Providing health information for asylum-seekers in Hungarian Reception Centres

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In 2007 Hungary has joined to the Schengen Convention, and due to its geographical position it composes the eastern, south-eastern border of the EU Schengen Area.

Right in the following year of the inclusion to Schengen Area (2008) a great increase was observed in the number of illegal border crossers arriving from distant geographical areas (as reported by the Schengen Information System, the SIS: 41% increase just along the ukrainian borderline, 67% of which was pakistani).

In the first half of 2013 the number of illegal border-crossers in Hungary has dramatically increased!!!
Number of refugee-applications in Hungary (2003-Jan, 2015)
Part 1. (2013.)
- "Assessment of public health hazards in Hungarian reception centers and Schengen Border Crossing Points" *
- including focus-group discussions with representatives of migrant communities living in Hungarian reception centres about their access to health care

Part 2. (2014.)
- "Improving irregular migrants’ access to the health care in Hungary" *
- focus-group discussion revealed: since their arrival they did not receive information about their access to health care services
- based on these results we developed and tested a brief, health-focused educational program for irregular migrants

*This research was realized in the frames of TÁMOP 4.2.4. A/2-11-1-2012-0001 „National Excellence Program – Elaborating and operating an inland student and researcher personal support system convergence program” The project was subsidized by the European Union and co-financed by the European Social Fund."
METHODS 1. Visited sites (Part 1.)

Reception centers in Hungary:
- Debrecen
- Békéscsaba
- Bicske

20 June, 2013.
based on the experiences of Part 1 a new research plan was designed with the following aims:

**Short-term goals:** to develop and test a brief, health-focused educational-program for irregular migrants which can be easily implemented (and repeated) in the reception centres and also may be available for self-study for the target-group via internet.

**Long-term goals:** through the wide dissemination of the project outcomes to improve the migrants’ health and their access to the Hungarian health care services (irrespective to their legal status).
The structure of the training-program

- one 90-min ppt presentation followed by Q&A session
- the training program was built around two different topics

1. **Migrants’ access to health care services in Hungary**: their rights and duties completed with **information about their practical application**: insight into the Hungarian health care system; its organizational structure and functional units (How to seek for medical advice?); introduction to the Hungarian vaccination schedule (What/When/Why?)

2. **How to prevent the most common infectious diseases** - including VPDs and STDs - **in Hungary and in the EU**?
   → basic information: ways of transmission and preventive measures
Invitation of the asylum seekers to the presentation

- Preliminary assessment of the national composition of the population in the reception centre
→ to determine the target groups, languages of presentations and needs and arrangements for interpretation
→ to prepare and translate printed materials:
  invitation cards, questionnaire sheets, leaflets, wall- posters

**Invitation**
You are cordially invited to attend the presentation:

‘HEALTH CARE SERVICES and PREVENTION OF INFECTIOUS DISEASES IN HUNGARY’

**Date:** 2. pm, 15th August, 2014.
**Venue:** Community House
**Language:** English

Colleagues from the University of Pécs, Medical School, Migrant Health Programs

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**Albanian**

**Somali**

**Arabic**

**Hungarian**

**Pharsi**

**English**

**Pharsi**

**Hungarian**

**Albanian**

**Somali**

**Arabic**

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**English**

**Pharsi**

**Hungarian**

**Albanian**

**Somali**

**Arabic**

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Improving irregular migrants’ access to the health care in Hungary

THE PROGRAM

- in August, 2014
- four health promotional lectures
- in the largest Hungarian reception center, Debrecen
- lectures were provided in Hungarian (3) and in English (1)
- interpreted to Pharsi, Arabian, Albanian, Somali and French
- altogether 106 asylum-seekers participated from 19 countries:
  - Afghanistan (33%)
  - Kosovo (17%)
  - Syria (7%), Iran & Serbia (5-5%)
  - Less than 5%: Palestina, Iraq, Somalia, Sudan, Pakistan, Sierra Leone, Mauritania, Armenia, Gambia, Libya, Ivory Coast, Nigeria, Senegal (+ 1 stateless man)
- 75.5% completed our self-administered anonymous questionnaire
  → altogether 80 people

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Results of the questionnaire survey

**QUESTIONNAIRE**

Gender: male [ ] female [ ]

