

Europe Advocacy Network UPDATE – April, May, June 2017

This month menu:

1. Outputs of our action in the INGOs Migration discussion group and other networks
2. European advocacy activities
3. Participation in associative events
4. Other Medecins du monde network advocacy work in brief
5. A selection of interesting publications

1. Outputs of our action in the INGOs Migration discussion group and other networks.

MdM, member of the European Public Health Alliance (EPHA), has decided to **support and co-sign the letter “[EU Health Collaboration is crucial for Europe’s future](#)” to President Juncker**, as to date along 115 other agencies.

The letter addresses the announced declining of health as a EU priority and makes reference to vulnerabilities. “Whilst life-expectancy has improved, the years gained are often lived in relatively poorer health due to the proliferation of preventable chronic diseases, compounded by huge disparities that persist within and between member states. Average life expectancy is 12 years shorter for a man in Lithuania than in Italy. Discrimination and inequality remain widespread when it comes to access healthy living conditions and healthcare. For example, **the lives of Roma people and refugees are expected to be 10 years shorter than national averages and homeless women in Europe die on average at just 43 years of age because of the multiple health disadvantages they face**. The Lisbon Strategy included a target of adding two healthy life years across the EU by 2020, a target that still needs to be met.”



It also comes at a period when the EU (reference to [President Juncker’s white paper](#)¹) seems to have given up part of its pledges on health. The text is rather general as EPHA calls on the EU to do more for health - in all policy areas (climate, chemicals, trade, agriculture, development, transport, social, employment, housing, green space,). But this initiative falls into our mandate to promote health in the EU.

EPHA will certainly meet Juncker in September with a potential role for MdM and the Vulnerability Network.

So we definitely encourage our non-MdM members to join!

MdM under the initiative of the INGOs working group on migrants sent a letter to Health Commissioner, Dr Andriukaitis, earlier in March, voicing our concern about the lack of protection for migrants’ children in Europe. The letter proposed nine points that are essential, both to ensure effective EU action going forward and to avoid the most immediate risks of rights violations. The Commissioner finally answered by saying that the April 12, 2017 Communication of the EU Commission to the EP and the Council stresses in particular “the need to ensure that all children have

¹ “White Paper on the Future of Europe. Reflections and scenarios for the EU27 by 2025”. COM(2017)2025 of 1 March 2017. European Commission.

timely access to healthcare (including preventive care) and psychosocial support, regardless of the status of the child and/or of his/her parents, and calls on Member States to provide healthcare and other public services to all children.”



2017 03 27 letter to Andriukaitis.docx

Our letter:



letter.pdf

The reply:

Around the 60th anniversary of the EU, our colleagues from CARE received an **official reply from the European Commission to the joint NGO appeal of March 8 that MdM and other members of the Vulnerability Network co-signed**. The appeal asked for rights-based leadership in Europe. While the letter was sent to President to Juncker, the 3-page (!) reply came from Vice President Timmermans. Extract:” The protection of those in genuine need is expected to be one of the fundamental values that drive the democracies that form our EU. We all profoundly admire the work done by civil society organisations in this area. It is important to remember that Europe is a continent of migrants and a project in peace that emerged from the ashes of War. Well-managed migration has and will continue to contribute to our rich and diverse culture and to have a positive impact on the development of our continent. With this in mind, protecting the rights of migrants and refugees, and improving their situation both outside and within the EU is at the heart of our European Agenda on Migration.” writes Timmermans.



FINAL March Appeal ENGLISH.PDF

The letter:



1225006_BREES.pdf .pdf

The reply:

Ahead of the Council of June of June 22-23 in Brussels, MdM co-signed a statement led by the Migration INGOs group. The statement denounces the EU migrants policy as predominantly focused on border control, return and readmission, which primarily aims to stop onward movement and has a negative impact on human rights. It also warns the EU that financing migration control through development aid raises questions on effectiveness, ownership and alignment with the needs of the recipient countries.



Towards a migration policy that works FIN

[2. European advocacy activities.](#)

April 19-20 Training at EPIM with Chris Rose.

The European Programme for Integration and Migration was the venue of a two-day training led by the British communication specialist Chris Rose on migration communications under the aegis of the EPIM project. The training was also attended by a variety of advocacy people from the CSO community in Brussels. After a lecture on campaign tools and techniques, the training provided some interesting guidance such as the 7 principles of a successful campaign². A “successful result of a

² - Be multi-dimensional — communicate via all the dimensions of human understanding and engage all their senses.
- Engage by providing agency — give supporters greater power over their own lives.

campaign” is not getting your message across, but getting people to act. To do this, people’s reaction should follow the schema of:

awareness > alignment (people seeing the problem and solution in the same way) > engagement (how and when is the best time to engage people?) > action.

