



Programme co-funded by the
EUROPEAN UNION

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



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 Germany. 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:

- BAMF, Bundesamt für Migration und Flüchtlinge (2015). Prognoseschreiben, 20.08.2015. http://www.bamf.de/SharedDocs/Anlagen/DE/Downloads/Infothek/DasBAMF/2015-08-20-prognoseschreiben-asylantraege.pdf?__blob=publicationFile
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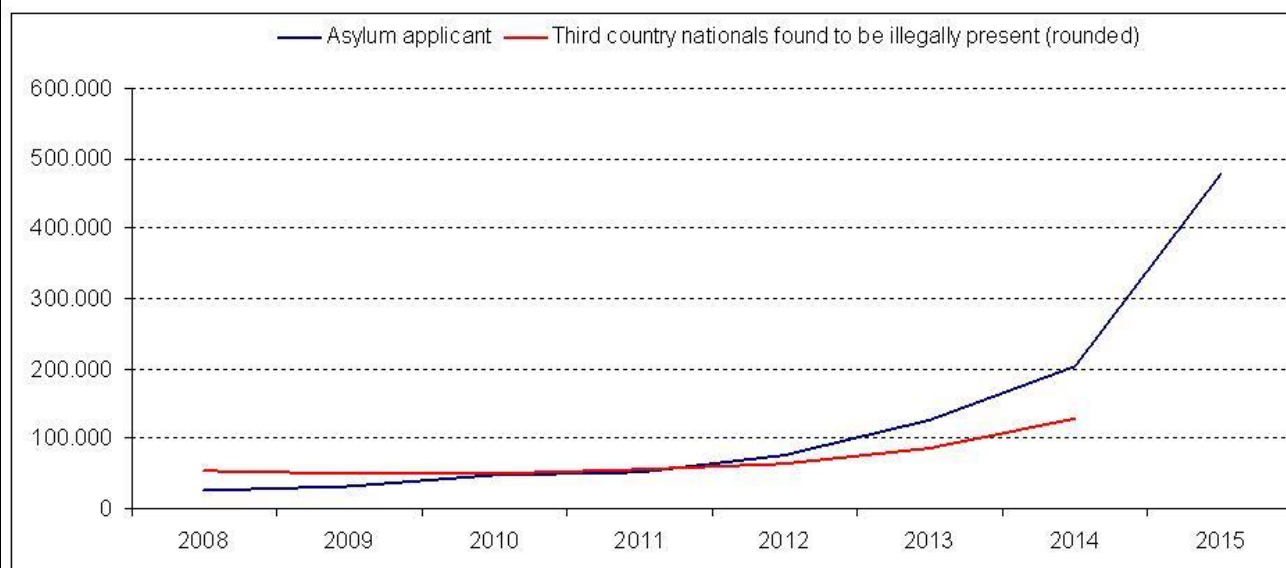
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- IOM, International Organization for Migration, Global Migration Data Analysis Centre (2016). Migration, asylum and refugees in Germany: Understanding the data. Data Briefing Series, Issue No. 1, January 2016. <https://www.iom.int/sites/default/files/country/docs/Germany/Germany-Data-Briefing-1Jan2016.pdf>
- 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 (2015). 2015 UNHCR subregional operation profile – Northern, Western, Central and Southern Europe - Germany. <http://www.unhcr.org/cgi-bin/telex/vtx/page?page=49e48e5f6&submit=GO>

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)

(please complete or correct)