Age: ________ years

Country of origin: ___________________________

Religion: [ ] Christian [ ] Muslim [ ] Hindu [ ] other: ____________

Marital status: [ ] single [ ] married [ ] cohabiting [ ] widowed [ ] other: ____________

Number of children: [ ] 0 [ ] 1 [ ] 2 [ ] 3 or more

How long have you been staying in Hungary? [ ] less than 1 week [ ] between 1 week and 1 month [ ] between 1-3 months [ ] between 3-6 months [ ] longer than 6 months

Your current state: [ ] waiting for recognition [ ] recognized as refugee [ ] other: _______________

Are you familiar with your rights concerning your health care in Hungary? [ ] yes [ ] no [ ] partly
Are you familiar with your duties concerning your health care in Hungary? [ ] yes [ ] no [ ] partly
Have you participated already on health screening in this camp? [ ] yes [ ] no [ ] partly
Did you receive childhood vaccination when you were a child at home? [ ] yes [ ] no
Do you know, what kind of vaccines did you get? [ ] yes [ ] no

Do you have vaccination documents (e.g., vaccination card or booklets)? [ ] yes [ ] no

Are you familiar with the infectious diseases that are common in Hungary (and in the EU)? [ ] yes [ ] no [ ] partly

Please, estimate your knowledge (on a 1-5 scale) concerning the transmission of the infectious diseases that are common in Hungary (and in the EU)

[ ] very poor [ ] very good: ____________

Please, estimate your knowledge (on a 1-5 scale) concerning the prevention of the infectious diseases that are common in Hungary (and in the EU)

[ ] very poor [ ] very good: ____________

Do you feel yourself healthy? [ ] yes [ ] no [ ] partly

Please, estimate your health status on a 1-5 scale: [ ] very poor [ ] very good: ____________

If you think you are not in a good health, what kind of problems do you have? [ ] gastrointestinal disease(s) (e.g., stomach ache, diarrhea) [ ] respiratory disease(s) (e.g., asthma, allergy, bronchitis) [ ] cardiovascular disease(s) (e.g., high blood pressure, etc.) [ ] psychological problems (e.g., depression, etc.) [ ] other: ____________ I would not like to answer.

**TO THE FOLLOWING QUESTIONS, PLEASE ANSWER ONLY AFTER THE PRESENTATION!**

Please, assess the presentation on a 1-5 scale concerning the following aspects: (Is absolutely NOT TRUE to absolutely TRUE)

During this presentation, did you get new information? [ ] about the health care services in Hungary? [ ] about the transmission of infectious diseases? [ ] about the prevention of infectious diseases?

[ ] very poor: ____________

In general, was this presentation useful for you? ____________

Thank you for your answers!

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Sociodemographic characteristics of the study participants 1.

**Gender**
- Male: 92%
- Female: 8%

**Age Distribution**
- 12-18 years: 25.0%
- 18-29 years: 32.5%
- 30-39 years: 25.0%
- 40-49 years: 7.5%
- 50-59 years: 3.8%
- Above 60 years: 3.8%
- NR: 2.5%
Sociodemographic characteristics of the study participants 2.

**Country of origin**

- Afghanistan: 30%
- Kosovo: 23%
- Serbia: 6%
- Palestine: 1%
- Iraq: 1%
- Syria: 8%
- Somalia: 3%
- Sudan: 4%
- Sierra Leone: 4%
- Mauritania: 4%
- Armenia: 1%
- Gambia: 4%

**Religion**

- Christian: 12.5%
- Muslim: 81.3%
- Other: 2.5%
- Non-believer: 1.3%
- NR: 2.5%
Sociodemographic characteristics of the study participants 3.

Majority of asylum seekers are single, but those married generally have 3 or more children.
Screening & vaccination

Information on screening and vaccination

- Have you already participated in medical screening in this camp? 28.8% yes, 67.5% no, 3.8% NR
- Did you receive childhood vaccinations at home? 88.8% yes, 8.8% no, 2.5% NR
- Do you know what kind of vaccines did you get? 60.0% yes, 38.8% no, 1.3% NR
- Do you have vaccination documents (e.g. vaccination card)? 85.0% yes, 5.0% no, 10.0% NR
Approximately **80%** of participants are **not familiar or only partly familiar** with their rights and duties concerning health care services in Hungary.
Awareness of infectious diseases in Hungary/EU

**Self-estimated awareness of infectious diseases**

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<th>PREVENTION</th>
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<td>5.0%</td>
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<td>36.3%</td>
</tr>
<tr>
<td>NR</td>
<td>12.3%</td>
<td>16.3%</td>
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</tbody>
</table>
The educational program

Part 1.