Europe in the CRRF and the Global Compact on Refugees' CCME, May 8

The European Council on Refugees and Exiles (ECRE) organised a roundtable on the Comprehensive Refugee Response Framework (CRRF)³ and Europe with the aim to provide a forum for discussion with civil society in Brussels, and to identify concrete recommendations to support CRRF implementation in and by European Member States. The roundtable was attended by around 20 NGOs, the European Commission and the UNHCR.

The first part of the discussion focused on the relation between the CRRF/GCR and Europe, and how this could have a positive influence on policies and practice in Europe. The second part of the discussion was on how European policies in partner countries relate to the implementation of the CRRF and the GCR.

NGOs observed that the EU Migration Agenda and the Partnership Framework are predominantly about containment, and it is therefore difficult to see the positive examples from programmes supporting reception and protection in partner countries. The Open Society Foundation recalled that in the EU there is a gap between EEAS and Home affairs. There are 2 voices in the EU institutions which make the CRRF hard to integrate in the policy of the EU. At that point, there is no apparent will to pilot the CRRF at the level of the EU.

Strengthening the EU added value in health EPC Conference Centre, May 18

The European Policy Center organised a round table on health. The main topic being “is health losing its momentum in the EU agenda?”

Sylvain Giraud Head of Unit from DG HEALTH explained that health is included in several legal instruments: the Rome and Lisbon treaty are quite explicit, art 2, 3, 4, the Communication⁴ as well as the Recommendation⁵ of 26/4/2014 introducing the “Social pillar”. Also the “Semesters” are an important tool for policy. The EU also needs more macroeconomic coordination especially in terms of sustainability “Can we continue to have the type of protection we have been building since the end of WW2?”.

Guy Dargent Senior Scientific and Project Officer at CHAFEA wants to do more in developing the EU added value in health. We need to correctly implement the EU legislation (ex: the regulation of advanced therapies in selected jurisdiction). The member states can also achieve more in terms of

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- Be legitimised by a moral deficit — i.e. people need to be able to see why the campaign is needed, what is the problem that needs solving? You need to construct the truth — if you do not do it someone else will/people will construct their own truth.
 - Provoke a conversation in society — if you want something to spread you need people to talk about it.
 - Meet a need — solve a problem.
 - Be strategic — e.g. what do you actually want to do? If you want to stop the conditions that cause famine then food relief is not the answer.
 - Be communicable

³ On 19 September 2016, at the UN Summit on Addressing Large Scale Movements of Refugees and Migrants, 193 Member States unanimously adopted the New York Declaration, a common plan for addressing large scale movements of refugees and migrants. The Declaration highlights the elements of a Comprehensive Refugee Response Framework (CRRF) and requests UNHCR to engage with States and other stakeholders in its implementation with a view to inform the development of a Global Compact on Refugees to be adopted in 2018. The CRRF has 4 main objectives: 1/ Ease pressure on the countries 2/ Help refugees needs to be able to build dignity 3/ Expanding third country solutions and 4/ Voluntary returns.

⁴ [COM\(2017\) 250 Establishing a European Pillar of Social Rights](#)

⁵ [C\(2017\) 2600 on the European Pillar of Social Rights](#)

economies of scale with a better ratio cost-benefit. The best example is on the Health Technology Assessments.

Another important added value for a EU health common policy is “benchmarking for decision making”. Building indicators on a real impact on decision making with “useful” evidence based indicators (ex: bridge project). This example is a health information and knowledge system that contributes to the decision system in various policy areas, consisting in collecting, analysing and reporting health data. Guy also mentioned the “health country profiles”, which need to be improved, as it is an important policy tool enabling DG Health to compare and take decision on benchmarks.

Cross border action (SHIPSAN Joint Action JA. Health for cross border passengers /transport industry professionals on health security), Free movement of persons (the 8 NGOs in 11 states project was mentioned as an illustration of good practice !!!!) and networking (sharing the results of all the previous actions Ex: the ERN the European Reference Network (24 ERNs) accounts also for thematic on which the EU Commission provided a huge impact.

Last, all participants found that the Sustainable Development Goals (SDGs) on health could serve as a possible framework for future EU action.

WHO Migrant health services along European migration routes. Inter-country lessons learned workshop. Belgrade. May 24.

The purpose of the “lessons learned” workshop was to contribute in developing an integrated and coordinated approach between WHO Member States, to the appropriate access and provision of healthcare for asylum seekers, refugees and migrants, harmonised along European migration routes. Participants came from the Balkans (including Greece), Central Europe, Italy and Turkey. This workshop pooled the insights attained by the various countries during past and ongoing migration health activities: what worked out well but also wrong and suggestions and benefit from past experiences.

We received before and during the workshop some briefings from different MdM chapters operating in the region. Based on that, a position document, tailored made for this workshop, was drafted and delivered orally during the sessions (see box below).

