certificates were handed out to all participants, and later on a CD with pictures of the session and some background materials.

In the evening, the Farwell Party took place.

Outcome

Outcome for preparatory team and IFMSA

For the preparatory team of this study session, the week in Strasbourg was a great week as a final result of more than a year of ideas and preparations. We were very happy to see the group of participants as enthusiastic and motivated as they were. We learned a lot about the topic ourselves as well, and from the cooperation with each other, with the Council of Europe and different NGOs. For us it was very good to see the participants learn from the lectures, workshops and field trips, and moreover to see them learn from each other. We tried to work gradually from introducing people more extensively into the topic, sensitize them to some of the main challenges in the field, and then work with them to create their own project plans. For us to see the participants going home motivated and full of ideas, ready to spread their experiences in their own organizations back home, was a very rewarding outcome. For IFMSA the gain of knowledge and experience among many of their members can lead to a whole range of interesting new projects and spin-off activities.

Learning points for participants

Participants learned about the backgrounds of migration in Europe and discussed about the problems and Human Rights challenges (undocumented) migrants can encounter. They learned about the Council of Europe and the European Court of Human Rights and how they work for Human Rights issues and how they are related to migrants. They had a chance to learn about the activities of different NGOs in the field and the relevance of their work. Because of the extensive work participants had done at home, they were able to share this knowledge in order to see the national topics in a wider international perspective, specially on the European continent. The effect of the living conditions of (undocumented) migrants on their health, and the problems with respect to access to health care, were explained and discussed. Finally, workshops on project planning and intercultural learning empowered participants to use the knowledge they had gained for developing project plans and ideas.

Ongoing and future action plans

Goze, Katie, Kirsten, Jaz and Jihaan:

We are planning to organize a big conference about the medical, legal, social and Human Rights issues related to immigrants / refugees in Europe.

Claire and Kevin, Ireland:

We plan to research and develop a survey-based project called Refugee Healthcare Adequacy Assessment Project, which hopefully will be used to measure the ease with which refugees and migrants in Ireland can access healthcare, and any problems, which they face with Irish health professionals. This project is ongoing, and hopefully will result in a report on refugee healthcare in Ireland.

Barbara and Marko, Slovenia:

We would like to start some kind of a workshop in primary schools, mainly dealing with intercultural learning. Presenting different cultures and different people, their stories and why they ended up in our cities. We're hoping to get them to see that differences between us are something that makes our society interesting, and not a threat to the native population. This way we're hoping to contribute to eventually making our society a bit more open for migrants and making their assimilation in our society a bit easier.

Venla, Finland:

I imagine a project on raising awareness about migrants' rights and changing attitudes among health care professionals. I'd like to do something on a smaller scale, due to lack of time at the moment... I've contacted an NGO working with migrant women and asked if they'd like to cooperate with medical students.

Yelena, Armenia:

We are working with the project "Peace Test". We take the survey with schoolchildren, in order to raise awareness among them about UN agencies, and have discussions about racism, equality, Human Rights.

Thomas, Sweden:

There are activities at all 6 medical schools in Sweden. IFMSA Sweden is running several social groups for immigrants whose basic aims are to get the immigrants integrated as much as ourselves. This is done by doing things together e.g. playing football or cooking dinner. Some of these groups involve just women to make the groups as relaxed as possible. Quite a few students have been helping immigrant children and adults with their homework.

Javier, Spain:

Maybe I talked to you about a district in the south of Madrid, full of Roma population; I go there with a paediatrist to do a medical consultation every Wednesday. And an article was published in EL PAIS (the most important newspaper in Spain) about it. Good for raising awareness!

Examples of project ideas that were born out of the Study Session

1. Name of the project: IDILICH – Raising Awareness Campaign

Nikki Abela - Malta

Iirjana Bajraktari - Kosovo

Katerina Kovac – Czech Republic

Sebastian Manoleasa - Romania

Barbara Stalowsky - Slovenia

Aim: Create a space for the children to come in contact with different cultures in their country. To start working towards a common goal of easing future integration of all migrating cultures into national society.

