

EUROPEAN HEALTH POLICIES FOR IMMIGRANTS - REFUGEES IN THE URBAN ENVIRONMENT

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Abstract

The study focuses on current immigrant and refugee health policies and suggests options for reform, as well as critically evaluates these policies. It describes the difficulties immigrant and refugee communities face in obtaining health care, such as language barriers, cultural disparities, and legal restrictions. It highlights the need for a multifaceted strategy to more effectively manage these issues among health professionals, health care facilities especially in areas with a high concentration of immigrants, through the encouragement and cooperation between the agencies involved. With an overview of existing health policies and a comparative analysis of them from relevant studies, it highlights how critical it is to address the socio-economic factors that disproportionately affect the health of immigrant and refugee populations, such as unemployment, poverty and the lack of accessible housing with the aim of to strengthen health outcomes for migrant and refugee communities with integrated effective policies. The research concludes with recommendations for stakeholders and policymakers to improve health policies and strategies and increase access to health care services for immigrant and refugee communities. Finally, in order to promote the health and well-being of immigrant and refugee communities, it emphasizes the importance of cultural competence, equal access to health coverage, civic community participation, and managing the socioeconomic determinants of health.

Key-words: *immigrants, refugees, health policies, health care, urban environment*

Introduction

A significant number of migrants and refugees have arrived in Europe in recent years, mainly as a result of political unrest, regional wars and socio-economic inequality (Lebano et al., 2020). The health care requirements of migrant and refugee populations are multifaceted and complex, which is a major obstacle for Europe's health care systems (Laverack, 2018). To meet these demands, effective health policies tailored to the unique needs of immigrant and refugee groups must be developed and implemented (Gunst et al., 2019). Exploring and comparing health policies for immigrant and refugee populations in European nations is the subject of this research. This project aims to contribute to the creation of more comprehensive and effective health policies that suit the diverse needs of migrant-refugee groups in Europe by analyzing current policies, finding gaps and proposing changes (Lebano et al., 2020).

Purpose and objective of the work

This paper aims to assess and propose health policy changes for immigrant and refugee populations in European nations (Laverack, 2018). In order to ensure that the health requirements of immigrant and refugee groups are adequately met, the main goal is to find and address gaps and weaknesses in current health policies (Schilling et al., 2017).

Objectives of the work:

- ✓ To study current health policies for immigrant and refugee populations in all European nations in order to identify their effectiveness, barriers and potential areas for development.
- ✓ Identify gaps and deficiencies and suggest what needs to be improved in order to better serve immigrant and refugee populations.

Immigrant inflow statistics until 2024

The number of immigrants and refugees entering Europe has increased significantly in recent years, making it necessary to reassess and improve health policies in order to respond effectively to the particular requirements of these groups (European Commission, 2022). Statistics on migrant refugees to 2024 are presented in this part, with a focus on their health, access to healthcare and unique barriers (Ministry of Immigration and Asylum, 2023).

Europe's immigration and refugee demographics have changed significantly. By the end of 2023, Europe hosted nearly 6.5 million refugees, according to the United Nations High Commissioner for Refugees (UNHCR) (UNHCR, 2023a). The majority of these refugees come from war-torn nations such as Syria (25%), Afghanistan (20%), South Sudan (10%), Eritrea (8%) and Iraq (7%). These refugees are fairly evenly split by gender, with 52% of them male and 48% female. Furthermore, of the refugee population, approximately 35% are minors under 18, 55% are adults between 18 and 59, and 10% are senior citizens (60 and over) (European Commission, 2022). Many refugee migrants had difficult journeys and adverse conditions that have a negative impact on their physical health before arriving in Europe. The increased incidence of infectious diseases is a serious cause for concern. For example, according to data from the World Health Organization (WHO), the prevalence of tuberculosis in European refugee communities is much higher than in the general population. Chronic disorders such as diabetes, hypertension and cardiovascular diseases are also common, which are exacerbated by a lack of access to healthcare both in their countries of origin and when they travel (Eurostat, 2021). Conflict, violence and dangerous travel conditions also cause many refugees to suffer injuries and disabilities, with a significant proportion requiring emergency medical treatment upon arrival. Since many refugees suffer from severe psychological distress as a result of trauma, bereavement and uncertainty about their future, their mental health is an extremely important issue (UNHCR, 2023a). PTSD, or post-traumatic stress disorder, is very common and affects up to 30% of immigrants. Due to the difficulties associated with relocation, adapting to a new culture and the ambiguous legal status, depression and anxiety are also quite common (European Commission, 2022).

For immigrant refugees, access to health care services is a critical factor in determining their health outcomes. There are still many barriers to the integration of refugees into European healthcare systems (UNHCR, 2023b). Access to health care is often complicated by administrative and legal barriers. Refugees often have to go through difficult procedures that can cause delays or prevent them from getting the treatment they need. Cultural and language barriers also make it difficult for migrants and health professionals to communicate effectively, which increases the risk of misdiagnosis and inadequate care (Department of Immigration and Asylum, 2023). Financial barriers are also significant, as many refugees

cannot afford health care, particularly in countries where facilities are not fully supported. In order to meet the needs of refugee immigrants, European nations have enacted a variety of health policy measures. Establishing specialized health facilities, carrying out the required health examinations on arrival and guaranteeing universal access to health care for refugees have been the main objectives of national health plans in countries such as Germany, Sweden and the Netherlands (European Commission, 2022). The aforementioned initiatives are designed to promote equitable access to health care and address the unique health issues that immigrants face. Universal access to health care Regardless of their immigration status, efforts have been made to ensure that refugees have access to the same health care services as citizens. This entails providing comprehensive health care coverage and improving access to primary and secondary health services (Eurostat, 2021). Many nations have established medical facilities and services specifically for refugees. The clinics provide specialized medical care, including treatment for infectious diseases and mental health assistance, to meet the special health needs of refugees (UNHCR, 2023a).