Challenges

- Closure of borders make migrants vulnerable as they become reluctant to go back or fear of being detained in countries of transit.
- Issue of protection of medical data (UK) and data sharing (as in the EU new directives). Firewall principle should be applied. PHR work from IOM/DG health and computed files.
- Age determination via medical act. A body of evidence together with the fact that those methods are intrusive, do not provide treatment and make the medical corporation face a dilemma.
- Expulsions and transfers (Dublin). We too often see expulsions of foreign ill patients happening without proper sanitary conditions and communication between health services (health personal from the home affairs or affiliated only). The continuity of care is often disrupted. Patients’ files are disconnected from health staff. Foreign ill patients should be protected against expulsion and offered a right to stay/ temporary protection/ subsidiary protection.
- Financing the cost of health care especially 2nd line treatments. In some countries the government does not reimburse the costs.
- Mental health should be more integrated in the PHC package. The cultural consultation “means medicines” has to adapt to a more holistic approach.

Entitlements are reducing.

- Children access to HC is conditioned to that of their parents.
- Pregnant women care is too often not included in the emergency package. Maternity care is often payable and sometimes at the point of service.
- Violence along the migrant route is rampant. Provision of service should emphasise much more on early detection and care.
- Child care is essential and linked to protection. Vaccination is poor. HC care system should be part of a broader system that must compete with traffickers.
- Emergency treatment, necessary treatment versus holistic treatment (report on Reception Directive). Entitlements are often ignored from HC practitioners. Conditions of access are also not known from the migrants.

Some ways forward

Resilience of HC systems: building up on experiences that proved to be innovative but also system reinforcement in countries that face difficulties.

Professionalism of HC staff who face more and more different epidemiological profiles. Psycho social staff and cultural mediators become increasingly a new job in Europe. Time to develop curriculum. Need to employ more migrant knowledge. Equivalence of diploma for HC personnel (Belgium compared to Sweden for instance where there is more flexibility).

Civil society organisations are important. Excellent relay for this specific public as they are community based organisation. Provide empowerment. Needs fund and synergies. Vulnerability network.

Advocacy efforts should emphasise more on local population benefits. The human rights narrative is important; however, how beneficial driving HC system towards UHC benefits to a larger public should be further demonstrated (i.e. FRA report on costs of Emergency care versus prevention). This is in substance a position also shared by the IOM expert group which consensus document is a solid basis for advocacy.

After Zsofia Pustztai Head of WHO Office Serbia and Giuseppe Annunziata, WHO EURO, gave preliminary remarks and guidance on the workshop, the facilitator formed different groups which were tasked to:

- Map key challenges and successes
- Assess the current situation
- Analyse key themes.

We need now to follow up on its conclusions especially given the fact that MDM proposed to be in a working group to monitor the work of the conference. However, until today no written report or follow up event has ever been planned.

This workshop gave us also the possibility to expand our networking in WHO Europe.

EUHPP Thematic Network on Migration & Health - Kick-off meeting May 30

On 30 May, the kick-off meeting of the Thematic Network on Migration & Health took place in Brussels, at the initiative of PICUM and the International Rehabilitation Council for Victims of Tortures as co-leader. Participants included the European Psychiatric Association, EuroHealthNet, the European Patients Forum, the International Planned Parenthood Federation, the Standing Committee of European Doctors, the Swedish Association of Local Authorities and Regions, the International Lesbian, Gay, Bisexual, Trans and Intersex Association-Europe and Mental Health Europe, the European AIDS Treatment Group and MDM.

Participants presented their current and prospective activities on the issue of migrants' health, ranging from policy work, advocacy, and research to service provision and training. They exchanged views on the role played by the European Commission, in particular DG HEALTH, to protect and improve migrants' health through both policy and projects.

The idea from the leaders is to draft joint statement to be shared soon on the platform. The statement in its actual form will be shared internally with MdM policy department for inputs.



2017 05 30 - EUHPP
Thematic Network on

Council of Europe Migrant meeting June 1st



Under the auspice of the Council of Europe and the Conference of the INGOs, the Europe institute organised a high-level meeting on migration at the Agora in Strasbourg. The discussions were organised in 4 panels. Panel 1 addressed the arrival of migrants in Europe and the administrative procedures in European countries. Panel 2 discussed the interaction of different levels of authority and other actors at reception of migrants / refugees. Panel 3 elaborated on the integration policies implemented in the different countries. Last, Panel 4 gave the floor to CS organisations to explain their contribution in times of crisis.

MdM intervened in the last panel and promoted the idea that care and advocacy, going hand in hand, yield results.