Practical work to implement the project:

Phase 1: Pilot project (working with children – costumes, international food, games, and movies – intercultural learning)

1. Contact schools and authorities.
2. Preparatory meeting
3. Get students interested
4. Realisation in schools

Phase 2: Evaluation meeting

2. Name of the project: *Where do you fall? Minority Health and Understanding Campaign (MHUC)*

Claire Danby - Ireland

Aim: Education and Awareness Campaign reaching out to the public as a whole, with an introduction to issues, problems and barriers, which migrants in Ireland face, and suggestions as to how each person can help. People will be able to place themselves into one of our categories (rather than simply placing migrants into their own category – they will have to ask themselves questions).

Practical work to implement the project:

1. After RHAAP in Ireland, a way to educate after campaign.
2. Start 2006. Collect + evaluate data. Contact NGOs + government agencies to gather information. Gather information on general public perspectives of this problem.
3. Create poster (Big ones!), leaflets (1/2 of A4), 4 powerful photos (1 for each target group; governments/organisations, public, migrants and health care professionals), pins, stickers.
4. Contact areas to display and hand out information; hospitals, refugee centres, governmental offices, schools, parks, sign posts and press so that people can see them.
5. Set launch date, timeline – 1 year. Address public on street 1-2x/month.
6. Evaluation

3. Name of the project: *Refugees in Schools Experience (RISE)*

Kevin O’Callaghan – Ireland

Aim: To allow schoolchildren and teenagers to interact with migrants in a classroom setting. This will allow the children to hear of refugee experiences, learn about prejudice

in Ireland, and learn more about native cultures of the migrant's country of origin. Hopefully, this will lead to an increase in tolerance and awareness.

Practical work to implement the project:

1. Getting a team together to work on the project.
2. Finding schools, presenting with a pre-prepared proposal for your project; your aims, objectives and methods.
3. Drawing up a structure for the "lecture" by the refugee: areas to be covered e.g. experiences in home culture which caused migration life in Ireland; experiences as asylum seeker. Cultural and ethnic difference between Ireland and country of origin.
4. Find refugees willing to participate in project with a large amount of ethnic and cultural diversity.

4. Name of the project: *Stay in Serbia*

Srdjan Gavrilovic – Serbia-Montenegro

Aim: To show to the people living in Serbia the real picture of a life of undocumented migrant and possibilities of quality life in their own country.

Practical work to implement the project: "Advertising of life in Serbia"

Where: TV, newspapers, billboards, websites, seminars

Who: People who left Serbia and people from Serbia with examples of success.

What: Tell to the people real stories and all the difficulties of undocumented migrant life through seminars and TV shows. Provide info at the website with job opportunities. Making of something like "Place to find job"

5. Name of the project: *Doctor's order (an awareness campaign)*

Venla Lehti – Finland

Aim: To reduce Finnish doctors prejudices against migrant patients. To make doctors more aware of migrants rights in the health care system. To make doctors put pressure on the people who decide about migrants' position in the health care system.

Practical work to implement the project: The symbol of the project is a "prescription" against intolerance. Every doctor would get the prescription and there would be a link from their internet portal. On the internet there would be web pages giving more information on the subject created by FimSIC and other NGO's.

6. Name of the project: *Be aware! Which one are you?*

Dzintra Locmele – Latvia

Aim: To raise awareness

Practical work to implement the project: Make informational papers with general information about refugees living in the country and the problems they are facing (for the public) to increase respect, understanding and tolerance, about laws in different countries, refugee rights (for the government), for refugees and migrants with info about health care etc. Make posters, leaflets and awareness campaigns in the streets.

7. Name of the project: *Humor Macht Frei*

Thomas Silfverberg – Sweden

Aim: To socialise and inspire the will for life among asylum-seekers (and undocumented migrants) as well as locals. To prevent apathy as well as increasing integration and open-minded perspectives. This would be done by just having fun together.

Practical work to implement the project: Contact refugee camps. Find out their needs. Find people who want to take part in the project. Arrange material. Meet. Have fun!

