MIGRATION, RIGHTS & HEALTH

MIGRATION RIGHTS & HEALTH


FOOD
NOT
BOMBS

RECEIVING AND SUPPORTING WITH DIGNITY

Migration is a universal phenomenon. Throughout the world, people seek protection and a better life. Doctors of the World (MdM in its French acronym) has a long-standing commitment to working with exiles. From the boat people lost in the China Sea during the 1980s to those attempting to cross the Mediterranean today, the organisation continues to assist people who risk their lives to leave their home country. It provides care and support and bears witness to the intolerable.

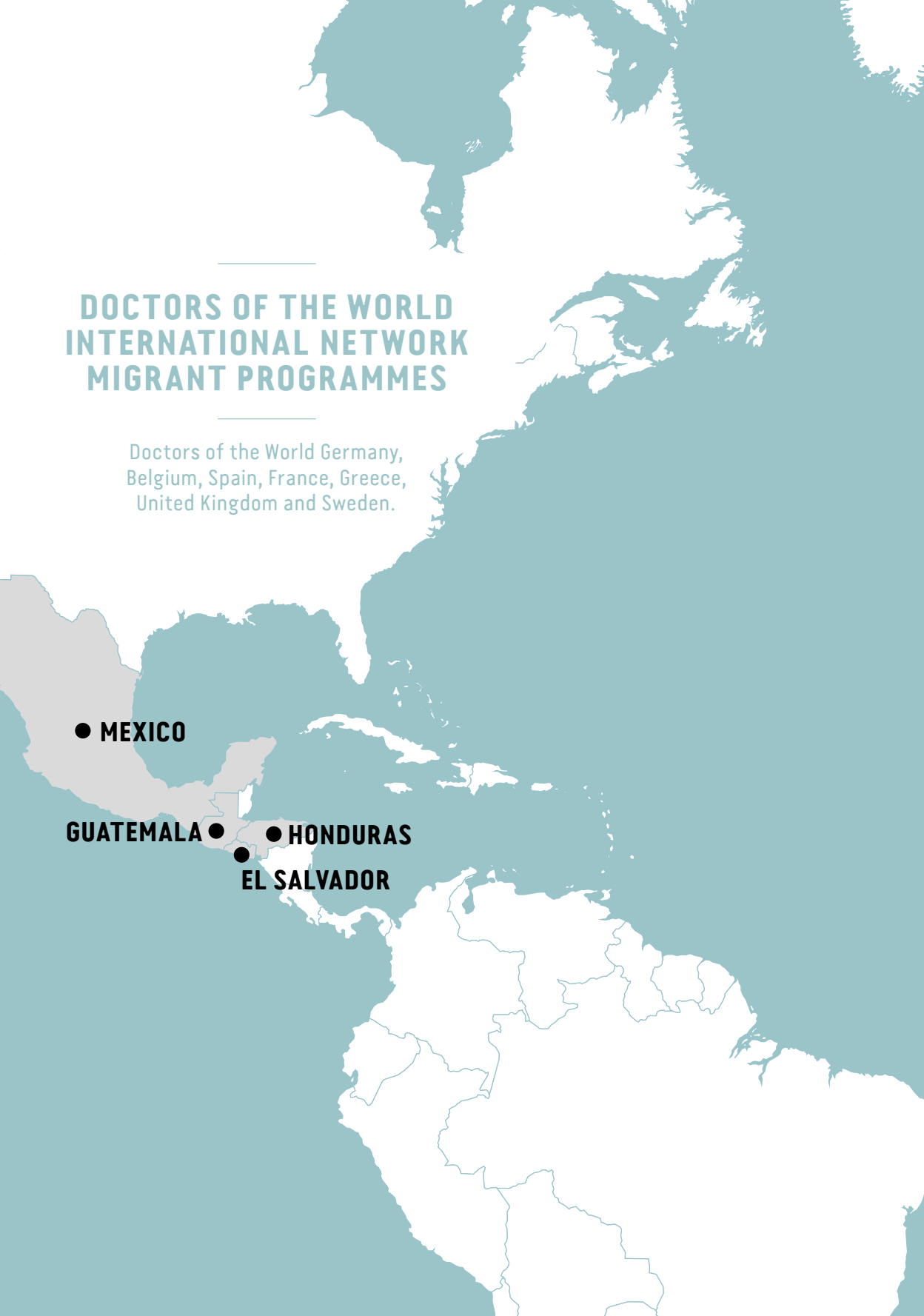
Through its international network, MdM is present on several continents. In Europe, Latin America, Africa and the Middle East, we are active on all the migratory routes. We work everywhere from crisis areas to destination countries – particularly in Europe –, including in transit countries such as Algeria and Turkey, at the gateway to Europe in Greece and Italy and along the Balkan route. But we are also present between the north of Central America and Mexico, where complex migratory flows occur. And whilst the reality of situations may differ, the policy dynamics remain identical and the consequences for the people are invariably the same: rejection, violence, violation of the most basic rights, no access to care and exclusion.