The detection and treatment of infectious diseases and other medical disorders is highly dependent on the required health screenings upon arrival (UNHCR, 2023b). These initiatives guarantee that refugees receive prompt medical attention and work to stop the spread of infectious diseases. Statistical data on migrants and refugees must be included in European health policy in order to create inclusive and efficient health care systems (European Commission, 2022). Policymakers can design targeted interventions that enhance health outcomes for these vulnerable groups by having a full understanding of the demographic patterns, health status, and barriers to accessing health care that refugees face. The available material and graphics shed more light on these critical concerns, highlighting the need for ongoing review and modification of health policy to address the changing demands of refugee migrants in Europe (Ministry of Immigration and Asylum, 2023).

With 9.93 million third-country nationals working out of 193.5 million people of working age in the EU in 2022 — or 5.1% of the labor force — the employment situation for third-country nationals in the EU showed notable labor market participation (European Commission, 2022). However, the employment rates of EU nationals and third-country nationals differ significantly. The former have a higher employment rate of 77.1% while the latter have a lower employment rate of 61.9%. The distinction draws attention to the continuing difficulties that third-country nationals face in the labor market, including potential barriers such as recognition of qualifications, language proficiency and access to work opportunities (Eurostat, 2021).

The fact that third-country nationals are often concentrated in certain industries highlights their vital role in providing basic necessities. In 2022, for example, they were overrepresented in domestic work (5.9% vs. 0.7%), administrative and support activities (7.6% vs. 3.9%), and accommodation and food service activities (11.3% vs. 4.2% for EU nationals) (European Commission, 2022). These industries, which are vital to both economic stability and day-to-day operations, depend primarily on the contributions of non-EU workers. Similarly, non-EU workers had higher rates of employment in personal services (7.3% vs. 4.1%), construction (6.1% vs. 3.7%), cleaning and helping (11.4% vs. 2.9% for EU nationals) and other occupations. Third-country nationals make important contributions, but are underrepresented in other important sectors, especially those requiring advanced degrees or specialized skill sets (Eurostat, 2021). For example, their representation was lower in the fields of education (3.9% vs. 7.6%), human health and social work (8.5% vs. 11.2%), public administration, and defense (1.1% vs. 7.4% for EU nationals). In professional and scientific sectors, where non-EU workers make up only 3.8% of the workforce compared to 6.0% for EU nationals, this under-representation is also widespread. Addressing these inequalities requires targeted policies that facilitate the integration of non-EU citizens into a wider range of economic

activities and guarantee that their skills and talents are fully used in all sectors (European Commission, 2022).

The situation in Ukraine is the main cause of the largest increase in refugees in Europe since World War II since the start of Russia's armed action against Ukraine in February 2022 (European Commission, 2022). According to data from the United Nations High Commissioner for Refugees (UNHCR), there were 62.5 million internally displaced people as a result of war and violence by the end of 2022 and 36.4 million refugees worldwide by mid-2023. It is noteworthy that the proportion of refugees living in the EU rose to almost 20% by the end of 2022 from less than 10% at the end of 2021, demonstrating the deep impact of the Ukrainian conflict. There was significant movement in and out of the EU in 2022, with 6.98 million people entering the EU and 2.73 million leaving, with net migration of 4.25 million. The dynamic character of population migrations both within and towards the EU is shown by this migration flow. Although irregular migration is a hot topic, it constitutes a very small part of all migration (Eurostat, 2021). For example, the number of initial residence permits granted in the EU increased significantly from 2.9 million in 2021 to over 3.4 million in 2022. Various causes contributed to this increase, including a marked increase in permits linked to asylum (+60%), education (+29%), family reunification (+29%) and other reasons (+47%). Particularly significant increases in initial residence permits were observed in Germany and Ireland, suggesting that the EU is able to receive and integrate a diverse population and that there is still a need for immigration in various categories (European Commission, 2022).

Overview of existing health policies for Immigrant-Refugees

Health policies designed specifically for migrant-refugees in Greece and across Europe are essential to meet the diverse and complex health requirements of this vulnerable population (Lebano et al., 2020). The goals of these programs are to guarantee cultural competence, close the health care access gap, and promote the well-being of immigrant and refugee populations (Nowak et al., 2022).

The historical background and migration trends towards Greece and Europe have influenced the formulation of health policy for migrant-refugees (Wihtol, 2017). Understanding the historical context is essential for formulating health policies that effectively address the needs of immigrant and refugee populations (Triantafyllidou, 2009). Europe has seen waves of migration throughout its history, driven by a variety of circumstances, including social upheaval, political upheaval, economic opportunity and conflict (Medeiros et al., 2019). The early years of the twenty-first century have seen an unprecedented flood of migrants and refugees in Europe due to crises in the Middle East, North Africa and elsewhere (VanMol & de Valk, 2016).

Greece is a frontline state that has been severely affected by the migration crisis due to its proximity to conflict areas and its function as an entry point to Europe (Fouskas, 2014). Seeking safety and opportunity in Europe, thousands of migrants and refugees have embarked on perilous journeys across the Mediterranean Sea. Numerous health policies and interventions have been enacted as a result of these humanitarian crises to address the particular needs and vulnerabilities of migrant-refugee groups (Nowak et al., 2022). The origins of refugees and migrants vary, from Somalia, Eritrea, Afghanistan, Iraq and Syria. They include people of all ages, socioeconomic backgrounds and family configurations (Matei & Mindrican, 2023). The diverse demographics of this group underscore the importance of personalized health plans. Age distribution has a significant impact on the demographics of refugee-immigrants, as these groups are made up of people of different ages (VanMol & de Valk, 2016). Social support services, education, health care and labor market integration are affected by this diversity. For example, providing for the medical needs of

elderly immigrants may require specialized geriatric care, and helping refugee children with their schooling may involve developing unique methods for trauma education and language acquisition (Wihtol, 2017).

The experiences and vulnerabilities of migrant and refugee groups are also heavily influenced by gender relations (Lebano et al., 2020). When it comes to reproductive health, gender-based violence and economic empowerment, women and girls often face specific barriers (VanMol & de Valk, 2016). Prejudice, exploitation and violence are more common among refugee women both in new communities and throughout the journey to Europe. In addition, women head a significant share of refugee families, which places additional demands on them as the primary breadwinners and caregivers. Gender equality and gender-related concerns must be addressed in integrated plans for the support and integration of refugees (VanMol& de Valk, 2016).