Evaluation

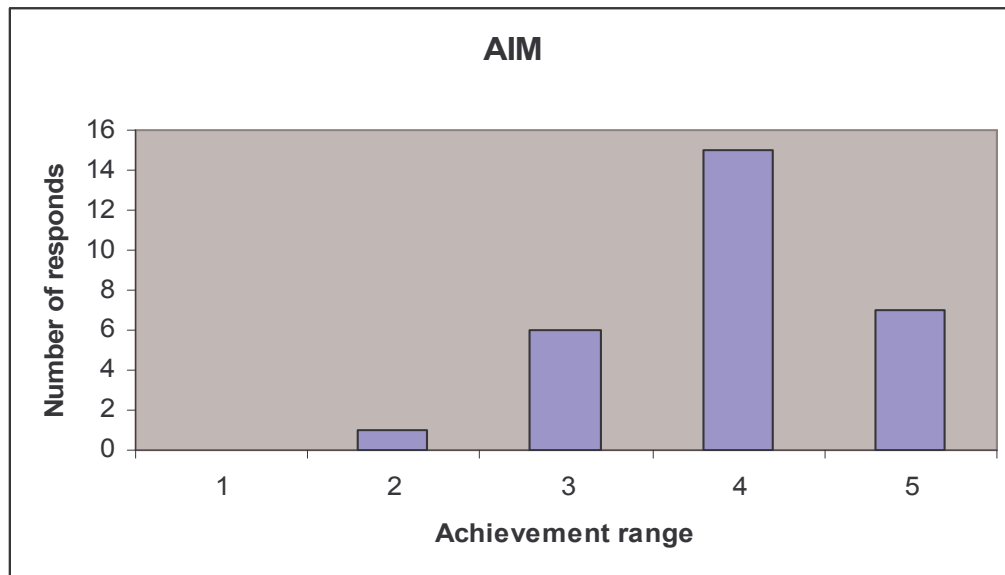
Evaluation with respect to aim and objectives

The participants were asked: *In your understanding of the study session, how far do you think the study session's objectives have been achieved during this course?*

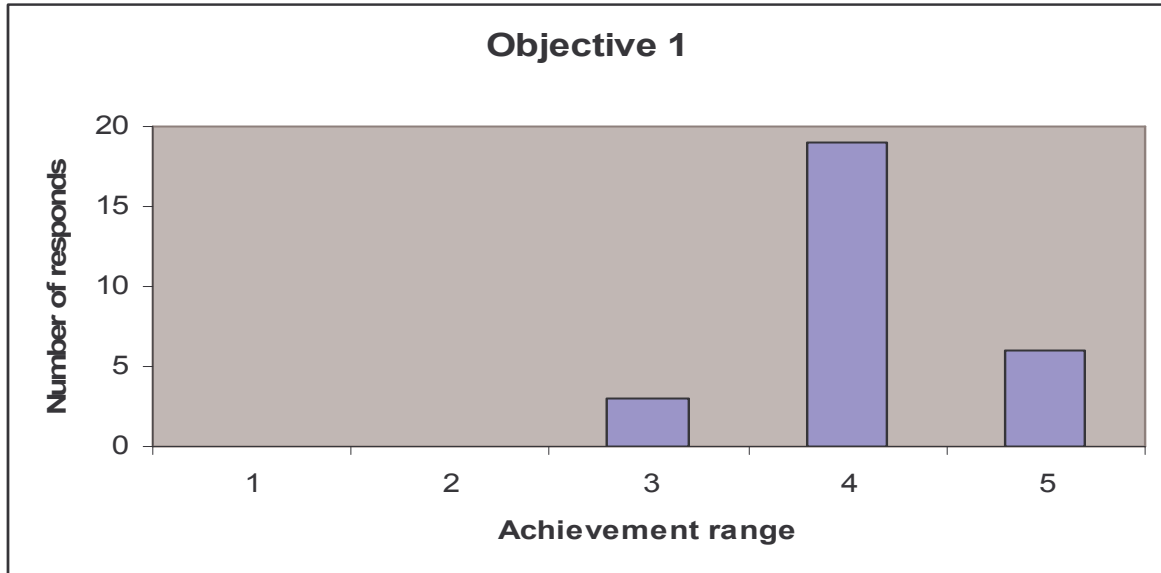
- 1-not achieved at all
- 2-not really achieved
- 3-sort of achieved
- 4-achieved
- 5-fully achieved

