REFUGEES AND ASYLUM SEEKERS
PUBLIC HEALTH IMPLICATIONS FOR WALES

Briefing

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Purpose and Summary of Document:
This briefing outlines the current refugee crisis, with a particular focus on the impact it is having in the UK and Wales. Definitions of key terminology are vital to the correct interpretation of this document (table 1). It does not explore the stigma associated with asylum status, housing or human trafficking.

Work Plan reference:
- Integrated Medium Term Plan (IMTP)

DISCLAIMER
This briefing is up to date as of 10/11/2015. Due to the fast ongoing developments in this area, further specific updates can be found on the websites mentioned throughout the briefing.
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Key messages

General public health considerations:

- Refugees and migrants have similar health problems to those of the European population, but the conditions in which they travel can acutely exacerbate or cause a life-threatening deterioration in the health of people with chronic conditions.
- The most frequent health problems include: injuries, burns, psychological trauma and diseases such as cardiovascular diseases, diabetes and hypertension, often worsened by the interruption of treatment. Acute respiratory infections, diarrhoea and head lice may also occur, associated with poor hygiene conditions during the journey. Infectious diseases, already endemic in the European Region, such as TB, HIV/AIDS, viral hepatitis, measles and rubella, can also be reported.
- Emergency care for injuries, access to care during pregnancy and childbirth, children's access to medical care in case of fever or childhood diseases, medication and care for those who have chronic conditions, as well as psychosocial care, need to be ensured.

A key document on Dispersal Areas, produced by Public Health Wales, Health and Healthcare Improvement Division at the request of Welsh Government looks at provision summaries and best practice (2013, updated in 2014). Key findings of the report:

- Health services are provided for asylum seekers living in Wales and the report suggests that overall access to healthcare for this group in the four dispersal areas is good;
- There has been an increase in the numbers of women of child bearing age and children aged 0 to 5 years seeking asylum;
- Specific health issues include communicable disease, sexual health issues, chronic diseases such as diabetes and hypertension, common mental health disorders, dental disorders and the physical and mental health consequences of injury, rape and torture including post traumatic stress disorder (PTSD);
- Interpretation services, such as Language Line or the Wales Interpretation and Translation Service are of questionable quality.

Recommendations:

- Access to mental health services in Wales needs to be improved.
- Sustainability of healthcare services needs to be improved to follow methods such as the Cardiff Health Access Practice (CHAP), as it is often reliant on individuals to maintain the service, rather than organisationally integrated.
- Improvements are required for cross-agency working between the Home Office, health services and asylum seekers. A protocol would be useful.
- Welsh Asylum Seeker and Refugee Health Advisory Group (WASRHAG) should be reviewed by Welsh Government, the Group and key stakeholders.
Welsh Refugee Summit 17/09/15

In order to address the challenges and responsibilities facing councils and public bodies in response to the Syrian refugee crisis, the First Minister of Wales held a summit on the 17th September 2015. The aim of the summit was to initiate setting up a plan for action. The summit was also attended by Communities & Tackling Poverty Minister, Lesley Griffiths and Public Services Minister, Leighton Andrews, brought together key agencies and service providers to develop a plan for implementing the expanded Vulnerable Person Relocation Scheme for Syrian refugees in Wales [online]. Results:

- The First Minister plans to establish a Syrian Refugee Taskforce
- Local Council re-affirmed their commitment to support refugees [online]
- A consultation was launched on Welsh Government’s Delivery Plan for Refugees and Asylum Seekers. The three year plan, which was developed in partnership with local authorities and the third sector, prior to recent events in Europe, sets out how services for refugees and asylum seekers in Wales can be improved. The consultation focuses on health care provision, children, community cohesion and housing [online].
Introduction

