

Refugee and Asylum Seeker Health Policy Position Statement

Key messages:

Refugees and asylum seeker policies and service provision should be underpinned within a human rights framework, providing 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 health promotion, disease prevention and treatment services including continuity of care.

Key policy positions:

1. Equitable health services for all refugees and asylum seekers should be provided.
2. Partnerships and coalitions to promote the rights of refugee and asylum seekers are required.
3. Media promotion of positive refugee stories to better inform the public about issues impacting on the physical and mental health of refugees and asylum seekers in Australia is required.

Audience:

Federal, State and Territory Governments, policymakers and program managers, PHAA members, media.

Responsibility:

PHAA International Health Special Interest Group

Date adopted:

23 September 2021

Refugee and Asylum Seeker Health

Policy position statement

PHAA affirms the following principles:

1. The 1951 Geneva Convention states that 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 unwilling to avail himself of the protection of that country”. As signatory to the 1951 Refugee Convention, Australia has obligations to protect and assist those who seek asylum and accepts refugees under its humanitarian migration program.^{1,2}
2. Humanitarian entrants[†] and asylum seekers* have often been exposed to adverse situations in their country of origin, during their flight, or whilst in their country of asylum.³ These include:
 - psychological trauma due to persecution, war and other circumstances social dislocation, including separation from family and friends;
 - overcrowding, poor hygiene and under-nutrition, particularly for those who were imprisoned or in refugee camps;
 - poor medical and dental care, due to destruction of infrastructure and disruption to health services;
 - torture (psychological, physical or both);^{2,4}
3. Refugees and asylum seekers face barriers to accessing health care.⁵ These barriers can include language, cultural safety, transport, cost, and lack of access to Medicare. They may also face racism and its adverse effects on mental wellbeing. Furthermore, vulnerabilities often faced by refugees and asylum seekers have been exacerbated due to the COVID-19 pandemic affecting the global community. These include community transmission in refugee populations, including those in overcrowded refugee camps; lack of access to refugee-hosting countries due to travel restrictions and border closures; and lack of income support for people who have lost their jobs.⁶

PHAA notes the following evidence:

4. In 2015, more than half of the refugee intake to Australia was younger than 25 years. Of particular concern are those children and young people who are ‘unaccompanied minors’. As of 28 February 2021, there were less than five children (aged less than 18 years) in Immigration Residential Housing, Immigration Transit Accommodation and Alternative Places of Detention.⁷
5. Policies relating to border protection, deterring unauthorised arrivals, interception and offshore processing, continue to result in outcomes contrary to Australia’s international obligations to protect refugees, and to impact negatively on health.^{8,9}

6. Prolonged immigration detention continues to have a detrimental impact on the mental health of asylum seekers.^{10,11} Australia's immigration policies have been criticised by UN Committees for breaches of international human rights obligations.^{12,13}
7. Suicidal behaviours rates among men and women in detention centres are reported to be 41 and 26 times higher respectively than the national average.¹⁴ From January 2013 to August 2016 there were 1730 recorded incidents of self-harm in immigration detention facilities.¹⁵
8. PHAA notes the barriers to equitable health care imposed by Australia's current migration policies for refugees with disability, and HIV.¹⁶
9. New legislation in December 2014, resulted in extended powers of Minister for Home Affairs (previously Minister of Immigration) protection to transfer asylum seekers at sea, new temporary visas and also excluding review rights. These are against Australia's obligations under international refugee law.¹⁷
10. Note on terminology:
 - * *Refugees* are people who have been forced to leave their home country because of fear of persecution for their nationality, race, religion or ties to a particular social or political group
 - Asylum seekers* are people who are requesting international protection, but their claim to be a refugee has not yet been determined by the appropriate governing body. All refugees are initially asylum seekers.¹
 - † *Humanitarian entrants* are people who have experienced human rights abuses in their home country due to conflict and displacement and are granted entry into Australia on a humanitarian resettlement visa.
11. Implementing this policy would contribute towards achievement of UN Sustainable Development Goals 3: Good Health and Wellbeing, and Goal 16: Peace Justice and Strong Institutions.

PHAA seeks the following actions:

12. Refugee and asylum seeker policies and service provision be planned within a human rights framework, with reference to the 1951 Geneva Convention, the International Covenant on Civil and Political Rights, and the International Covenant on Economic, Social and Cultural Rights - offering a humane, equitable, timely and affordable health care and other services.
13. Policies detrimental to the health and well-being of asylum seekers and refugees be reviewed, including immigration detention and off-shore processing.
14. All asylum seekers be given the right to work, housing services, financial support as received by humanitarian entrants, and access to education and English language tuition and be provided with appropriate interpreting, translating and legal services.¹⁸
15. The health care needs of persons of refugee background be specifically considered in the context of health reforms and new programs.¹⁹
16. A more unified approach to data collection and systems accountability of refugee and asylum seeker evidence-based safety and practice guidelines
17. The health needs of refugee and asylum seeker children²⁰ and unaccompanied minors be taken into account and responded to, in accordance with recommendations made by the Royal Australasian College of Physicians (RACP).²¹

18. That the Australian Government continues to participate in global discussion on refugees and refugee resettlement in a way that recognises human rights of asylum seekers.

PHAA resolves to:

19. Campaign for equitable social and health services for refugees and asylum seekers, regardless of visa category.
20. Lobby Australian and State/Territory Governments for improved language services, including health-trained interpreters and bilingual health staff.
21. Promote the use of culturally appropriate interpreters by GPs and specialists in private practice, and through advocacy with professional colleges.
22. Advocate (publicly, and through submissions to government) for the introduction of a new national policy approach to the issue of all asylum seekers in detention especially children and unaccompanied minors, and explore alternative models of immigration detention.²²
23. Engage with media to promote positive refugee stories and to better inform the public about issues impacting upon the physical and mental health of refugees and asylum seekers in Australia.

(First adopted 2002, revised 2006, 2009, 2012, 2018 and 2021)

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