



Programme co-funded by the
EUROPEAN UNION

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

BELGIUM



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 Belgium. 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.*

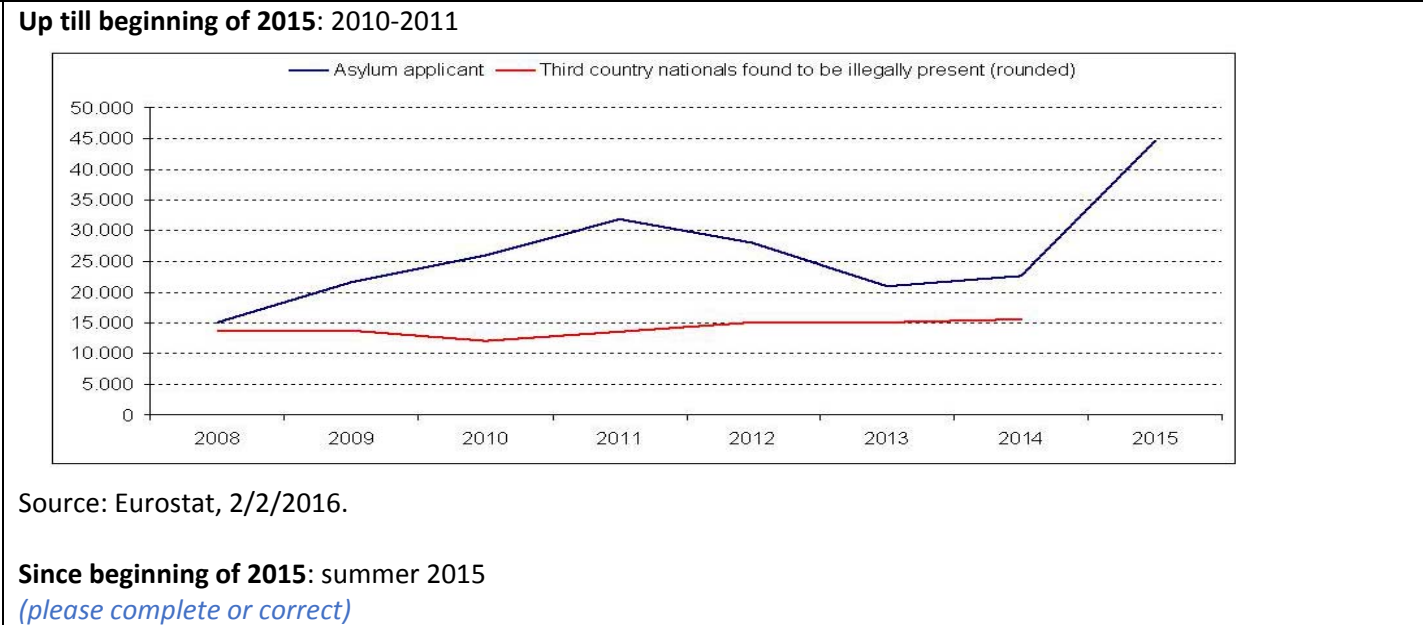
Sources consulted:

- <http://www.unhcr.org/pages/4a02d9346.html>
- UNHCR. Refugees/Migrants Emergency Response - Mediterranean
- MdM, Annex 1 (Project proposal 11 ONGS in 8 countries)
- www.fedasil.be
- Roberfroid D., Dauvrin M., Keygnaert I., Desomer A., Kerstens B., Camberlin C., Gysen J., Lorant V., Derluyn I. What health care for undocumented migrants in Belgium?. Health Services Research (HSR) Brussels: Belgian Health Care Knowledge Centre (KCE). 2015. KCE Reports 257. D/2015/10.273/111.
- HUMA. Are undocumented migrants and asylum seekers entitled to access health care in the EU ? A comparative overview in 16 countries. November 2010.

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

1. COUNTRY CONTEXT

When influx started
(by year up till 2015, month since 2015)



Current number as of Feb 1 (AS/ REF/ UDM/ unaccompanied minors)

A. Most recent data per category:

<i>Residing in Belgium</i>		<i>June 2015</i>
Refugees		31,115
Asylum Seekers		9,396
Returned Refugees		0
Internally Displaced Persons (IDPs)		0
Returned IDPs		0
Stateless Persons		5,267
Various		0
<i>Total Population of Concern</i>		45,778
<i>Originating from Belgium</i>		
Refugees		76
Asylum Seekers		14