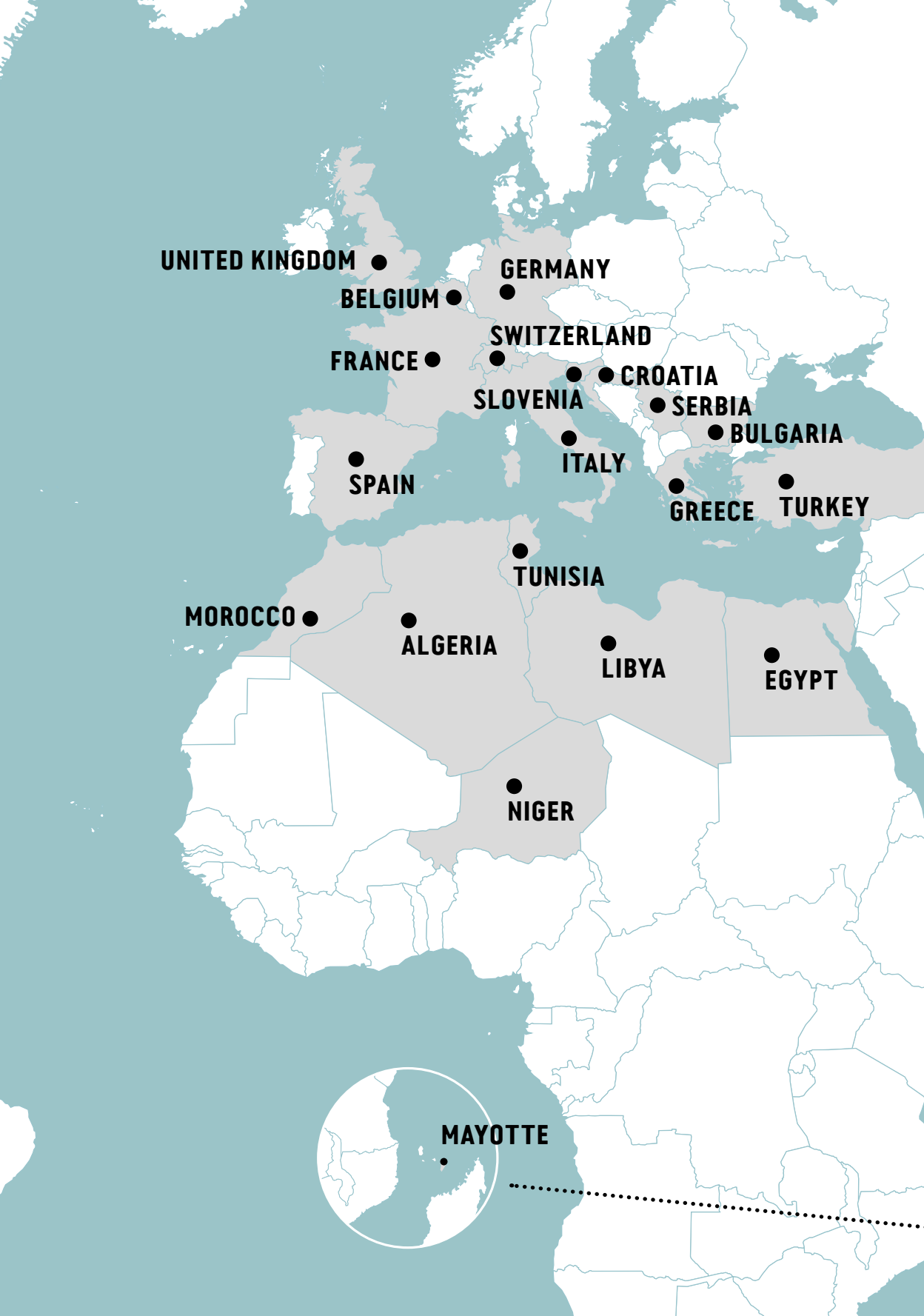
Given the reality of a world on the move, increasingly tough migratory policies and the 'migrant reception and solidarity crisis' affecting Europe, in 2015 MdM renewed its associative project reaffirming the importance of access to healthcare on the migratory route and of receiving and supporting migrants as a core element of its social remit. This priority applies equally to operational issues and to political advocacy, in France and abroad.

MdM is committed to assisting the most vulnerable people during their exile, caring for them and re-establishing their access to medical and psychosocial care. There are families amongst them, but also single women and unaccompanied minors who, in the course of our medical consultations, give accounts of the reasons for their flight and the various types of violence to which they have been subjected along their migratory route.

Suffering and rejection, borne out by our experience on the migratory routes and the testimonies we have gathered, are the basis of our political struggle and our advocacy in support of these vulnerable people. These accounts enable us to alert the local authorities to the need to care for these people and give them effective access to quality healthcare. MdM also puts pressure on Member States and bodies of the European Union to speak out against immigration policies and to develop practices which will bring an end to human rights violations and from which will emerge a dignified, supportive and humane reception of migrants.

FRANÇOISE SIVIGNON
PRESIDENT DOCTORS OF THE WORLD FRANCE


DOCTORS OF THE WORLD
INTERNATIONAL NETWORK
MIGRANT PROGRAMMES
Doctors of the World Germany, Belgium, Spain, France, Greece, United Kingdom and Sweden.
MEXICO
GUATEMALA
HONDURAS
EL SALVADOR


UNITED KINGDOM
GERMANY
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SPAIN
GREECE
TURKEY
TUNISIA
MOROCCO
ALGERIA
LIBYA
EGYPT
NIGER
MAYOTTE

BATTLES TO BE FOUGHT

UPHOLDING PEOPLE'S RIGHT TO HEALTH

Health inequalities as well as overt or implicit discrimination in access to healthcare radically affect the most vulnerable people, especially migrants and exiles. They contravene principles of equality and non-discrimination and constitute a violation of basic human rights.

To ensure that these rights are respected, MdM is focusing its efforts on securing immediate access to medical and psychosocial care. We are well placed to understand the difficulties of exile and the resulting health problems owing to our experience of the migratory route. We are therefore able to provide the most appropriate support to people who are traumatised by the violence they have experienced since leaving their home country, while in transit and on arrival in their destination countries, particularly at the borders.

