

# **SIMULATION COMMITTEE GUIDE**

**WHO**



## **WORLD HEALTH ORGANISATION**

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## Presidents' Letter

Dear Delegates,

We extend a warm welcome to the 21st edition of the CCBMUN! Allow us to introduce ourselves; we are Martina Urazán from Colegio Bolívar and Jacobo Montero from Gimnasio La Colina. It is truly an honour to serve as the chair of this committee. Together, we boast an extensive experience of over 22 models, assuming the roles of delegates and presidents. Additionally, we have actively participated in the model UN within our respective schools – Jacobo as the Secretary General of the GLCMUN and Martina as part of the CBMUN.

Our decision to chair a committee at Colegio Colombo Británico is driven by the invaluable experience we gained through debating with students from diverse backgrounds in this specific model. This exposure allowed us to shed our inhibitions and engage confidently with others. Last year, we met during WHO, and this experience highlights the enduring connections that MUN fosters while honing critical, investigative, and persuasive skills. As delegates in WHO, we realised the significance of the topics debated, given the committee's role is to preserve global health standards, which are essential for maintaining worldwide order and ensuring a better quality of life for everyone.

With this in mind, we earnestly implore all delegates to reflect deeply on the issues that may arise from the decisions you make, as you are representing a country that undeniably has an impact on the debate. We expect thoroughness and persuasiveness from each delegate, as well as resilience and determination. Remember, a remarkable delegate is able to shine even amidst challenges.

We understand that for some of you, this may be your first model UN experience, while for others, an exciting challenge awaits! Rest assured, we have been in your shoes multiple times and comprehend the nerves that an upcoming model can induce. However, we assure you that, as the model progresses, those nerves will subside, and you will find the confidence to excel. We pledge to offer our unwavering support, be it with portfolio preparation or during the model itself. Do not hesitate to ask any questions, regardless of how small, at the committee email address. We have the utmost faith in your abilities and believe you will excel in achieving all the set objectives of the committee.

Kindly,

Jacobo Montero Arango & Martina Urazán Millán (WHO Chair)

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## **Simulation topic:** *Access to Proper Healthcare for Refugees and Migrants in Europe*

### **I. History/Context**

To properly define what a migrant is, they are “someone who changes his or her country of usual residence, irrespective of the reason for migration or legal status.” (United Nations, n.d.).

Europe has received the largest number of migrants since World War 2. Europe has always received a large number of migrants and refugees; in 2015, the European Union received 1.5 million people from countries that were suffering from either armed conflict, economic crises, or internal conflicts occurring in the country. (The public health dimension of the European migrant crisis, 2016). These countries included Syria, Afghanistan, Eritrea, Iraq, Nigeria, Pakistan, Somalia, as well as the Western Balkans. This large influx of individuals has had an enormous effect on the public health systems within the countries receiving these people.

The act of moving to a different country already has health implications. This could be due to the reason the person is moving, which may come from violence and traumas within the country they were living in. Also, the process of travelling may be arduous; people are placed in strenuous environments, have to deal with unpredictable weather and their transportation methods tend to be economically cheap and therefore not the safest, which may lead to unexpected injuries during the journey. Once they do arrive to the new country, they almost always resort to living in refugee camps, where they have to overcome language barriers and cultural differences, where their legal status is not clear, and where, most importantly, the access they have to healthcare may not be the best.