	<table border="1"> <tr> <td>Returned Refugees</td> <td>0</td> </tr> <tr> <td>Internally Displaced Persons (IDPs)</td> <td>0</td> </tr> <tr> <td>Returned IDPs</td> <td>0</td> </tr> <tr> <td>Various</td> <td>0</td> </tr> <tr> <td><i>Total Population of Concern</i></td> <td>90</td> </tr> </table>	Returned Refugees	0	Internally Displaced Persons (IDPs)	0	Returned IDPs	0	Various	0	<i>Total Population of Concern</i>	90																																						
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<p>Percentage of F/M/T, age groups and origin</p>	<p>Source: http://www.unhcr.org/cgi-bin/texis/vtx/page?page=49e48e2e6&submit=GO</p> <p>B. Most recent data on total number: “4,201 asylum applications were registered in Belgium in December 2015, almost the same number as in the previous month (4,199). Among the 1,543 other decisions (decisions on the substance) taken by the CGRS in December, there were 909 decisions to grant refugee status and 186 decisions to grant subsidiary protection. In December 2015, the protection rate therefore amounted to 70.1 % (1,095 positive decisions out of 1,543 decisions on the substance).” (Source: http://www.cgrs.be/en/news/asylum-statistics-december-2015)</p> <p>A. Most recent data per category:</p> <table border="1"> <thead> <tr> <th>ASYLUM APPLICANT</th> <th>2014</th> <th>2015</th> </tr> </thead> <tbody> <tr> <td>Total</td> <td>22.710</td> <td>44.660</td> </tr> <tr> <td>Males</td> <td>64,6%</td> <td>70,8%</td> </tr> <tr> <td>Females</td> <td>35,4%</td> <td>29,2%</td> </tr> <tr> <td>Less than 18 years</td> <td>29,3%</td> <td>30,5%</td> </tr> <tr> <td>18 - 64 years</td> <td>69,7%</td> <td>68,8%</td> </tr> <tr> <td>65 years or over</td> <td>1,0%</td> <td>0,7%</td> </tr> <tr> <td>Unaccompanied minors (Asylum applicant)</td> <td>475</td> <td>3099*</td> </tr> <tr> <td>Males</td> <td>70,2%</td> <td>92,5%</td> </tr> <tr> <td>Females</td> <td>29,8%</td> <td>7,5%</td> </tr> <tr> <td></td> <td></td> <td></td> </tr> <tr> <td>IRREGULAR MIGRANT</td> <td>15.540</td> <td></td> </tr> <tr> <td>Males</td> <td>85,6%</td> <td></td> </tr> <tr> <td>Females</td> <td>14,2%</td> <td></td> </tr> <tr> <td>Less than 18 years</td> <td>4,8%</td> <td></td> </tr> <tr> <td>18 years or over</td> <td>94,7%</td> <td></td> </tr> </tbody> </table>	ASYLUM APPLICANT	2014	2015	Total	22.710	44.660	Males	64,6%	70,8%	Females	35,4%	29,2%	Less than 18 years	29,3%	30,5%	18 - 64 years	69,7%	68,8%	65 years or over	1,0%	0,7%	Unaccompanied minors (Asylum applicant)	475	3099*	Males	70,2%	92,5%	Females	29,8%	7,5%				IRREGULAR MIGRANT	15.540		Males	85,6%		Females	14,2%		Less than 18 years	4,8%		18 years or over	94,7%	
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	<p>Source: Eurostat, 2/02/2016.</p> <p>*This number can still change as not all results of the age determinations were known.</p> <p>B. Most recent data by gender, age group, origin: “4,201 asylum applications were registered in Belgium in December 2015, almost the same number as in the previous month (4,199). In December, the main countries of origin of asylum applicants were Afghanistan (1,955 applications, 46.5 %), Syria (718 applications, 17.1 %) and Iraq (335 applications, 8 %). Afghan, Syrian and Iraqi nationals represented 71.2 % of all asylum applicants in Belgium in December 2015. Iran (3.7 %), Russia (2.1 %), Somalia (2.1 %), Guinea (1.9 %), DR Congo (1.7 %), applicants of undetermined nationality (1.6 %) and Albania (1.2 %) complete the top 10 of countries of origin.” (Source: http://www.cgrs.be/en/news/asylum-statistics-december-2015)</p>
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2. HEALTH CARE RESPONSES	
<i>Please correct or complete the information where possible.</i>	
<p>Health care coordination at national/regional level</p>	<p>A. Existence of a national coordination mechanism of the health response: YES*/NO (<i>Please complete</i>)</p> <p>B. Explanation: (<i>if yes, please describe how the mechanism works and who participates; if no, please describe why there is no coordination</i>)</p> <p>*Yes, partly, Fedasil is responsible for the governmental coordination and for finetuning with NGOs and private partners.</p>
<p>First entry assistance services</p>	<p>“Since August 2015, between 4,000 and 5,500 asylum seekers arrived every month in Belgium, and the federal Belgian government has been unable to register more than 250 new asylum applications per day (and even only 150 new registrations between 27/10/2015 and 02/11/2015). This was due to practical reasons of the building and waiting room. The government always prioritised families, UAM single woman and vulnerable people for registration first . As a result, many single man– up to 1,000 people at one point – had to sleep outside in front of the Foreigners’ Office in Brussels, without access to water, food, shelter etc. The government has had to step up its efforts to provide night shelter, especially now that winter is starting. The government started to offer night shelter since the 7th of September 2015 and turned this over into a day centre two weeks after. First offering 500 beds and soon 500 more. This “transit reception facility”, operationalized by the Red Cross in Brussels, near the Foreigners’ Office, has now a capacity of one thousand threehundred beds. The tent camp has been cleared since the beginning of October, but people waiting to apply for</p>

