ANKAMUN

STUDY GUIDE

SOCHUM

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Letter from Secretary General:

Honourable Delegates, Esteemed Chairs, Dear guests and friends.

It is with great delight that I, the Secretary-Genral of ANKAMUN'21, welcome you all to the 2nd edition of the Ankara TürK Telekom Social Scinces Model United Nations conferance. We are very excited to meet you and to witness this week of enriching debates. We also hope you have the best conferance of your life, learn and have as much fun as possible.

During our conferance, you will be guided by your two wonderful chairs, Ekin Kılınç and Elif Topuz, who will give their best to prepare for your negotiations. Your committee, the Social Cultural and Humanitarian Committee (SOCHUM), is of pivotal significance, as it manages subjects that influence individuals wherever throughout the planet. Accept the open door of these four days to consider how to improve a world for us all, and discover answers for life in congruity with nature.

Ekin and Elif have accomplished significant work on this study guide, which is the ideal device for you to turn into a specialist on your points. Inside the accompanying pages, you will discover data about history, existing enactment on the matter, and the principle issues in question for the two topics. To benefit as much as possible from your experience and be an ideal delegate (and perhaps win awards!) we encourage you to set aside an effort to get ready. Resort to this study guide to get all the data you need on the topics. During the reenactments, address your nation's position, while simultaneously attempting to examine with different nations and to discover arrangements to at last accomplish the composition of a typical goal bringing progress.

If you have any question that comes to your mind during your preparation, or if you need any help, please ask us. We are here to help you and to make sure you have the most amazing experience during ANKAMUN. We are looking forward to meeting you.

Good luck with your preparation.

Best regards

Ceylin Sucu

Letter From Under Secretary General:
	Hello delegate, my name is Ekin Kılınç. I will help you as soon as i can thanks for the participation.
	If you have any questions you can ask me with mail or direct message
		@benekinkilinc

thekn35@gmail.com

Introduction

Introduction to the Committee

Social, Humanitarian, and Cultural Committee, is the Third Committee (C3) of the United Nations General Assembly works on human rights, humanitarian affairs and social issues. The topics range from "the advancement of women, the protection of children, the treatment of refugees through the elimination of racism and discrimination, the promotion of fundamental freedoms and the right to self-determination, indigenous issues and a range of social matters such as issues related to youth, family, ageing, persons with disabilities, crime prevention, criminal justice, and international drug control." 1

Introduction to the Agenda Item

Forced Migration is "a general term that refers to the movements of refugees and internally displaced people (those displaced by conflicts within their country of origin) as well as people displaced by natural or environmental disasters, chemical or nuclear disasters, famine, or development projects."

Such Disaster-Induced Displacement occurs when people are displaced as a result of natural disasters (floods, volcanoes, landslides, earthquakes), environmental change (deforestation, desertification, land degradation, global warming) and human-made disasters (industrial accidents, radioactivity).2

