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



### 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 France. 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:

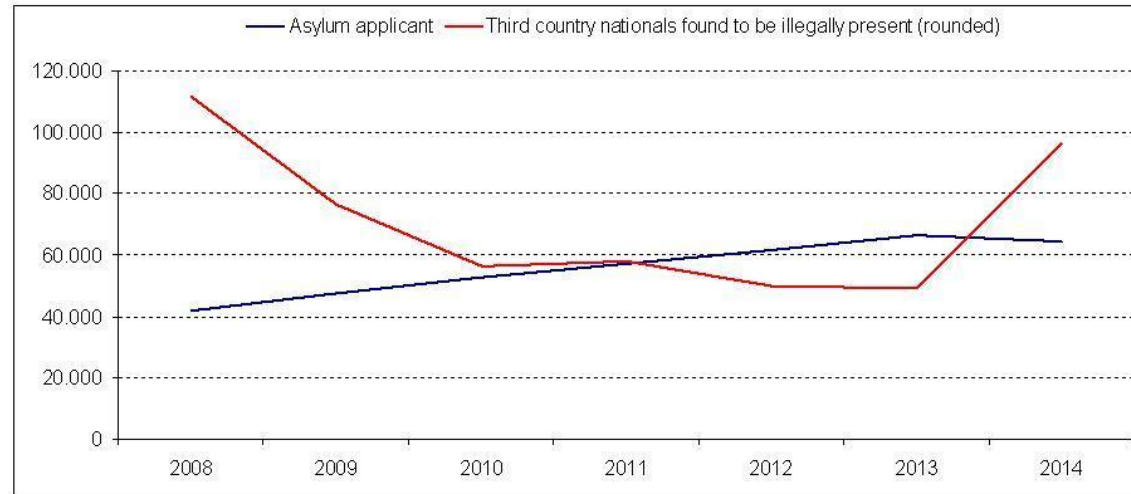
- Mdm, Médecins du Monde. 8 NGOs for migrants/refugees' health in 11 countries. Project 717307. Annex I (part B), 2016.
- UNHCR. 2015 UNHCR subregional operations profile - Northern, Western, Central and Southern Europe. France. <http://www.unhcr.org/cgi-bin/texis/vtx/page?page=49e48e571e&submit=GO>
- IFRC. [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)
- French Government official website. <http://www.gouvernement.fr/en/composition-of-the-government>

- Eurostat

*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)*



Eurostat, 2/02/2016.

*(please complete or correct)*

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

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

In September 2015, the UNHCR estimated that more than 440,000 migrants and refugees arrived in Europe. (MdM, Annex 1)

Calais: More than 6,000 people currently live in slums with no sanitation nor access to drinking water, food, or healthcare. (MdM, Annex 1)

Residing in France [1]	As at June 2015
Refugees [2]	264,972
Asylum Seekers [3]	53,827
Returned Refugees [4]	0
Internally Displaced Persons (IDPs) [5]	0
Returned IDPs [6]	0
Stateless Persons [7]	1,290
Various [8]	0
<b>Total Population of Concern</b>	<b>320,089</b>
<b>Originating from France [1]</b>	
Refugees [2]	93
Asylum Seekers [3]	62
Returned Refugees [4]	0
Internally Displaced Persons (IDPs) [5]	0
Returned IDPs [6]	0
Various [8]	0
<b>Total Population of Concern</b>	<b>155</b>

source: <http://www.unhcr.org/cgi-bin/texis/vtx/page?page=49e48e571e&submit=GO>

B. Most recent data on total number:

Percentage of F/M/T, age groups and origin

A. Most recent data per category:

In September 2015, the UNHCR estimated that more than 440,000 migrants and refugees arrived in Europe. Among them, 1 in 4 were children, many arriving with their families but a significant number unaccompanied.