Depending on variables including educational attainment, work experience, and availability of resources prior to migration, the socioeconomic status of immigrant and refugee populations varies significantly (Matei & Mindrican, 2023). While some refugees may not have had as much formal education and may face barriers to economic independence, others may have financial resources, professional skills, and educational credentials (Nowak et al., 2022). Inequitable access to housing, employment, health care and social support networks is a result of these differences. Furthermore, it is more difficult to meet the demands of vulnerable groups of refugees due to the interaction of socioeconomic vulnerabilities with age, gender and immigration status (Schilling et al., 2017).

Different education systems, access to schooling and disruptions caused by conflict and displacement are reflected in the different levels of education among migrant and refugee communities (VanMol& de Valk, 2016). According to studies, some refugees may not have been able to complete their secondary or university education in their countries of origin, while others may have struggled and received no education at all or had stopped due to violence or persecution (Lebano et al., 2020). The level of education achieved has an impact on refugee integration, employment prospects and social mobility. To aid the long-term socioeconomic well-being of refugee populations and their successful integration into host states, funding is essential for language instruction, vocational training, and educational support services (Schilling et al., 2017).

Their legal status affects their access to specific rights, resources and safety nets, making it a defining characteristic of immigrant-refugee communities (VanMol & de Valk, 2016). Refugees fleeing persecution or violence often seek asylum after arriving in Europe, enduring difficult legal procedures to substantiate their claims and receive international protection. Asylum seekers may face prolonged periods of uncertainty, legal vacuum and administrative hurdles as they await decisions on their claims. Unauthorized immigrants are at greater risk of being exploited, imprisoned, and deported (Schilling et al., 2017). Ensuring access to legal aid, information and due process rights is vital to safeguarding the rights and dignity of all immigrant-refugee communities, regardless of their immigration status (Nowak et al., 2022).

The many needs and vulnerabilities of refugee migrants in Greece and across Europe are at the heart of current health initiatives (Laverack, 2018). Initiatives to address these challenges include immunization programs, mental health assistance, maternal and child health services, and primary health care services (Triantafyllidou, 2009). However, disparities in service delivery, treatment quality and access persist, highlighting the need for targeted interventions and government adaptations (Dourgnon et al., 2022). For immigrants and refugees, accessing health care services can be problematic for a variety of reasons, including stigma, language barriers, cultural differences, and lack of documentation (Wihtol, 2017). In addition, they may need special medical care due to trauma, violence, relocation and poor living conditions (Laverack, 2018). With full knowledge of the demographic characteristics of

these populations, policy makers, humanitarian actors and service providers can develop tailored interventions to improve the integration, health and well-being of migrant-refugee groups in host countries (Lebano et al., 2020).

Therefore, to close the health care access gap, ensure cultural competence and promote the well-being of this vulnerable group, health policies specifically designed for migrant-refugees in Greece and across Europe are crucial (Laverack, 2018). However, there are still issues to be resolved, such as disparities in service delivery, quality of treatment and access. Policymakers can develop more sustainable solutions that promote the dignity and well-being of displaced persons by addressing the diverse demographics and complex demands of migrant-refugee groups (Schilling et al., 2017).

Comparative analysis of health policies - Case studies of successful implementation of health policies

European nations have implemented effective health policies in response to the diverse health demands and vulnerabilities of immigrant and refugee populations (Nowak et al., 2022). Successful tactics, best practices and insights can be identified to guide the creation and execution of future policies by examining case studies of successful implementation.

Germany has established extensive health regulations to meet the medical requirements of its immigrant and refugee communities. In providing treatment to these populations, the German healthcare system has shown incredible flexibility and inclusiveness (Gottlieb & Schülle, 2020). Providing health care services that are culturally sensitive and readily available is a critical factor in its success. In Germany, a comprehensive health insurance scheme for immigrants and asylum seekers has been developed (Zielke et al., 2024). The approach guarantees fair access to health care for all refugees and asylum seekers compared to the host population. In addition, the German government has worked hard to help immigrant populations with their language needs (Gottlieb & Schülle, 2020). Hospitals and clinics hire interpreters to ensure that immigrants and refugees can receive treatment despite language challenges. In addition, in order to better understand the demands and expectations of immigrant patients, a large number of health care workers have been trained in cultural competence (Zielke et al., 2024).

Additionally, Sweden has successfully established a number of health programs to meet the needs of immigrant and refugee populations (Lebano et al., 2020). Sweden has been successful in providing high-quality health care to immigrants and refugees through a combination of community involvement, cultural awareness, and readily available health care services (Roos, 2023). All citizens of Sweden, including immigrants and refugees, have access to health care services under the country's universal health care program. In order to ensure that they can receive the necessary health care treatments, asylum seekers are entitled to subsidized health care (Strange & Askanius, 2023). In addition, Sweden has established specialized clinics that provide medical care specifically designed to meet the requirements of immigrant and refugee populations. These clinics address the specific health needs of immigrants and refugees by providing specialized treatments, culturally sensitive care, and language assistance (Laverack, 2018).

In order to ensure that immigrant and refugee communities are informed about their rights and how to access healthcare services, Sweden has placed a high priority on community outreach and assistance (Roos, 2023). Local government agencies, non-governmental organizations and community-based groups work together to provide information and assistance to migrant populations. Sweden succeeded in creating a feeling of trust and confidence among immigrant-refugee groups through interaction with local authorities and immigrant-led organizations (Strange & Askanius, 2023). In order to ensure the long-term

health and well-being of immigrant and refugee communities, Sweden has focused on their integration and empowerment. To help immigrants and refugees integrate into society, the Swedish government has funded language training and vocational training initiatives. Sweden has enabled immigrants and refugees to participate actively in society and the economy by providing them with the tools and resources they need (Roos, 2023).

On the other hand, Greece is a frontline state that has been seriously affected by the migration issue due to its proximity to conflict areas (Fouskas, 2014). Greece has enacted health policies that provide vital assistance to immigrant and refugee communities, although they face enormous obstacles. Greece has established emergency medical facilities to meet the urgent medical needs of its migrants and refugees (Gunst et al., 2019). All local people, including immigrants and refugees, can receive emergency medical care at hospitals and clinics, regardless of their immigration status. To provide medical care to refugees living in camps, Greece has also established specialized clinics there (Kousoulis et al., 2016).