	<p>asylum still only have access to the transit reception facility, In this transit reception facility basic health care is offered at site. People in need of more care are being forwarded towards health centres in the neighbourhood. For people with a chronic illness contact is sought with the immigration authorities and an asylum application will be conducted the next day. An adjusted centre to the needs of this person will be sought for them by Fedasil. The average length of stay in the transit centre depends on the influx of asylum applicants and outflow in the mainstream reception network, and is currently 5 working days.” (MdM, Annex 1)</p>
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Response to ‘An Agenda for Action’ as agreed during the High Level Meeting on Refugee and Migrant Health in Rome in November 2015:
Cross the appropriate ‘Yes’, ‘No’ or ‘There is no information available’ option in the blue boxes. Additional information or sources can be mentioned underneath the box.

Integration of the health care services for refugees, asylum seekers and migrants into the existing national health systems	<input type="checkbox"/> YES* <small>*Yes to large extent</small>	<input type="checkbox"/> NO	<input type="checkbox"/> There is no information available
Limit initial screening upon arrival to relevant risk assessment	<input type="checkbox"/> YES <small>Yes</small>	<input type="checkbox"/> NO	<input type="checkbox"/> There is no information available
Non Communicable Diseases included in the provision of services	<input type="checkbox"/> YES <small>Yes</small>	<input type="checkbox"/> NO	<input type="checkbox"/> There is no information available
Active participation and empowerment of the refugees and migrants throughout all stages of health service provision, including design and planning	<input type="checkbox"/> YES <small>Yes</small>	<input type="checkbox"/> NO	<input type="checkbox"/> There is no information available
Training of health professionals involved in the provision of health care	<input type="checkbox"/> YES* <small>*Yes but not yet for all pressing health issues related to current asylum influx</small>	<input type="checkbox"/> NO	<input type="checkbox"/> There is no information available

3. WHERE-WHAT-WHO			
<i>Please correct or complete the information where possible.</i>			
Migrant group	WHERE are they receiving the health care?	WHAT type of health care provision are they receiving?	WHO is the actor/agency providing the health care?
(1) Recent arrivals	Pre-registration/transit reception facility Tent camp (cleared since October 2015)	<p>“... people waiting to apply for asylum still only have access to the transit reception facility,.” In this transit reception facility basic health care is offered at site. People in need of more care are being forwarded towards health centres. For people with a chronic illness contact with the immigration authorities is sought and a registration will be conducted the next day so that an adjusted centre will be found for them by Fedasil. (Mdm, Annex 1)</p> <p>“A centre specialized in mental health as well as a pre-registration (“pré-accueil”) centre for those who have not started the procedure for their admission into Belgium”. (Source: Information bulletin IFRC Regional Office for Europe Migration response. IFRC. http://www.ifrc.org/docs/Appeals/16/IB6_Migration%20response_Europe_010216.pdf)</p>	Red Cross Mdm
(2) People in transit			
(3a) Asylum seekers	‘Standard’ health care provision	“Once asylum seekers are registered, they are entitled – according to the 2007 law on the reception of asylum seekers and other categories of foreign nationals and stateless people – to health services based on the nomenclature of the National Institute for Health and Disability Insurance (RIZIV-INAMI), with some exceptions. (...) If they do not live in a centre (“no shows”), they must obtain a “payment warranty” (“réquisitoire”) before they can receive care and treatment without having to pay. Many healthcare providers are unfamiliar with this complex procedure. Sometimes healthcare providers refuse these patients, fearing that their costs will not be reimbursed.” (Source: Mdm, Annex 1)	Primary, secondary, tertiary health care providers
(3b) Asylum seekers	92 collective centres in total, dd. 2 February 2016 (source: http://fedasil.be/nl/inhoud/alle-opvangcentra ; 28 out of 90 are run by Fedasil, others by Rode Kruis Vlaanderen/Croix Rouge Belgique, Caritas International, Samu Social, private sector)	While living in a reception facility, asylum seekers’ medical expenses covered by nomenclature (RIZIV/INAMI) + figuring on the +/- list are normally covered by Fedasil (the federal agency for reception of asylum seekers) or one of its reception partners provided that they are proclaimed for within 45 days after the provision for cared at POD integration. (Source: www.fedasil.be)	Fedasil and other reception partners; possibly referrals to health care providers outside of reception facility
(3c) Asylum seekers	Several ‘individual’ local reception initiatives organised	While living in an individual reception facility, asylum seekers’ medical expenses are normally covered by SPP IS. (Source: Fedasil, Opening van een opvangstructuur	Primary, secondary, tertiary health care