According to the IOM, out of 170,000 migrants arriving by boat in Italy from Libya, more than 13,000 were unaccompanied minors. In 2014, 13.8% (3,711) of the patients seen in the MdM clinics throughout France were minors, and approximately 10% among them were **unaccompanied minors** (hereafter UM). The number of UM seen multiplied four-fold since 2011. (MdM, Annex 1)

In 2013, 50 minors requested care in the MdM Paris health clinic; this number increased to 150 in 2014 and 121 during the first 6 months of 2015. (... ) In 2016, the number of minors who will be referred to MdM will likely double. The target group is expected to be around 400 to 480 minors. (MdM, Annex 1)

Since 2013, the city of Caen has seen a strong increase in the number of asylum seekers and the number of UMs has increased too. The department received 170 UMs in 2014/2015 as compared to 75 in 2013/2014. (MdM, Annex 1)

ASYLUM APPLICANT	2014
<b>Total</b>	64.310

Source: Eurostat, 2/02/2016.

**B. Most recent data by gender, age group, origin:**

ASYLUM APPLICANT	2014
<b>Total</b>	64.310
<b>Males</b>	61,8%
<b>Females</b>	38,2%
<b>Less than 18 years</b>	21,7%
<b>18 - 64 years</b>	77,1%
<b>65 years or over</b>	1,2%
<b>Unaccompanied minors (Asylum applicant)</b>	270
<b>Males</b>	66,7%
<b>Females</b>	35,2%
<b>IRREGULAR MIGRANT</b>	96.375

	<b>Males</b>	89,8%
	<b>Females</b>	10,2%
	<b>Less than 18 years</b>	5,4%
	<b>18 years or over</b>	94,6%
	Source: Eurostat, 2/02/2016.	

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/NO <i>(Please complete)</i></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>Calais: Given the fact that the government took no specific measures with a specific timeline for implementation, MdM had to introduce (on 26/10/2015), together with the NGO Secours Catholique (Caritas) an emergency court procedure (référé). Following the hearing, the Lille tribunal ordered authorities to put 10 supplementary access points for drinking water, 50 toilets, a garbage collecting system; to organise a large clean-up of the site, to create access routes to the camp so that emergency units can reach the people and also, to identify all unaccompanied minors in order to get them under State minors protection. (MdM, Annex 1)</p> <p>Due to the system's deficiencies in the care of UM, the MdM teams have reported an increasing number of UMs requesting healthcare in the various MdM programmes. In 2013, 50 minors requested care in the MdM Paris health clinic; this number increased to 150 in 2014 and 121 during the first 6 months of 2015. (...) MdM has already met with the local health authorities (and the departmental <i>Direction de l'Action Sociale, de l'Enfance et de la Santé</i> or DASES) to raise awareness on the specific problems UM face and propose areas for improvement. (MdM, Annex 1)</p> <p>The director of children and family services from the <i>Direction de l'Aide Sociale à l'Enfance</i> (a Departmental Council) recognized that problems exist in the system. On the issue of access to care for UMs, the Director conceded that the system in place is unsatisfactory and appeared open to discussing areas for improvement. He recognized that the social actors who receive UMs are not necessarily cognizant of the various issues affecting UMs, including physical and psychological trauma. He also referred to the abusive practices of the Primary Health Insurance Fund with regards to entitlements for health coverage.</p> <p>In 2015, MdM France conducted a three month exploratory mission to determine (MdM, Annex 1)</p> <p>The British Red Cross worked with the <b>French Red Cross</b> to send an emergency relief convoy to deliver aid to refugees, migrants and asylum seekers in <b>Grand-Synthe camp</b>, northern France, and four smaller satellite camps in December. The emergency relief convoy included supplies for up to 3,000 people, including rain ponchos, blankets, scarves, gloves and hats, toiletries and information about asylum. The <b>British Red Cross</b> continues to provide its regular support to refugees and asylum seekers including newly arrived migrants. This includes the provision of food and non-food items,</p>

**emergency cash** and support in cultural integration, as well as support to people going through the family reunion process. The British Red Cross is also involved in helping to provide reception and support services in a number of areas taking part in the first phase of the Syrian Resettlement Programme.

source: Information bulletin IFRC Regional Office for Europe Migration response. IFRC.  
[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)

<http://www.gouvernement.fr/en/composition-of-the-government>

The Government intends to pursue its existing course of action and provide solutions that meet the challenge presented by refugees, which is a Europe-wide challenge.