Greece has recognized the need for health promotion and education to enable immigrant and refugee communities to take charge of their own health and well-being (Triandafyllidou, 2013). Health promotion and education programs are offered by the Greek government in collaboration with NGOs and community-based groups, specifically designed to meet the needs of the immigrant and refugee population. Greece has been successful in improving the health outcomes of immigrant and refugee communities by disseminating knowledge about nutrition, hygiene and preventive health care (Fouskas, 2014).

However, there are still many obstacles to overcome, even though Germany, Sweden and Greece have made great strides in adopting health policies for immigrant-refugee communities (Gunst et al., 2019). Many immigrants and refugees still find it difficult to get health care due to language problems, cultural differences and lack of knowledge about available treatments (Triandafyllidou, 2013). Furthermore, further studies and data collection are needed for a deeper understanding of the health needs and priorities of immigrant and refugee communities (Kousoulis et al., 2016).

Greece has undertaken a number of health activities as a frontline state to meet the urgent medical needs of migrants and refugees and these strategies include the establishment of specialized clinics and emergency medical facilities in refugee camps, despite major obstacles (Gunst et al., 2019). To provide health promotion and education specifically for immigrant and refugee populations, partnerships with non-governmental organizations and community-based groups have also proven essential (Vlachadi et al., 2009). Greece hopes to enhance inclusion and health outcomes for these marginalized populations by emphasizing health care services that are accessible and culturally relevant (Roos, 2023).

RESEARCH PART

Purpose of the Research

The aim of this paper was to provide statistical analyzes and numerical data regarding the health policies of Greece and the whole of Europe regarding immigrants and refugees (Gunst et al., 2019). More specifically, numerical data were collected in an organized manner using quantitative research strategies, which facilitated statistical analyzes and extrapolation of results to larger populations (Zentrum et al., 2009). Examining the complex nature of health policies and how they affect migrant refugees has allowed the production of specific data as well as the empirical investigation of many different aspects.

Methodology-Sample

In order to ensure that the views and experiences of several health professionals working with immigrant and refugee communities in Greece and across Europe would be represented, the sampling strategies of the studies were created. The wide range of study objectives and the need for in-depth knowledge led to the use of convenience sampling in the participant selection process. To include participants with relevant information and experiences relevant to the study objectives, purposive sampling was used.

A range of sources, including professional networks, healthcare organizations and internet platforms, were used to find potential participants. In order to ensure a wide range of perspectives and experiences, it was intended to include health professionals from a variety of settings, including clinics, hospitals and community health centers. An attempt was made to include people from primary, secondary and tertiary health care as well as people from urban and rural areas (Zentrum et al., 2009). Eligible participants included doctors, nurses, social workers and other health professionals. It was important that participants understand current health policies and practices related to this demographic and have first-hand experience working with immigrants and refugees.

To provide numerical data and statistical analysis of health policies concerning immigrants and refugees in Greece and throughout Europe, the present study used a quantitative research methodology (Gunst et al., 2019). Zentrum et al. (2009) chose a quantitative research strategy that allows systematic collection of numerical data from a large sample size, thus facilitating statistical analysis and extrapolation of results to larger populations. More specifically, this method was considered ideal for examining the complex nature of health policies and their impact on immigrant-refugees, as it allows the examination of many aspects and the production of empirical data.

The study used a structured questionnaire based on Google Forms as the main methodological tool. The present study covered a wide range of issues related to immigrant-refugee health policies, including participants' perspectives, experiences, and satisfaction levels, through a careful design process. According to Zentrum et al. (2009), the structured style of the questionnaire facilitated the collection of quantitative data in an organized manner and ensured consistency and comparability across respondents. The study collected detailed data on the complexity of health policies and how they affect immigrant and refugee populations using a standardized questionnaire. The survey was divided into several sections, each focusing on a different aspect of health policies and how they are implemented. The questions in these sections focused on the participants' views on current health policies, their experiences of providing health care services to migrant refugees, and the barriers they faced in accessing health care. Participants also provided demographic information to provide context and help analyze results across different demographic groups. The questionnaire was designed to be easily navigable and user-friendly with clear instructions to ensure consistency in responses (Zentrum et al., 2009). The methodical collection and analysis of numerical data facilitated the investigation of complex issues related to health policy, which improved knowledge of the challenges and opportunities in this key area.

The sampling strategies of the study were designed to guarantee that the views and experiences of many health professionals working with immigrant and refugee communities in Greece and Europe would be represented. Convenience sampling was used to select participants due to the wide range of study objectives and the need for in-depth knowledge. In order to include people who have important information and experiences about the subject of the study, purposive sampling involves selecting participants based on predetermined standards related to the objectives of the study.

A variety of sources, such as Internet platforms, health care organizations, and professional networks, were used to find potential participants. The aim of health professionals working in a variety of settings, including clinics, hospitals and community health centers, was to guarantee that a range of views and experiences were represented. Additionally, an attempt was made to include individuals from primary, secondary and tertiary health care in addition to those from urban and rural locations (Zentrum et al., 2009). Those actively involved in providing health care services to immigrant-refugee communities, such as physicians, nurses, social workers, and other allied health professionals, were eligible to participate. The research sought to gather real-world thoughts and views from people with first-hand knowledge of migrant health care in order to inform practice and policy development.

Results of the Survey

The purpose of the questionnaire used in this research was to collect detailed information about health professionals' opinions, experiences and recommendations regarding the health care offered by European countries for immigrants and refugees. The questionnaire was divided into several parts, each covering a separate topic related to health concerns affecting immigrants and refugees, accessibility to health care services, policy implementation, and recommendations for improvement. Participants were asked to provide demographic information in the first section, such as gender, age, occupation, and years of experience in the healthcare industry. The purpose of this data was to set the scene and enable analysis of responses from different demographics, giving rise to a thorough understanding of participants' views.