Aim:

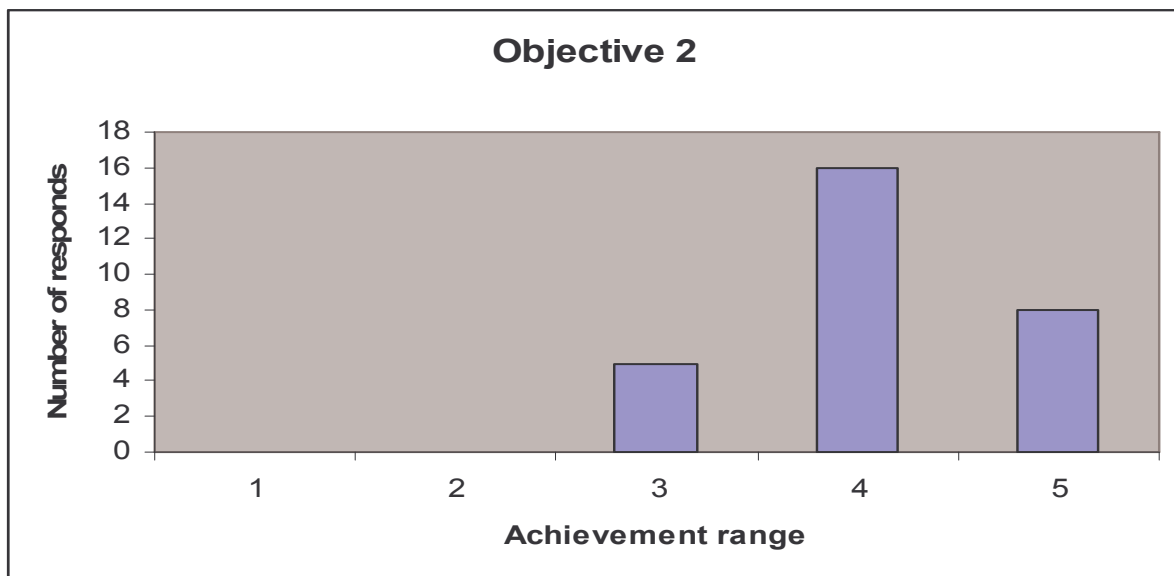
“It aims to provide young leaders from all over Europe with necessary understanding about the situation of refugees and illegal migrants in Europe and essential skills to help protect their rights, including their right to health”.



Objective 1: *To enhance young European leaders understanding of the situation and health of undocumented immigrants in Europe and the difficult conflict between Human Rights and local regulations.*



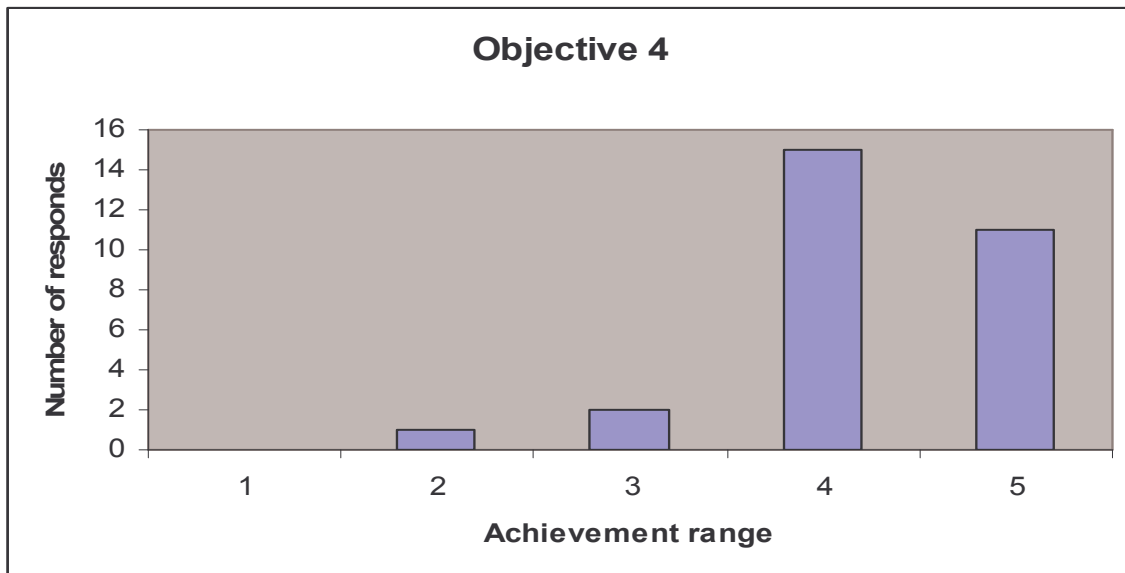
Objective 2: *To provide young European leaders with basic knowledge about health care for (undocumented) migrants and refugees in Europe, and the NGOs and institutions concerned with these topics.*