With the ongoing rise of climate change casualties, the term "environmental refugees" was first proposed by Lester Brown in 1976, to later become a point of focus as a report title for the United Nations Environment Programme in 1985.3 The International Organization for Migration (IOM) defines the phrase as "environmental migrants are those who for reasons of sudden or progressive changes in the environment that adversely affect their lives or living conditions, are obliged to leave their habitual homes, either temporarily or permanently, and who move within their country or abroad." Among these environmental migrants, climate refugees or climate migrants are those who were forced to flee "due to sudden or gradual alterations in the natural environment related to at least one of three impacts of climate change: sea-level rise, extreme weather events, and drought and water scarcity."
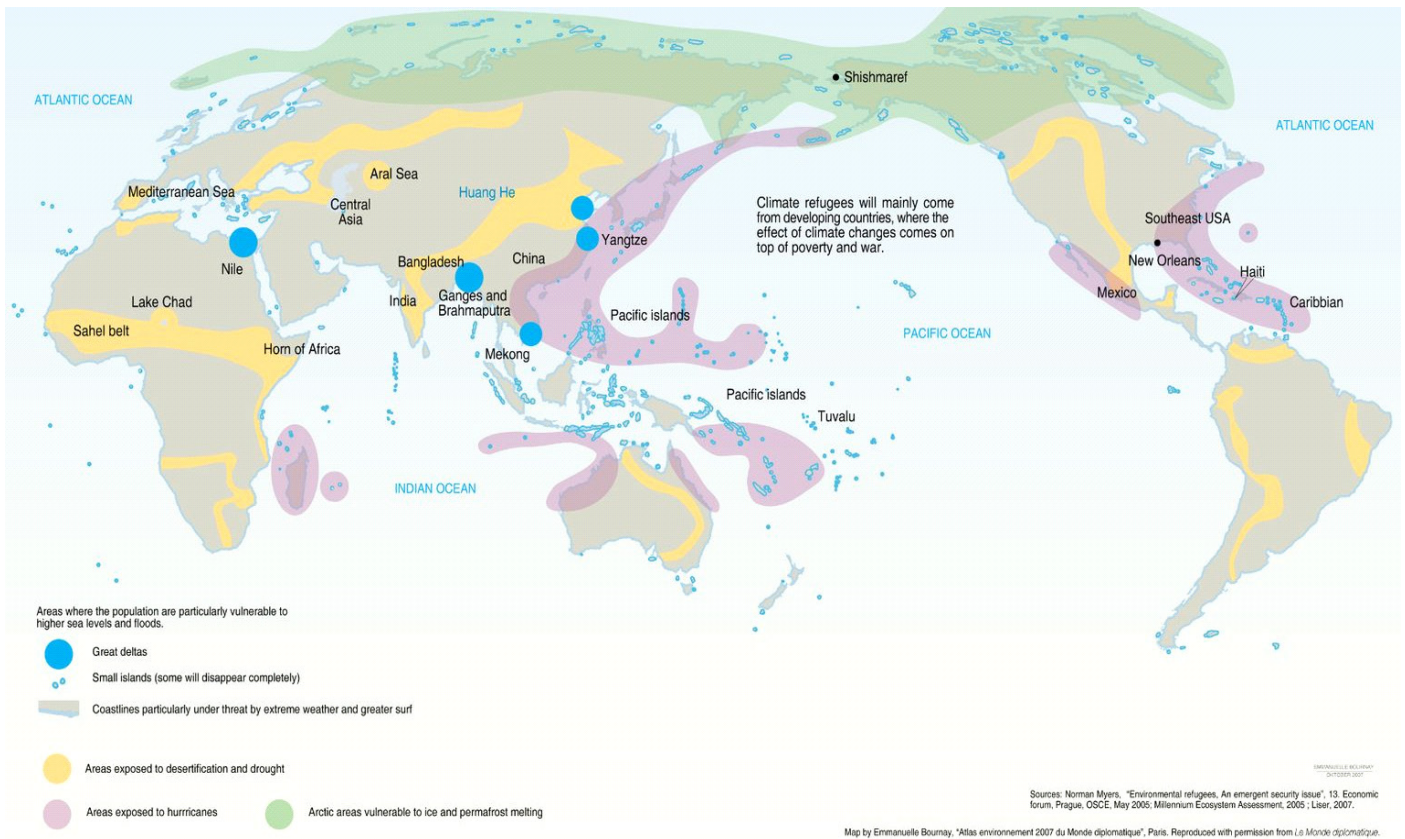
Since the definition, the refugee status of such persons has been debated upon by political and academic circles.4 However, the concern remains. In the publication of the first United Nations Intergovernmental Report on Climate Change in 1990, it is explicitly stated that "the gravest effects of climate change may be those on human migration as millions will be displaced." 5 And the effects are evident. In the mid 1990s it was widely reported that up to 25 million people had been forced from their homes and off their land by a range of serious environmental pressures including pollution, land degradation, droughts and natural disasters in the matters of years.6 In 2020 alone, around 10 million people were active climate migrants, considering the environmental portion of 13% of the displaced population recorded by UNHCR. As the numbers continue to rise, an action plan is certainly needed.

2. Background Information

The topic of climate migration has been on the agenda of the United Nations since the first World Climate Conference, in 1979. Further, it was included in the 2030 Agenda for Sustainable Development, where Goal 13 urges to "[…] take urgent action to combat climate change and its impacts" (UN General Assembly, 2015, p. 14). In this regard, changing weather patterns, rising sea level, and extreme weather events have been recognized by the UN General Assembly (2015) as consequences of climate change, which are circumstances that affect all nations and especially the poorest, most vulnerable people.7
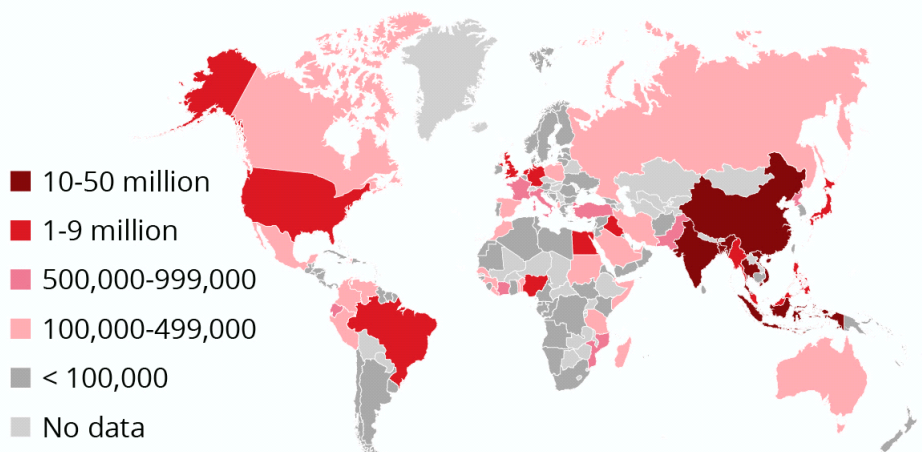
According to IOM, environmental degradation, and most importantly climate change can affect these nations as listed below8:

