



Programme co-funded by the  
EUROPEAN UNION

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

### MALTA



#### 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 Malta. 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](mailto:ainhoa.ruiz.easp@juntadeandalucia.es) with copy to [birgit.kerstens@gmail.com](mailto:birgit.kerstens@gmail.com) and [daniel.lopez.acuna.ext@juntadeandalucia.es](mailto: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](http://www.easp.es/sh-capac).*

#### Sources consulted:

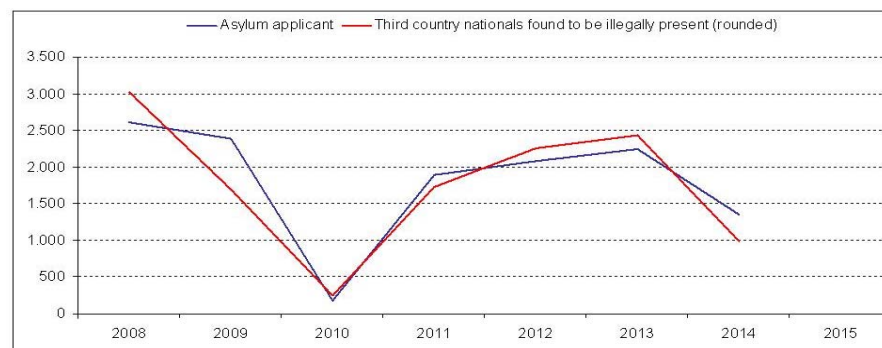
- <http://www.unhcr.org/pages/4a02d9346.html>
- UNHCR. Refugees/Migrants Emergency Response

*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)

**Up till beginning of 2015:**



Source: 2/2/2016.

**Since beginning of 2015: ?**  
(please complete or correct)

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

**A. Most recent data per category:**

<i>Residing in Malta</i>	<i>June 2015</i>
Refugees	6,095
Asylum Seekers	425
Returned Refugees	0
Internally Displaced Persons (IDPs)	0
Returned IDPs	0
Stateless Persons	0
Various	0
<i>Total Population of Concern</i>	<i>6,520</i>
<b><i>Originating from Malta</i></b>	
Refugees	5
Asylum Seekers	0
Returned Refugees	0
Internally Displaced Persons (IDPs)	0
Returned IDPs	0
Various	0

	<p style="text-align: right;"><i>Total Population of Concern</i>   5</p> <p>Source: <a href="http://www.unhcr.org/cgi-bin/texis/vtx/page?page=49e48eba6&amp;submit=GO#">http://www.unhcr.org/cgi-bin/texis/vtx/page?page=49e48eba6&amp;submit=GO#</a></p> <p><b>B. Most recent data on total number: ?</b></p>																																																
<p><b>Percentage of F/M/T, age groups and origin</b></p>	<p><b>A. Most recent data per category:</b></p> <table border="1" data-bbox="1041 375 1467 1005"> <thead> <tr> <th>ASYLUM APPLICANT</th> <th>2014</th> <th>2015</th> </tr> </thead> <tbody> <tr> <td><b>Total</b></td> <td>1,350</td> <td></td> </tr> <tr> <td>Males</td> <td>80,1%</td> <td></td> </tr> <tr> <td>Females</td> <td>19,9%</td> <td></td> </tr> <tr> <td>Less than 18 years</td> <td>23,3%</td> <td></td> </tr> <tr> <td>18 - 64 years</td> <td>76,3%</td> <td></td> </tr> <tr> <td>65 years or over</td> <td>0,7%</td> <td></td> </tr> <tr> <td><b>Unaccompanied minors (Asylum applicant)</b></td> <td>55</td> <td></td> </tr> <tr> <td>Males</td> <td>90,9%</td> <td></td> </tr> <tr> <td>Females</td> <td>9,1%</td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> </tr> <tr> <td><b>IRREGULAR MIGRANT</b></td> <td>990</td> <td></td> </tr> <tr> <td>Males</td> <td>81,8%</td> <td></td> </tr> <tr> <td>Females</td> <td>18,2%</td> <td></td> </tr> <tr> <td>Less than 18 years</td> <td>19,2%</td> <td></td> </tr> <tr> <td>18 years or over</td> <td>80,8%</td> <td></td> </tr> </tbody> </table> <p>Source: Eurostat, 2/2/2016.</p> <p><b>B. Most recent data by gender, age group, origin: ? Not Available for now.</b></p>	ASYLUM APPLICANT	2014	2015	<b>Total</b>	1,350		Males	80,1%		Females	19,9%		Less than 18 years	23,3%		18 - 64 years	76,3%		65 years or over	0,7%		<b>Unaccompanied minors (Asylum applicant)</b>	55		Males	90,9%		Females	9,1%					<b>IRREGULAR MIGRANT</b>	990		Males	81,8%		Females	18,2%		Less than 18 years	19,2%		18 years or over	80,8%	
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<p><b>Additional information</b></p>	<p>Another report can be found on the url below. It lists a number of interesting graphical data comparing the past few years. Click on Statistics after the home page opens up.</p> <p><a href="http://www.unhcr.org/mt/">http://www.unhcr.org/mt/</a></p>																																																