By documenting their experiences, we can expose the political dynamics at work, such as the externalisation of border controls and deportation, bilateral expulsion treaties and denial of the right to asylum, and the consequences for the health and lives of people. MdM continually puts pressure on the authorities to remind them of their responsibilities, and strengthens the capacity of local stakeholders to receive and take care of migrant populations both from a medical and from a social and legal point of view.

Our actions have essentially revealed the basic needs of those highly vulnerable and often forgotten populations, who are often single women and unaccompanied minors. Invisible and yet more exposed to violence and trafficking, many of them try to cross land and maritime borders. MdM is developing programmes specifically for these people and is taking action to ensure that they are genuinely protected in the various transit and destination countries.

CHALLENGING THOSE WITH INFLUENCE

MdM exerts pressure so that the harsh realities of exile are taken into account and government policies are directed towards receiving migrants and facilitating their access to care. Methodological tools have been developed to help with the emerging challenges of advocacy relating to migrant health and with delivering the advocacy message direct to decision-makers.

Engagement with those in positions of power is also essential at all levels, from the global to the local. In September 2016, MdM was present at the General Assembly of the United Nations to talk about the global governance of migration. On a day-to-day basis, links are created between the health institutions of the various countries involved to share practices and sometimes simply to enforce existing legislation. Partnerships with civil society organisations also strengthen advocacy actions underway on behalf of migrants.

DOCTORS OF THE WORLD ADVOCATES

- Denouncing and changing repressive and restrictive migration policies which impact negatively on the health and access to basic human rights of exiles.
- Combating all forms of violence against people during their migratory journey and ensuring that they are given protection.

ACTIVELY NETWORKING IN RESPONSE TO GLOBALISED MIGRATION

MdM relies on an international network, which is present in 15 countries, to launch joint campaigns – particularly in Europe –, to run joint programmes and to grow its political influence.
Partnerships are established with local and regional platforms and facilities with complementary skills, in order to share expertise and to gain influence and recognition. MdM also resorts to the law in certain cases or situations, in order to ensure that migrants' rights are respected.

RAISING PUBLIC AWARENESS AND INFLUENCING DECISION MAKERS

Bearing witness is part of the MdM's mandate to 'provide care and bear witness'. Communication and the media play a pivotal role in legitimising our struggles and in making them more widely known. The media bear witness and can expose assaults on human dignity to the general public and to decision-makers. It is they, too, who can report on our actions on the ground and add value to our advocacy. MdM maintains close ties with these opinion-formers who have testified extensively on the crisis in the reception and support of migrants. Several channels are employed, notably regular press releases to denounce injustices or to react to certain policy decisions. The opportunity offered to certain journalists to come on programmes run in France and abroad enables them to get closer to the reality on the ground and to the difficulties encountered by the people who are supported by the organisation.

In addition to mobilising the media, MdM engages in digital activism to increase its influence. It allows it to directly engage with certain decision-makers and to mobilise the general public.

MdM also organises public events to raise awareness of the issue of how migrants are received, such as the Ouvrons les Portes exhibition in 2015, on Place de la République, which focused on portraits of well-known and unknown individuals, who were invited to express their solidarity with migrants.

NEEDS TO BE MET

Criminalising exiles makes people's lives and journeys extremely precarious and exposes them to all types of violence. It generates suffering and trauma. It deprives them all of their human rights and their citizenship. It excludes them from mainstream services.

In Mediterranean countries, refugees and migrants who have passed through Libya have suffered inhuman treatment and almost all have been tortured. They come from the Near and Middle East (Syria, Iraq, Iran and Afghanistan), the Horn of Africa (Eritrea, Ethiopia, Sudan and Somalia) as well as Nigeria, Gambia and Côte d'Ivoire. Most of them have risked their lives crossing the Mediterranean (over 5,000 people perished at sea in 2016).

Some migrants reach Central America from where they try to get to Mexico or the United States. There they join the local populations who themselves are fleeing threats and extreme violence in the northern triangle of Central America comprising El Salvador, Guatemala and Honduras.

Significant psychological pain therefore results from the living conditions, accumulated traumas en route, isolation, an inability to visualise a future and day-to-day difficulties. Physical problems are often due to a breakdown in the continuum of care and to geographical, administrative, financial, linguistic and cultural difficulties with accessing healthcare. Physical problems are also linked to extremely poor and insanitary living conditions, long journeys on foot, increasingly risky attempts to get through and violence at the hands of people smugglers, the police, institutions, gangs, the local population and sometimes the migrants' own community.

Women and unaccompanied minors are most vulnerable. Women have less control over their

decision to migrate than men, as this decision is most often made by the family[1], and around 80% of victims of trafficking are women[2]. MdM diagnoses psychological pain in these individuals – most of them have suffered violence on their journey – and mother and child health problems. Access to contraception and antenatal and post-partum care is extremely limited. There are many unwanted pregnancies and unsafe deliveries. The prospect of having a child in very difficult circumstances is often the cause of additional stress. Yet seldom do the centres and refugee camps offer specific protection to women.

More and more unaccompanied minors are migrating. They are vulnerable to abuse and trafficking and all too rarely are provided with the protection that they need. There are excessive delays in obtaining support, so that they are forced to live in unsuitable places such as detention centres or on the street. In Italy, for example, whilst they wait for places to become free in children's centres, they are placed in emergency centres where they may stay for several months, often mixed in with adults. In Mexico, only 1% of minors claiming refugee status obtained it in 2015[3].

1. YEOH ET AL., 2002 // 2. UNFPA 2015, FARAH, 2006 // 3. HUMAN RIGHTS WATCH

PRINCIPLES OF INTERVENTION

Influencing policies and arrangements regarding migration to promote fair and effective access to human rights and healthcare for people on their migratory route, whatever their origin or legal status.