Objective 3: *To provide young European leaders with basic skills in intercultural learning / understanding, Human Rights and project management.*



Objective 4: *to motivate young European leaders to create their own projects and collaborate with existing NGOs concerning refugees in their countries by making them come up with concrete plans of action for the coming year.*



Evaluation form on sessions/lectures/workshops

The participants were asked: *Please evaluate the different sessions/working groups of the study session, by giving one mark to each of them according to the following:*

- 1 – Unsatisfactory
- 2 – Satisfactory
- 3 – Good
- 4 – Very good
- 5 – Excellent

In the table:

- A – How much did you enjoy it?
- B – How enthusiastic was the trainer/facilitator?
- C – How much did you learn?
- D – How relevant was it to you?

Sessions/working groups	A*	B*	C*	D*	comments
<i>Working Group</i> – Articles on Human Rights/Refugees	4	4	3	4	
<i>Presentation</i> of the Council of Europe by Miriam Lexmann	3	4	3	4	
<i>Lecture</i> by Emily Welle – International Centre for Migration and Health	3	3	3	4	
<i>Working Group</i> – Situation of Undocumented migrants	4	4	4	5	
<i>Court of Human Rights</i>	4	5	4	5	
<i>Presentation</i> – “Médecins du Monde”	3	3	4	4	
Nele Verbruggen (PICUM) - Access to health care for undocumented migrants	4	5	4	4	
<i>Workshop</i> on Access to Health care for Undocumented Migrants	4	4	4	4	

<i>Working group – “problems/needs/capacities/ projects”</i>	4	4	4	4	
<i>Training on Intercultural learning by Miriam Lexmann</i>	3	3	3	4	
<i>Field trip – Hopital Civil</i>	4	5	4	4	* 15 people
<i>Working group – Feedback from the Individual Plan of Action</i>	4	4	4	4	

Participants’ comments

Jihaan, Netherlands:

I have learned a lot during the study session, enjoyed myself immensely and made new friends. Overall, a great experience!

Kevin and Claire, Ireland:

The IFMSA-Ireland representatives enjoyed the study session thoroughly, and we believe that it was one of the best learning experiences that could possibly have been organised.

Pauls, Latvia:

Very good organized, a lot of new info.

Sebastian, Romania:

The SS was overall a positive thing. The main added-value was the information sharing, getting to know what the challenges of each country represented is and how they are dealt with.

Iliriana, Kosovo:

It was very interesting experience... hope to have similar study session in the future on very sensitive issues for the society.

Marko, Slovenia:

It is amazing how total strangers can become wonderful friends in such a short time. I am sure it is also because of the interests we share and that brought us to the study session in the first place.

Messages for the future

Jihaan, Netherlands:

Prepare yourself well! It's the only way to get the most out of such a study session.

Kevin and Claire, Ireland:

Come prepared with knowledge of your own countries issues. It is in the sharing of information on our different problems and issues that we learned so much about the entire area of migrant health. Sharing your knowledge is the greatest thing you can offer to the other participants.

Pauls, Latvia:

Go for it, it is worth it!

Sebastian, Romania:

You should do your homework before coming to one of these meetings, as it is crucial to have more than just an overall picture of the problem at hand. Also, ask a lot of info from the organizing committee (OC), so that it is very clear to you what to expect and what NOT to expect from the meeting. Be prepared to work long hours, but also to have fun and be surprised by the others.