The instability in Africa and the Middle East triggered an unprecedented migratory influx to neighbouring countries and is now posing a serious challenge to European countries and their health systems. Globally, an estimated 866,000 asylum applications were recorded in 2014, an increase of 45% in comparison to the same period in 2013, the UK received 31,300 new applications for asylum by the end of 2014. The top ten asylum seeking countries are shown in table 2. With the Syrian conflict entering its fifth year, there has been an exceptional displacement crisis. The number of people seeking refugee status in Europe has increased considerably since 2013, with an increase of 24 per cent in 2015 compared to the same period of 2013. Much of the increase has been as a result of conflict in Syria and Iraq, although it has also been driven by issues in countries such as the Ukraine, Afghanistan and Eritrea. The majority of refugees seek asylum in German, France, Sweden, Italy and the UK, although there have also been large influxes to Russia and Turkey. Figure 1 shows the distribution of migrants in Europe, dependant on population size and refugee status, and Figure 2 demonstrates the age and gender breakdown of Syrian refugees, 43.4% of which are female.

In addition to this, there has been a significant increase in the number of refugees travelling to Europe by sea, facing a serious risk to life. A large number of refugees travelling by sea aim to reach Italy, which has resulted in the Italian Government launching the 'Mare Nostrum Operation', rescuing over 100,000 people who faced difficulty when at sea.

The Office of the United Nations High Commissioner for Refugees was established on 14 December 1950 by the United Nations General Assembly. The agency is mandated to lead and coordinate international action to protect refugees and resolve refugee problems worldwide. Its primary purpose is to safeguard the rights and well-being of refugees. It strives to ensure that everyone can exercise the right to seek asylum and find safe refuge in another State, with the option to return home voluntarily, integrate locally or to resettle in a third country. It also has a mandate to help stateless people.

The UN is calling for Europe to coordinate its response, and consistent with international and EU Law in order to avoid making an already chaotic situation worse, which was sparked by Hungarian officials using tear gas and water cannons to prevent refugees entering the country. The European Commission is backing plans to reinforce capacity at sensitive external borders, or hotspots, and to increase financial resources to Member States that are facing the greatest pressures.

Refugees and migrants comprise a heterogeneous group. Evidence suggests that migration does not imply the importation of infectious diseases, which are mainly associated with poverty. Refugees and asylum seekers are a vulnerable group who often have specific health needs, as a result of their past experiences and country of origin. These include:

- Higher than average rates of TB, hepatitis B and HIV/AIDS compared to the developed European countries;
- Higher rates of stillbirth and infant mortality among migrants, with refugees, asylum-seekers and undocumented migrants being particularly vulnerable;
- Utilization and quality of antenatal care is lower among migrant women;
- Mental health issues psychological distress to mental disorders (e.g. depressive disorders and depression, and post-traumatic stress disorders).

Newly arrived migrants can suffer from other issues, such as accidental injuries, hypothermia, burns, cardiovascular events, pregnancy- and delivery-related complications, diabetes and hypertension. Female migrants frequently face specific challenges, particularly in maternal, newborn and child health, sexual and reproductive health, and violence. In addition to this, there are issues with safe housing and employment.
The European Commission

The European Agenda on Migration set out by the Commission in May 2015 set out the need for a comprehensive approach to migration management. Since then, a number of measures have been introduced – including the adoption of two emergency schemes to relocate 160,000 people in clear need of international protection from the Member States most affected to other EU Member States, and the endorsement of the Commission Action Plan on Return.

The EC has stated clearly that Member States must also ensure proper implementation of EU law. The Common European Asylum System is based on helping people in need of international protection and returning migrants who have no right to stay on EU territory, and issued 40 warning letters it sent to Member States in September who were in breach of the Reception Conditions Directive, although this directive does not apply to the United Kingdom.

There has been a wide differentiation in the response from European countries as issues have arisen with border security, and the application of Schengen, which allows the free movement of persons as a fundamental right guaranteed by the EU to its citizens. It entitles every EU citizen to travel, work and live in any EU country without special formalities. Schengen cooperation enhances this freedom by enabling citizens to cross internal borders without being subjected to border checks. Due to the large influx of migrants, some areas such as Germany and Hungary have re-instated border controls in an attempt to stem the flow and gain control of the situation.

The European Union has been established in order to work towards a Common European Asylum System. EASO supports its implementation by applying a bottom-up approach. The aim is to ensure that individual asylum cases are dealt with in a coherent way by all Member States.