(a) The increasing frequency and intensity of weather-related natural disasters entail a higher risk of humanitarian emergencies and related population movements;

(b) The adverse consequences of climate change for livelihoods, public health, food security and water availability can exacerbate pre-existing vulnerabilities and provoke migratory movements;

(c) Rising sea levels may make low-lying coastal areas uninhabitable;

(d) Competition over shrinking natural resources may lead to tensions and potentially to conflict and, in turn, to forced migration;

(e) Migration can be a survival strategy, especially in case of natural disasters; (f) Migration can also be considered an adaptation strategy, as it helps people manage risks, diversify livelihoods and cope with environmental changes affecting their ways of life. For example, temporary migration and remittances can open up alternative sources of income and reduce reliance on the environment for subsistence;

(g) Finally, environmental migration can involve cases of both forced and voluntary movement. In most instances, however, it is difficult to differentiate between the two types of movements.

ATLANTIC OCEAN

Shishmaref

ATLANTIC OCEAN

Mediterranean Sea

Aral Sea

Huang He

Nile

Central Asia

Yangtze

Lake Chad

Bangladesh

China

Southeast USA

New Orleans

Haiti

Sahel belt

India

Ganges and Brahmaputra

Mexico

Caribbian

Horn of Africa

Mekong

Pacific islands

PACIFIC OCEAN

Climate refugees will mainly come from developing countries, where the effect of climate changes comes on top of poverty and war.

Pacific islands

Tuvalu

INDIAN OCEAN

Areas where the population are particularly vulnerable to higher sea levels and floods.

● Great deltas

∘ Small islands (some will disappear completely)

▬ Coastlines particularly under threat by extreme weather and greater surf

● Areas exposed to desertification and drought

● Areas exposed to hurrricanes   ● Arctic areas vulnerable to ice and permafrost melting

Sources: Norman Myers, "Environmental refugees, An emergent security issue", 13. Economic forum, Prague, OSCE, May 2005; Millennium Ecosystem Assessment, 2005 ; Liser, 2007.

Map by Emmanuelle Bournay, "Atlas environnement 2007 du Monde diplomatique", Paris. Reproduced with permission from *Le Monde diplomatique*.

Where Most People Are Affected by Rising Sea Levels

Number of people per country living on land expected to be under sea level by 2100*

■ 10-50 million

■ 1-9 million

■ 500,000-999,000

■ 100,000-499,000

■ < 100,000

■ No data

* assuming a rise in sea levels of 50-70 cm (2° C temperature increase/not taking into account ice sheet instability)

Source: Scott A. Kulp & Benjamin H. Strauss: New elevation data triple estimates of global vulnerability to sea-level rise and coastal flooding, Nature Communications

statista ⎰

Considering the speed in which climate change takes place, it is estimated that by 2050, 1 in every 9 people will be displaced. Out of these numbers, climate migrants are estimated to make up 25 million to 1 billion people, 200 million being the most widely accepted, according to the Institute for Environment and Human Security of the United Nations University. This number is higher than the current refugee population of 196 million, or 3% of the human population, making it an enormous number for future governments and international organizations to deal with. Considering displacement due to climate change is expected to be 3 to 8 times that of violence, conflict, and war, climate migration constitutes a fundamental issue that needs to be solved immediately.9

3. Problem Areas

It is crucial for the understanding of the forced climate migration, to acknowledge that the problem puts a strain on both ends: the migrants and the host countries. Considering the majority of countries hosting refugees of large numbers are developing and poor states, the effects may be highly damaging. For this reason, these areas will be examined from the perspective of both sides, where applicable.

Legal Problems

As the climate change continues to affect the lives of many, those who are forced to migrate for these reasons are left extremely vulnerable. There is a clear protection gap with regard to 'climate refugees', who are neither clearly defined as a category nor covered by the 1951 Convention relating to the Status of Refugees. The latter clearly gives the definition as "a refugee is a person who 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." 10 Such differentiation results in legal controversies in regards to how such climate refugees are to be treated by their host countries.

In 2015, the first international agreement of climate change was signed by 195 countries in the Paris Climate Conference (COP21). Amongst many other initiatives, forced migration and consequently human rights were discussed. According to the European Parliamentary Research Service, the signed agreement includes important elements for human mobility issues with the clause:

"Acknowledging that climate change is a common concern of humankind, Parties should, when taking action to address climate change, respect, promote and consider their respective obligations on human rights, the right to health, the rights of indigenous peoples, local communities, migrants, children, persons with disabilities and people in vulnerable situations and the right to development, as well as gender equality, empowerment of women and intergenerational equity." 11