Conclusion

First we take a look back at the different objectives, and see how they have been met, before taking all that into account for the overall aim of the study session.

To enhance participants' understanding of the situation and health of (undocumented) migrants in Europe and the difficult conflict between Human rights and local regulations. On the first working day, the participants learned about these topics in the lecture. Moreover, in the workshop participants discussed about different problems we presented to them, so they became aware of particular relevant examples. In the final working group, they learned from the situation in countries of other participants. In this way their knowledge widened and they learned to see the topic in a more international perspective.

To provide participants with basic knowledge about health care for (undocumented) migrants and refugees in Europe, and the NGO's and institutions concerned with these topics.

The lectures from PICUM and Médecins du Monde, as well as the visit to the local project in Strasbourg, provided the participants with knowledge on this topic. The visit to the European Court of Human Rights gave the opportunity to see how the Council of Europe and UNHCR work on these issues. In the workshop on Right to Health care and Access to health care, participants learned to put the knowledge they had gained into practice.

To provide participants with basic skills in intercultural learning / understanding, Human Rights and project management.

The workshop on intercultural learning created a lively discussion and made participants understand how to look at a situation from more different angles. Also, the whole week, working with people from all around Europe, added to this learning experience. The project management skills were improved in an interactive way, guiding the participants through the process of creating their own project plan.

To motivate participants to create their own projects and collaborate with existing NGOs concerning refugees in their countries by making them come up with concrete plans of action for the coming year.

Overall, the week in Strasbourg provided the participants with the necessary knowledge, experiences and motivation to create their own project ideas. Gradually during the week we worked towards individual project plans. Some participants decided to try and work together on an international level for their projects. We also trust that participants will spread their ideas and motivation in their respective home countries among colleagues, so the project ideas can be put into practice in a good way. Some of the project ideas and plans that came out of the study session are summarized on page 23-26.

We believe the study session, in this way, succeeded to realize the aim to empower young leaders, active within Health and Human Rights Youth Organizations in Europe, to develop relevant projects in the field of health and Human Rights of (undocumented) migrants.

Recommendations

In the study session, we had great support of the Council of Europe and from the representatives of the different NGOs and institutions who offered us their expertise. This enabled us to shape the theoretical framework on which to base further activities.

The active preparation of participants at home, who all had collected extensive knowledge on the situation concerning (undocumented) migrants in their respective home countries, was also a major factor contributing to the success of the study session.

Finally, we tried to use workshops with very practical and personal examples about the problems (undocumented) migrants can encounter, and how this affects their health.

We found the combination of the expertise of NGO's and institutions, the active input from participants preparing at home, and the workshops on a practical level, very fruitful.

We also recommend all interested parties to take on the topic of health and access to health care for (undocumented) migrants in Europe. As it is an area where many Human Rights challenges are being encountered and where there is still a lot to be achieved!

Appendices

Specified Program of the Study Session

2nd of May, Arrival Day

Ice breakers, name games and a Welcome party.

3rd of May, Introduction day

Morning

Introduction, official opening and welcome by the preparatory team
Introduction to the Council of Europe, by Miriam Lexmann
Expectations of the participants

Afternoon

Lecture by Emily Welle, International Center for Migration & Health
Migration trends in Europe
Living conditions and health, and the connection with Human Rights
Workshop Undocumented Migrants in Europe
Group session and Discussion

Evening

Preparation of visit to European Court of Human Rights
International evening

4th of May, European Court and Social Program

Morning

Visit to the European Court of Human Rights.

Afternoon

Presentation of the work of Médecins du Monde
Rest of afternoon free, social program

Evening

Dinner in town at a typical Alsatian restaurant.

5th of May, Right to health and access to health care

Morning

Lecture by Nele Verbruggen, PICUM
The right to health and health care

Access to health care for undocumented migrants
Workshop Access to Health Care
Reports from working groups and Group Discussion

Afternoon

Working groups: problem identification and needs assessment, developing project ideas
Group session about the working groups

Evening

Preparation of field trip
Latin evening

6th of May, Field trip and intercultural learning

Morning

Workshop intercultural learning

Afternoon

Field trip to Hôpital Civil in Strasbourg.