2017 06 01 CdE -
MdM présentation cor

Find the full report of the meeting below (in French only - sorry):



2017 06 01
Documentation_Migra

Under the initiative of FEANTSA, the European Federation of National Organisations Working with the Homeless, MdM was invited to a round table on June 21 at the European Parliament, “Homelessness among migrants in Transit round table”. Migrants in transit are in a precarious human rights situation and because of the length of the journey this situation can last for months, even for years. They are vulnerable to a range of human rights violations and abuses, because they often have become destitute in the transit country, lack legal protection and are unable or unwilling to seek the protection of the transit country. The roundtable aimed at better

understanding the challenges faced by migrants in transit and the issues that the homelessness sector has to deal with in order to provide adequate services to migrants in transit.

Here is the presentation that was given to MdM Belgium. It is mainly based on some social data taken from the Observatory report:



MdM présentation round table 2017 06 :

Global Conference on Children on the Move 12-13 June 2017 – Berlin

Leading up to the elaboration of the Global compacts on Migration and Refugees in fall of 2018, an initiative lead by Save the Children and Terre des Hommes called “[Initiative for Child Rights in the Global Compacts](#)” raises awareness for the rights of children affected by migration. The initiative aims to ensure that both global compacts reflect a common approach to protecting children on the move. It has 3 main objectives: the elaboration by experts of a working document entitled “Child Rights in the Global Compacts,” a follow-up advocacy strategy on how to promote a common approach to protecting the rights of migrant children and a Global Conference on Children on the Move, which took place in Berlin on 12-13 June 2017.



MdM was invited to this conference and intervened in the Access to services – health, also as a moderator. Stathis Poularakis from MdM Greece delivered the following presentation:



MdM presentation Global Conference Be

The intervention of MdM pointed out that “access to basic health services” as mentioned in several documents and discussions, is rather narrow and it needs to be supplemented in an appropriate way to include also preventive care according to relative international standards.

Other sessions were organised: one on protection, reception and alternatives to detention, one on education, one on solutions and one on integration and non-discrimination.

Finally Stathis contributed to formulating recommendations to the conference draft document with a view of ensuring children’s access to health services and psychosocial support. Suggestions to specific additions to the targets, indicators as well as changing the wording of the goal on health from “*Goal IV: Grant Access to basic health and psychosocial services to all refugee and migrant children, regardless of their migration status*” into “*Grant equal and timely access to health and psychosocial services, including preventive care, to all children, regardless of the status of the child and/or his/her parents*”.

"Busting myths on EU public opinion on Migration and Asylum Policy June 19

The session was organised under the patronage of the Green Party and MEP Jean Lambert. A panel of researchers presented their work and provided insight on the general public conceptions in migration and deconstructed the myth around them. Were present Marie-Sophie Callens, Luxembourg Institute of Socio-Economic Research, James Dennison, Migration Policy Centre, Dominik Hangartner, London School of Economics, Rob Ford, University of Manchester, Rory Fitzgerald, European Social Survey, Thomas Huddleston, Migration Policy Group.



Two main players are the European Social Survey (ESS) and Migrant Integration Policy Index (MIPEX) produced interesting material available publically to analyse the link between policies and public opinion on migration. Those are amongst the most comprehensive, reliable and used tools to monitor migrant integration policies.

One of the most interesting interventions from the Manchester University was their statement on the fact that public opinion did not changed much but got more polarised. However, those who are more sympathetic to the migrants' fate are already convinced by the argument on the benefit of migration and promoting openness of societies. Whereas the other side is outraged about such arguments. Conclusion: when it comes to public opinion changes, never use the positive social aspects of migration... surprising isn't it!

WPL Meeting on Maternal Health: Refugee & other Vulnerable Women June 20

After the [High-level meeting on Maternal Health and Refugee Women](#) which took place in Malta (March 20-21), a new important milestone in order to place maternal health high on the European agenda took place on June 20 at the European Parliament (Brussels). Let us remember that a [Call for Action, MdM contributed to](#), was sent by the President of Malta to the Commissioner for Health and Food Security as well as the Commissioner for Migration, Dimitris Avramopoulos.



To build on this momentum, this second event, organised by the Women Political Leaders Global Forum (WPL), under the patronage of Mrs Coleiro Preca,

President of Malta, convened MEPs and other relevant stakeholders to discuss how to translate this political commitment into concrete action and how to mobilise support also in the European Parliament. Some priorities decided during the meeting were:



- Establishing a supranational funding mechanism ensuring a free package of maternal healthcare for every vulnerable woman;
- improving tools and coordination for data collection and research in this area;
- policy dialogue awareness-raising campaign.

Other speakers included Xavier Prats Monné, Director General of DG HEALTH, MEP Gesine Meissner, and Naveen Rao from MSD for Mothers.