OUR METHODS AND INTERVENTION PRIORITIES

Our presence on all migration routes enables us to better understand people's situations and take a comprehensive approach to them, so that we gain a better grasp of the challenges that they face in countries of origin, transit and arrival.

THREE PRIORITY AREAS UNDERPINNING OUR INTERVENTION RATIONALE

1. SHORT TERM: TO IMPROVE ACCESS TO HEALTHCARE AND PROTECTION

In each country where we work, specific help with access to human rights and healthcare is given to the migrant population. The public healthcare systems are also strengthened: medical services and managing the care of victims of violence, psychological support, cultural mediation (language barriers, etc.) and personalised social support.

The objective is to re-establish immediate access to healthcare. MdM adapts its activities to the circumstances, in particular by deploying mobile clinics in arrival and transit countries. Our teams provide emergency care, when the public system is overwhelmed or when migrants and refugees do not have access to it. The organisation also intervenes at points of return, particularly in Guatemala and El Salvador, providing support for people badly affected by their expulsion from Mexico or the United States.

2. MEDIUM TERM: TO STRENGTHEN THE CAPACITY OF LOCAL AND NATIONAL STAKEHOLDERS

The aim is to encourage the emergence of a quality response from organisations and local authorities (particularly the public health system) for better access to rights and healthcare for migrants. The actions involve strengthening the capacity of local stakeholders to adopt sensitive approaches – such as on questions of gender –, map services, improve

coordination, network and exchange good practice between stakeholders. The development of systems for sharing information with the migrant population through access to basic human rights is also essential.

As part of its response, MdM promotes partnerships with local associations and collaboration with the relevant authorities, particularly health authorities. This facilitates their participation in transnational coordination bodies on questions of migration.

3. MEDIUM AND LONG TERM:
TO DEVELOP ADVOCACY BASED ON SUPPORTING DATA

MdM assesses the conditions in which the most vulnerable migrants in particular are received to produce precise data on barriers to access to healthcare and human rights. By bearing witness to the reality faced by migrants, refugees and returnees, the organisation advocates a dignified reception which respects human rights and is adapted to their needs.

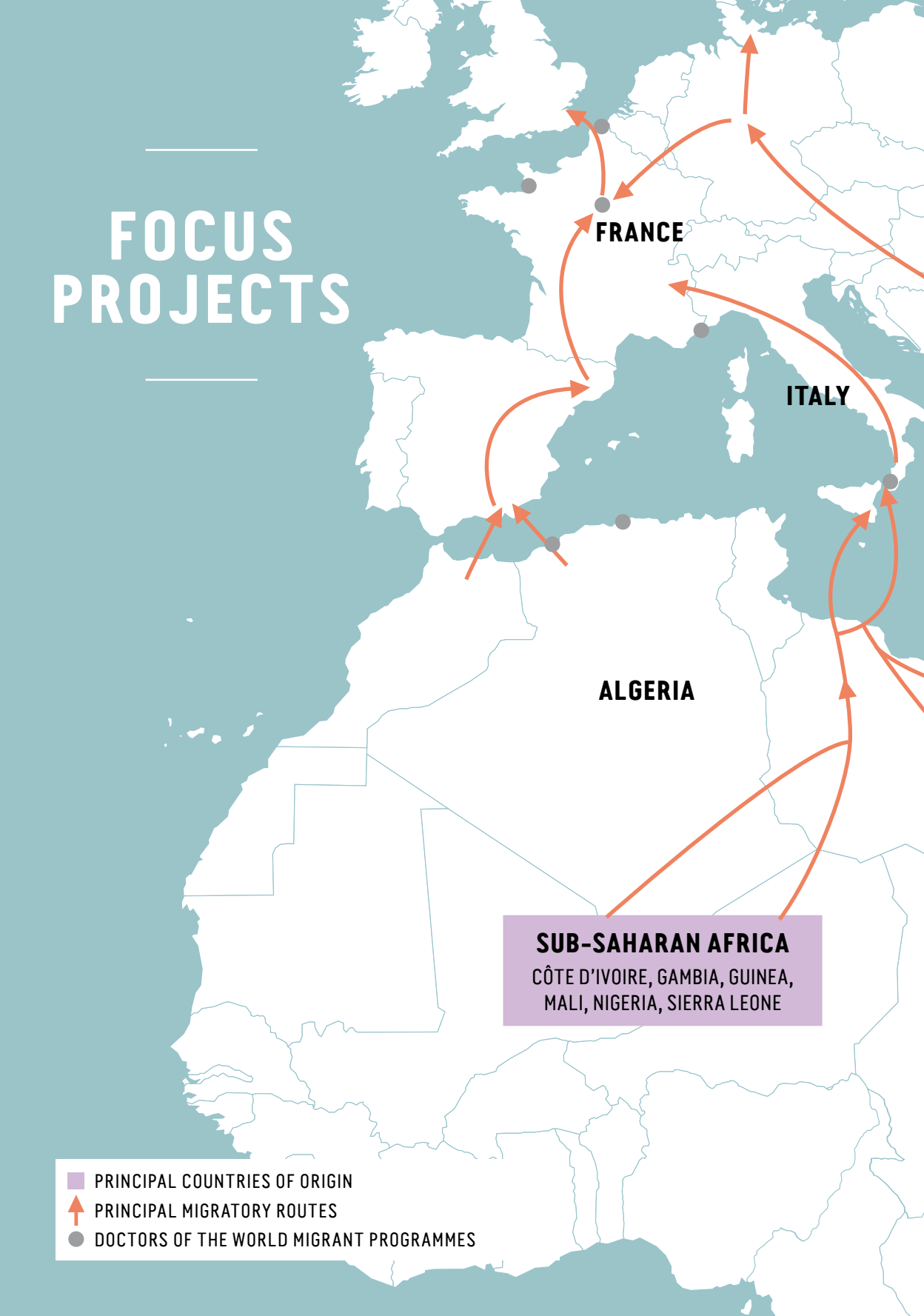
It therefore asks local, regional and international authorities to take stock of the problems and identify effective intervention methods to improve existing arrangements over the long term.