7th of May, Personal plans and projects

Morning

Formulation of individual plans of Action
Around the table feedback
Interactive training in Project development

Afternoon

Evaluations
Finish the reports
Closing ceremony

Evening

Farewell party

8th of May, Departure

Departure day

List of Participants

Name – Country of Residence – Organization

1. Yelena Petrosyan – Armenia – Armenian Medical Students Parliament
2. Ivan Georgiev Koychev – Bulgaria – Association of Medical Students in Bulgaria
3. Martina Soljic – Croatia – IFMSA-Croatia
4. Katerina Malinova – Czech Republic – IFMSA CZ
5. Jessica Ehne – Denmark- International Medical Cooperation Committee
6. Meelis Tasur – Estonia – Estonian Medical Students Organization
7. Venla Lehti – Finland – Finnish Medical Students International Committee
8. Jeremie Sinzelle – France – IFMSA-France
9. Ketevan Siradze – Georgia – Sunny House Project
10. Kirsten Schubert – Germany – IFMSA-Germany
11. Theodosia Thoma – Greece – Greek – Hellenic Medical Students International Committee
12. Claire Danby – Ireland – IFMSA-Ireland
13. Kevin O’Callaghan – Ireland – IFMSA-Ireland
14. Pauls Auce – Latvia – IFMSA-Latvia
15. Dzintra Locmele – Latvia – IFMSA-Latvia
16. Igor Spiroski – “The former Yugoslav Republic of Macedonia” - Civic Association for development of Civil Society and Ethical Values “Vis Viva” Prilep, Macedonia
17. Nikki Abela – Malta – IFMSA-Malta
18. Jihaan Hassan – Netherlands – IFMSA-Netherlands
19. Sara Shah – Norway – IFMSA-Norway
20. Anna Janowicz – Poland – IFMSA-Poland
21. Sebastian Manoleasa – Romania – IFMSA-Romania
22. Ilirjana Bajraktari –Kosovo– Center of Advancement of Studies
23. Srdjan Gavrilovic – Serbia and Montenegro – IFMSA-YuMSIC
24. Barbara Stalowsky – Slovenia - SLoMSIC
25. Marko Zlicar – Slovenia - SLoMSIC
26. Javier Padilla Bernaldez – Spain – IFMSA-Spain
27. Thomas Silfverberg – Sweden – IPPNW / IFMSA-Sweden
28. Göze Ozdemir – Turkey – Bosporus Youth Association
29. Jaspreet Roise Dhaliwal – United Kingdom – Medsin-UK
30. Marie Charlotte Elizabeth Harleman – United Kingdom - Medsin-UK

Profile of some sending institutions

Netherlands: IFMSA-The Netherlands

IFMSA-NL is an organization by and for Dutch medical students. We are situated at each of the eight medical faculties, represent every medical student in The Netherlands, and are recognized by the universities and NGOs. There are nearly 200 active members who organize exchange programs, projects, workshops, seminars, awareness campaigns, and other activities in the field of global health.

Ireland: IFMSA-Ireland

IFMSA-Ireland is a student organization, with every medical student in the country as a member. We have committees in all 5 medical schools in Ireland and are increasing our active participation among member students month on month, with ongoing projects in all of our Standing Committees.

Slovenia: SLoMSIC

SloMSIC (Slovenian Medical Students' International Committee) is a dynamic, non-profit, and apolitical organization of medical students that cooperate with their foreign colleagues during their studies with variety of projects and therefore provide the flow of information from abroad to Slovene students. The projects are however open to students of other faculties and non-students as well.

Kosovo, Centre for Advancement of Studies:

Center for Advancement of Studies (CAS) is a Non Governmental Organization founded in October 2002 in Prishtina by a number of young professionals experienced in different organizations and projects, in order to advance the approach of students to medical education system in the country.

List of references

International Federation of Medical Students' Associations – www.ifmsa.org

Council of Europe – www.coe.int

International Centre of Migration and Health – www.icmh.ch

Platform for International Cooperation on Undocumented Migrants – www.picum.org