EASO provides different kinds of support, namely:

- Permanent support: supporting and stimulating the common quality of the asylum process through common training, common asylum training material, common quality and common Country of Origin Information (COI);
- Special support: tailor-made assistance, capacity building, relocation, specific support and special quality control tools;
- Emergency support: organising solidarity for Member States subject to particular pressures by providing temporary support and assistance to repair or rebuild asylum and reception systems;
- Information and analysis support: sharing and merging information and data, analyses and assessments at EU level, including EU-wide trend analyses and assessments;
- Third-country (i.e. non-member country) support: supporting the external dimension of the Common European Asylum System, supporting partnerships with third countries to reach common solutions, including by capacity building and regional protection programmes, and coordinating Member States’ actions on resettlement.
To date, 411,567 refugees and migrants have reached Europe by sea and a total of 2,900 refugees and migrants have lost their lives in the Mediterranean, estimate the Office of the United Nations High Commissioner for Refugees (UNHCR).

The large and growing influx of refugees and migrants to countries in the WHO European Region necessitates an urgent response to these people’s health needs. About 2 million people have taken shelter in Turkey, which is now hosting the biggest number of refugees in the world. UNHCR estimates that over 410,000 refugees and migrants have reached Europe by sea in 2015. Over 120,000 arrived in Italy, and over 280,000 in Greece: 50,000 since the beginning of September alone. A total of 2,900 refugees and migrants lost their lives in the Mediterranean Sea in 2015 during their dangerous journey.

The vast majority of people travelling along the eastern European route are refugees and migrants from the Syrian Arab Republic, followed by Afghans, Pakistanis and Iraqis. Countries of origin for people reaching Italy through the western route include Eritrea, Gambia, Mali, Nigeria, Somalia and Sudan.

The WHO Regional Office for Europe established a migration and health task force to support Member States and country offices in dealing with the challenges posed by the recent large influx of refugees and migrants.

The WHO does not recommend obligatory screening of refugee and migrant populations for diseases, because there is no clear evidence of benefits (or cost-effectiveness) and it has been known to trigger anxiety in individual refugees and the wider community, although it does strongly recommend offering and providing health checks to ensure access to health care for all refugees and migrants in need of health protection. It specifies that health checks should be done for both communicable and NCDs, with respect for migrants’ human rights and dignity [online].

In addition to the recommended health checks, the WHO European Region highlights the strong focus of the Public Health Aspects of Refugees, which is formulated in the Public Health Aspects of Migration in Europe (PHAME) project.

Dr Zsuzanna Jakab, WHO Regional Director for Europe, stated:

“*Our efforts must now focus on public health measures, including immunization for vaccine-preventable diseases when needed, emergency care for injuries, access to care during pregnancy and childbirth, children’s access to medical care in case of fever or childhood diseases, medication and care for those who have chronic conditions, as well as psychosocial care*” [online].

At the recent 65th session of WHO Regional Committee for Europe, migration and its health implications was discussed at a ministerial lunch. Three missions about migration were highlighted:

1. The identification of potential gaps for technical assistance and future collaboration;
2. The provision of technical assistance to develop migration and public health contingency plans;
3. The identification of best practices to contribute to the transfer of know-how across the EU region.

Finally, the need for additional research and evidence was highlighted to develop evidence-informed migrant health policies, and interregional collaboration is seen as key to moving forwards [online].

The WHO Regional Office for Europe has recently published a series of reports looking at the Public Health Aspects of migrant health, including the health status of undocumented migrants, labour migrants and refugees and asylum seekers [online].
Non-EU countries

Syria Regional Refugee Response

The UN Refugee Agency have developed a Syria Regional Response Data Portal, which details priorities, achievements and needs by country and regionally. Part of this work is the Regional Refugee and Resilience Plan.

The Regional Refugee and Resilience Plan

On the 1\textsuperscript{st} September The Regional Refugee and Resilience Plan (3RP) was launched and brings together the plans developed under the leadership of the Arab Republic of Egypt, the Republic of Iraq, the Hashemite Kingdom of Jordan, the Lebanese Republic, and the Republic of Turkey to help to ensure protection, humanitarian assistance and strengthen resilience. The 3RP programme is part funded by UN agencies and 3\textsuperscript{rd} sector organisations.