2. HEALTH CARE RESPONSES			
<i>Please correct or complete the information where possible.</i>			
Health care coordination at national/regional level	<p>A. <b>Existence of a national coordination mechanism of the health response:</b> YES</p> <p>B. <b>Explanation:</b> <i>(if yes, please describe how the mechanism works and who participates; if no, please describe why there is no coordination)</i></p> <p>The coordination is between the different health services, Public health, Primary Health Care, Acute Medical care facilities and Police, Ministry of Foreign Affairs, Civil Protection, Ministry of Social Dialogue as well as Migrant Health Liaison Unit of the Health Department, In addition there is an inter-ministerial Committee on Integration of migrants.</p>		
First entry assistance services	<p>The first entry response is coordinated by Ministry of Foreign Affairs, Police, and Health and Civil protection. All migrants are registered and screened for their health condition and infectious diseases. Treatment is given according to needs. Migrants are provided with food and water, accommodation (detention centre and open centres or other accommodation centres depending on their status, age and gender), clothing and medicine. They are also supported with personal funds to be able to make contact with their families and for their personal needs.</p>		
<p><b>Response to ‘An Agenda for Action’ as agreed during the High Level Meeting on Refugee and Migrant Health in Rome in November 2015:</b></p> <p><i>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.</i></p>			
Integration of the health care services for refugees, asylum seekers and migrants into the existing national health systems	<input type="text" value="yes"/>	<input type="text"/>	<input type="text"/>
Limit initial screening upon arrival to relevant risk assessment	<input type="text" value="yes"/>	<input type="text"/>	<input type="text"/>
Non Communicable Diseases included in the provision of services	<input type="text" value="yes"/>	<input type="text"/>	<input type="text"/>
Active participation and empowerment of the refugees and migrants throughout all stages of health service provision, including design and planning	<input type="text"/>	<input type="text"/>	<input type="text" value="There is no information available"/>
Training of health professionals involved in the provision of health care	<input type="text" value="Yes"/>	<input type="text"/>	<input type="text"/>

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<b>3. WHERE-WHAT-WHO</b>			
<i>Please correct or complete the information where possible.</i>			
<b>Migrant group</b>	<b>WHERE are they receiving the health care?</b>	<b>WHAT type of health care provision are they receiving?</b>	<b>WHO is the actor/agency providing the health care?</b>
<b>(1) Recent arrivals</b>	<p>At open or detention centres. Health Clinics and Acute hospital care.</p> <p>If Migrants are living in the community they would have free access to Health Centres and acute hospital care, (as well as private health care should they wish to make use of this). Also they are entitled for free medicines e.g. for TB, Parturition and Chronic diseases etc. These services include outpatients care, specialist care, nursing care and mobile nursing community services. Vaccinations are also free of charge.</p>	<p>“The Maltese Red Cross has provided Restoring Family Links services (phone calls and tracing) and psychosocial support by staff and approximately 10 volunteers. With the support of the ICRC, the Red Cross of Malta has finalized its RFL contingency plan and purchased equipment.” (Source: Information bulletin IFRC Regional Office for Europe Migration response. IFRC. <a href="http://www.ifrc.org/docs/Appeals/16/IB6_Migration%20response_Europe_010216.pdf">http://www.ifrc.org/docs/Appeals/16/IB6_Migration%20response_Europe_010216.pdf</a>)</p>	<p>Maltese Red Cross</p> <p>ICRC</p> <p>MEH through HPDPD, Primary care and Acute health services (Hospital).</p> <p>Free healthcare is provided by the National Health Services. Detention services also engaged private health companies to provided free healthcare to migrants in closed and open centres so as to make health reach them at source.</p>
<b>(2) People in transit</b>	Same as above		
<b>(3) Asylum seekers</b>	Same as above		
<b>(4) Refugee status granted</b>	Same as above		
<b>(5) Undocumented migrants</b>	Same as above		
<b>(6) Unaccompanied minors</b>	Same as above		

#### 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.*

<b>Migrant group</b>	<b>Funding source</b>	<b>Funding mechanism</b>	<b>Funding amount</b>	<b>Comments</b>
<b>(1) Recent arrivals</b>	Government	Through the provision of health care services by means of yearly national health budget	NA	
<b>(2) People in transit</b>	Government	Through the provision of health care services by means of yearly national health budget	NA	
<b>(3) Asylum seekers</b>	Government	Through the provision of health care services by means of yearly national health budget	NA	
<b>(4) Refugee status granted</b>	Government	Through the provision of health care services by means of yearly national health budget	NA	
<b>(5) Undocumented migrants</b>	Government	Through the provision of health care services by means of yearly national health budget	NA	