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Access to healthcare and unmet health needs among Syrian asylum seekers in transit and at arrival in Norway

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Background:

The unprecedented numbers of Syrian asylum seekers in 2015, challenged European healthcare systems' ability to ensure adequate and equitable healthcare for this population. Additionally, migrant health policies differ significantly between EU countries and may result in unmet health needs due to legal, cultural and linguistic barriers. The present study aims to investigate healthcare access and unmet health needs among Syrian asylum seekers at two different phases of their migration.

Methods:

This was a cross-sectional study, with data from a self-administered survey among 470 adult Syrian asylum seekers of whom 250 were recruited in Lebanon (in transit), and 220 in Norway (at arrival). The survey was conducted in 2017 in collaboration with the International Organisation of Migration in Lebanon and by Reception centres in Norway. A preliminary descriptive analysis was conducted for two main outcomes; access to healthcare and unmet health needs.

Results:

56.1% of the asylum seekers in transit (mean age 36) and 52.1% upon arrival (mean age 29) were either very dissatisfied or dissatisfied with their access to healthcare. Little or no access to healthcare was reported by 84.8% of the transit group and 47.9% in the arrival group. Unmet health needs were reported by 70.0% in the transit group, and 61.0% in the arrival group. Reasons for unmet needs, such as high costs, not knowing where to go and limited rights were similarly reported in the two groups, except for availability of an interpreter, which was lower in Norway.

Conclusion:

Preliminary findings suggest that access to healthcare and unmet health needs are prevalent among Syrian asylum seekers both in Lebanon and upon arrival in Norway.

Main message:

The accessibility to healthcare services for asylum seekers does not seem to improve much after arriving in the host country.