However, it is still insufficient in terms of creating a regulatory framework defending the rights of climate migrants.12 In January 2020, the UN Human Rights Committee ruled that "refugees fleeing the effects of the climate crisis cannot be forced to return home by their adoptive countries." 13 to eliminate possible problems that might be caused by unstable placements across borders, similar to the United Nations High Commissioner for Refugees' (UNHCR) 1951 Geneva Refugee Convention Mandate. UNHCR further works in overseeing reports on internally displaced persons (IDPs) in order to ensure more help is given, however the responsibility falls heavily on internal climate migrants' home countries. The remaining legal problems regarding the funding and the protection of climate migrants' rights are yet to be solved, due to the non-refugee status. These rights include but are not limited to: Freedom of Movement, Right to Liberty and Security of the Person, Right to Family Life, Right to Education, Right to Justice and Right of Employment.14
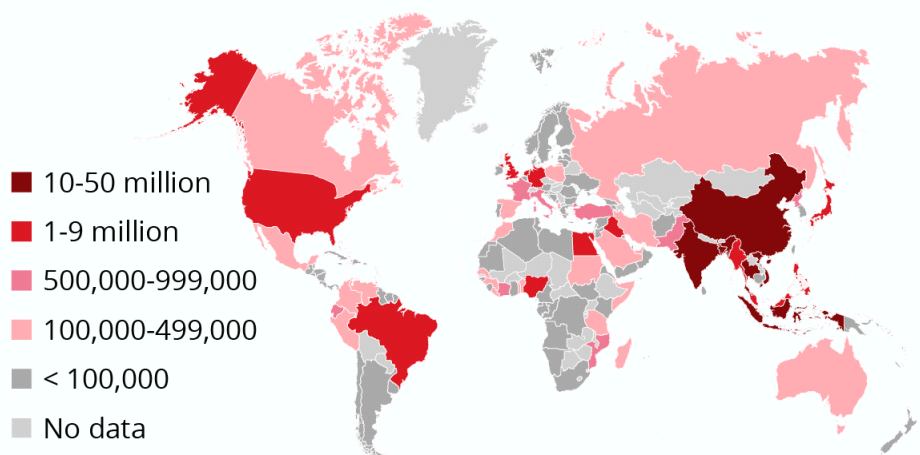
Social Problems

Internally Displaced Persons (IDPs), more easily integrate with the local environment, without disturbing the ethnic balance. However for different ethnic groups migrating across the country, problems may arise. Failures in communication due to differences in languages and/or cultures may result in conflicts, along with affecting ethnic balance. With such cultural differences, along with enforced unemployment and highly concentrated populations within refugee camps, crime rates increase. Common complaints include theft, murder, prostitution and alcoholism rising in such areas and beyond. It has been widely debated in the late 2010s, that the incoming Middle Eastern Muslim refugees to West Europe, especially Germany, gave rise to sexual assault cases, due to cultural differences. Such instances are said to bring existing criminals in these host countries to these areas, in order to take advantage of such low-security provinces. These may arise as cross-border problems.

Environmental Problems

Where Most People Are Affected by Rising Sea Levels

Number of people per country living on land expected to be under sea level by 2100*

- 10-50 million
- 1-9 million
- 500,000-999,000
- 100,000-499,000
- < 100,000
- No data

* assuming a rise in sea levels of 50-70 cm (2° C temperature increase/not taking into account ice sheet instability)
Source: Scott A. Kulp & Benjamin H. Strauss: New elevation data triple estimates of global vulnerability to sea-level rise and coastal flooding, Nature Communications

statista

Environmental degradation due to climate change can happen in a multitude of ways. Temperatures are expected to rise between 1.8 - 4.0 by 2100. Especially in developing and agriculture-dependent economies, the lengthening of the growing season for crops will have detrimental effects. Likewise, changes in precipitation patterns along with the reduced soil moisture due to heat may alter the local flora, salinate the soil or cause desertification, therefore disturbing agriculture and leading towards malnutrition, famine and starvation. Where rainfall is expected to rise up to 20% in South Asia, this rate will decrease 10% in low multitudes like sub-Saharan Africa, taking the pre-existing weather conditions to the extremes. Droughts and heat waves are expected to become much more intense over the years, as a consequence of global warming. Intensity, frequency and duration of hurricanes have been increasing since the 1980s, and will continue to do so. As a result, storm rates and rainfall intensity are expected to rise. The Arctic Ocean is projected to be ice-free by 2050, due to melting land ice. The consequences are likely to be highly destructive: sea levels have risen 0.6 feet since 1880, and are expected to exceed another 1 to 8 feet by 2100. Lands will subside, storm surges and high-tides will result in the floodings of multiple regions. Such changes will create an array of unlivable conditions.15