This course of action primarily involves adapting national tools to this migration crisis:

- with the **reform of the asylum system**, initiated by the Act of July 2015, which reduces the time frames for examining asylum applications, improves the welcome asylum-seekers receive and better distributes them across the country, and reinforces their rights through the transposition of European standards;
- with a "**migrant plan**" for the creation of 11,000 places. This includes an important section on fighting illegal economic immigration and people smuggling networks.

This course of action also involves seeking a balanced European solution designed to:

- manage flows of migrants by **distinguishing**, in 'frontline' countries, **between those in need of protection**, who should be distributed across the Union by means of a relocation mechanism in order to lighten the burden on frontline States, **and economic migrants**, who should be returned with dignity to their home country. This is the intended purpose of identification and registration centres ('hot spots'), which must be set up in these countries by the end of the year;
- better **control the Union's external border** by supporting those countries faced with a mass influx of migrants. This is the role of Frontex, the duties of which may eventually be incorporated into a European border protection system;
- more effectively **fight illegal immigration networks**, notably by strengthening European police cooperation.

These issues, and the Commission's proposed distribution of 120,000 asylum-seekers from frontline countries (Italy, Greece and Hungary) in particular, were debated at the Extraordinary Council of Justice and Home Affairs Ministers on 14 September; **in two years, France will be urged to take 24,000 people** clearly in need of protection, **in addition to the 6,750 people** that it agreed to take last July in the framework of the initial decision to relocate refugees in Europe.



This relocation will be governed by the strict conditions outlined above. Bernard Cazeneuve felt that good progress had been made during this extraordinary Council of Justice and Home Affairs Ministers, and that progress now needs to be made with regard to relocating refugees. Responsibility for their reception cannot fall on just five EU countries, as solidarity is not divisible.

Furthermore, **as a voluntary gesture of solidarity towards Germany, France is arranging to immediately host, in France, 1,000 people** from Syria, Iraq and Eritrea, arriving from Bavaria and clearly in need of protection.

With this in mind, the Minister for the Interior has invited French mayors to attend a meeting on Saturday 12 September aimed at coordinating regional authorities' hosting initiatives with existing systems.

Finally, this course of action involves **developing a joint solution with the home and transit countries.**

France is responding to the humanitarian emergency by **providing vital resources for the United Nations agencies and non-government organisations** working in the camps in the countries neighbouring Syria. Humanitarian needs are increasing on the European continent, too.

The fight against criminal migrant trafficking networks operating from the southern banks of the Mediterranean must also continue. Initial solutions have been provided in the central Mediterranean region. Furthermore, the ability of partner countries to monitor and manage borders, particularly where the Sahel countries are concerned, must be improved.

Finally, the EU-Africa Summit in Valletta on 11 and 12 November must help establish a renewed partnership with the African countries. In order to move forward, the summit must take into account the concerns of the African partners with a view to better managing migration flows.

#### **AN ACTION PLAN FOR VICTIMS OF ETHNIC OR RELIGIOUS VIOLENCE IN THE MIDDLE EAST**

A conference on victims of ethnic or religious violence in the Middle East was held in Paris on 8 September. An action plan was drawn up in response to the humanitarian emergency in refugee camps in Turkey, Lebanon and Jordan in order to strengthen judicial cooperation and prevent terrorists from going unpunished. We will not let the ancient diversity of the Middle East disappear without taking action.

To this end, **France has agreed to pay the first €25m.** Other funding will then follow:

- €10m will go into an emergency fund for bomb disposal, housing, rehabilitation and judicial cooperation initiatives, notably to prevent terrorists from going unpunished;
- €15m mobilised by the French Development Agency (AFD) will contribute to funding refugee camps and supporting countries that take in refugees, including Lebanon, Jordan, Turkey and Iraq.