PSYCHO SOCIAL SUPPORT includes individual consultations with a psychologist, discussion groups on topics agreed with the migrants and refugees (gender-based violence, parenting and stress management), psychosocial activities (art therapy) and referral for more specialized support if necessary.

SEXUAL AND REPRODUCTIVE HEALTHCARE includes gynaecological consultations, antenatal monitoring, and assisted deliveries by qualified staff, family planning consultations and, according to the context, access to abortion for women who request it.

PREVENTION AND SUPPORT IN CASES OF GENDER BASED VIOLENCE consists in training MdM personnel and other professional partners to identify cases, provide medical and psychosocial support then refer to specialist facilities according to need.

FOCUS PROJECTS




REFUGEE CRISIS IN EUROPE
SERBIA
BULGARIA
GREECE
TURKEY
LEBANON
EGYPT
ASIA AND THE MIDDLE EAST
IRAN, IRAQ, SYRIA, AFGHANISTAN, BANGLADESH, PAKISTAN
HORN OF AFRICA
ERITREA, SOMALIA, SUDAN

FRANCE

AN UNWORTHY RECEPTION

Global instability, whether geopolitical, economic or climatic, along with inequality, explain the continuing increase in the number of people forced to flee their country. Of the 69 million people displaced in the world, some knock on the doors of France. Many of these migrants, victims of a very real 'reception crisis', remain stranded on the Nord and Pas-de-Calais coastline or on the French-Italian border in deplorable living and security conditions.

In October 2016, the Calais jungle, through which thousands of refugees passed in the hope of reaching the United Kingdom, was dismantled. 7,000 people were placed in Reception and Orientation Centres (CAO in its French acronym), which were urgently set up in all regions of France. In November 2016, a Primary Reception Centre (CPA in its French acronym) was also created in Paris in order to crack down on the camps in the capital. Unfortunately, these facilities are inadequate to meet all existing needs for accommodation, social support, health care, etc.

System failings in how unaccompanied minors are treated are also symptomatic of a non-reception policy. There are thought to be almost 10,000 such minors in France with around 4,000 arriving on French territory every year[4]. Even though they should be afforded immediate protection, these minors, who fall within child protection regulations, are faced with a great number of obstacles in order to have their situation recognized. Without adequate protection, they end up living rough, facing the many risks of living on the street, exposed to trafficking and networks. In Mayotte, migration policy has become stricter over the last few years. The break-up of families on a massive scale is caused by the policy of expulsion and arrest on the island of Mayotte and at sea. As of today, between 3,000 and 6,000 children[5] are alone on the island. In France, migrants face many difficulties in accessing rights and care. The complexity of administrative procedures, the excessive demands for supporting documents by health insurance funds, the increasing number of requirements for access to State Medical Aid, the difficulties in obtaining a postal address and so on are all obstacles for migrants accessing their rights, and distance them from health services.

In 2016, MdM had 20 healthcare and advice clinics (CASO). Any person struggling to access healthcare is received, cared for, supported in their administrative procedures, and referred to mainstream healthcare services by this programme.

In 2016, more than 31,500 medical consultations, 2,200 dental consultations, 8,600 paramedical consultations and 12,800 social consultations were provided to 25,224 people, 96% of whom were foreign nationals. The paediatric clinic in Mayotte received 862 children and provided 1,334 medical consultations.

Furthermore, outreach programmes are organised at the places where migrants are living. Specific programmes have been set up for migrants in transit in Calais and, more recently, on the French-Italian border. Finally, initiatives are underway to help unaccompanied foreign minors in Paris, Caen and Nantes. In 2016, 260 young people were supported by the team at the clinic in Paris.