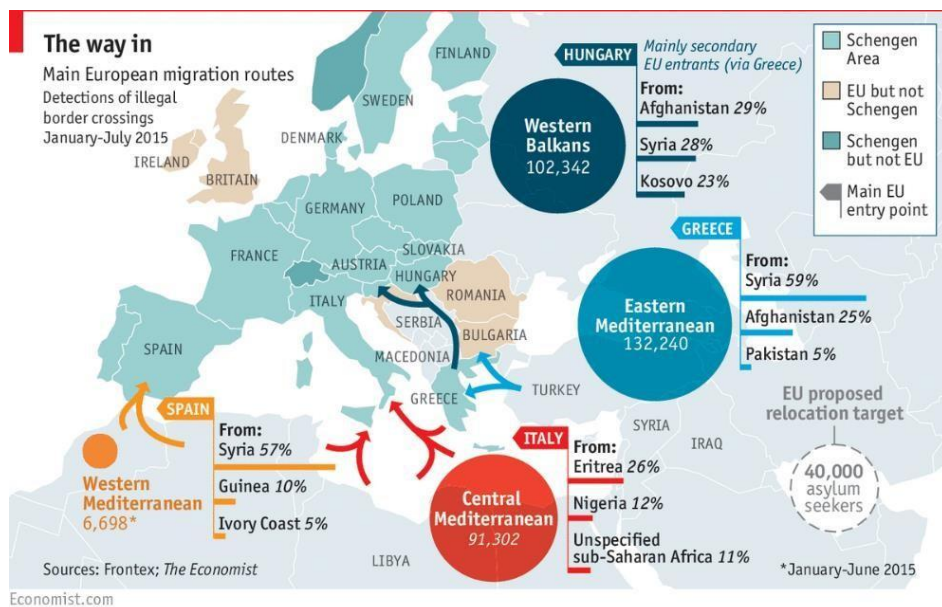


**Figure 1:** United Nations. (n.d.). [Europe and the Refugee Crisis: A Challenge to Our Civilization]

A grave danger of this type of migration is the spread of communicable diseases. Due to the lack of hygiene on these journeys, it can be common to develop illnesses such as salmonella, hepatitis and cholera. This could be due to unclean water, food or an insect or parasite. In addition, the precariousness of these people’s mental health leaves them more vulnerable to disease.

There have been claims that migrants are linked to the widespread disease in the countries they travel to, however, it has been concluded by both WHO and the European Union that they pose the same threat as any international traveller, and therefore, it is of vital importance to protect these people’s health (Politico, 2022).

It has been demonstrated that migrants’ health tends to worsen throughout their stay in the host country; the main causes of this were discrimination, poor working conditions and lack of access to healthcare. (Lebano, et al. 2020)



**Figure 2:** European Migration Routes (The Economist, 2015)

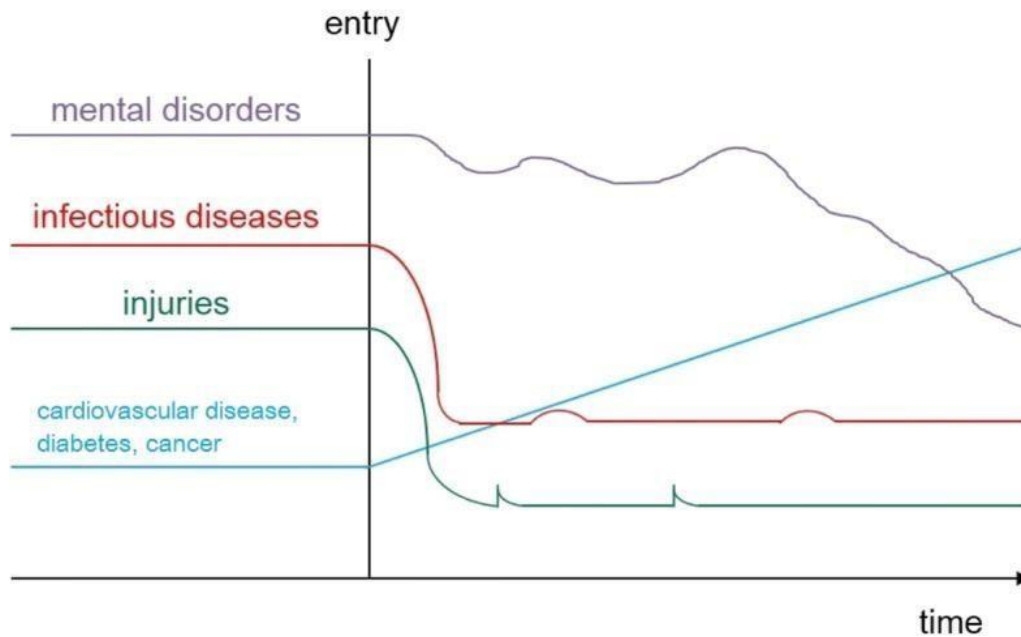
It was observed that refugees, once in the country where they have found shelter, tend to struggle more with their mental health than their European counterparts. In addition, in a study conducted on asylum seekers, the most common diagnoses were PTSD (Post-traumatic stress disorder), which was 31 percent, and depression, which was 20 percent. Though it was said these mental disorders were mostly due to their past circumstances in their homeland and the journey itself, there was also evidence that in part the toll was due to the stay in the country they were currently living in.

It was also claimed that:



*“Another study in France underlined the lack of clinical practice recommendations for the care of unaccompanied refugee minors as causing significant disparities depending on the department or region to which the young person arrived.”*

(Lebano et al, 2020)