Understanding the health concerns of migrants and refugees was the main theme of the second module. Participants were then surveyed about their knowledge of current health policies targeting refugee immigrants, how often they interacted with immigrants in their daily work, and how they felt about the general health of this demographic compared to the general population. Participants were also asked to list the fundamental health needs and barriers faced by this demographic in their area, as well as the variables they felt had the greatest impact on providing health care to immigrant refugees. Participants were also asked to rank the importance of language barriers in this context and to list the main barriers refugee immigrants face in their home country when trying to obtain health care services. The purpose of this section was to elucidate the difficulties that immigrant refugees face while trying to obtain health care services and to provide guidance for future efforts to remove these barriers. Participants were also invited to submit recommendations on how to improve existing health policies to serve immigrant refugees and increase their access to health care services. In order to address current issues with policy implementation and collaboration between health care providers, government agencies, and non-governmental groups, participants were asked to rank changes in order of importance and provide specific solutions. The last section sought to determine how satisfied the participants were with the resources available to provide health care to immigrants and refugees, as well as how successful they thought existing European health policies were for these immigrants and refugees..

The gender distribution analysis of the 121 participants in the sample population shows that 67 individuals, or 55.4% of the sample, reported being male and 54 participants, or 44.6% of the sample, reported being female. Based on this distribution, there is a slight preponderance of men in the sample, however the gender distribution of the sample shows a fairly equal representation of men and women, despite the slight preponderance of men.

The age group of 25 to 35 years represents 52.1% (65 responses) of the sample population, which is also the largest group of participants. After that, the age range of 18 to 24

represents 33.9% (41 responses) of the sample, indicating a significant proportion of younger people. Less participation is also distributed among older age groups: 3.3% (4 responses) are over 55, 5.0% are between 46 and 55, and 5.8% (7 responses) are between 36 and 45. All these age groups together constitute the sample population, most of whom are in the 25–35 age range, suggesting that the sample has a very young demographic composition.

Important information is revealed by the descriptive statistics for years of experience in health care among the 121 individuals in the sample. The statistics show a wide variety of experience levels among respondents, who reported an average of 2.73 years of experience, ranging from 0 to 24 years. The years of experience of the sample appear to vary quite a bit, as shown by the standard deviation of 4.309. The minimum number of 0 reflects this diversity, showing that some respondents have up to 24 years of experience, while others are very new to the healthcare industry. The sample included experienced individuals, as shown by the highest value of 24.

The results emerged from examining the 121 participants' familiarity with current health policies tailored to the needs of refugee immigrants. Seventy-five percent of the sample, or the majority of respondents, said they were not aware of such programs. This suggests that they were unaware of the efforts designed to meet the health care requirements of refugee immigrants in their home country. On the other hand, a small percentage of respondents - 24.8% (30 responses) of the sample - stated that they were aware of the current health regulations that specifically target refugee immigrants. This disparity highlights potential gaps in knowledge and understanding among physicians regarding the extent and availability of measures intended to address the health care needs of refugee immigrants. Improving the effectiveness and inclusion of health care services for migrant refugee populations may depend on filling these gaps in knowledge about current policy.

In the sample of 121 people, opinions on the general health status of immigrant-refugees compared to the general population were analyzed. Remarkable results emerged from this study. The vast majority of respondents, or 60.3% of the sample, believe that the overall health of refugee immigrants is worse than that of the general public. This view suggests a widespread concern among medical professionals about the health disparities and difficulties faced by immigrant and refugee communities, which may be caused by things such as poor access to health care, difficulties communicating in other languages and exposure to migration-related stressors and trauma. On the other hand, only 11.6% (11 responses) of respondents—or 28.1% (36 responses) of the sample—believe that the overall health status of immigrant-refugees is the best. The majority believe it is the same as that of the general population. Thus, the results highlight the need for targeted interventions and policies aimed at meeting the particular health care demands and difficulties faced by immigrant and refugee communities in order to ensure equitable access to health care services and enhance health outcomes.

A significant percentage of participants, representing 37.2% (45 responses) of the sample, stated that they often or rarely come into contact with immigrants and refugees in their daily work. This shows that although a large proportion of health professionals work with migrant and refugee populations on a daily basis, a similar proportion may only deal with these people occasionally. In addition, 9.9% (12 responses) of respondents said they often dealt with immigrants and refugees, suggesting that some healthcare professionals frequently encounter this demographic in the course of their work. On the other hand, 15.7% (19 responses) of respondents stated that they never deal with immigrants or refugees on a daily basis. The results highlight the variation in experiences and exposure health professionals have had to immigrant and refugee communities, which may have an impact on how well they are aware of the particular health care demands and difficulties faced by these populations. Health care workers' ability to provide immigrant and refugee populations with inclusive, culturally

competent treatment can be improved by addressing this heterogeneity through focused training and educational programs.

The majority of respondents 37.2% (45 responses) of them - identified the main barriers to providing health care to immigrants and refugees as the high degree of difficulty in accessing health facilities and the low understanding of the local language. The research highlights how important it is to remove barriers related to language ability and accessibility in order to ensure that immigrant and refugee communities have equitable access to health care. In addition, 15.7% (19 responses) of participants identified policies that impose restrictions on the provision of health care services as a notable element, suggesting the potential influence of policy frameworks on the provision of health care to these groups. On the other hand, 9.9% (12 responses) of respondents, a smaller percentage of the sample, said that the main reason was the high level of coordination problems between the various agencies dealing with the health of immigrants and refugees. The results highlight the need for comprehensive strategies aimed at addressing language proficiency, access barriers, and policy constraints in order to ensure equitable health care delivery for immigrant and refugee populations. They also highlight the complex challenges inherent in providing health care services to these populations.

The majority of respondents, or 62.8% (76 responses), stated that the main health need of immigrants and refugees in their community is access to basic health screenings. This highlights how important it is to ensure that immigrant and refugee populations have equitable access to essential health care services, such as preventive screenings and assessments, in order to address their urgent medical needs. In addition, 22.3% (27 responses) of participants highlighted the importance of psychological help, demonstrating that they understand the unique mental health and social support requirements of immigrant and refugee communities. In addition, 14.9% (18 responses) of respondents emphasized the need for ongoing monitoring of chronic conditions, highlighting the need for ongoing care and treatment of common health problems among these groups. The results highlight the complex nature of health care requirements among immigrant and refugee populations and emphasize the need for comprehensive strategies to successfully address the spectrum of health care needs.