It is a country-driven, regionally coherent plan to address refugee protection and humanitarian needs whilst building the resilience of vulnerable people and impacted communities and strengthening the capacity of national delivery systems in the five most affected countries neighbouring Syria [online].

Generic regional guidance has been published which can be to be tailored at the country level in line with specific needs and circumstances in each country [online].
The UK

In the UK, all asylum seekers and refugees are entitled to register with a GP and to receive free NHS hospital treatment without prejudice [online]. In Wales, refused asylum seekers are exempt from charges for NHS hospital treatment while they are awaiting removal to their country of origin [online].

Since 2011, the UK has granted humanitarian protection to almost 5,000 Syrians through its normal asylum procedures. A further 216 people have been relocated under the Syrian Vulnerable Persons scheme.

On 7 September Prime Minister announced a significant extension of the Vulnerable Persons Relocation Scheme for Syrian nationals, in recognition of the worsening crisis, including:

- Up to 20,000 Syrian refugees will be resettled in the UK over the course of this Parliament.
- Resettlement will be offered to Syrian refugees in Turkey, Jordan and Lebanon, rather than to those who have already travelled to Europe.
- The criteria for resettlement under the scheme will be significantly expanded, including to give particular recognition to the needs of children (including orphaned children).
- To ease the pressure on local authorities, the full costs of resettlement for the first year will be met from the international aid budget [online].

In addition, DFID has allocated £9.5 million from the UK Conflict, Stability and Security Fund to support local capacity and build longer term stability. Our support is reaching millions of people and has saved lives in Syria, Jordan, Lebanon, Turkey, Iraq and Egypt.

On 14 September the Prime Minister visited Lebanon and Jordan to see the impact of UK aid in the region. He also announced the appointment of a new minister to coordinate work across government to resettle Syrian refugees in the UK, as well as new education funding for refugees in Lebanon [online].

Wales

The estimates for the number of refugees Wales could take varies greatly, between the Welsh Refugee Council estimating 1,600 Syrians, and the Welsh Government stating Wales could accept 500-600 refugees [online].

The Welsh Government called a summit on the 17th September 2015 in order to assess how Wales will coordinate the response to the refugee crisis, and the UK's commitment to taking 20,000 refugees over the next 5 years. The aim of the summit was to begin to set out a plan of action. The summit, was also attended by Communities & Tackling Poverty Minister, Lesley Griffiths and Public Services Minister, Leighton Andrews, brought together key agencies and service providers to develop a plan for implementing the expanded Vulnerable Person Relocation Scheme for Syrian refugees in Wales [online].

- The First Minister plans to establish a Syrian Refugee Taskforce
- Local Council re-affirmed their commitment to support refugees [online]
- A consultation was launched on Welsh Government's Delivery Plan for Refugees and Asylum Seekers. The three year plan, which was developed in partnership with local authorities and the third sector, prior to recent events in Europe, sets out how services for refugees and asylum seekers in Wales can be improved. The consultation focuses on health care provision, children, community cohesion and housing [online].
In a briefing paper published in 2014, the Wales Strategic Migration Partnership highlights that:

- Although powers relating to asylum and immigration are not devolved, the Welsh Government has responsibility to asylum seekers and refugees living in Wales under its housing, health, education and social service functions and through its community cohesion agenda.
- Refugees living in Wales are generally more highly qualified than their British counterparts. More than a quarter have a University degree from their country of origin and a further 8.9% hold a postgraduate qualification.
- Refugees are entitled to work but often experience high levels of under- and unemployment despite arriving with good qualifications and previous work experience in their countries of origin.
- There are significant pockets of negative attitudes and prejudice towards asylum seekers and refugees living in Wales.

Public health Wales has a number of services for refugees and asylum seekers, and maternal and child health programmes.

Antenatal screening is offered as part of routine midwifery care with the starting point that the woman presents to their GP or midwife. There are no specific policies for antenatal screening for this population as the screening aspect would be included in the routine antenatal practice, although revised policies, standards and protocols have recently been published to include details for when women present later in pregnancy [online].