High level conference on the management of migration – EP June 21

The European Parliament has decided under the leadership of the LIBE committee and its president MEP Moraes to reinforce inter institutional cooperation on the Agenda on migration. This conference focused on the “management” of migration with three main areas: managing asylum and migration, promoting stability and prosperity in third countries, strengthening the EU's internal security.

The different speakers invited to this high level conference insisted on the return policy (MEP Metsaola) and reinforcing the security at our border. Few put emphasis on building safe passage and more solidarity (MEP Bjork, MEP Kyengue, ULB researcher, PICUM). Some MEPs talked about a shame (MEP Wikström) of not complying with our responsibilities. Also, from the interventions, the policy of bridging migration and development in Africa gains in momentum; the efforts of NGOs on this topic have not yielded results yet.



Four notable interventions (amongst others):

- Louise Arbour: “protection cannot be outsourced”
- Minister of migration policy of Greece, Mr Mouzalas “we gained experience and learnt from our shortcomings”. The EU Turkey deal helped us reduced the figure”.
- Representative of Lybia: “the UE should support Lybia in lifting the UN embargo”
- The Head of Italian Cost Guards “thanks God, there are NGOs supporting the S&R operations”.

UN Special Representative of the Secretary-General for International Migration Louise Arbour meets civil society organisations - Open Society European Policy Institute June 23

A number of human rights and humanitarian agencies were invited for a meeting with Mrs Louise Arbour at the OSF in Brussels to discuss on the current Global compacts processes.

The UN Rep for international migration knows the diplomatic challenges ahead of her as she has a great experience in reaching compromises with states. The main messages delivered were:

- A non-binding document will produce much more results than a binding but not ratified one.
- Priorities for the member states are to fight influx/irregular migrations and they want to link development and migration. We cannot be dismissive of those two elements if “they are both tails that walk the dog”.
- The debate will not be moved by public opinion. The narrative has to change higher above, that is why the civil society is key to impact on the debate.
- We must bring attention to language. We need deliverables and to find the right rhetoric. “We should not be bound to purity”.
- “Right” is a word which, at international level is used loosely. There is no appetite for a total new framework for the rights of migrants.

There were several interventions from the NGOs. Notably the concept of migration policies without harm, worked out by MDM (and others) was shared. Messages were also revolving around the agenda which has been monopolised by the DG home and home affairs against which the civil society has little influence. Security has high jacked the debate. We expressed an opinion on the term “orderly migration”: orderly for whom?

The sentence of the day: “people do not only respond to public opinion; they also lead public opinion”.

Urban Agenda for the EU - External stakeholders Public Consultation July 12

In July 2017 three partnerships of the Urban Agenda for the EU, on Urban Poverty, Inclusion of migrants and refugees and Housing, launched a public feedback on their draft Action Plans. In order

to encourage participation, external stakeholders were informed on the Urban Agenda for the EU and engaged in some preliminary discussions. The meeting was attended by a wide variety of stakeholders, including civil society and international organisations including MdM.

Following a presentation on the UA where DG REGIO underscored the potential of the urban agenda to shape the future of the urban policy, DG EMPL intervened on the (limited) role the European Social Fund (ESF) in the UA since the ESF legal framework does not have an explicit territorial dimension. DG REGIO representative then provided a preliminary assessment on the draft action plans going out for public feedback.

The Fundamental Rights Agency continued by discussing the relationship between human rights legal framework and urban policy. In this way, they highlighted that local authorities are the local arms of the state with the same responsibilities and obligations as the national authorities. Recent studies and research findings were also presented on discrimination against Roma people and migrants (including school segregation).

MdM, together with Europehealthnet and EPHA intervene by stating that health should be mainstreamed across the different priorities in the scope of the consultation. PICUM said that due to the political atmosphere, the integration of irregular migrants has not been addressed. Yet there are evidences about the local initiatives providing access to services for undocumented migrants which should be taken into account in the Action Plans.

The International Dialogue on Migration – IDM. Geneva, Palais des Nations July 18-19



Summary of conclusions IDM work

The international Dialogue on migration is a dialogue that has been created by the IOM following the UN declaration for refugees and migrants of September 2016 and the first IDM that took place in April this year. The conclusions were meant to inform the Global compact on migration. The second IDM was held in Geneva and had the objective to explore protection of and assistance for migrants in vulnerable situations from a policy, cooperation and practical perspective.

A lot can be said on this two-day discussion. There was a consensus on the fact that vulnerability is not predetermined but influenced by other multiple factors and the environment that lead to lack of resistance, resilience and powerlessness (“Migrants are not inherently vulnerable and the causes of vulnerability are both situational and structural”). However, by focusing on the consequences brought to the migrants, who are then seen as a “vulnerable group”, vulnerability is not addressed as a result of harmful policies. Policy makers clearly turn their back on the causes of the problem. Consequently, it seems that, for the member states and many panelists, vulnerabilities has to be dealt upon as a series of specific needs of individuals and groups rather than the failure of systems. The focus is on the wrong direction. Hence a lot of attention was given on cracking down on smugglers and traffickers.