Health care assistance for asylum seekers and refugees in Hungary

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The Fundamental Law of Hungary declares that in Hungary...

"... every person shall have the right to physical and mental health."


Asylum seekers, refugees, beneficiaries of subsidiary protection and those under temporary protection are obliged...

- to subject him/herself...
  - to health tests
  - medical treatment
  - prescribed as mandatory by law or required by the relevant health authority and
  - to the replacement of any missing vaccinations
  - prescribed as mandatory by law and required by the relevant health authority in the case of the danger of disease;

Health screening is a part of the admission procedure to the reception centre — obligatory!

What is happening during this screening?
- ectoparasite screening: for scabies and lice
- blood-test:
  - to control HIV1/HIV2 infection (AIDS)
  - lues-screening (syphilis)
- Hepatitis-B, C (hepatitis= infectious inflammation of the liver)
- from feces: bacteriological screening for typhi/paratyphi
- chest screening (X-ray): to control tb
  - performed in Debrecen in an outpatient clinic
  - you get the referral here in the camp, but you should travel to Debrecen individually!

Health care in the reception centre

Basic medical care is provided in the camp!

- Family doctor (GP) (and also internist): on weekdays: 8-10 am
- Nurse service: every day between: 8 am - 4 pm
- Pediatrician: on Monday and Wednesday between 2 - 4 pm
- Family visitor nurse (care for pregnant women and newborn babies): on Wednesday between 8 am - 4 pm and Monday between 2 - 4 pm

The GP and pediatrician provides primary care for those living in the camp, and if necessary, they prescribe medications and may give referral for secondary level care (outpatient and inpatient treatment).

Nurses may give only over-the-counter (OTC) medications, eg. painkillers.

Furtherrmore:
- 7/24 nurse service is available (on-duty)
- colleagues of Cordella Foundation provide psychological help once a week

Health care services free of charge:
- The refugee or protected person is considered eligible for the provisions and supports, if their monthly per capita income does not exceed the smallest amount of old-age pension (28,500, appr. 100 EUR):
  - basic medical care: family-doctor service (GP/pediatrician) (inside and outside the camp)
  - age-specific compulsory vaccination
  - outpatient care in emergency situations — otherwise it is not free!
    - e.g. orthopedics, otolaryngology (ENT), cardiology, ophthalmology etc.

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Migrant Health Programs
The educational program

Part 1.

Emergency situations shall mean... any change in the health condition which would endanger the patient’s life or would seriously or permanently deteriorate the patient’s health in the absence of immediate care.

In the case of emergency situation specialised health services are provided by the health service provider with regional provisioning obligation (in Debrecen).

When family doctor is not available in the camp, in case of emergency the nurse-on-duty may call an ambulance!

What does ‘emergency situation’ include?

- unconsciousness, epileptic episodes, seizures, shocks, stroke
- serious external and internal bleedings
- open-fracture
- choking, acute breathing failure, asthma attack, wheezing
- intoxication, electric shock, burning, frost-bite, heat-stroke
- delivery, miscarriage, acute gynaecological bleedings
- acute abdominal pains, cramps (eg. appendicitis, bilious attack)
- acute psychic disorders, psychosis, suicide attempts, intentions
- ... etc., etc.

Health care services free of charge

Health care services free of charge:

- outpatient examination (and medical treatment, costs of medication and bandage) provided in an emergency situation
- inpatient examination (and medical treatment, surgical operation, costs of medication and bandage) provided in an emergency situation
- examinations, medical treatment and medical supplies necessary until the recovery from the illness or the stabilisation of the health conditions following the outpatient or inpatient medical care
- ambulance service, if the patient’s health conditions exclude any other forms of transportation

But! Transfer for chest screening is not included!

Health care services free of charge III.

Additional health care services free of charge:

- emergency dental care and tooth preservation treatment
- pregnancy and obstetric care
- and in specific cases surgical operations directed at abortion (if the mother's or child’s life is threatened)
- persons eligible for benefits under the “public health care card system” may order medicine, medical supplies and bandages for free or with 50% or 100% social security subsidy.