Fig. 2. Kulp, Scott A., and Benjamin H. Strauss. "Where Most People Are Affected by Rising Sea Levels." statista, 2020.
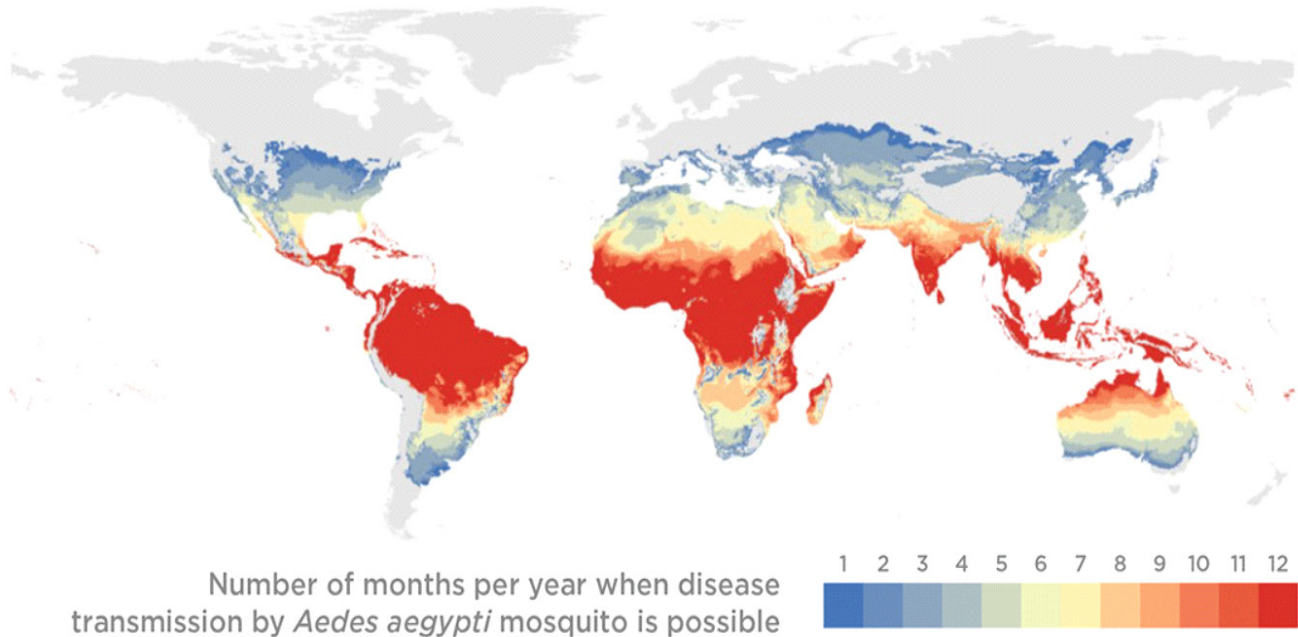
However, refugees can also make an impact on the host countries' environment, especially on land, water, natural resources and slum growth. During the emergency period, wherein the refugees have just arrived, problems such as fuel wood crisis and water pollution might take place. For instance, in the first six months of the settlement of refugees in Tanzania in 1995, tree resources within 10 km of the four refugee camps had all been expended for fuel wood, causing massive deforestation. However as the refugees settle, these problems take another form. The most evident environmental impacts include: (i) deforestation and firewood depletion, (ii) land degradation, (iii) unsustainable groundwater extraction, (iv) water pollution and (v) contamination of local groundwater due to human waste disposal by displaced persons, causing spread of a multitude of diseases.

D.Health Problems

The very prerequisites for human health include: clean air and water, sufficient

food, natural constraints on infectious disease agents, and the adequacy and security of shelter.x Both climate change and climate migration's effects can result in a variety of diseases. The aforementioned temperature increase may cause more air pollutants and differences in ecologies, especially a growth in vector species such as mosquitoes, blackflies, fleas and lice. These, along with the resulting increase in human-vector relations, can contaminate food and water, and impact human health. Moreover, agricultural problems resulting in shortage of food, can contribute to inadequate nutrition intake. Melting land ice might expose many frozen ancient disease agents to the air, targeting humans as a suitable breeding host organism. Furthermore, improper sanitation and low access to healthcare facilities in refugee camps, taken into account with overpopulation, can help the spread of such diseases. These diseases like malaria, diarrhea and cholera particularly spread due to clogged drainages and undisposed garbage in refugee camps. Those with no certain settlement, especially in gradually worsening situations, can come in contact with multiple ecosystems and people during their temporary stay, can negatively affect the situation by being contaminated in one place and spreading through the others.

Mosquito Habitat: Current & Projected

Number of months per year when disease
transmission by *Aedes aegypti* mosquito is possible

