

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



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 Poland. 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 <u>before February 16 2016</u> 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:

- Eurostat, 2/02/2016
- OIM (GMDAC) http://iomgmdac.org/total-asylum-applications-in-europe-by-sex-and-age-2015/
- UNHCR. Refugees/Migrants Emergency Response Mediterranean (http://www.unhcr.org/cgi-bin/texis/vtx/page?page=49e48df06&submit=G0

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) ---- Asylum applicant ---- Third country nationals found to be illegally present (rounded) 16.000 14.000 12.000 10.000 8.000 6.000 4.000 2.000 2008 2009 2010 2011 2012 2013 2014 Eurostat, 2/02/2016. (please complete or correct) Current number as of Feb 1 (AS/ REF/ UDM/ A. Most recent data per category unaccompanied minors) Residing in Poland: Refugees: 15,741 Asylum Seekers: 2,470 Returned Refugees: 0 Internally Displaced Persons (IDPs): 0 Returned IDPs: 0 Stateless Persons: 10,825 Various: 0 Total Population of Concern: 29,036

-	B. Most recent data by gender, age group, origin:
Percentage of F/M/T, age groups and origin	A. Most recent data per category:
	30dice. Onvi (dividac) http://forngmaac.org/total-asylum-applications-in-europe-by-sex-and-age-2013/
	Total asylum applications in 2015: 10615 (in 2015 10615 people applied for asylum in Poland) Source: OIM (GMDAC) http://iomgmdac.org/total-asylum-applications-in-europe-by-sex-and-age-2015/
	B. Most recent data on total number:
	Source: http://www.unhcr.org/cgi-bin/texis/vtx/page?page=49e48df06&submit=GO
	Total Population of Concern: 1,741
	Various: 0
	Returned IDPs: 0
	Returned Refugees: 0 Internally Displaced Persons (IDPs): 0
	Asylum Seekers: 340
	Refugees: 1,401
	Originating from Poland:

2. HEALTH CARE RESPONSES				
Please correct or complete the information	where possible.			
Health care coordination at	A. Existence of a national coordination mechanism of the health response: YES/NO (Please complete)			
national/regional level		now the mechanism works and who particip	ates; if no, please describe why there is no	
	coordination)			
	Generally migration policy is a task of	ministry of interior and administration. n	ninister of interior and administration is	
		nistry of interior group includes, amon		
	Headquarters and Office fo Roreigners		g official, the National Boraci Galla	
		relocation and resettlement (leaded by	ministry of interior) started its work in	
	_	pups: 1) safety (leaded by Border Guard v	· · · · · · · · · · · · · · · · · · ·	
		y a person from ministry of labour and		
	•	including ministry of health; there are als	· · · · · ·	
	other humanitarian ones.	,	•	
	However, another intersectoral commi	ittee for safety issues in the relocation a	nd resettlement process is planned – it	
	would probably replace the one mentioned above. Also here the participation of MoH is planned.			
	Office for Foreigners (OFF) is coordinating operational plan of refugees relocation and resettlement. It is cooperating			
	with NGOs and international organizations, including IOM and UN High Commissioner for Refugees.			
<u> </u>				
First entry assistance services				
		ee and Migrant Health in Rome in Novembe		
	no information available' option in the blue l	boxes. Additional information or sources can	be mentioned underneath the box.	
Integration of the health care services				
for refugees, asylum seekers end migrants into the existing national		Х	The section of	
health systems	Yes	No	There is no information available	
Limit initial screening upon arrival to			information available	
relevant risk assessment				
	Yes	No	There is no	
			information available	
Non Communicable Diseases included in				
the provision of services				

	Yes	No	There is no
			information available
Active participation and empowerment			
of the refugees and migrants throughout			
all stages of health service provision,	Yes	No	There is no
including design and planning			information available
Training of health professionals involved			
in the provision of health care			
	Yes	No	There is no
			information available

3. WHERE-WHAT-WHO

Please correct or complete the information where possible.

Migrant group	WHERE are they receiving the health	WHAT type of health care provision are	WHO is the actor/agency providing the	
	care?	they receiving?	health care?	
(1) Recent arrivals				
(2) People in transit				
(3) Asylum seekers				
(4) Refugee status granted				
(5) Undocumented migrants				
(6) Unaccompanied minors				

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				
(2) People in transit				
(3) Asylum seekers				

(4) Refugee status granted		
(5) Undocumented migrants		