Obligatory vaccinations in Hungary (following 01/01/2014)

Health care for children

- pediatric, family visitor nurse in the camp (previously)
- vaccination of children of foreign nationality
  - Children of foreign nationality staying in Hungary for more than 3 months shall receive the outstanding, age-appropriate vaccination as it is prescribed by the Hungarian vaccination schedule.
  - The pediatric examining the child records the 3-months residence time whereby he examines the child at least 2 times within a year and between the two visits, at least 2 months shall be included.

Certification of the obligatory vaccinations shall be presented to school health services prior to admission of the child into nursery-school or school.

In the absence of this certification, the child cannot be placed into the school-community!
Prevention of infectious diseases

Infectious diseases:
- conditions caused by certain pathogens (e.g. bacteria, viruses) or their toxic products. Pathogens are transmitted to the host organization from another infected person (or animal) directly or indirectly (e.g. through vectors).

Prevention of infectious diseases:
- by vaccinations
- by screenings
- by using means of personal protective equipments (e.g. masks, rubber gloves etc.)
- by improving health literacy: personal hygiene, environmental hygiene etc.

Classification of human-to-human infectious diseases by patterns of transmission:
1. food-or water-borne diseases
2. airborne, droplet infections
3. infections through bloodstream
4. sexually transmitted diseases
5. by skin-to-skin contact
The educational program

Part 2.

1. Food or water-borne diseases: pathogens, transmission, prevention

- Pathogens: Salmonella, E.coli-infection, typhi/paratyphi, cholera, etc.
- Viruses: Co:ci-, Rotavirus infections, viral hepatitis (HepA & E), infantilis paratyphi (Polymyletis), etc.
- Other: worms, protozoan-infections

- Food or water-borne diseases - transmitted through GI tract 1.
- Pathogens generally locate in the bowels of the patient (or carrier) and leaves the host body during defecation.
- Prevention
  - Follow some simple personal, catering and environmental hygienic rules!

- Transmission
  - by direct contact
  - dirty hand, contaminated objects (e.g., toilet’s door-handle)
  - orally, transmitted by water, milk or other foods
  - eg. common transmitting foods in the case of Salmonella:
    - foods containing eggs, milk
    - not properly cooked/roasted meats
    - unwashed vegetables
  - flies may also transmit them (e.g., typhi)

- Of those listed above, practically eradicated in Hungary:
  - typhi/paratyphi, cholera, polymyletis (vaccinations)

2. Air-borne diseases: pathogens, transmission, prevention

- Pathogens: Influenza virus, Mycobacterium tuberculosis

- Airborne diseases - droplet infections - transmitted through the respiratory tract 1.
- Some healthy people may be infected by inhaling pathogens which get out from infected people during speaking, sneezing or coughing

- Of those listed above, practically eradicated in Hungary:
  - diphtheria, whooping cough, lepra, measles (vaccinations)

- Transmission
  - transmitted by droplet infections:
    - healthy people may be infected by inhaling pathogens which get out from infected people during speaking, sneezing or coughing
    - may be transmitted indirectly, by touching objects that had previously contacted infectious respiratory secretions (pl. chicken-pox)

- Prevention
  - vaccination is the most effective method!
  - compulsory vaccinations (e.g., BCG against tubercu, etc.)
  - recommended vaccinations (e.g., against accidental influenza)

- Keeping personal hygiene rules:
  - sneezing, coughing always into a handkerchief!
  - throwing the used tissue into waste basket!
  - frequent, thorough hand-wash!
  - having shower every day
  - frequent ventilation of the rooms!
  - keeping clothes, personal equipment clean
  - keeping clothes, personal equipment clean

- Airborne diseases - droplet infections - transmitted through the respiratory tract 2.

- Airborne diseases - droplet infections - transmitted through the respiratory tract 3.

- Prevention
  - vaccination is the most effective method!
  - compulsory vaccinations (e.g., BCG against tubercu, etc.)
  - recommended vaccinations (e.g., against accidental influenza)

- Keeping personal hygiene rules:
  - sneezing, coughing always into a handkerchief!
  - throwing the used tissue into waste basket!
  - frequent, thorough hand-wash!
  - having shower every day
  - frequent ventilation of the rooms!
  - keeping clothes, personal equipment clean
  - keeping clothes, personal equipment clean
The educational program Part 2.