Our intervention came as a response to this state of mind:

- The conference expresses a broad consensus that no one is predestined to become vulnerable. You are not vulnerable: you become vulnerable. MdM (with fact and figures taken from the observatory) wonders how one becomes vulnerable. States with their policies create an environment conducive to "harm" and induces violence. It is here that the compact global must also turn: the conditions of the policies of the states that create violence. It may be a "shift of paradigm": migratory policies free of violence. We need to go beyond addressing special needs. Preventing migrants from going to sea rather than studying S & R operations

guidelines. Banning child detention instead of protecting better children in detention centres. UHC instead of migrant friendly care; and as Mr Hussen, Canada's Minister of Migration, said: “safe access to asylum”.

There was also an interesting debate on migrants’ integration and access to the job market. But it is not clear how this should extend to the migrants in an irregular situation.

There was also a shared view from the assembly that the GCM should start from a blank page. We need to move from policies to practices because there are enough instruments that exist and come short of implementation. During the Panel 6 discussion on the GCM process, we also addressed the panelist on how Member states will ensure that firewall measures will be integrated. We provided examples of countries in the EU in which the right of the patients and medical deontology is regularly violated (i.e. our campaign in the UK). This triggered an official denial from the UK representative.

Other ideas heard during the conference:

- There is need to create a global fund on migration with emergency disbursement mechanisms during emergencies, a sort of “financial muscle”. Some countries from the south promoted this idea (Mauritania and Colombia)
- Binational health weeks from the Ministry of health and the Ministry of Foreign affairs of Mexico. 240,000 beneficiaries involving 4600 agencies and 7000 volunteers acting in 50 Mexico consulates in the US. Health is not integrated visibly in the GCM yet. This is an error.
- Some cities provide good practice example in terms of migrants’ integration as Bristol and Malines. States such as Thailand and South America set the tone in terms of migrants’ integration.

Because of the Mexico co-leadership, their favorable contexts to promote migration policies and their inclusive vision towards foreigners, Latin America countries could be a real support in spreading our messages at the international level. Mexico has already shown great interest in a new narrative towards changing policies. We had some discussion with representative of Bolivia and Columbia on that topic.

From now on, Médecins du monde and partners must:

- Continue being part and monitoring the global consultations on the GCM.
- Refine its new framework to promote migration policies free of violence.
- Strengthen a coalition with countries outside the EU especially with South America and former nonaligned countries.
- See how the IOM “expert consensus”⁶, which has not been mentioned uring the IDM, can be further promoted or used as a tool during the GCM process.



Médecins du monde international network new Europe Advocacy strategy.

⁶ “Recommendations on access to health care: an expert consensus”. IOM. October 2016

The draft strategy which has finally been presented to the Médecins du monde steering group on positioning in July should be discussed at the level of the directors and presidents colleges. A draft budget has been proposed as well.

The next challenges will be:

- To obtain final approval
- To set up the management committees
- To make sure that all members of the vulnerability network including non Mdm ones are associated to the strategy

The draft strategy introduced is here:



2017_04_Euro_Migration_Advocacy_Strat

Council of Europe follow up advocacy work.

Several attempts have been made at the level of the council of Europe to advocate on protection of patients’ rights and medical ethics in Europe. The president of the Conference of International NGOs, Mrs Anna Rurka has agreed to move forward on the topic and will look into working out a Resolution in the Winter session of the Council. The Mdm Strasbourg Delegation, which is supporting us in this effort, shall make sure that the Human rights committee of the Conference will put that on its agenda. Last, based on our regular presence at the CoE, Mdm has been offered to represent the Conference at the Committee on Bioethics (DH-BIO) of the Council, which will help us push for the protection of patients’ rights and medical data.

3. Participation in associative events.

Associative event 1: Springtime universities of Médecins du monde Belgium May 19-20 in Brussels.

We first attended a debate on the issues of the current global humanitarian challenges. A panel discussion was organised with Caritas, Médecins Sans Frontières, the Belgian Ministry of international cooperation and Oxfam. One reflection was carried out on the "Grand Bargain" (a ten-point agreement concluded between the main humanitarian actors to increase the efficiency of humanitarian aid). The aim is to have an objective of 20 to 25% of assistance provided by local partners by the end of the Belgian legislature.



Then the General Assembly of Médecins du Monde Belgium provided the opportunity to conduct a collective reflection on different subjects with the participation of national and international employees, volunteers, members and employees of other delegations. The Mdm international governance process called to a “roadmap” was discussed. What type of network must be Mdm in order to carry out its main mission, how big those values are present in our activities and how to integrate them better in the Mdm BE programming?