	(Eurostat 2016)																																		
Current number as of Feb 1 (AS/ REF/ UDM/ unaccompanied minors)	<p>A. Most recent data per category:</p> <table border="1" data-bbox="707 371 1413 986"> <thead> <tr> <th>Residing in Germany [1]</th> <th>at June 2015</th> </tr> </thead> <tbody> <tr> <td>Refugees [2]</td> <td>250,299</td> </tr> <tr> <td>Asylum Seekers [3]</td> <td>311,551</td> </tr> <tr> <td>Returned Refugees [4]</td> <td>0</td> </tr> <tr> <td>Internally Displaced Persons (IDPs) [5]</td> <td>0</td> </tr> <tr> <td>Returned IDPs [6]</td> <td>0</td> </tr> <tr> <td>Stateless Persons [7]</td> <td>11,978</td> </tr> <tr> <td>Various [8]</td> <td>0</td> </tr> <tr> <td>Total Population of Concern</td> <td>573,828</td> </tr> <tr> <td>Originating from Germany [1]</td> <td></td> </tr> <tr> <td>Refugees [2]</td> <td>174</td> </tr> <tr> <td>Asylum Seekers [3]</td> <td>87</td> </tr> <tr> <td>Returned Refugees [4]</td> <td>0</td> </tr> <tr> <td>Internally Displaced Persons (IDPs) [5]</td> <td>0</td> </tr> <tr> <td>Returned IDPs [6]</td> <td>0</td> </tr> <tr> <td>Various [8]</td> <td>2</td> </tr> <tr> <td>Total Population of Concern</td> <td>263</td> </tr> </tbody> </table> <p>(UNHCR 2016)</p> <p>Since the start of the refugee crisis in September 2015, there has been a tremendous increase in migrants and refugees passing through or applying for asylum in Munich. In 2015, 800,000 refugees are expected to apply for asylum in Germany. So far, most of the migrants choose to take the Balkan route, crossing the Austrian-German border, aiming to apply for asylum in Germany, Scandinavia or The Netherlands. A total of 362,153 asylum seekers have already been registered in Germany in 2015. Bavaria, as one of the biggest federal states in Germany, already registered 54,412 asylum seekers (until end of October) (Mdm 2016)</p> <p>The gap between the figures of expected asylum seekers (800,000) and actual registered persons until end of October (362,153 applications) is a result of the fact that the formal application process is often delayed. Hence</p>	Residing in Germany [1]	at June 2015	Refugees [2]	250,299	Asylum Seekers [3]	311,551	Returned Refugees [4]	0	Internally Displaced Persons (IDPs) [5]	0	Returned IDPs [6]	0	Stateless Persons [7]	11,978	Various [8]	0	Total Population of Concern	573,828	Originating from Germany [1]		Refugees [2]	174	Asylum Seekers [3]	87	Returned Refugees [4]	0	Internally Displaced Persons (IDPs) [5]	0	Returned IDPs [6]	0	Various [8]	2	Total Population of Concern	263
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there is a difference between registered asylum seekers (in the official EASY System of the respective Ministry “Bundesamt für Migration und Flüchtlinge-BAMF”) and the formally registered asylum applications. The BAMF reports 758.000 persons registered in EASY for January to October 2015 (Mdm 2016)

Some 127,000 new arrivals of people seeking international protection were registered in December 2015, among them mostly people from Syria, Iraq, Afghanistan, Iran and Morocco. In November, there were over 206,000 registrations. (FRA 2015)

ASYLUM APPLICANT	2014	2015
Total	202.645	476.510
Males	65,4%	68,3%
Females	34,5%	31,5%
Less than 18 years	31,6%	31,1%
18 - 64 years	67,6%	68,3%
65 years or over	0,8%	0,6%
Unaccompanied minors (Asylum applicant)	4.400	
Males	86,0%	
Females	13,5%	
IRREGULAR MIGRANT	128.290	
Males	74,2%	
Females	25,8%	
Less than 18 years	14,0%	
18 years or over	86,0%	

(Eurostat 2016)

On 31 July 2015, BAMF had counted 218,221 asylum applications (first and subsequent applications) whilst 309,075 people had already registered in EASY.
(BAMF 2015; IOM 2016)

The EU scheme, within which 4,237 places have been made available by 17 EU Member States, has so far only resulted in the relocation of 272 persons. Of these, Germany has made 40 places available, with 11 people relocated from Italy and 10 from Greece.

