



Public Health Association of Australia: Policy-at-a-glance – Refugee Health Policy

Key message: PHAA will –

1. Campaign for equitable social and health services for refugees and asylum seekers, regardless of visa category;
2. Participate in partnerships and coalitions to promote the rights of refugees; and
3. Engage with media to promote positive refugee stories and to better inform the public about issues impacting on the physical and mental health of refugees and asylum seekers in Australia.

Summary:

Refugees and asylum seeker policies and service provision should be planned within a human rights framework, offering a humane, equitable and compassionate approach.

Refugees and asylum seekers should be offered the same level and type of health care as the general population, including a balance between health promotion, disease prevention and treatment services, and optimum client care including continuity of care.

This policy seeks to outline a series of tangible actions designed to achieve these goals.

Audience: Australian, State and Territory Governments, policy makers and program managers. Other relevant stakeholder and professional groups in the refugee health field.

Responsibility: PHAA's International Health Special Interest Group (SIG)

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REFUGEE HEALTH POLICY

The Public Health Association of Australia notes the following points regarding refugee health:

1. According to the 1951 Convention Relating to the Status of Refugees¹, a refugee is a person who “owing to a well-founded fear of being persecuted for reasons of race, religion, nationality, membership of a particular social group or political opinion, is outside the country of his nationality and is unable to, or owing to such fear unwilling to avail himself of the protection of that country”. In short, refugees have been forced to flee their homes and countries of birth, are currently outside their country of nationality and unable to return.
2. As signatory to the 1951 Refugee Convention, Australia has voluntarily accepted obligations to protect and assist those who fall within its mandate. As such Australia accepts refugees under the humanitarian migration program. While there has been a recent increase in the size of the humanitarian program intake, with approximately 13,000 humanitarian entrants to Australia each year, as a percentage of the overall migration program the humanitarian component has actually decreased from 17% of the total intake in 2001/02 to 11% in 2005/06.
3. Humanitarian entrants and refugees may have been exposed to a number of adverse situations or conditions in their country of origin, during their flight, or whilst in their country of asylum. These may include:
 - ❑ psychological trauma due to persecution, war and other circumstances leading to and surrounding their flight;
 - ❑ social dislocation, including separation from family and friends;²
 - ❑ insecurity, including threat of, or actual, physical violence and rape;³
 - ❑ overcrowding, poor hygiene and under-nutrition, particularly for those who spent time imprisoned or in refugee camps;
 - ❑ poor medical and dental care, due to destruction of infrastructure and disruption to preventive and curative services;⁴

¹ UN Convention relating to the Status of Refugees of 28 July 1951, Article 1A , <http://www.unhcr.org/cgi-bin/texis/vtx/protect/opendoc.pdf?tbl=PROTECTION&id=3b66c2aa10> (accessed 14/08/06)

² Pittaway, E. (1999), Refugee Women - Unsung Heroes, *Nobody Wants to Talk about it - Refugee Women's Mental Health*, Transcultural Mental Health Centre, Sydney, Australia

³ www.refugeecouncil.org.au

⁴ Walker, PF and Jaranson J. Refugee and immigrant health care. *Medical Clinics of North America*. 1999; 83:1103-1120

- torture, whether psychological, physical or both.⁵
- 4. Since 2008 a number of Australian policies relating to refugees and asylum seekers that were detrimental to health have been rescinded, including discontinuation of the granting of only Temporary Protection Visas for certain Convention refugees, and cessation of the so-called Pacific Solution. Furthermore, the 45 day rule which denied many asylum seekers access to work rights and to Medicare is to be wound down from July 1 2009, another positive step.
- 5. However, certain policies relating to border protection and aimed at deterring unauthorised arrivals, such as interception and offshore processing, continue to result in outcomes contrary to Australia's international obligations to protect refugees. Christmas Island continues to be deemed outside of Australia's migration zone. This policy can be seen as a violation of the Universal Declaration of Human Rights, Article 14 which states that: *Everyone has the right to seek and enjoy in other countries freedom from persecution.*
- 6. The Australian Government's decision in July 2005 to no longer hold children within closed Immigration Detention Centres was commendable. However PHAA understands that the legislative changes have not been made to prevent such violations from occurring again in the future. Christmas Island remains a setting in which children and unaccompanied minors are held.

The Public Health Association of Australia recommends:

1. Refugees and asylum seeker policies and service provision be planned within a human rights framework, offering a humane, equitable and compassionate approach.
2. Refugees and asylum seekers be provided with adequate financial support and the right to work, housing services, and access to education and English language tuition, regardless of visa category.
3. Refugees and asylum seekers be provided with timely and appropriate health care at an affordable cost, irrespective of their visa status, including full access to Medicare for all *bone fide* asylum seekers.
4. Refugees and asylum seekers be provided with appropriate interpreting and translating services, including adequate translated materials, and improved access to bilingual/bicultural health workers. The needs of emerging language groups need to be planned for, to eliminate the lag time in availability of suitably trained interpreters.

⁵ NSW Refugee Health Service, Fact Sheet 1: An Overview, November 2005, <http://www.swsahs.nsw.gov.au/areaser/refugeehs/files/Fact%20sheet%201%20-%20Overview.pdf>, (accessed 14/08/06)

5. Refugees and asylum seekers be offered the same level and type of health care as the general population, including a balance between health promotion, disease prevention and treatment services, and optimum client care including continuity of care.
6. The health care needs of persons of refugee background be specifically considered in the context of the National Primary Health Care Strategy.
7. Provisions be made for the training of a more flexible and multi-skilled workforce that has knowledge, skills and awareness of the health needs of refugees in order to provide culturally competent care.
8. Specialised refugee health services, using models of service delivery tailored to local patterns of refugee settlement, should be adequately resourced in each State and Territory. These services should collaborate with mainstream services to offer comprehensive health assessments for new arrivals, especially for children⁸, and should provide advice and consultancy to mainstream health services on refugee health issues.
9. Ethically approved research into the health needs of refugees become a priority for research bodies focusing on benefits and positive outcomes for refugees. Health service models and interventions for refugees should be evaluated to determine best practice and best use of resources.

The Public Health Association of Australia resolves to take the following action:

1. Campaign for equitable social and health services for refugees and asylum seekers, regardless of visa category.
2. Lobby the Australian and State/Territory Governments to provide funding for training to the health workforce in refugee issues, including training on culturally competent care consistent with the NHMRC guidelines⁶.
3. Participate in partnerships and coalitions to promote the rights of refugees.
4. Lobby Australian and State/Territory Governments for improved language services, including health-trained interpreters and bilingual health staff.
5. Promote the use of interpreters by GPs and specialists in private practice, through advocacy with professional bodies (e.g. Royal Colleges, GP Division structures) and with medical indemnity organisations.

⁶ NHMRC, Cultural Competency in Health: A guide for policy, partnerships and participation, 2005, Canberra, Australia

6. Lobby Australian, State/Territory Governments on the need for improved and timely access to oral health services for people of refugee backgrounds.
7. Provide information on the PHAA website encouraging individual action by members, including links to relevant websites and to health professional volunteer networks.
8. Continue representation on the Detention Health Advisory Group (DHAG) to provide policy advice and to promote ethical and humane care to detained asylum seekers.
9. Engage with media to promote positive refugee stories and to better inform the public about issues impacting on the physical and mental health of refugees and asylum seekers in Australia.

ADOPTED 2006, REVISED AND RE-ENDORSED 2009

First adopted at the 2002 Annual General Meeting of the Public Health Association of Australia. Revised and re-endorsed in 2006 and 2009.