Associative event 2: Coordination days in MdM France with consultation June 5-9

The annual missions’ days occurred in June in Paris and were the occasion for intense and fruitful exchanges. We attended several sessions including the MdM associative project at the horizon 2025 as well as empowerment in a session called “The strategic plan at the service of our militancy”.



This week gave us the opportunity to hold several working session with the International Network Office team of MdM (DRI) and the newly appointed Observatory team of MdM UK. Discussion points related to advocacy, how to better adapt the reporting to the political and advocacy agenda of the EU, the organisation of the 2017 Observatory event in November, sharing the feedback of partners during the last release (ie the disconnection between conclusions/recommendations, the huge quantities of recommendations and the need to be more

focused, the need to cover more thematic than migration, the need to work out violence, the absence of data on unaccompanied minors etc).

Some debriefings were also provided to directors of MdM France on the progress of some of the main advocacy activities at the level of Brussels and future perspective. A one-page mind mapping was handed over to the President during a meeting on the progress of our advocacy work.



Mind mapping Europe advocacy strategy.doc

Associative event 3: PICUM General A May 12-13



More than 80 partner agencies gathered in Brussels for the annual associative session of PICUM. Key challenges were assessed by several panelists. One of which being the increased control-based and criminalising measures without democratic oversight. Different participatory sessions during the GA allowed setting future challenges for the platform.

1/ Promoting safe reporting and safe access to services with the ‘firewall’ principle across thematic areas to ensure that undocumented migrants can seek help if needed and report exploitation and abuse to authorities without risking to be arrested. 2/ Advocating to end the detention of children and other groups and exploring alternatives to detention 3/ lobbying for more regular and safe channels for migrants to come and work in Europe. 4/ Addressing criminalisation of assistance 5/ Challenging discriminatory narratives building on its « Words Matter” campaign in order to tackle their impact on perceptions and attitudes.

4. Other Medecins du monde network advocacy work in brief.

MSF Germany and Mdm/Doctors of the World Germany initiated a letter co-signed by a total of 32 German CSOs and sent it to the Health Ministry, the Foreign Ministry, the Development Ministry, the Research Ministry, the Ministry of Justice, the Ministry of Commerce, and the Federal Chancellery, asking their respective Ministers to form an inter-ministerial working group that translates the UNHLP (UN High Level Panel on Access to Medicines) recommendations into action, and to make sure that appropriate measures are taken at the World Health Assembly and G20 summit to direct research towards global public health needs rather than towards profits.



Zivilgesellschaftlicher 170418 translation
Brief zu UN-Experten/UNHLP letter to Germ

Together with 14 other CSOs, **Mdm Netherlands co-signed a letter to the Minister of Health, asking her to meet her commitment to reducing the price of drugs in the country.** Let us remember that Mrs Schippers lead the EU Presidency in 2016 to putting the affordable medicine at the top of the EU agenda.



Letter to Schippers
EN.pdf

In a statement dated 6/5/2017, **Mdm denounced the Croatian police brutalities on the migrants who attend to cross the border from Serbia.** “It is important to recognise that Croatia is abusing these migrants, that it is a trend that is increasing and that it is important to stop these practices which are contrary to human rights and the freedom of movement of asylum seekers, " says Owen Breuil, general coordinator in Serbia.

On June 20th, Médecins du Monde, together with MSF and UNICEF, issued a press statement on the occasion of the World refugees day: **“World Refugee Day: Hundreds of minors left unprotected on French soil”** denouncing the tragic situation of an estimated 10,000 unaccompanied children in metropolitan France who are particularly vulnerable young people and represent a very small share of the more than 164,000 children hosted by the Social Assistance to Children.

Just a few days before the announcement of the French government "migrant plan", Médecins du Monde issued on **July 6 a press statement (“Health of asylum seekers in danger. The State must finally assume its responsibilities”)** waving its concern about the increase in the number of people on the street in France and the ambiguity of the political discourse on the reception of people exiled in France.

Médecins du monde co-signed on July 26th a press communiqué with Amnesty International, La Cimade, Médecins Sans Frontières and Secours Catholique Caritas France. It calls on the Government to put an immediate end to illegal practices and violations of the rights of migrants and refugees. Despite repeated calls by our organisations to restore respect for rights at the border with Italy, the Government continues to maintain controls that violate French laws and the rights of migrants and refugees.



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5. Interesting publications

[“A crisis of protection and safe passage: violence experienced by migrants/refugees travelling along the Western Balkan corridor to Northern Europe”](#). Médecins Sans Frontières. 2017.