(European Commission 2016; IOM 2016)

	<p>In context:</p> <ul style="list-style-type: none"> - 4,237 places have been made available in total by 17 EU Member States. - 190 people have been located from Italy, of a target 39,600. - 82 people have been relocated from Greece, of a target 66,400. - 97,982 places remain to be allocated, of an initial 98,256 places. - 7,744 of the 40,000 decision and 54,000 of the 120,000 decision remain to be allocated. <p>By the end of November, Germany handmade 41,217? Dublin requests', with peaks in January (4,405, of which 3,117 were based on EURODAC matches) and July (4,839, of which 3,803 were based on EURODAC matches).¹³ In comparison, throughout 2014, 35,100 requests had been made to other Member States, and around 4,800 people were transferred. (Die Bundesregierung 2015; IOM 2016)</p> <p>B. Most recent data on total number:</p>																					
<p>Percentage of F/M/T, age groups and origin</p>	<p>A. Most recent data per category:</p> <p>B. Most recent data by gender, age group, origin:</p> <table border="1" data-bbox="707 906 1552 1174"> <thead> <tr> <th>Main third countries of origin</th> <th>December 2015</th> <th>November 2015</th> </tr> </thead> <tbody> <tr> <td>1. Syria</td> <td>44,522</td> <td>97,463</td> </tr> <tr> <td>2. Iraq</td> <td>28,319</td> <td>24,678</td> </tr> <tr> <td>3. Afghanistan</td> <td>26,506</td> <td>44,846</td> </tr> <tr> <td>4. Iran</td> <td>7,464</td> <td>10,080</td> </tr> <tr> <td>5. Morocco</td> <td>7,464</td> <td>2,690</td> </tr> <tr> <td>Total number of registrations:</td> <td>127,320</td> <td>206,101</td> </tr> </tbody> </table> <p>The registration figures can only give an indication of the overall number of new arrivals since they do not include the unknown number of non-registered persons who are either on their way to other (German federal) states or still waiting for their registration procedure. Secondly, an unknown number of double and incorrect registrations may be included and, thirdly, persons registered who immediately left Germany to reach another state (e.g. Sweden) may also be included in the system.</p>	Main third countries of origin	December 2015	November 2015	1. Syria	44,522	97,463	2. Iraq	28,319	24,678	3. Afghanistan	26,506	44,846	4. Iran	7,464	10,080	5. Morocco	7,464	2,690	Total number of registrations:	127,320	206,101
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	<p>Some 46,730 asylum applications were submitted in the month of December 2015.¹²⁸ In November, 55,950 asylum applications were submitted. Approximately a third of all asylum applications in 2015 were submitted by children¹²⁹ and another third by women.¹³⁰ Some 14,439 unaccompanied children applied for asylum in 2015, amounting to about 3 %. The Federal Office for Migration and Refugees (BAMF) does not have data concerning the share of families or other vulnerable groups. (FRA 2015)</p> <p>Main countries of origin registered in EASY, Jan-Dec 2015</p> <p>Syria 428.468 Afghanistan 154.064 Iraq 121.662 Albania 69.426 Kosovo (UN 244/99) 33.049 (BAMF 2016)</p>
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2. HEALTH CARE RESPONSES

Please correct or complete the information where possible.

Health care coordination at national/regional level

- A. **Existence of a national coordination mechanism of the health response:** YES/NO *(Please complete)*
B. **Explanation:** *(if yes, please describe how the mechanism works and who participates; if no, please describe why there is no coordination)*

After registration, asylum seekers have access to accommodation and are also entitled to healthcare services through the Asylum Seekers Benefits Act. They have to apply for a health insurance certificate ("Krankenschein") at the social assistance office. However, it should be noted that, as for all other asylum seekers, there are many restrictions to access healthcare in Germany during the first 15 months of presence²⁴. Furthermore, social services such as Caritas, the Housing and Migration Office and the Department of Health and Environment of the city in Munich report that this process is increasingly time-consuming since the amount of applications has increased. It is usually up to these social services to organize interpreters and make doctors' appointments (Legal report on access to healthcare in 12 countries, June 2015. Macherey A-L., Vanbiervliet F., Simonnot N.; MdM, Annex 1)

The German Red Cross has been highly active in the operation of emergency accommodation centres and provision of aid services to migrants at national level, running more than 470 emergency accommodation centres. More than 20,000 Red Cross volunteers and staff are working on the operation, providing a variety of services to vulnerable migrants: medical assistance, psychosocial support, family tracing services and assistance in the asylum procedure, among other.

