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MAPPING THE RESPONSE TO THE HEALTH NEEDS OF REFUGEES,ASYLUM SEEKERS AND OTHER MIGRANTS IN 19 EU MEMBER STATES

SH-CAPAC PROJECT: SUPPORTING HEALTH COORDINATION, ASSESSMENTS, PLANNING,
ACCESS TO HEALTH CARE AND CAPACITY BUILDING IN MEMBER STATES UNDER
PARTICULAR MIGRATORY PRESSURE

What has been done to map the situation?

- Draft Country Profiles have been prepared by the SH-CAPAC Consortium for each of the 19 target countries of the project
- Information has been gathered through desk reviews and consultation of multiple sources listed in the following slide
- Draft have been sent to national health authorities of all 19 Member states for review and validation
- A large number of Country Profiles have been reviewed by Country officials and are available in final form
- A few more are still being reviewed by Member States
- We have conducted a preliminary analysis of some of the major trends

SOURCES consulted:

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- **European Commission** (2016b). Member states' Support to Emergency Relocation Mechanism. http://ec.europa.eu/dgs/home-affairs/what-we-do/policies/european-agenda-migration/press-material/docs/state_of_play_-_relocation_en.pdf
- **EUROSTAT** (2016). Statistics 02/02/2016. <http://ec.europa.eu/eurostat>
- **FRA, European Union Agency for Fundamental Rights** (2015). Monthly data collection on the current migration situation in the EU. December 2015 monthly report. 23 November – 31 December 2015. http://fra.europa.eu/sites/default/files/fra_uploads/fra-2016-monthly-compilation-com-update-1_en.pdf
- **Frontex** (2015). 710 000 Migrants entered EU in first nine months of 2015. <http://frontex.europa.eu/news/710-000-migrants-entered-eu-in-first-nine-months-of-2015-NUIBkk>
- **IFRC, International Federation of Red Cross and Red Crescent Societies** (2016). Information Bulletin IFRC Regional Office for Europe Migration response, 2016. http://www.ifrc.org/docs/Appeals/16/IB6_Migration%20response_Europe_010216.pdf
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- **IOM, International Organization for Migration** (2016). Flow Monitoring Compilation, 28 January 2016.
- **MdM, Médecins du Monde** (2016). 8 NGOs for migrants/refugees' health in 11 countries. Project 717307. Annex I (part B).
- **UNHCR, The UN Refugee Agency** (2015a). 2015 UNHCR subregional operations profile: Northern, Western, Central and Southern Europe – Italy. <http://www.unhcr.org/cgi-bin/texis/vtx/page?page=49e48e996&submit=GO>
- **UNHCR, The UN Refugee Agency** (2015b). 2015 UNHCR regional operations profile – Europe. <http://www.unhcr.org/cgi-bin/texis/vtx/page?page=49e48e996&submit=GO> UNHCR, The UN Refugee Agency. 2015 UNHCR subregional operations profile: Northern, Western, Central and Southern Europe – Italy, 2015a. <http://www.unhcr.org/cgi-bin/texis/vtx/page?page=49e48e996&submit=GO>
- **UNHCR, The UN Refugee Agency** (2016). Refugees / Migrants Emergency Response – Mediterranean. <http://data.unhcr.org/mediterranean/country.php?id=105>
- **WHO-Europe, World Health Organization** – Europe (2011). Increased influx of migrants in Lampedusa, Italy. Joint report from the Ministry of Health, Italy and the WHO Regional Office for Europe mission of 28–29 March 2011. http://www.euro.who.int/_data/assets/pdf_file/0004/182137/e96761.pdf?ua=1





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National coordination of the health care response to refugees, asylum seekers and other migrants: Working document

COUNTRY



READER'S GUIDE:

The SH-CAPAC consortium is conducting a mapping of the European Union Member States' health response to the refugees, asylum seekers and other migrants entering, transiting or staying in their territories.