Financial constraints were cited by the majority of respondents (44.0%) as an important factor affecting the health care requirements of immigrants and refugees in their community. This highlights how important socioeconomic variables are in determining how these groups are able to receive health care services, highlighting the need for policies and initiatives that attempt to remove economic barriers to accessing health care. In addition, 33.9% (41 responses) of respondents cited cultural differences as a key health requirement, demonstrating the importance of cultural competence and sensitivity in providing high-quality health care services to immigrant and refugee communities. In addition, legal restrictions were cited by 23.1% (28 responses) of respondents as a factor affecting the health care requirements of immigrants and refugees, indicating that legal frameworks and regulations may make it difficult for these groups to obtain health care services care. The aforementioned results highlight the complex nature of health care requirements among immigrant and refugee populations.

Based on responses from a sample of 121 individuals, the study of the primary barriers that refugee migrants face when attempting to obtain health care facilities in the country provides important insights. Of the barriers identified, the most frequently cited was insufficient knowledge of one's rights and the health services available, as expressed by 28.9% (35 responses) of respondents. This reveals a serious communication and knowledge gap about health care resources and rights among refugee and immigrant communities, highlighting the need to strengthen the availability of information and advocacy initiatives to successfully overcome this barrier. In addition, 27.3% (33 responses) of respondents stated

that access to health care services is limited by law, highlighting the potential influence of legislative frameworks and policy guidelines on the availability of health care for refugee immigrants. Also, 19.8% (24 responses) of respondents identified language proficiency as a major barrier to communicating with health professionals, highlighting the need for language and cultural competence to support effective communication and health care delivery for refugee and immigrant populations.

Language barriers have a major influence on immigrant and refugee communities' access to health care services, according to the majority of respondents (41.3%), highlighting the huge impact of language problems on access to health care. Furthermore, a further indication of the widespread recognition among health professionals of the need to resolve language barriers to promote access to health care for immigrant and refugee populations is the fact that 28.9% (35 responses) of respondents rated a moderate degree of importance. In addition, 16.5% (20 responses) of respondents said that language difficulties had a great influence. This underscores the importance of communication and language competence in effective health care delivery and patient-provider interactions. The results highlight the critical need for targeted interventions and language support services to help immigrant and refugee communities achieve equitable access to health care services by bridging language barriers.

Based on responses from 121 respondents, a study of health professionals' views on the most critical change needed in current health policy to effectively assist refugee immigrants indicates important goals. The most important change, according to the majority of respondents (48.8%), is the expansion of infrastructure and resources in places where immigration and refugee movement are more prevalent. This highlights how critical it is to allocate sufficient funds and strengthen the health care system in order to meet the increased demand for health care services in areas where there have been large inflows of immigrants and refugees. Additionally, 27.3% (33 responses) of respondents emphasized the importance of developing translation or interpretation programs for the various languages spoken by immigrants and refugees. This highlights the vital role that language support plays in helping these populations overcome language barriers and enhance their access to health care services. The importance of cultural competency training in improving health care delivery and patient-provider relationships is further demonstrated by the fact that 24.0% (29 responses) of respondents identified training medical professionals on cultural requirements and access to health services for migrants and refugees as a critical improvement. These results highlight the complex requirements for strengthening health policies to effectively assist refugees and emphasize the importance of addressing issues related to resource distribution, communication difficulties and cultural competence to ensure equitable access for these groups in medical care.

Based on the comments of 121 respondents, an examination of the recommendations made by medical specialists to enhance immigrants' access to health care services shows important tactics. 45.5% (55 responses) of respondents, or the majority of the sample, supported the creation of additional and better equipped health clinics in areas with high immigration rates. This highlights the need for targeted investment in healthcare facilities to improve accessibility and quality of care for these communities. It also highlights the importance of improving healthcare infrastructure to cope with the increased demand for services in areas experiencing significant migrant and refugee populations. In addition, 32.2% (39 responses) of respondents suggested the development of awareness campaigns on the health care rights of migrant-refugees, emphasizing the importance of advocacy and education initiatives to equip these groups with information about their rights and accessible healthcare facilities. In addition, 22.3% (27 responses) of respondents recommended the use of digital platforms or improved processes to make it easier for people to register and access health

services. This suggests that administrative processes could be streamlined to increase efficiency and reduce barriers to accessing health care for immigrant and refugee populations.

66% (80 responses) of respondents said that collaboration was neither successful nor ineffective. This shows that even when stakeholders work together, there may be room to improve the effectiveness of coordinating efforts to fully meet the complex health care requirements of refugee migrants. In addition, a significant number of respondents 22.3% (27 responses) assessed cooperation as ineffective, highlighting notable barriers or deficiencies in cross-sectoral cooperation and coordination systems. The aforementioned results highlight the importance of strengthening collaboration and correspondence between health care providers, government agencies, and nongovernmental organizations in order to optimize efforts, optimize assets, and mitigate gaps in health care provision for immigrant and refugee populations with more efficient way. Stakeholders can improve health care outcomes and access for immigrant refugees more effectively by strengthening partnerships and fostering collaboration.

Based on responses from 121 respondents, the study looked at how successful health experts thought existing health policies for migrant refugees in Europe were, and the results showed varying degrees of effectiveness. The majority of respondents, or 48.8%, gave existing health policies a moderately successful rating, with scores between 4 and 6. This means that while many elements of the policy may be working as intended, there is still room for improvement in order to maximize of the overall effectiveness of health care services provided to immigrant refugee populations. In addition, 12.4% (15 responses) of respondents gave the policies a score of 3 or lower, indicating that they felt they were insufficient or insufficient to meet the health care requirements of refugee immigrants. On the other hand, 14.1% of respondents gave the policies a score of seven or higher, indicating that they were considered to be comparatively more successful in meeting the medical needs of refugee migrants. The results highlight the need for continuous evaluation and improvement of health policies to ensure that they successfully address barriers to high-quality and accessible health care and are sensitive to the diverse demands of immigrant and refugee populations.