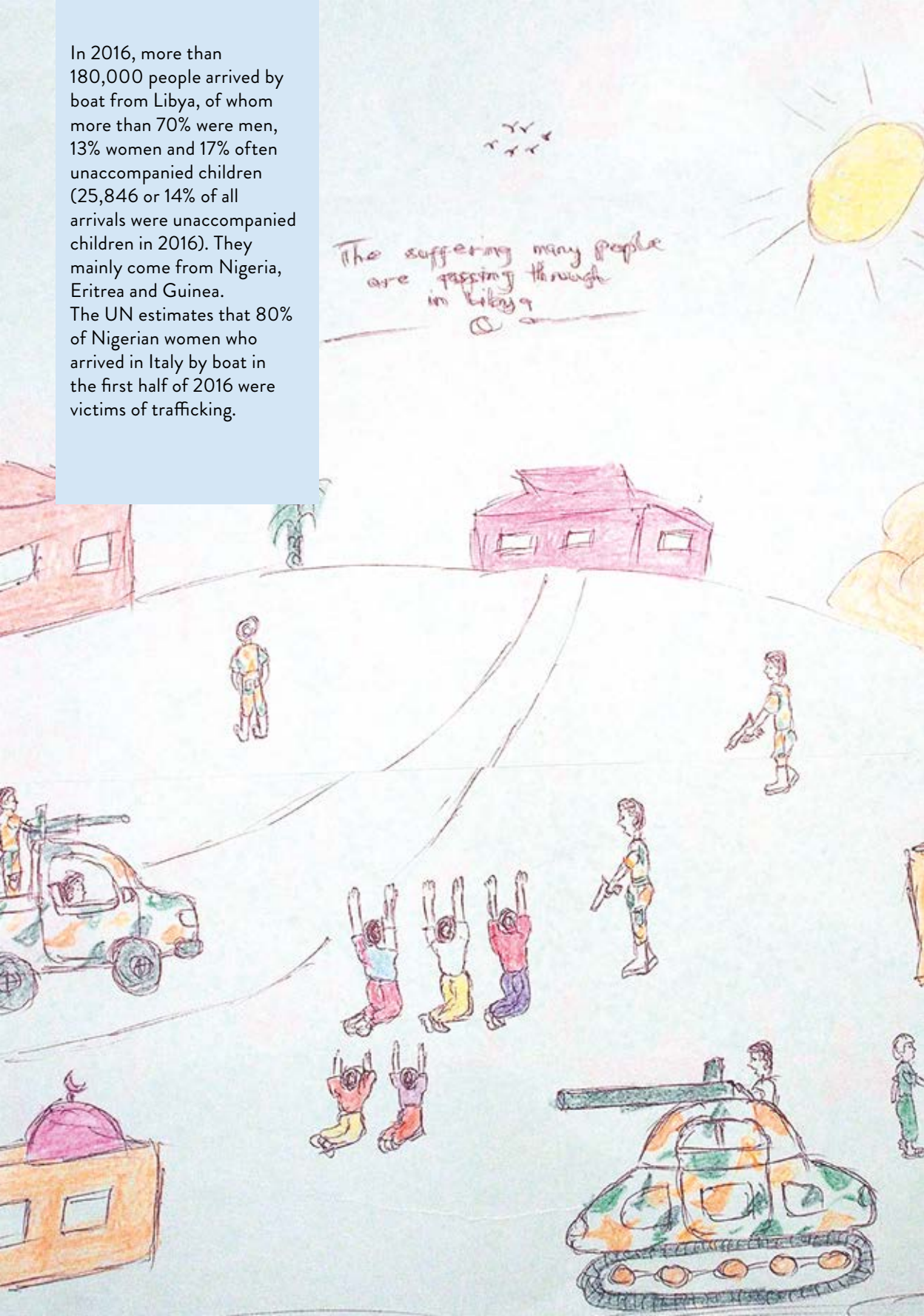
4. MINISTRY OF JUSTICE, FRANCE LAND OF ASYLUM // 5. SAKOYAN 2015

TESTIMONY

" Seven containers would be enough for around 50 people. But there are always between 100 and 150 of us living in the camp. There isn't enough space; we sleep on top of each other. There is no privacy, firstly because we have to share the container with strangers, but above all because we are not allowed to close the door. If we close the door, a people smuggler immediately comes to ask what we are doing and says to us 'this isn't your house here, you must leave the door open.' For three nights, some smugglers slept in our container. I felt terrible. "

A YOUNG IRANIAN WOMAN ENCOUNTERED AT TÉTEGHEM CAMP IN 2015

In 2016, more than 180,000 people arrived by boat from Libya, of whom more than 70% were men, 13% women and 17% often unaccompanied children (25,846 or 14% of all arrivals were unaccompanied children in 2016). They mainly come from Nigeria, Eritrea and Guinea.
The UN estimates that 80% of Nigerian women who arrived in Italy by boat in the first half of 2016 were victims of trafficking.



ITALY

REPEATED VIOLENCE

The closure of the border between Europe and Turkey and the lack of facilities for receiving and dispersing asylum seekers within Europe contribute to the reception system in Italy reaching saturation point. Migrants sometimes wait several months in overcrowded and often unsanitary emergency centres, where there is a limited capacity for care. This contributes to an environment where smuggling and human trafficking are rife, often linked to the local mafia or organized crime organizations. Human trafficking and violence affect migrant women and children in particular.

Since December 2015, MdM has been operating in Reggio Calabria, the third port of arrival for migrants after Lampedusa and Pozzallo in Sicily. It is a very poor region that received more than 16,000 migrants in 2015 and more than 30,000 in 2016[6]. MdM provides medical consultations and psychosocial activities at the port and in primary reception centres, mainly for unaccompanied children and women, with a focus on mental health and the physical and psychological consequences of violence.

Working with local stakeholders (public health officials, the local council, the Red Cross, Caritas and a network of reception centres for asylum seekers), MdM strengthens the capacity to receive migrants through the training of professionals and volunteers. These training courses focus on the psychological and medical care of migrants in general and of victims of violence in particular. The aim is also to improve the referral of victims to the various relevant institutions.

In Italy, MdM advocates better medical, psychological and social care for migrants in local institutions, which requires the improvement of living conditions and the establishment of effective cultural mediation within the reception centres. The organisation also condemns the violence it witnesses during the reception of migrants and campaigns for free movement and the unconditional provision of reception services. The organisation encourages the Italian authorities to develop conditions for reception, protection and care that are adapted to the needs of the victims.

6. UNHCR

SAVING LIVES IN THE MEDITERRANEAN

In 2016, 363,401 people attempted the crossing to Europe via the Mediterranean and of these over 5,000 lost their lives, making this the deadliest maritime route in history. The people who attempt the crossings are crammed into inflatable boats that are in a poor state, are overloaded and completely unsuitable for navigating on the high seas. The passengers have no navigation instruments nor enough fuel to reach the Italian coast.

In the face of this emergency, MdM joined forces with SOS MÉDITERRANÉE, taking part in sea rescue operations for three months on board the Aquarius. The objective was to save the lives of people in distress and to protect them through good quality reception and medical support services. The partnership focused on running an on-board clinic and all the tasks concerning reception of refugees on the ship: registration, distribution of emergency kits, distribution of food and organisation of the stay of survivors on board. Based on three-week rotations, the Aquarius sailed back and forth in the international waters off the coast of Libya, in compliance with international maritime regulations and in full cooperation with the Maritime Rescue Coordination Centre (MRCC) based in Rome. From January to April 2016, MdM and SOS MÉDITERRANÉE rescued 919 men, women and children. Treatment was given to a number of sick people as well as those with gunshot wounds and various other injuries.