Newborn Hearing screening offers screening to babies born in Wales and babies that become residents in Wales registered on the child health system up to 6 months of age.

Newborn Bloodspot Screening offers screening to babies that are born in Wales and the test is taken on day 5-8 of life and screening is offered for babies becoming residents in Wales up to 1 year of age. The pathway to refugee and asylum seeker populations has been developed to ensure it is robust, and has been successful in engaging with the populations.

Wales currently has a number of established organisations with a focus on refugees and asylum seekers, including:

1. The Wales Strategic Migration Partnership (WSMP) funded by the Home Office (Enabling Grant) and is based at the Welsh Local Government Association. WSMP is a partnership organisation aimed at providing an enabling function and a strategic leadership, independent, advisory and consultative body on migration in Wales. This allows sharing of expertise, diverse range of views and vital information minimising adverse impacts and maximising the benefits of migration. Resources include the Age Assessment of Unaccompanied Asylum Seeking Children All Wales Multi-Agency Toolkit.

2. The Welsh Asylum Seekers and Refugee Health Advisory Group (WASRAHG) The purpose of the group is to advise the Mental Health and Vulnerable Groups Division, Welsh Government with regard to the implications for services in respect of:
   - The health needs assessment of refugees and asylum seekers in Wales, including consideration of communicable disease and safeguarding issues.
   - Improve access to appropriate services for these residents. This means ensuring that asylum seekers and refugees can access services to the same level as everyone else.
   - Working with member organisations, ensure the provision, monitoring and analysis of organised data regarding the health of newly arriving asylum seekers.
   - Advise on what research should be commissioned to ensure a sound evidence base for best practice.
3. The Welsh Refugee Council
The Welsh Refugee Council is a sister organisation to the Refugee Council and Scottish Refugee Council, providing advice, support and information to asylum seekers and refugees in Wales, carryout policy work with Welsh Government and UK Boarder Agency, and coordinate artistic and innovative events.

4. NHS Centre for Equality and Human Rights
The Role and Purpose of the NHS Centre for Equality and Human Rights is a strategic resource for NHS organisations that helps them to build capacity and capability to ensure they are able to:
   i. Meet their statutory equality and human rights requirements
   ii. Demonstrate they meet the diverse needs of patients and staff when planning and delivering health services, and
   iii. Promote learning, collaborative working and best practice on equality and human rights across the NHS and wider Welsh public sector.

5. Refugee Voice Wales (RVW)
Refugee Voice Wales (RVW) is an umbrella organisation that represents Refugee Community Organisations (RCOs) in Wales. Funded by Welsh Government, the organisation was established to empower refugees and asylum seekers, creating a platform for the voices of these often vulnerable groups to be heard. It was formed by a group of Refugee Community Organisation leaders who are committed to and passionate about helping refugees and asylum seekers in Wales. There are currently 39 RCO members of Refugee Voice Wales.

Wales Migration Portal
The Wales Migration Portal brings together publically available migration data in one place, providing users with a range of migration data and contextual information, bilingually, in table and map form.
There are various Welsh Policies which address Refugees. Including:

1. **Improving the Health and Well-being of Homeless People and Specific Vulnerable Groups, 2013.**

The *Improving the health and well-being of homeless and specific vulnerable groups: Standards 2009/2014* required each local area to produce a Homeless People and Vulnerable Groups’ Health Action Plan (HaVGHAPs), showing how it will ensure the health needs of all ages of homeless people and specific vulnerable groups are addressed. Specific vulnerable groups are people identified as:

- Homeless
- **Asylum seekers and refugees** (for the first two years following granting of refugee status)
- Gypsies and Travellers
- Substance Misusers
- EU migrants who are homeless or living in circumstances of insecurity or who are vulnerable homelessness


The *Refugee Inclusion Strategy*, the Welsh Government seeks to ensure that asylum seekers and refugees are treated with dignity and respect whilst based within Wales. In a public health context, actions arising from this strategy include the provision of a healthcare service for all asylum seekers in Wales based on clinical need; ensuring equality of access to maternity services for pregnant asylum seekers; the promotion and safeguarding of the welfare of Unaccompanied Asylum Seeking Children (UASC); and actions to respond to and prevent the trafficking of children and vulnerable adults. Progress against these and all actions arising from the Refugee Inclusion Strategy is published annually by Welsh Government.