Based on responses from 121 respondents, the study of health experts' views on which areas of research should be prioritized to improve health outcomes for refugee migrants in Europe highlights how important it is to improve access to health care services. Access to health care services was ranked as the top research priority by the majority of respondents, or 60.3% (70 responses), highlighting how critical it is to provide equitable and inclusive access to health care for immigrant and refugee communities. This underscores the urgent need to remove barriers that prevent refugee immigrants from receiving timely and adequate health care treatments, such as financial constraints, language barriers, and legal restrictions. Furthermore, according to 24.0% (29 responses) of respondents, health education should be given top priority. This highlights the importance of training health care personnel as well as immigrant refugees in order to improve health literacy, preventive care, and culturally responsive health care delivery. Additionally, 15.7% (19 responses) of respondents said they believed mental health care should be a top research goal. This shows that migrant and refugee populations face significant mental health problems and that comprehensive mental health services and support are vital. The aforementioned results highlight the complex nature of health care requirements among immigrant and refugee populations, highlighting the need to address multiple aspects to achieve the best possible health outcomes.

Based on responses from 121 people, an examination of how satisfied health professionals are with the resources available to provide health services to immigrants and refugees shows a range of satisfaction levels. Sixty-nine percent of respondents said they were somewhat satisfied with the resources offered. This means that even if resources are available to provide health services to immigrant and refugee populations, there are still many gaps or

limitations that prevent medical professionals from providing the best possible treatment. In addition, 14.9% (18 responses) of participants expressed dissatisfaction with existing resources, suggesting that there are significant gaps or inadequacies in health care, funding, or assistance mechanisms to meet the medical needs of immigrant and refugee populations. On the other hand, a minority of participants, namely 15.7%, expressed satisfaction or high satisfaction with the existing resources. This means that there is potential to enhance the effectiveness of health professionals' ability to serve migrant and refugee communities through better allocation of resources and support mechanisms. The results highlight how critical it is to allocate resources and invest in health care infrastructure and support services first to ensure immigrant and refugee communities have equitable access to high-quality health care.

Correlations between variables

Taking gender-specific responses into account, the survey examines the impact of language barriers on immigrants' and refugees' access to health care services. Differences were actually observed between male and female respondents. Notably, most male respondents—35.8% reported a lot and 10.4% a lot—reported moderate to significant effects from language barriers. Meanwhile, significant effects were also observed by female respondents, who reported a lot (48.1%) and a lot (24.1%). Statistics support these conclusions, showing a substantial correlation between gender and the perception of the influence of language barriers on access to health care. Significant findings ($p < .05$) from Chi-Square tests indicate that gender differences may influence how language barriers in health care services are perceived. Additionally, symmetric measures showed a somewhat positive correlation (Pearson's $R = .275$, Spearman Correlation $= .278$, $p < .01$) between gender and the perceived impact of language barriers, confirming the relationship between gender and the importance of language barriers to immigrants - access of refugees to health care. All things considered, these results highlight how important it is to overcome language barriers with a gender-sensitive strategy in order to ensure that immigrant and refugee communities have equitable access to health care.

Cross-tab analysis by gender examines how satisfied people are with the resources available to provide health care to immigrants and refugees. The resources were rated as quite satisfactory (67.2%) by the majority of male respondents, followed by satisfied (16.4%) and extremely satisfied (7.5%). On the other hand, a higher proportion of female respondents 22.2% expressed dissatisfaction, with 9.9% expressing extreme dissatisfaction. The results of the statistical tests showed a significant correlation ($p < .05$) between gender and satisfaction levels, suggesting that perceptions of the adequacy of resources for health care services provided to immigrant and refugee populations are influenced by gender disparities. A moderate positive correlation was further confirmed by symmetrical measures between gender and satisfaction levels (Pearson's $R = .275$, Spearman Correlation $= .283$, $p < .01$). This highlights the importance of considering gender-specific perspectives when allocating resources and planning health care services for immigrant and refugee communities. These results highlight the need for gender-sensitive strategies to improve resource availability and resolve disparities in satisfaction levels of health professionals providing care to immigrant and refugee populations.

Perceptions of the general health status of refugee migrants compared to the general population are examined using cross-tabulation analysis, with each age group considered separately. Those aged between 18 and 24 felt that the health of refugee migrants was worse, followed by those aged between 25 and 35 who felt the opposite. It is interesting to note that as the respondents got older, the percentage of respondents who believed that the health status

of immigrant-refugees was worse decreased: 57.1% of respondents were between 36 and 45 years old, 50.0% were between 46 and 55 years old and none of them were over 55 years old. According to statistical tests, there was a somewhat negative association (Pearson's $R = -.204$, Spearman's correlation = $-.088$, $p < .05$) between age group and perceived health status. These results highlight potential generational differences in immigrant health attitudes and underscore the importance of age-sensitive approaches to addressing perceptions of health disparities among immigrant populations. Specifically, younger respondents were more likely than older respondents to perceive the health status of refugee immigrants as worse.

Different views exist among different age groups regarding the cooperation of government agencies, non-governmental organizations (NGOs) and health care providers in the implementation of health policies for migrant refugees. Overall, 66.1% of participants said the collaboration was neither effective nor ineffective, while 22.3% said it was unsuccessful and 11.6% said it was effective. Looking at age groups, respondents who were younger 18–24 were more likely to believe that collaboration was neither helpful nor ineffective (68.3%), while respondents who were older 25–35 were more likely to believe the same (66, 7%). Surprisingly, responses from older respondents tended to be more polarized. Those aged between 36 and 45 were split between whether the partnership was either successful (71.4%) or neither effective nor ineffective (28.6%). According to statistical studies, there is no significant correlation ($p > .05$) between age group and perceptions of collaboration effectiveness. However, age and sense of cooperation showed a small negative correlation, although it was not statistically significant (Pearson's $R = -.137$, Spearman Association = $-.028$, $p > .05$). The results show that although efficacy Cooperation among those interested in the implementation of health policies for immigrants is generally seen as neutral between age groups.

Strategies to enhance access to Health Care Services for immigrant-refugees

Improving immigrants' access to health care services is a complex, multidimensional problem that requires comprehensive solutions that address a range of barriers and systemic problems (Kousoulis et al., 2016). Policymakers, health professionals, and community stakeholders can work together to improve immigrant refugee access to health care services and promote improved health outcomes by implementing a variety of focused initiatives (Laverack, 2018).