	by municipalities and run by Public Centres for Social welfare and NGOs, e.g. Vluchtelingenwerk Vlaanderen & Ciré	voor asielzoekers).	providers
(4) Refugee granted status	'Standard' health care provision	Entitled to health care as other Belgian residents.	Primary, secondary, tertiary health care providers
(5) Undocumented migrants	'Standard' health care provision (see Royal Decree 12 Dec 1996 on Urgent Medical Aid) - but UM have to fulfil some conditions; discretionary decisions by Public Centres for Social Welfare which enquire if UM is entitled to UMA; sometimes limited free choice of health care provider.	Urgent Medical Aid covers preventive and curative care (but exceptions to the rule). (Source: Roberfroid 2015) "Only a very few number of asylum seekers and undocumented migrants (namely unaccompanied children) can access health care on equal grounds as nationals in regards not only to coverage but also to administrative conditions." (Source: HUMA 2010).	Primary, secondary, tertiary health care providers (Solo health care providers, community health centres, hospitals...)
(6) Unaccompanied minors	Welcome/reception facility for unaccompanied minors (Holsbeek)	See above Asylum seekers - collective reception facilities	Red Cross Belgium

4. FUNDING OF THE HEALTH CARE RESPONSES

Please provide us with any relevant information of funding made available by your country or other partners for health care responses:

- **FUNDING SOURCES:** where does the funding come from? e.g. Government, UN agency (UNHCR, IOM, WHO Euro,...), EU, NGO, civil society organisation, faith-based organisation, private organisation, international donor, (public/private) health insurance, other (please specify)
- **FUNDING MECHANISM:** how is the health care delivery being funded? e.g. envelope (for whole year/project), lump sum amount per asylum seeker/refugee, out-of-pocket expenses, third payer mechanism, emergency/contingency budget.
- **FUNDING AMOUNT:** Give the amount spent on health care responses, in Euros, per year/month; if available also provide the pledged amount.
- **COMMENTS.**

Migrant group	Funding source	Funding mechanism	Funding amount	Comments
(1) Recent arrivals	Belgian government Red Cross			

	MdM			
(2) People in transit				
(3a) Asylum seekers	Belgian government: RIZIV-INAMI	Third payer mechanism (patient pays user fee). Out-of-pocket payments for user fees, some medicines or medical supplies not covered by RIZIV-INAMI and are not figuring on the +/- list of Fedasil		
(3b) Asylum seekers	Belgian government: Fedasil & SPP IS - POD IS (= Federal Public Service of Programmation for Social Integration) for medical expenses	For operational cost of the reception facility: 2 options: (1) reimbursement of actual costs (2) lump sum. Plus: annual financial contribution of € 247,92 per effective shelter. No info on % spent on medical and psychosocial follow-up.		
(3c) Asylum seekers	Belgian government: Fedasil & SPP IS - POD IS (= Federal Public Service of Programmation for Social Integration) for medical expenses	No info on % spent on medical and psychosocial follow-up		
(4) Refugee status granted	Belgian government: RIZIV-INAMI			
(5) Undocumented migrants	Belgian government: SPP IS - POD IS (= Federal Public Service of Programmation for Social Integration)	UM cannot be affiliated to a sickness fund and therefore they are not covered by the legal Belgian health insurance system. In principle cost of health care provided is reimbursed to health care provider. Sometimes out-of-pocket payments for UM (medicines, glasses, protheses,...).		