

France Country profile

1. Key statistics

France has a long history of migration. In 2013, 9% of the population was migrant. It is both a destination and transit country.

According to the ministry of Interior, l'Office Français de protection des réfugiés et apatrides (OFPRA) – the French Office of protection of refugees and stateless- received in 2017, 92 830 first demands (including accompanied minors).

<https://www.immigration.interieur.gouv.fr/Info-ressources/Etudes-et-statistiques/Statistiques/Essentiel-de-l-immigration/Chiffres-clefs>

36% of the total of the asylum seekers are on Dublin procedure.

In 2017, the country of origin of asylum seekers was Albania, followed by Afghanistan, Syria, Haïti, and Sudan.

<https://www.immigration.interieur.gouv.fr/Info-ressources/Etudes-et-statistiques/Statistiques/Essentiel-de-l-immigration/Chiffres-clefs/Communique-de-presse-Statistiques-annuelles-en-matiere-d-immigration-d-asile-et-d-acquisition-de-la-nationalite-francaise>

First resident titles issued (France metropole, third country)

Reason of admission	2016	2017 (estimation)	Evolution 2017 / 2016
Economic	22 982	27 690	+ 20,5 %
Familial	89 124	91 070	+ 2,2 %
Students	73 644	88 095	+ 19,6 %
Divers	14 741	14 840	+ 0,7 %
Humanitarian	29 862	40 305	+ 35,0 %
Total	230 353	262 000	+ 13,7 %

Source : DGEF - DSED / AGDREF

<https://www.immigration.interieur.gouv.fr/Info-ressources/Etudes-et-statistiques/Statistiques/Essentiel-de-l-immigration/Chiffres-clefs>

2. Priority health conditions

The main challenges in terms of healthcare access and/or health issues of migrants/refugees identified are:

Migrants' health issues

According to our results on both literature review and focus groups discussion with health providers, the main health issues that newly arrived migrants face in France are diseases related to poor living conditions (TB, scabies, injuries, etc) and mental health issues.

According to health providers, migrants do not have specific diseases, but the journey for getting to Europe as their living conditions in France (especially accommodation and resident titles issues, including for applying on asylum) impact their health at arrival, but also in long terms. This is in coherence with what we found in the literature review: the importance of poor living and employment conditions and poor social network, impact negatively their health.

On mental health, health providers declare few psychiatric diseases, but a lot of stress, depression, related to their living conditions, the trauma of the journey and what they experienced in their country of origin.

Migrants' healthcare access issues

The main health access issues are:

- The lack of institution willingness, and so, the lack of coordination,
- Even if most of migrant population should have access to health coverage, in practice it is an issue to access to this right,
- The lack of cultural mediators and translators,
- Health providers, as well as researchers mention as a barrier to health access the poor living conditions that some migrants have to face: when people do not have stable accommodation, and/or have fear of being deported, health is not their priority. They are not on demand to access healthcare.

3. Legislation description

Brief description of the legislation concerning access to health care for migrants/refugees

Health coverage

The Universal Health Coverage was created in 1999 (Couverture Maladie Universelle) for French or regular resident in France which have resources under a specific amount. For Irregular residents, it exists the State Medical Assistance (Aide Médicale de l'Etat). These two schemes ensure free health care for these populations. Nevertheless, some health professionals deny the beneficiaries. The reasons identified for denying care to these patients were mainly about delays in payments and minimal payments.

[http://www.thelancet.com/journals/lanpub/article/PIIS2468-2667\(17\)30246-3/fulltext](http://www.thelancet.com/journals/lanpub/article/PIIS2468-2667(17)30246-3/fulltext)

Access to healthcare

Inside hospital, the Health Service Access Point (Permanence d'Accès aux Soins de Santé) was created in 1998 for people who have difficulties to access care (no health coverage, no complementary insurance etc). This mission is funded by the Regional Health Agency and payed to the hospital as a mission of general interest.

Each Regional Health Agency has a Regional Program for Access to Prevention and Care (PRAPS – Programme Régional d'Accès à la Prévention et aux Soins). Its objective is to define actions for combating diseases worsen by poverty or exclusion.

In the French health system there is not special programs for migrants' health. Mostly because of a universal way of thinking (a part of migrants became French). Vulnerable migrants are over represented in Health Service Access Point and NGOs health centers. It exists few community health NGOs. Those NGOs receive some funding from PRASP program from the Regional Health Agency.

The State has also in charge the child protection, meaning insuring care, education and housing for those children. Unaccompanied minors belong to this population. Departmental Council is ensuring this mission.

For accommodation programs (for asylum seekers, homeless etc) Social Cohesion services are in charge to assure it.