The data collected during medical consultations informed the publication of a scientific article in the Conflict and Health review entitled ‘Rescue medical activities in the Mediterranean migrant crisis’. This article gives facts and figures based on our action in the Mediterranean with migrants, whose situation remains critical.

In 2016, over 18,000 migrants, including 3,301 women and 963 children under 5 years old, were assisted by MdM.

353 victims of violence were identified and received treatment through medical and psychological consultations.

SERBIA

WHEN THE BORDERS CLOSE

Following the official closure of the 'Balkan Route' at the beginning of 2016 as well as the erection of walls and barriers at their borders by Serbia's neighbouring countries, the number of people crossing the country decreased considerably, from 579,518 people in 2015 to 98,975 in 2016[7].

The situation today is a long-term humanitarian issue, with over 6,300 people remaining blocked in Serbia for months on end. Some suffer from chronic illnesses or are hurt when they try to cross the borders illegally. Others are forced to live in abandoned warehouses, exposed to adverse weather conditions. Yet the country's reception capacity is limited and it is difficult to provide adequate protection services. In addition, coordination between governmental and non-governmental organisations and between national and international stakeholders is complicated.

Since January 2016, MdM has supported the migrant population in transit in Serbia through three mobile teams based in Belgrade, Šid and Subotica. The organisation provides direct access to primary and mental healthcare, psychosocial support through a participative approach (group discussions, written evaluations of activities and meetings) and cultural mediation to enable refugees and migrants to receive protection and be made aware of their rights. MdM is also involved with the establishment of an appropriate and efficient referral system between primary and secondary healthcare systems to ensure, amongst other things, support and follow-up of the most vulnerable individuals.

MdM also seeks to support local stakeholders (civil society and local authorities) through training on questions of mental health and sexual violence, so that they can provide quality medical assistance to a reasonable number of refugees in Serbia between now and the end of 2018.

The organisation also collects data to develop advocacy locally and regionally and to support better integration of migrants into national health systems.

7. INTERNATIONAL ORGANISATION FOR MIGRATION

TESTIMONY

« In summer 2016, 700 people were living at Horgoš camp, next to the Hungarian border. Some didn't have any shelter despite the 40°C temperature. Children were burnt by the sun. Those who bathed in a lake of stagnant water to cool off caught skin infections. A young three-year-old Afghan boy even drowned there. We could be doing up to 100 consultations per day. It was dreadful. In August, 140 migrants began a hunger strike and walked from Belgrade to Horgoš to demand the reopening of the borders. They lasted seven days without food or drink. In vain. »

NIKOLINA GLIGORIC, NURSE IN SERBIA

In 2016, 78,100 consultations were conducted in facilities run by MdM and their partner organisations in Turkey.

TURKEY

LIMITED ACCESS TO HUMAN RIGHTS

A real corridor. A way into Europe. For migrants from the world over, Turkey is almost an obligatory staging post. The crisis in Syria and Iraq has triggered major population displacement. At the end of 2016, there were 2.8 million Syrians in Turkey, added to which there were 291,209 asylum seekers and non-Syrian refugees from Iraq, Iran, Afghanistan, Somalia, etc.[8]

The vast majority of refugees – 2.5 million people – live outside the camps in urban areas, particularly in the regions close to the Turkish border, whereas around 254,000 people live in 26 official camps[9]. The government and local services are struggling to cope, which impacts on the quality of services for the entire population and poses a threat to social cohesion. These people are not officially recognized as refugees because the Turkish Government signed the Geneva Convention, adding a geographical limitation that applied only to European refugees. As a result, Syrians have a collective residency permit but limited access to social rights and to the support detailed in the Geneva Convention.

In March 2016, following a joint EU-Turkish action plan that was activated on 29 November 2015, the European Union and Turkey decided to "put a stop to irregular migration from Turkey to Europe" through a bilateral agreement. Consequently, the number of refugees in the country is increasing.

Since July 2012, MdM has been working in partnership with the Union of Medical Care and Relief Organizations (UOSSM in its French acronym) to supply post-operative medical services in the centre at Reyhanli, close to the Syrian border. In November 2014, the organisation embarked on a partnership with Doctor Worldwide Turkey (DWWT) to provide primary healthcare and mental health services, psychosocial support and sexual and reproductive health services in the south-east of Anatolia for Iraqi refugees. In 2016, the area of intervention was extended to Istanbul and Izmir, in cooperation with the Association for Mutual Aid and Assistance to Migrants (ASEM in its French acronym). At the same time, MdM and ASEM began to work in a medical and advice centre in Reyhanli, which predominantly takes in migrants from sub-Saharan Africa, free of charge and without discrimination.

Administrative support, as well as information and awareness-raising services concerning their rights, registration procedures and access to healthcare services are provided to refugees in Turkey. Ten years of experience in the field have enabled us to get to know the country and build a network of relationships so that we can improve the living conditions of migrants at a national level as well as speak out at European level against the agreement between Turkey and Europe on migration controls.

8. UNHCR, OPERATIONAL REPORT OCTOBER-DECEMBER 2016
9. INTERNATIONAL ORGANISATION FOR MIGRATION IOM, MONITORING THE PRESENCE OF MIGRANTS, SITUATION REPORT OCTOBER 2016

KEY DATA

On average, every year, over 1,300 migrants receive medical guidance, material assistance, awareness-raising on health and rights and HIV/Aids screening.