**Figure 3:** Hypothetical Scheme of Different Disease Entities (Krämer, 2018)

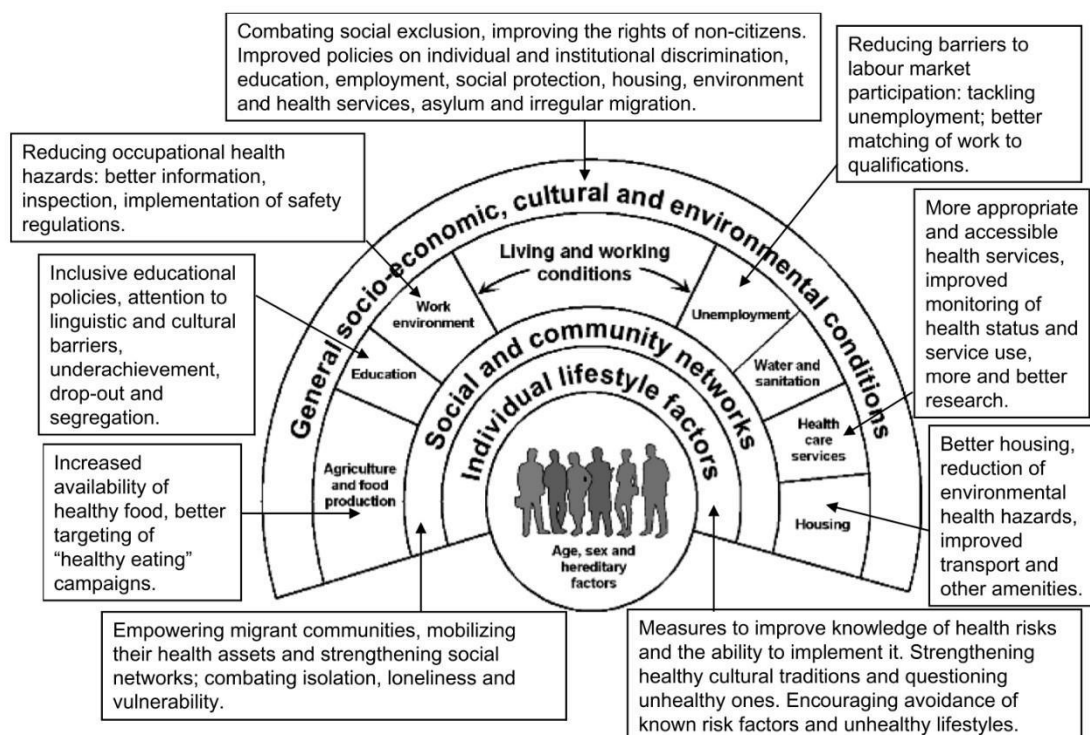
An Italian study was made in both Spain and Italy with regard to migrants' health and whether their needs were being met by the nations' healthcare system. It showed that the accessibility to healthcare and the attention to migrant health needs decreased between 2007 and 2012 in Italy.



**Figure 4:** (UNHCR, 2016)

## II. Current Situation

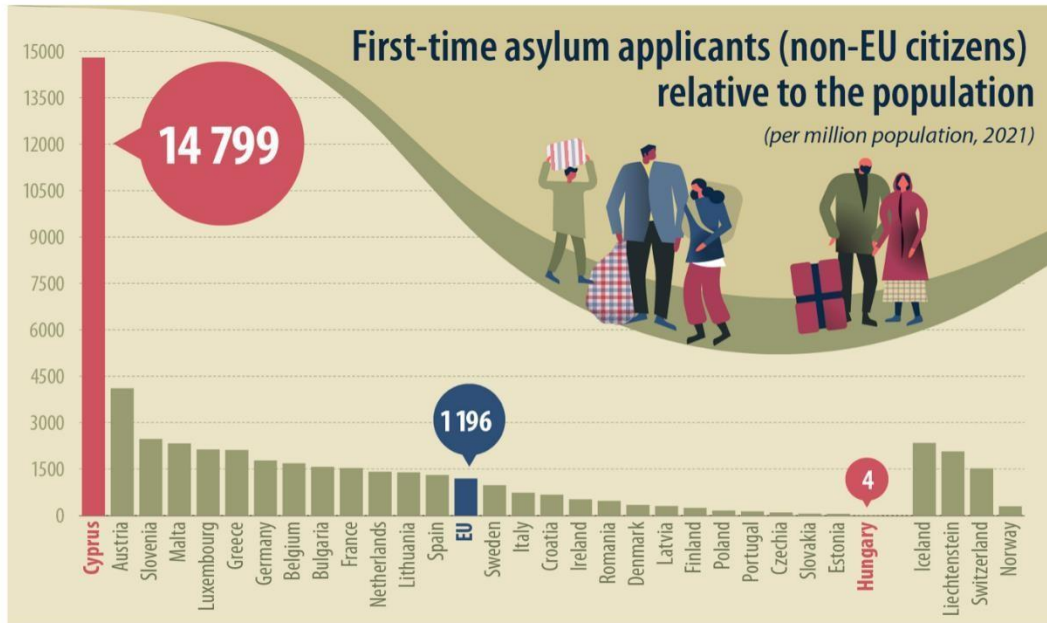
Nowadays, the European Union has opened doors and opportunities to migrants, thus supporting them and creating new laws, so migrants can have a health advantage in the nation where they settle. The European Union assumes that migrants are healthy; however, upon arrival, they may suffer from different factors or develop a condition prior to their arrival in a foreign territory. Among these factors are mental and physical problems such as dehydration, anxiety, depression, and exhaustion.