Unaccompanied Asylum Seeking Children may have specific vulnerabilities and risks. If professionals have any concerns they should refer to their own organisational Child Protection and Safeguarding Guidance and the relevant All Wales Protocols and Practice Guidance.

3. **Refugee and Asylum Seeker Delivery Plan – consultation**

This is a successor to the 2011-2014 Refugee and Asylum Seeker Action Plan which was a commitment in the Refugee Inclusion Strategy (2008), and the consultation closes on the 10th December 2015. More information and consultation documents can be found on the [Gov.Wales](http://Gov.Wales) website.
Service Provision and Funding

1. Provide services for asylum applicants, refugees and migrants

Information and funding is available to help organisations work with asylum applicants, refugees, people granted humanitarian protection and new migrants to the UK. Information can be found on:

- asylum applicants
- unaccompanied asylum-seeking children
- refugees
- people granted humanitarian protection
- people recently arrived in the UK from outside the EEA
- people returning to their home country

The documents in this collection contain essential, technical information about our specific projects and other work in this area.

In additional to this, information on funding such as the European Refugee Fund can also be found on the Gov.UK website.

The European Refugee Fund

The European Refugee Fund (ERFIII) is a European Union (EU) funding programme that supports the efforts of EU Member States in receiving and bearing the consequences of receiving refugees and displaced persons. All EU Member States, with the exception of Denmark, participate in the ERFIII. The ERFIII is one of the four funds which form part of the EU’s General Programme ‘Solidarity and Management of Migration Flows. The Fund was established by Decision 573/2007/EC of the European Parliament and of the Council dated 23 May 2007.
Good practice

Cardiff Health Access Practice (CHAP)

CHAP provides an initial public health and general healthcare screening service for newly arrived asylum seekers. It also provides an ongoing Primary Care service for vulnerable patients. In this case, ‘vulnerable’ would mean those having difficulty achieving or sustaining registration with a mainstream GP practice between 2008-2011, CHAP was tendered out to a private provider. Since August 2011, it has been directly managed within the Primary Care Directorate of the UHB. The transfer was an opportunity to improve and develop the service provided [online].

The Welsh Refugee Council and Aneurin Bevan University Health Board

The Welsh Refugee Council works with the Aneurin Bevan University Health Board to provide a health session to newly arrived asylum seekers in Wales. A nurse with personal experience of the asylum process facilitates the service and helps create access to healthcare whilst assessing the asylum seekers’ health needs. Following this, new arrivals will be directed to appropriate agencies. The service is available to asylum seekers and failed asylum seekers who have on-going health needs.

The Welsh Refugee Council’s ‘Move On’ project

Funded by the Welsh Government’s ‘Homelessness and Rooflessness’ Grant, the Welsh Refugee Council’s Move On project provides the specialist support, advice and guidance necessary to support people through this transition. The scheme provides individual casework in Cardiff, Newport, Swansea and Wrexham to individuals who have been granted refugee status or other forms of leave to remain within the asylum system.

Eurohealthnet: European Structural Funds and assistance to refugees

In the light of the recent refugee and migration situation in Europe, the European Union has been studying the application of European Structural Funds to “support the integration of asylum seekers and refugees”. On some of EuroHealthNet members’ request, are monitoring calls and tenders that may be issued on these topics, falling in particular under:

- The European Social Fund (ESF – DG Employment, Social Affairs & Inclusion) - Out of the ESF’s 86.4 billion euro, a minimum of 20% must be allocated to initiatives pertaining to social inclusion. Refugees and asylum seekers would fall (but not exclusively) under the objective of anti-poverty and social inclusion.

- The Fund for European Aid to the Most Deprived (FEAD – DG Employment, Social Affairs and Inclusion). The FEAD has a budget of 3.8 billion euro for the period 2014-2020, which is complemented by 647 million from national co-financing mechanisms.