3. Vector-borne diseases: pathogens, transmission, prevention

4. Sexually transmitted diseases: pathogens, transmission, prevention
The educational program

Part 2.

5. Infections through skin-to-skin contact: pathogens, transmission, prevention

Summary and repetition of the Key Messages:

Most important rules of preventing infectious diseases 1.

Keeping basic personal and environmental hygienic rules!

- frequent and thorough hand-wash (especially after using the toilet and before eating)
- frequent, thorough daily showering
- daily change of underwear
- keeping rooms, rest-rooms, toilets clean, cleaning up frequently with disinfectants
- keeping articles for personal use clean (eg. cutlery, dishes, dinner sets, clothes, etc.)
- frequent ventilation of the rooms, open-air activities, excercises
- avoiding contact with others in the case of being infected
- covering mouth and nose with a tissue (or crook of the arm) when coughing or sneezing. Putting the used tissue in the waste basket!
- when caring (nursing) someone who is ill, it is important to wash our hands frequently (and to disinfect)

Most important rules of preventing infectious diseases 2.

- food safety:
  - eating only thoroughly cooked meats, cleaning vegetables properly, etc.
  - storing the remainings of meals and other perishable foods (eg eggs, dairy products and meats) in the fridge (under 5°C)
- civilized, conscious sexual behaviour:
  - conscious relationships, monogamy, faith
  - using condoms
  - avoiding sexual contact when symptoms appear (eg. itching, discharge, lesions)
- when hiking, or doing outdoor activities wearing long-sleeved clothes and long trousers may prevent from ticks, it is recommended to use insect-repellent sprays
- taking age-specific, compulsory vaccinations, attending screenings, contacting doctor if symptoms appear

Pathogens

- Bacterial infections: eg. tetanus
- Parasites: lice, scabies
- Fungal diseases: eg. athletes foot (tinea pedis), dermatomycosis

The previously discussed STDs may also be listed here!

Transmission

- direct contact (eg: venereal diseases, dermatomycosis)
- clothes, common use of personal equipments, towels, sheets, bath water
- through injuries of skin (eg. tetanus from contaminated soil, etc.)

Prevention

- vaccination, eg. tetanus (compulsory)
- keeping personal hygiene rules, sexualhygiene
  - frequent showering, hair-wash
  - clean sheets, clothes, underwear (daily)
- ignoring common use of personal equipments (eg. towels, razors, shavers)
- disinfection, eradicating insects, screening (eg. in the case of lice and scabies)
- consulting the doctor when symptoms appear (eg. fungal diseases), consequent treatment
Health educational leaflets & wall-posters

- 16 key messages concerning ‘How to prevent infectious diseases?’
- translated to 6 languages
- provided in two sizes:
  - A5 for participants (leaflet)
  - A0 for the RC as wall-posters
The educational program

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Lessons learnt 1.

When designing educational interventions for specific populations:

→ thorough preparational work is essential:
  - obtaining permissions if needed (e.g. Office for Immigration and Nationality)
  - need - assessment: consulting: both target group AND assistance providers
  - collecting preliminary information of the target population (age, gender, ethnicity/nationality etc.)
  - organizational issues (data, location, interpreters, invitation cards)
  - submitting materials for translation, preparation for interpretation especially in the case of professional medical or juridical language
  - considering language, cultural, religious differences (e.g. muslim women)

→ as for the educational intervention
  - providing basic but relevant information when fewer is more: not too much, not too scientific, but still enough
  - providing practical information (e.g. how to remove a tick?)
  - building up the presentation systematically: to make it easy to follow
  - repeating and laying a special emphasis on the key messages
  - making presentation interactive
    → immediate feed-back, friendly athmosphere
as for the future

- develop sustainable programs!

Therefore:

- make the program repeatable:
  try to involve/train local partners: eg. social workers, health care workers or even members of the community (try to find the leaders!)

- ensure the availability of the information/presentation, eg. through internet, multilingual educational websites etc.

- pilot-test the program on a small group of the target population AND incorporate their feed-backs on the final program

- test, revise and update the information regularly (eg. Acts, Decrees)
Thank you!