Removing structural barriers that prevent migrant refugees from seeking and receiving treatment is one of the cornerstone methods for improving their access to health care facilities (Nowak et al., 2022). Legal restrictions, lack of health insurance, and administrative barriers can make it difficult for immigrant refugees to receive necessary medical care (Gottlieb & Schülle, 2020). In order to remove these barriers, policymakers should promote inclusive health care laws that guarantee everyone, regardless of immigration status, equal access to medical care (Triandafyllidou, 2013). In order to facilitate participation in health care programs, this may include expanding eligibility requirements for public health insurance programs, offering financial assistance for medical expenses, and streamlining administrative procedures (Gunst et al., 2019).

Additionally, in locations with a significant immigrant refugee population, efforts to improve access to health care services should focus on making health care facilities more readily available and accessible (Lebano et al., 2020). In order to reach underprivileged populations, this may include increasing funding for community health facilities, establishing outreach programs or mobile clinics, and developing telehealth systems to provide remote access to health care (Kousoulis et al., 2016). . Policymakers can guarantee that migrant refugees, regardless of their location or socioeconomic status, have access to the health care

services they need by allocating resources and investing in infrastructure in areas with significant migrant refugee populations (Dourgnon et al., 2022).

Efforts to improve access to health care services should prioritize programs that seek to improve the language and cultural competence of health professionals in addition to eliminating structural barriers (Laverack, 2018). Language and cultural barriers are significant barriers for many immigrant refugees, making it difficult for them to interact with health professionals and receive the treatment they need (Nowak et al., 2022). Policy makers should fund educational initiatives and other materials to support health professionals in acquiring linguistic and cultural competence in order to solve this issue (Triandafyllidou, 2013). To better address the needs of immigrant refugees, this may include providing cultural competency training programs, interpreting services in other languages, and creating culturally sensitive standards of care (Lebano et al., 2020).

Increasing coordination and collaboration between health professionals, government agencies, non-governmental organizations (NGOs), and community stakeholders is a critical approach to improving immigrants' access to health care services (Gunst et al., 2019). . In the end, fragmentation and fragmented methods may hinder refugee immigrant access to health care services by creating gaps in treatment and inefficiencies in service delivery (Kousoulis et al., 2016). Initiatives such as the creation of interagency working groups, the creation of common rules and regulations, and the encouragement of information sharing and communication platforms should be given top priority by policy makers in order to promote more cooperation and coordination between sectors (Gottlieb & Schülle, 2020). Through collaborative efforts, stakeholders can effectively use their own areas of expertise and resources to mitigate barriers to access and improve health outcomes for refugee immigrants (Nowak et al., 2022). In addition, the unique demands and goals of migrant refugee groups should be considered in any effort to improve access to health care services (Triandafyllidou, 2013). Effective healthcare delivery requires cultural competence and sensitivity, and healthcare professionals should work to provide inclusive, welcoming environments that respect the cultural beliefs, traditions, and preferences of refugee immigrants (Laverack, 2018). This may include engaging with immigrant and refugee groups to learn more about their health care requirements and preferences, offering outreach initiatives and materials that are culturally relevant, and ensuring that medical facilities are easily accessible and appropriate for the local way of life (Dourgnon et al., 2022). In addition, addressing the socioeconomic determinants of health that disproportionately affect immigrant and refugee communities should be a top priority for governments. Socioeconomic variables that affect refugee immigrant health and access to health care services include social isolation, unemployment, poverty, and lack of affordable housing (Kousoulis et al., 2016). Policymakers should undertake focused interventions to address the socioeconomic determinants of health in order to address these issues (Gunst et al., 2019). Examples of these interventions include job training programs, affordable housing efforts, income assistance programs, and community-based social support services. Policymakers can promote improved health outcomes and increase immigrant refugee access to health care services by addressing the underlying socioeconomic determinants of health (Laverack, 2018).

Improving immigrants' access to health care services requires a thorough and multifaceted strategy that addresses structural barriers, encourages language and cultural competence among health professionals, improves coordination and collaboration across sectors, and addresses socioeconomic determinants of health (Kousoulis et al., 2016). Policymakers, health professionals, and community groups can work together to improve immigrant refugee access to health care services and promote improved health outcomes by implementing a variety of focused initiatives and partnering with relevant parties (Lebano et al., 2020). It is critical that decision makers pay attention to the special demands and

difficulties faced by immigrant refugee populations and move proactively to create a more inclusive and equitable health care system for all (Gottlieb & Schülle, 2020).

Conclusions-Suggestions

The recognition of health disparities between immigrant and refugee groups, coupled with the urgent need to address these disparities through targeted interventions, is the main focus of the discussion. Health inequalities arise from socioeconomic factors such as poverty and limited opportunities for education and employment, highlighting the need to address the root causes of inequality (Nowak et al., 2022). Policymakers should prioritize integrating socioeconomic determinants of health into their policies in order to establish an equitable and inclusive health care system that promotes the overall well-being of all individuals, regardless of their immigration status. After completing this study, it is clear that improving health policy for refugees and immigrants requires an integrated and collaborative approach to address the many challenges these populations face. In the future, policymakers should prioritize the development and implementation of comprehensive health policies that provide equitable access to high-quality medical care for all individuals, regardless of their circumstances or background (Gunst et al., 2019). An effort can be made to create a fair and equitable health care system that meets the diverse demands of immigrant and refugee populations by allocating funds to community-based health care services, promoting cultural competency among health professionals, and addressing socioeconomic factors that affect health outcomes (Kousoulis et al., 2016).

The study examined concerns, remedies, and recommendations regarding health care regulations for refugees and immigrants. It aims to enhance health equity and promote the overall well-being of individuals by adopting a collaborative and inclusive strategy that recognizes the complex interplay of factors that influence health outcomes in different communities (Laverack, 2018). To ensure equitable access to high-quality health care, it is important for stakeholders and legislators to prioritize the development and implementation of legislation tailored to the specific requirements of immigrant and refugee communities (Gunst et al., 2019). By working together and making a deliberate effort, we have the potential to create a health care system that is fair and inclusive, reflecting the diverse makeup of our society and promoting the overall health and well-being of all individuals.

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