TESTIMONY

« Black people are not well treated in hospital. When you have a problem and you need to have tests, they send you somewhere else, where you will have to pay and where Algerian people don't go. And if you are admitted to hospital, you are treated badly. In intensive care, there is no nurse to lift your spirits. The Algerians are afraid to touch you. They think you have a contagious disease. In hospital they give you everything in a hurry. Even when they are giving you a prescription, hands must not touch. »

MARIE,
A MIGRANT LIVING IN ORAN

ALGERIA

FACING DISCRIMINATION

Algeria is no longer just a major transit country for migrants en route to Europe, it is also a destination for people from sub-Saharan Africa, especially Central and West Africa. As a result, several tens of thousands of migrants currently live on the coast of Algeria. Their experiences vary and the migratory routes are shifting, but we estimate the average length of stay at a little over three years. Around 10,000 migrants with no legal status are spread across Algiers and Oran.

Whether they are permanently settled or waiting to leave for Europe, these people are in an extremely vulnerable situation. Stigmatised and often subjected to violence, they face difficulties in obtaining care, despite an efficient social security system which provides access to healthcare for all at a nominal cost (€0.5 or €1 per consultation). The situation has improved, but there remains important work to do regarding language difficulties, certain medical examinations and access to treatment, notably in a context where there are still many taboos on questions linked to sexual and reproductive health and where the legal framework is very restrictive (abortion is illegal and severely punished, inputs are unavailable despite being authorised, etc.).

Since 2014, MdM has been working in Algiers and Oran with community volunteers and several civil society organisations including the Association for Protection against Aids (APCS in its French acronym), the Association of Algerian Women Claiming their Rights (FARD in its French acronym), APROS-Chougrani, a social support association, and Caritas. Using a community approach, MdM peer educators operate across districts where migrants live. They direct them to the infectious diseases department of the University Hospital, to the APCS and to the 'Women's garden', a place dedicated to listening and supporting migrant and Algerian women who are victims of oppression. The garden, which was set up by our partners with the support of MdM, provides testing facilities for HIV and STIs. The women who are seen are told about the importance of continuity of care, particularly regarding monitoring pregnancy and young children. Sanitary towels, condoms and babies' nappies are distributed as required. Teams from the organisation also raise the awareness of health centre staff concerning the specific difficulties experienced by migrants.

Since 2015 MdM has coordinated the Algeria Migration Platform. This platform, made up of 17 national and international organisations – including migrant groups –, provides a space for working together and responding to the needs of migrant populations, improving their access to legal assistance and ensuring migrants' effective access to human rights in Algeria. Efforts also involve raising awareness among the general public of the realities of migratory journeys, in order to combat discrimination.


• Every year, between 400,000 and 500,000 people attempt to cross the border to reach the USA.
• In 2016, almost 300,000 people were deported from the USA and Mexico to El Salvador, Honduras and Guatemala, that is an increase of 64% compared with 2015.
• We estimate there are 500,000 internally displaced people, who are fleeing violence in these three countries of Central America.
MEXICO
GUATAMELA
HONDURAS
EL SALVADOR
MIGRANTS IN CENTRAL AMERICA AND MEXICO
DOCTORS OF THE WORLD MIGRANT PROGRAMMES
MIGRANTS IN TRANSIT
DEPORTED PEOPLE OR RETURNEES

CENTRAL AMERICA AND MEXICO

DISPLACED PERSONS WITHOUT PROTECTION

In Central America, social exclusion, violence (especially gang violence), political and economic instability (corruption, youth unemployment, etc.) and poverty are all factors which encourage around half a million men, women and children from Guatemala, El Salvador, Honduras and Mexico to migrate towards the United States. Many of those who try to cross the border end up in the hands of criminal gangs or traffickers, with women especially at risk of sexual abuse or being forced into prostitution. The situation is exacerbated by migration control policies (Plan Frontera Sur, externalisation of border controls, etc.) between Mexico and the United States.

Central American migration is an invisible humanitarian crisis, which is perceived as normal. To address these challenges, we need to envisage a comprehensive approach to the entire migrant journey from point of departure through transit countries to the destination country. With this in mind, since April 2015, MdM France has been working jointly with MdM Spain to help improve the migrant population's access to rights and health during internal displacements and forced returns between the northern countries of Central America and Mexico.

The establishment of networks with institutions and civil society associations has allowed a better understanding of the migratory situations of each country and, most of all, the development of partnership agreements with 17 civil associations and three state or state-associated agencies, which work in the three departure countries with migrants and the families of missing persons. The objective is to strengthen the capacity of these bodies to improve medical and psychosocial support and to impact on protection policies. Medical and psychological consultations are therefore conducted in reception centres, particularly the Refugio de la niñez in Guatemala and the welfare centres of the Cristosal association in El Salvador. MdM also trains personnel from government health, migration and human rights departments in the northern triangle of Central America and in Mexico: to provide training, develop protocols, establish a referral system and network, etc.

MdM contributes to an increased recognition of the state of violence that characterises the region. As part of advocacy to influence decision-makers, the organisation runs workshops and took part in a cross-border Migration & Health working party, as well as a technical platform on migration health. Research was also conducted to analyse obstacles to health, the impact of migration and living conditions during the migratory journey or forced displacement.

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Doctors of the World is an independent organisation of activists, in France and abroad, who provide care, bear witness and support social change.

Based on innovative medical programmes and advocacy work, we enable excluded people and their communities to access health, at the same time as fighting for universal access to care.

Doctors of the World campaigns for a world where all barriers to health will have been eliminated, a world where health will be acknowledged as a basic human right.

To finance its actions, Doctors of the World relies on the generosity of the public. Over 50% of the budget comes from private donations.

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