#### **INTER-MINISTERIAL MEETING ON THE HOSTING OF SYRIAN AND IRAQI REFUGEES**

	<p>The Prime Minister chaired a meeting attended by all ministers affected by the hosting of Syrian and Iraqi refugees on 9 September. The ministers outlined the nature and scope of the support that each of their ministries is lending to the preparation, organisation and smooth running of hosting operations. This concerns the immediate hosting of a thousand people currently located in Germany, as well as the scheduled settlement of new refugees over the course of the next two years.</p> <p>Furthermore, Bernard Cazeneuve hosted a national mobilisation meeting on 12 September involving all mayors of towns that are willing to help with hosting these refugees in partnership with the State. The inter-ministerial meeting outlined the financial support measures that the State will offer for municipalities willing to participate.</p> <p><b>Calais: responsibility, humanity and State involvement</b></p> <p>- <b>The Jules Ferry day reception centre opened in January 2015</b> to provide a real humanitarian welcome for migrants in Calais. The centre provides somewhere for migrants to eat, wash and access medical care if need be and is funded by the State at €13 million a year, €3.7 million of which come from European funds.</p> <p><a href="http://www.gouvernement.fr/en/refugees-we-must-act-in-accordance-with-the-principles-of-humanity-solidarity-responsibility-and?55pushSuggestion=Teaser">http://www.gouvernement.fr/en/refugees-we-must-act-in-accordance-with-the-principles-of-humanity-solidarity-responsibility-and?55pushSuggestion=Teaser</a></p> <p><b>Additional resources will be allocated to solidarity initiatives</b>, with a total of <b>€279m</b> earmarked for initial reception, emergency accommodation and lump-sum payments to municipalities between now and the end of 2016. This funding will also finance additional staffing for the French Office for the Protection of Refugees and Stateless People (OFPRA), the French Immigration and Integration Office (OFII) and the Ministry of Education.</p>
<p><b>First entry assistance services</b></p>	

**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.*

<b>Integration of the health care services for refugees, asylum seekers and migrants into the existing national health systems</b>	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> There is no information available
<b>Limit initial screening upon arrival to relevant risk assessment</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> There is no information available
<b>Non Communicable Diseases included in the provision of services</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> There is no information available
<b>Active participation and empowerment of the refugees and migrants throughout all stages of health service provision, including design and planning</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> There is no information available
<b>Training of health professionals involved in the provision of health care</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> There is no information available

### 3. WHERE-WHAT-WHO

*Please correct or complete the information where possible.*

<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>
(1) Recent arrivals			
(2) People in transit			
(3) Asylum seekers			
(4) Refugee status granted			
(5) Undocumented migrants			

<p><b>(6) Unaccompanied minors</b></p>	<p>Although UM who clearly seem minor get access to specialised reception centres right away, the majority of UM seeking assistance from administrative and legal entities in charge of children at risk are left without support and in administrative limbo. Firstly, young migrants between the ages of 16 and 18 are often only given shelter (e.g. a basic hotel room) without their other needs being taken care of (no social or legal assistance, no access to education, no specific protection), awaiting their age assessment. Secondly, the age-determination system currently in place is questionable in terms of accuracy and reliability. As a result, many minors/young migrants are left without shelter or any access to healthcare once their age assessment turns out negative. On the one hand, unaccompanied minors are legally entitled to healthcare through the health system as the children of nationals or authorised residents. On the other hand, undocumented individuals who have been resident for more than three months in France and whose resources are less than €720 per month are</p>		
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	<p>entitled to AME (Aide Médicale d'Etat), i.e. full healthcare coverage. These young people are neither considered adult undocumented migrants, neither unaccompanied minors. In practice, many young migrants had not received any kind of health assessment or access to physical or mental healthcare before going to MdM. Furthermore, prosecutions have been often reported against youth who have been declared adults. (MdM, Annex 1)</p> <p>'Older' UMs (between 15 to 18 years old) can sometimes stay in a shelter awaiting the processing of their asylum claim for up to eight months. <b>During this time they have no access to education, social or legal assistance, nor to any kind of health assessment or care.</b> There are no health professionals in the teams responsible for providing shelter, and these teams lack knowledge and information about health prevention, especially concerning infectious diseases. External health professionals are often</p>		
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	misinformed about children's entitlement to care (MdM, Annex 1)		
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#### 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				