*This working document summarizes the latest information on the influx of the different categories (see box 1 on Country Context) and on the coordination of the health care responses (see box 2) in **country**. It also maps the available information on the WHERE-WHAT-WHO of these health care responses (see box 3). This is done for different categories: (1) recent arrivals, (2) people in transit, (3) asylum seekers, (4) refugee status granted persons, (5) undocumented migrants, and where relevant, also for (6) unaccompanied minors. Lastly we would like to map the funding sources for which the Member State's input is appreciated (see box 4 on Funding of health care responses).*

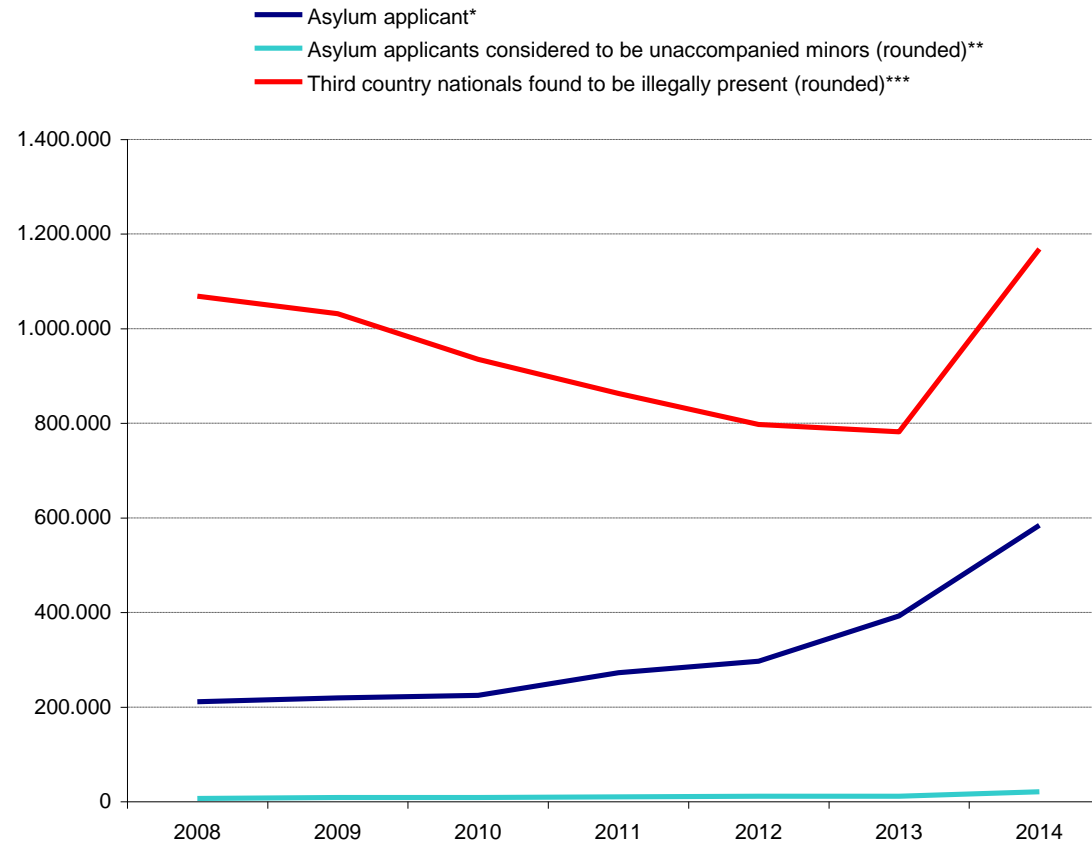
*The information already completed below is based on different sources which were consulted online between January 20 and February 8 2016 and which is meant to give a first snapshot. **We would like to ask you to verify the information, to correct and amend where necessary and to complete where possible.** This mapping exercise will help the SH-CAPAC consortium to define a framework for effective health sector coordination for addressing the needs of the refugees, asylum seekers and other migrants in the European Union. **Please reply before February 16 2016 to ainhoa.ruiz.easp@juntadeandalucia.es with copy to birgit.kerstens@gmail.com and daniel.lopez.acuna.ext@juntadeandalucia.es.** More information on the SH-CAPAC project can be found in the leaflet in attachment and on www.easp.es/sh-capac.*

Sources consulted:

Please provide us with any other sources that you deem appropriate for your country.



When influx started:



* No data of Croatia until 2013.

** No data of Croatia until 2012.

*** 2008 we have no data of Sweden, Portugal & Croatia; 2009-2011 no data of Croatia; 2012 no data of Netherlands & Croatia; 2013-2014 no data of Netherlands.

- EUROSTAT (2016). Statistics 02/02/2016. <http://ec.europa.eu/eurostat>



Health care coordination at national/regional level

Existence of a national coordination mechanism of the health response

- At governmental level mainly:
 - Ministries of Health,
 - Ministries of Interior,
 - Ministry of Foreign Affairs,
 - Public Health institutes,...
- Countries that have been **Traditional destination Countries** have an institutional response (Organization for the Reception of Asylum seekers, State Agency for Refugees; Office for the Protection of Refugees and Stateless; and so on)
- Countries with less experience on refugees or asylum seekers or **New Destination Countries** are currently in the process of creating the response mechanisms with high level meetings
- Some **NGO, professional associations, international organizations** are the delegates to give assistance to newcomers in several countries: MdM, Red Cross, IOM, UNHCR,...