As auxiliary to the German federal authorities, the NS is tasked with setting up and operating two camps in Bavaria. The camps have received in-kind and operational support by NS of Denmark, Finland, Canada, USA, the Netherlands, Norway, Sweden and Switzerland as well as the ICRC, making this the first German Red Cross relief operation with coordinated international support within Germany in recent history. The NS is also carrying out social inclusion programs across the country, piloting a volunteer program for refugees and migrants and providing a variety of information products in relevant language outputs.

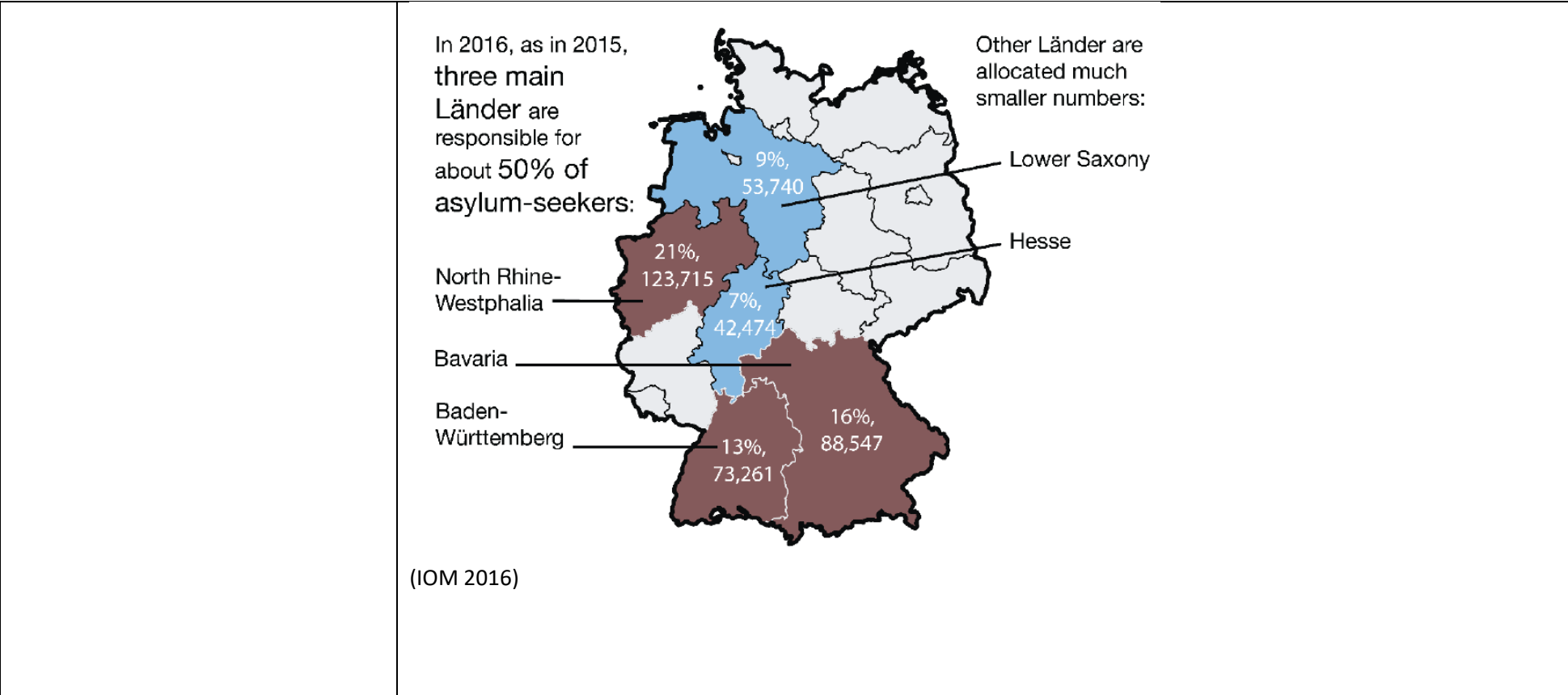
(IRFC 2016)