- The Asylum, Migration and Integration Fund (AMIF – DG Migration and Home Affairs), which has been set up for the period 2014-20, with a total of EUR 3.1 billion for the seven years.
Other Organisations of interest

**The European Council on Refugees and Exiles**

The European Council on Refugees and Exiles (ECRE) is a pan-European alliance of 90 NGOs protecting and advancing the rights of refugees, asylum seekers and displaced persons. Our mission is to promote the establishment of fair and humane European asylum policies and practices in accordance with international human rights law.

**Syrian Vulnerable Persons scheme**

Launched in January 2014, the Syrian Vulnerable Persons scheme is the first resettlement programme run by the UK to target support for refugees specifically on the basis of their vulnerability. So far we have taken 216 people to date under the scheme, which is based on need rather than fulfilling a quota.

**Gateway**

**Gateway**, together with UNHCR (UN High Commissioner for Refugees), is one of the oldest and largest resettlement programmes in the EU. The current commitment is to resettle 750 refugees per year – usually people who have been displaced for more than 5 years.
Table 1. Definitions of key terminology

A migrant may be defined as foreign-born or a foreign national (those who do not hold UK citizenship). For both categories, we can make further distinctions between recent migrants and those who have resided in the UK for a long time. These distinctions are important to recognise when drawing conclusions about the impacts of migration [online]. The WHO describes migrants as comprising of a wide range of populations, such as workers, refugees, students, undocumented migrants and others, with each different health determinants, needs and levels of vulnerability [online].

An asylum seeker is a person who has come to the UK to exercise his or her right to claim asylum under the 1951 Convention relating to the Status of Refugees and is waiting for a decision about whether or not they will be granted refugee status [online].

A refugee is a person who has been recognised by the UK government as needing protection under the 1951 Convention and has been granted leave to remain in the UK, initially for a period of five years although this may be extended indefinitely [online] '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, is unwilling to avail himself of the protection of that country [online].

Table 2. Top ten asylum applicant producing countries by quarter, excluding dependants [online]

<table>
<thead>
<tr>
<th>Country</th>
<th>Q1 2014</th>
<th>Q1 2015</th>
<th>% Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>Eritrea</td>
<td>385</td>
<td>698</td>
<td>+81</td>
</tr>
<tr>
<td>Pakistan</td>
<td>825</td>
<td>535</td>
<td>-35</td>
</tr>
<tr>
<td>Syria</td>
<td>383</td>
<td>524</td>
<td>+37</td>
</tr>
<tr>
<td>Iran</td>
<td>446</td>
<td>435</td>
<td>-2</td>
</tr>
<tr>
<td>Albania</td>
<td>432</td>
<td>362</td>
<td>-16</td>
</tr>
<tr>
<td>Sudan</td>
<td>193</td>
<td>347</td>
<td>+80</td>
</tr>
<tr>
<td>Afghanistan</td>
<td>269</td>
<td>283</td>
<td>+5</td>
</tr>
<tr>
<td>Sri Lanka</td>
<td>417</td>
<td>278</td>
<td>-33</td>
</tr>
<tr>
<td>Nigeria</td>
<td>241</td>
<td>214</td>
<td>-11</td>
</tr>
<tr>
<td>Iraq</td>
<td>99</td>
<td>211</td>
<td>+113</td>
</tr>
</tbody>
</table>

Table 3. Asylum applications in the UK by quarter excluding dependants [online]

<table>
<thead>
<tr>
<th>Q1 2014</th>
<th>Q2 2014</th>
<th>Q3 2014</th>
<th>Q4 2014</th>
<th>Q1 2015</th>
</tr>
</thead>
<tbody>
<tr>
<td>5,849</td>
<td>5,535</td>
<td>6,872</td>
<td>6,658</td>
<td>5,955</td>
</tr>
</tbody>
</table>
Figure 1. Distribution of migrants in Europe based on population size
(The UN Refugee Agency [online])

Figure 2. Age and Gender Breakdown of Syrian Refugees
(The UN Refugee Agency [online])