**Figure 1.1** Policy measures tackling the determinants of health for migrants

**Figure 5:** Source: Adapted from WHO Regional Office for Europe (2010)

The European continent offers support due to its concern for the health of its migrants. The Health of the European Commission, *“Provides financial support to improve healthcare for vulnerable migrants, integrate them into national healthcare systems, and train healthcare professionals, supports the EU countries facing particularly high levels of migration in responding to health-related challenges; promotes the sharing of best practices on healthcare models; and coordinates the following activities through the Health Security Committee.”* (European commission, n.d.)



**Figure 6:** Eurostat. First-time asylum applicants up by a quarter in 2021. 2022

Later, in July 2016, the European Union accepted further reforms to promote the Common European Asylum System, which includes the laws in relation to healthcare:

- “The Asylum Procedures Regulation”
- “The Qualifications Regulation”
- “The Reception Conditions Directive” (European commission, n.d.)

*“In September 2020, the Commission presented a New Pact on Migration and Asylum setting out a fairer approach to managing migration and asylum. The objective is to strike a new balance between the principles of fair sharing of responsibility and solidarity and to build confidence through a more comprehensive approach and modernised procedures. The Pact proposes to accelerate migration processes and strengthen the governance of migration and border policies. Health and healthcare of migrants is also included in the Pact through the introduction of health checks that will allow an early identification of migrant’s potential needs.”* (European commission, n.d.)

As evidenced by our dedication to universal health coverage, WHO believes that everyone, including refugees and migrants, should be able to enjoy the right to health and access to people-centred, high-quality health services without financial hindrance. National and municipal health policies, finance, planning, implementation, monitoring, and evaluation should take refugees and migrants' needs into account. However, in the long run, refugee and migrant health should be mainstreamed into current services. In order to provide quick and effective emergency responses, health care may occasionally need to be provided in a parallel structure to the national health system.



**Figure 7:** Eurostat. First-time asylum applicants up by a quarter in 2021. 2022

### **Healthcare problems for migrants to Europe**

Despite all the legislation, the reality of healthcare for immigrants to Europe can be completely different. In many EU countries, migrants who do not have the correct documents are not always eligible for healthcare, and sometimes they might only have access to emergency care, which they have to pay for. However, it has been found that if refugees and illegal immigrants are not screened and provided with proper healthcare, ultimately the cost of their emergency treatment could be a lot higher. Furthermore, it was found that the conditions in which some migrants live in Europe lead to healthcare problems, for example, living in poorly equipped asylum centres or earning too little to be able to live healthily.

Migrants may also suffer from language and cultural barriers, which mean that they cannot express their health needs properly in the host country. The cost of providing healthcare for refugees can be particularly overwhelming for the countries that receive them. Currently, Poland has been dealing with refugees from Ukraine and estimates that it must pay 50 to 70 million euros per month to look after one million refugees (at the time of writing, there were 2 million Ukrainian refugees in Poland). Some countries simply do not have sufficient funds or healthcare systems to handle such a large influx of people.

### **III. Key Points of the Debate**

- Healthcare needs for migrants in Europe
- Conditions or illnesses suffered by migrants arriving in Europe
- Cultural and language barriers to healthcare provision
- High cost of healthcare provision for refugees
- Reform or legislation to ensure the health needs of migrants and refugees are met.

#### IV. Guiding Questions

1. What are the most common healthcare issues that refugees face in/from your country?
2. What healthcare is available to refugees in/from your country, if any?
3. What problems does your country face when providing healthcare for refugees?
4. How has the international community reacted to the arrival of refugees in/from your country?
5. What can be done to improve healthcare access to refugees in Europe?

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**Figure 2:** The Economist Newspaper. (n.d.). *Looking for a home*. The Economist. Retrieved August 23, 2022, from

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**Figure 3:** Matlin, S. A., Depoux, A., Schütte, S., Flahault, A., & Saso, L. (2018, September 24). *Migrants' and refugees' health: Towards an agenda of solutions*. Public Health Reviews.

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**Figure 5:** *WHO/europe intranet | news*. (n.d.). Retrieved August 25, 2022, from [https://www.euro.who.int/\\_\\_data/assets/pdf\\_file/0019/161560/e96458.pdf](https://www.euro.who.int/__data/assets/pdf_file/0019/161560/e96458.pdf)

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