[“A Dangerous Game. The pushback of migrants, including refugees, at Europe’s borders”](#). Joint Agency Briefing Paper. Belgrade Centre for Human Rights, Macedonian Young Lawyers Association, Oxfam. April 2017. Extract: “No one, regardless of their reason for moving via the Western Balkans route, should experience the violence and aggression which is being used by authorities. For refugees and others who have the right to international protection from persecution and serious human rights violations, pushbacks stand in the way of seeking protection and enjoying their right to an individual assessment of their claims. Brutality, intimidation and devious tactics by authorities also engender a climate of fear and mistrust amongst people on the move.”

“Greece paying asylum seekers to reject appeals The EU Observer” of 5 May 2017. The Greek government is giving cash incentives for rejected asylum seekers on the islands to forgo their legal rights to appeal their cases. Some €1,000 and free plane tickets home are now part of a largely EU-financed package to send them packing as quickly as possible.

[“Emergency within an emergency. The growing epidemic of sexual exploitation and abuses of migrant children in Greece.”](#) FXB Center for Health and Human Rights. Harvard University. 2017.

[“EU response to the refugee crisis: the ‘hotspot’ approach”](#). European Court of Auditors. April 2017. Extract: “The EU’s so-called “hotspot” approach for irregular migrants arriving in Italy and Greece has helped to significantly improve the registration, identification and security checking of migrants. But more needs to be done as thousands of migrants are still stranded on the Greek islands after their arrival, according to a new report from the European Court of Auditors. Many of those affected are unaccompanied minors, say the auditors, and more should be done to help them. Relocation is no longer an option, and returns are slow. As a result, there are still more migrants arriving at the hotspots than leaving, and they are seriously overcrowded.”

[Asylum applicants considered to be unaccompanied minors 63 300 unaccompanied minors among asylum seekers registered in the EU in 2016 Over half are Afghans or Syrians](#)” Eurostat Press release. 11 May 2017.

[Council Decision \(EU\) 2017/866 of 11 May 2017 on the signing, on behalf of the European Union, of the Council of Europe Convention on preventing and combating violence against women and domestic violence with regard to asylum and non-refoulement](#). Here is the [link](#) to the Convention.

[“Tackling irregular migration through development – a flawed approach. European Policy Centre”](#). 22 May 2017.

[“EASO’s influence on inadmissibility decisions exceeds the agency’s competence and disregards fundamental rights”](#) European Center for Constitutional and Human Rights. April 2017.

According to ECCHR’s analysis of a series of admissibility interviews conducted on the Greek Islands, EASO officers fail to respect core standards of fairness. The interviews do not permit a fair assessment of individual cases, they do not give room for a thorough investigation of vulnerability and they lack a critical evaluation as to whether Turkey qualifies as a safe third country for the person concerned. Thereby EASO not only violates its own guidelines for conducting interviews, but its involvement in the procedure goes beyond the scope of its powers under EU law. Consequently, applicants for international protection are deprived of a fair hearing and denied the chance to present and substantiate their asylum case.

[“The Montréal Declaration on the Right of People Who Use Drugs to Be Protected From State Sanctioned Violence”](#) Statement from attributed members of the Bridging the Gaps Alliance following the conclusion of the 25th Harm Reduction International Conference in Montréal. 22 May 2017.

[“Italy: Refugees and migrants in the central Mediterranean, cutting the lifelines”](#). 22 May 2017. Amnesty International Public Statement.

[“Age Determination of young migrants. Position of the Swiss Pediatric Society. Without a validated method, doctors cannot participate”](#). S. Depallens, F. Jager, N. Pellaud. Paediatrica. 2017. (in French sorry!)

[“EU: Shifting Rescue to Libya Risks Lives”](#). Human Rights watch. June 19. The paper calls upon Italy and other European Union countries not to cede control over rescue operations in international waters to Libyan forces.

[“Far right raises £50,000 to target boats on refugee rescue missions in Med”](#). The Guardian, June 4. Aid charities have saved more than 6,000 from drowning this year. Now anti-Islam ‘Identitarians’ are crowdfunding to pay for vessels to chase them down.

A joint press release issued by Amnesty International and Human Rights Watch 12 July 2017: “EU: Draft Code for Sea Rescues Threatens Lives” Leaked Document Would tie Non-Governmental Organisations’ Hands.

[Joint Press Release about the violent incidents in Moria, Lesbos. 26 July 2017](#). A situation further denounced by an [MSF report](#).

On July 26, after having released its [14th report on relocation](#), the European Commission has today [sent reasoned opinions](#) to the Czech Republic, Hungary and Poland for non-compliance with their legal obligations on relocation.

[“E. Macron wants to set up hotspots in Libya”](#). Libération. 27/7/2017 (sorry in French)

Following the Commission's Action Plan to support Italy from 4 July, the EU Trust Fund for Africa adopted in Brussels on July 28 a [programme of 46 million euros](#) to reinforce the integrated migration and border management capacities of the Libyan authorities.

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