First entry assistance services

Different responses:

- The primary health care in some countries is provided in the reception and/or registration facilities that are governed by central, regional or local governments (through Ministry of Health, Ministry of Interior, Ministry of Foreign Affairs, Police, and Health and Civil protection, the army,...)
- Some NGOs provide basic health care services at the entry points of refugees.
- IOM provides subsequent non-emergency medical assistance until their protection status is confirmed by the Immigration Authorities.
- In some countries, all migrants are registered and screened for their health condition and infectious diseases, giving treatment according to needs.



There is scarce information concerning the response of countries in relation to the **“Agenda for Action”** (agreed during the High Level Meeting on Refugee and Migrant Health in Rome, in November 2015):

- ✓ Some countries (nearly a third) integrate the health care services for refugees, asylum seekers and migrants into the existing national health systems, while others do not (nearly a third) or detailed information is unavailable.
- ✓ Few countries (around 25%) inform about initial screening upon arrival to relevant risk assessment, and the same number states that non communicable diseases are included in the provision of services.
- ✓ Regarding the involvement of refugees and migrants throughout all stages of health service provision, including design and planning, there is no information available, and similar results we have found regarding training of health professionals involved in the provision of health care.



Where are they receiving the health care? (I)

Recent arrivals

- Mainly in transit, reception, accommodation or detention facilities, managed by governments or Red Cross.
- At the point of entry.
- Referral to public hospitals in case of severe health risk.
- Emergency rooms.
- Sometimes, first basic medical screening at the dock.

Asylum seekers

- In collective reception facilities.
- Emergency rooms.
- Hospitals.
- In some countries, restriction of access to health care for asylum seekers.



Where are they receiving the health care? (II)

Refugees status granted

- Reception facilities.
- Hospitals.

Undocumented migrants

- Reception facilities.
- Hospitals.
- Emergency rooms.

Unaccompanied minors

- Welcome / reception facilities for unaccompanied minors.
- In health facilities belonging to the National Health System.
- Hospitals.
- In some countries, right to access health care for unaccompanied minors in the same conditions as children with the nationality of the host country.
- In some countries, lack of access to health care before age assessment and asylum procedure.
- Lack of awareness about health entitlements of UM among health professionals.



What type of health care provision are they receiving? (I)

Recent arrivals

- Primary, secondary, tertiary, standard health care.
- Specialised medical healthcare for babies and children (NGOs).
- Some countries have access to health care restricted.
- In many countries, clinics in detention facilities could not provide specialized medical assistance.

People in transit

- Most people with chronic conditions do not have health booklets.

Asylum seeker

- Primary, secondary, tertiary, standard health care, with exceptions and restrictions in some countries.



What type of health care provision are they receiving? (II)

Refugee status granted

- Most of the countries offer all appropriate health care benefits to refugees, recognising them as citizens or residents.
- Some countries restrict basic health package or access to health care.

Undocumented migrants

- Urgent Medical Aid.
- Restricted access to screening and treatment.
- Children have more access than adults.

Unaccompanied minors

- In some countries, 'standard' health provision.
- Sometimes limited choice of health care provider.
- In other countries, restriction of access to health care.
- In practice, many young migrants had not received any kind of health assessment or access to physical or mental healthcare.
- Unmet health care needs because of a lack of awareness regarding entitlements of undocumented migrants among health professionals.



Who is providing the health care?

Recent arrivals

- Transit reception facility and referral to health centres
- By means of IOM, UNHCR, Red Cross, civil society organisations, volunteers, Civil Protection and Disaster Relief.
- Red Cross in most of the countries.
- Local authorities (psychosocial support).
- Public health systems.
- Interpreters (IOM)

People in transit

- Red Cross.
- By Public Administration or NGOs

Asylum seeker / Refugee status granted / Undocumented migrants

- No specific information about providers.

Unaccompanied minors

- All medical services by health centres and hospitals.



Financial resources available for health response?

- Amounts often undisclosed or detailed information unavailable
 - Not all health care covered (e.g. only for emergency services)
 - Funding sources for recent arrivals, people in transit, asylum seekers: mostly national government, IOM, UN agencies, EU, international and national NGOs (MSF, MdM, Red Cross,...), civil society organisations
 - Funding sources for people with refugee status granted and for undocumented migrants: national governments, health insurance, own contributions
- for coordination purposes: resource mapping to be conducted



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