1 2 3 4 5 6 7 8 9 10 11 12

E. Economic Problems

Climate change disturbs community economies with the destruction of necessary facilities, agricultural degradation, difficulties in international trade and transportation of goods, and by promoting conflict. However, as these persons migrate to other places, such situations change. Due to the high rise of the workforce owing to the surge of refugees, competition in employment increases and the wage rate of the local market decreases. Likewise, since the refugees are willing to accept the lower pricing due to their economic vulnerability, this drop in wage rate can be implemented without restraint. Moreover, the inflow of climate migrants in large amounts affects the prices of commodities in the local market, due to the increase in demand for goods. It was observed that in the mid-1990s, presence of refugees in Tanzania caused the sudden increase of basic nutrient needs around 100 - 400 %.
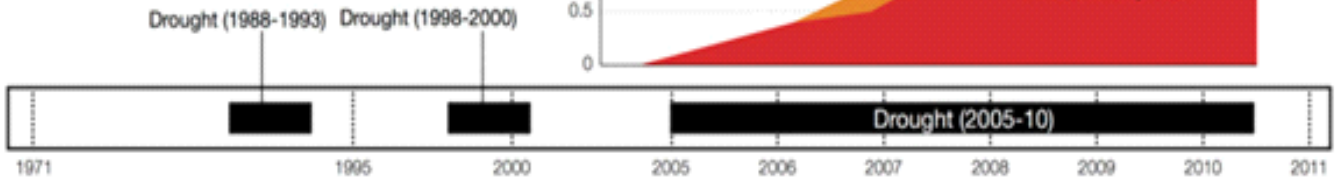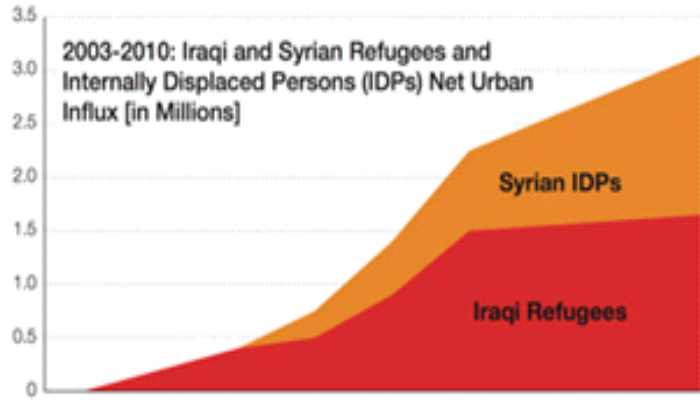
F. Political Problems

"Climate change is today one of the main drivers of forced displacement, both directly through impact on the environment - not allowing people to live any more in the areas where they were traditionally living - and as a trigger of extreme poverty and conflict." Along with climate change itself, climate migration can have destabilizing effects on host country politics. Syrian Civil War, which has killed more than 220,000 people and caused the displacement of half the Syrian population, was most likely affected by the multi-year drought of 4 years before the start of the conflict. Due to the fall in water resources, agriculture depleted and crop yields plummeted across the country. Farmer families and those impacted by low-water supply migrated to Syrian cities, making them climate IDPs. As the urban population became too overcrowded, unemployment and crime rates began to rise.16 These issues, coupled with Syrian government's negligence, became a contributing factor for the civil war.

Timeline of Events

Prior to the 2011 Uprising

1970s-1990s
Agricultural policies promote production of staple crops, leading to increase in number of groundwater wells and use of inefficient and outdated irrigation methods

Drought (1988-1993)   Drought (1998-2000)

2003-2010: Iraqi and Syrian Refugees and Internally Displaced Persons (IDPs) Net Urban Influx [in Millions]

Syrian IDPs

Iraqi Refugees

Drought (2005-10)

| 1971 | 1995 | 2000 | 2005 | 2006 | 2007 | 2008 | 2009 | 2010 | 2011 |

12 March, 1971
Hafez al-Assad becomes president of Syria

Syria achieves self-sufficiency in wheat production

Drying of the Khabur River in NE Syria

Since 2005
Apartment prices in Damascus have more than doubled

Winter 2007-08:
Driest in observed record

Since 2007
Wheat, rice, and feed prices have doubled

March 2011
Uprising in Syria

More generally, refugee camps located near the border of countries present themselves as a highly suitable opportunity to provide sanction for rebel / terrorist organizations and for their member recruitments. As such, refugees can serve as domestic opposition groups, with material resources and motivation to wage their own battles. Should they pose a security and political threat, bilateral relations between the host country and neighboring countries would endure certain damage.17

4.Past Actions:

1. Promoting the right to the enjoyment of the highest attainable standard of physical and mental health, equality and non-discrimination of refugees and migrants;

a)In France, the health system aims to be inclusive and accessible to migrant patients. As such, the same principles apply to legal residents as to French citizens. Asylum seekers are also covered by the universal free health insurance system (Couverture Universelle Maladie Protection Complémentaire; CMU-C). Low-income irregular migrants are covered by the state medical aid (Aide Médicale d'Etat) with certain conditions and restrictions. However, there are exceptions for vulnerable and at-risk groups such as people with infectious diseases and pregnant women, all of whom are granted a temporary permit to access health care. Anyone falling outside the system can access emergency services and care. Newcomers to France receive an initial orientation to the health system, and information is provided in 23 languages. Practitioners are also being trained in guaranteeing equal quality services for migrant patients and the need to protect privacy. In the Republic of Moldova, migrants and refugees benefit from medical services through the mandatory health insurance system and also benefit from preventive and disease prevention services (e.g. immunization, communication/information, screening, prophylactic treatment for infectious diseases). In addition, the Ministry of Interior has issued guidelines for referral, reception, medical examination and treatment of asylum seekers, refugees, beneficiaries of humanitarian protection and of foreigners placed in the Centre for the Temporary Placement of Foreigners, as approved by a Minister's Order. The Bureau for Migration and Asylum's biannual workshops on migrants' rights includes modules on the right to health. In Switzerland, under the National Programme Migration and Health 2014–2017 run by the Federal Office of Public Health and in collaboration with cantonal authorities and institutions, many good practices have been set up in recent years that contribute to supporting migrant health, promoting equity health care and encouraging non-discrimination practices. The programme specifically focuses on ensuring equal access to health care, promoting health literacy among migrants, empowering patients and encouraging active patient participation, facilitating integration, training health professionals on managing diversity, conducting research on vulnerable groups within migrant populations, and improving communication between health professionals and patients experiencing language barriers. One of the initiatives under the programme is the Swiss Hospitals for Equity Network, the mission of which is to promote high-quality care for all patients regardless of nationality, ethnicity, language, culture, social and/or economic status. The initiative also supports health professionals and provides a telephone interpretation service. Lessons learned. It takes will, at all political levels, to act and promote the right to the enjoyment of the highest attainable standard of physical and mental health, equality and non-discrimination of refugees and migrants. This will is not a given. Collaboration between state levels is a challenge as it takes a willingness to make common effort (a challenge per se) in a field that is often not considered as a priority for action.

b) The Migration and Health programme The Migration and Health Programme (MIG), formerly known as Public Health Aspects of Migration in Europe, was established in 2011 to support Member States to strengthen health sector capacities to provide evidence-informed responses to the public health challenges of refugee and migrant health. The programme operates under the umbrella of the European health policy framework Health 2020. The programme provides support to Member States under four pillars: technical assistance, health information, research and training, partnership building, and advocacy and communication. The programme promotes a collaborative intercountry approach to migrant health by facilitating cross-country policy dialogue and encouraging homogeneous health interventions along the migration routes to promote the health of refugees and migrants and protect the public health of host communities. Using an innovative toolkit developed by MIG, several joint public health and health system assessment missions have been conducted (in Albania, Bulgaria, Cyprus, Greece, Hungary, Italy, Malta, Portugal, Serbia, Spain and the former Yugoslav Republic of Macedonia) to analyse and improve the response of these countries to large-scale migration. The WHO Regional Office for Europe established a field presence in Gaziantep (Turkey) in October 2013 to increase capacity to respond to the public health needs of Syrian refugees. Here WHO continues to assess the needs of these refugees; provides capacity-building support to Syrian medical professionals, who are then permitted to treat Syrian refugees in Turkey; provides technical and financial assistance for outbreak response and setting up early warning systems and immunization campaigns; supplying medical equipment and drugs; and supports dissemination of information material to refugees. MIG has worked in collaboration with WHO Regional Office for Europe's Division of Health Systems and Public Health and Division of Communicable Diseases and Health Security, and in coordination with the Hellenic Ministry of Health, to conduct rapid assessment visits to Athens, Chios, Idomeni and Lesvos to collect data and review public health needs. Areas of collaboration included strengthening coordination to respond to the health needs of refugees and migrants, increasing immunization services, optimizing a national health plan and increasing health promotion.

Addressing the social determinants of health and health inequality for refugees and migrants

a) In Cyprus, interventions are in place to ensure migrants' health rights, reduce excess mortality and morbidity among migrant populations, minimize the negative impact of the migration process on migrants' health outcomes and avoid disparities in health status and access to health services between migrants and the host population. These interventions include a systematic risk assessment undertaken in order to identify the relatively few epidemic-prone diseases that have the potential to cause the greatest amount of morbidity and mortality in the affected population. Findings of the risk assessment are applied to prioritize the surveillance efforts and identify interventions that will be most effective in mitigating the increased risk. Risk factors that influence disease transmission in emergency settings are also assessed systematically, grouped and viewed by disease category (waterborne diseases, vector-borne diseases and diseases associated with crowding or malnutrition) to link interventions to specific risks. Specific health services targeting these groups, such as triage and delivery of services for acute disease on the frontline, medical examination of all migrants, screening tests for communicable diseases (HIV, hepatitis B, hepatitis C, syphilis, TB), medications for all patients with chronic diseases and immunization programmes, are available at reception centres, with appropriate follow up.

b) In Norway, the Public Health Act contributes to societal development, promoting public health and reducing social inequalities in health. The Norwegian strategy to reduce social inequalities in health (2007–2017) has four priority areas: reduction of social inequalities that contribute to inequalities in health; reduction of social inequalities in health behaviour and use of health services; targeted initiatives to promote social inclusion; and the development of knowledge and cross-sectoral tools. Particular efforts have been made to integrate migrants, including through urban planning to reduce social inequalities. The 2017 White Paper Sustainable Cities and Strong Districts highlights the importance of urban regeneration in vulnerable areas, including strengthening focus on health care, education, employment and the physical and social qualities in neighbourhoods. As an example, the Grorud Valley Urban Regeneration Project 2006–2016, now prolonged until 2026, is an intervention aimed at improving the environment and living conditions in Groruddalen, which has a population of nearly 140 000 people, with strong cultural diversity including over 140 nationalities. Migrants are, therefore, a particular target group of the project, with a strong focus placed on cultural inclusion for improved health and well-being.

c) In the United Kingdom, the Barka Project aims to improve access to occupational skills training, rehabilitation and housing for migrants suffering from homelessness and substance misuse. The project connects the migrant with both home and host country services depending on needs and helps to overcome cultural and language barriers in accessing health care in the host country. In 2014, 145 people were given occupational skills training, rehabilitation or help in finding homes in London. Lessons learned. As a social determinant of health itself, targeted interventions need to be developed to reduce the negative impacts of the migration process on the health of refugees and asylum seekers.

Promoting people-centred, gender-, refugee- and migrant-sensitive health policies and health systems and programme interventions

a) In Germany, the project Together Against Tuberculosis aims at supporting patients with TB to successfully finish the WHO-recommended directly observed therapy strategy. A pair of medical students partner with one patient to provide support throughout the whole therapeutic process, promoting quality and continuity of care at the highest standard. Students also assist the treating physician in explaining the disease and treatment to the patient and the patient's family. Students establish a personal relationship with the patient and provide support in organizing the management of medicines and medical check-ups after leaving the hospital. Consideration is also given to the particular needs of female patients, who may often be afraid to communicate or seek care for their disease, for example through fear of rejection from partners. Patients are completely free to participate and provide written informed consent. The programme emphasizes the importance of people-centred care and incorporates gender- and migrant-sensitive approaches to the provision of TB treatment for migrants. Furthermore, students receive supervision and support by their medical school and receive recognition from their medical curriculum after the patient has successfully finished treatment. The goal of supporting patients to successfully treat TB is in parallel with improving the social and cultural skills and competencies of future physicians. Students learn how the well-developed and equipped health system of Germany is perceived by particularly vulnerable individuals, and how social, practical, structural, cultural and linguistic barriers can be overcome.

b) In Portugal, Bué Fixe is a youth organization that aims at encouraging migrants from the community of Portuguese languages living in deprived neighbourhoods of Amadora in the outskirts of Lisbon to adopt safer attitudes and behaviour regarding HIV and AIDS. Through the programme Youth Media, Our Response to HIV/AIDS, initiated in 2009, Bué Fixe works to attain this goal by scaling up existing and effective HIV prevention initiatives in order to reach other young migrants; expanding adequate support and opportunities to people living with HIV in the community; empowering youth (especially young women) so that they can mitigate HIV risks through safer attitudes and behaviour; and developing community-based initiatives focusing on reducing stigma and discrimination towards people living with HIV. Bué Fixe trains young community leaders to increase their knowledge and skills on HIV- and AIDS-related matters, distributes condoms, circulates informative material and provides information and services on HIV and AIDS through various media outlets.

c) In the United Kingdom, primary care teams with a high proportion of asylum seekers have adjusted service provision to improve access and quality of care in several areas. Linguistic needs include documentation of the language and literacy level of all patients, provision of interpreters and communication in the preferred language, longer appointment times to allow for interpretation and explanation, and simplified labelling of prescriptions for easier understanding. Mobility of asylum seekers creates needs for enhanced access to medical records for different agencies and provision of copies of written material for patients when referred to secondary care. Specific health service needs include testing for HIV and sexually transmitted infections for high-risk groups, catch-up immunization for patients younger than 1 year of age and screening for issues such as homelessness and a history of torture. Staff expertise is improved through the provision of interpreters, enhanced cultural competency training and intersectoral working. To consolidate and sustain good practice, performance indicators that recognized these services have been developed. Lessons learned. There are multiple barriers for migrants in accessing treatment, understanding the health system and in ensuring effective follow-up. For TB, there are issues of not only accessing treatment but also completing the full regimen. The project in Germany offers a unique way to assist migrants overcome such barriers. Moreover, the didactic approach is extremely useful and, to a large extent, the medical/therapeutic goals are in synergy. It also enables the production of knowledge and insight on the barriers to TB therapy in Germany, which can help to improve future services.

. Questions to ponder.

   1. What should we do about refugee problem in undeveloped countries?

   2. What should we do about health conditions for refugees?

   3. What should we do about a circumstance which about is undeveloped country doesn't accept refugees in urgent conditions?

   4. What should we do if refugees want their rights to the country of refugee status?

   5. What should we do if a refugee commits a crime?

   6. Under what conditions should there be a special judgement system for refugees?

   7. Should developed countries accept refugees?

   8. Should a commission be established to advocate for the rights of the refugees?

   9. Should something be done to improve the living standards of refugees?

  10. Should private living spaces be created for refugees?

  11. What to do if the current commission and the decisions taken are correct or not?

  12. Should refugees return to their home country?

  13. Who should jude the crimes against the refugees?

  14. Is the religious, race and education level of the refugees important?

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