Improvement of health care for refugees, established in a bill for accelerating the asylum process (Entwurfs des Asylverfahrensbeschleunigungsgesetzes), agreement of the federal states and federal government, September 24, 2015:

- Electronic health care card: facilitation of the implementation process in the federal states
- Vaccination: Acceleration of the vaccination process, information: Robert-Koch-Institut.
- Psychotherapeutic treatment for post-traumatic stress
- Basic medical care in the reception centres: with the support of refugees with medical training

(Bundesministerium für Gesundheit 2015)

<p>First entry assistance services</p>	<p>The reception capacity varies from federal state to federal state. In north German states such as Schleswig-Holstein, Mecklenburg-Western Pomerania and Lower Saxony the situation improved during the reporting period. Emergency shelters are currently not needed as the decentralised accommodation of persons in need of international protection has been well organised. On the other hand, in Berlin, many new mass reception centres and emergency shelters (e.g. gyms) were established. In the airport hall of the former airport Berlin-Tempelhof thousands of asylum seekers had to wait for weeks until showers were installed.</p> <p>Also the living conditions vary strongly from accommodation centre to accommodation centre. The bigger the accommodation centres are, the worse the sanitary conditions as well as the kitchen conditions. In many large accommodation centres people refused to cook due to this reason.</p> <p>In general, enough water and food can be provided to the inhabitants. Some problems occurred when asylum seekers refused to drink clean water from the pipe as they were not used to this, insisting on bottled water.</p> <p>In some gyms and air halls, which were used as emergency shelters, heating systems temporarily failed. These problems, however, could quickly be solved.¹⁴⁴</p> <p>(...) In many reception centres, it still takes too long until first medical examination takes place. A high risk of infection exists in many accommodation centres.</p> <p>(FRA 2015)</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.

Integration of the health care services for refugees, asylum seekers and migrants into the existing national health systems	<input type="checkbox"/> Yes	<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	<input type="checkbox"/> No	<input type="checkbox"/> There is no information available
Non Communicable Diseases included in the provision of services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	Yes	No	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="text"/> Yes	<input type="text"/> No	<input type="text"/> There is no information available
Training of health professionals involved in the provision of health care	<input type="text"/> Yes	<input type="text"/> No	<input type="text"/> 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		Access to health care restricted (Mdm legal report on access to healthcare in 12 countries, in Mdm 2016) Emergency accommodation centres and provision of aid services to migrants.	German Red Cross The camps have received in-kind and operational support by NS of Denmark, Finland, Canada, USA, the Netherlands, Norway, Sweden and Switzerland as well as the ICRC
(2) People in transit	About 200 refugees mainly from Syria, Eritrea and Afghanistan are daily passing through the central bus station of Munich. They intend to continue their route and do not register in Munich. So they are not recognised as asylum seekers but as undocumented migrants. This means that they do not have access to the regular health services as registered migrants do.		

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?
	<p>Ärzte der Welt has a needs assessment in Munich during a pilot phase and identified the following health needs: respiratory problems (flue, cough, and headaches), gastro-intestinal diseases, dermatological problems and wounds, sleeping disorders, exhaustion, needs for psychological support, and no access to medication for chronic diseases. Most people with chronic conditions do not have health booklets. (MdM 2016)</p> <p>emergency accommodation centres and provision of aid services to migrants at national level, running more than 470 emergency accommodation centres. medical assistance, psychosocial support, family tracing services and assistance in the asylum procedure, among other (IFRC 2016)</p> <p>As auxiliary to the German federal authorities, the NS is tasked with setting up and operating two camps in Bavaria.</p>		
(3) Asylum seekers	Access to health care restricted (MdM legal report on access to		

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?
	<p>healthcare in 12 countries,in MdM 2016)</p> <p>medical assistance, psychosocial support, family tracing services and assistance in the asylum procedure, among other</p>		
(4) Refugee status granted	<p>Access to health care restricted (MdM legal report on access to healthcare in 12 countries,in MdM Annex 1)</p> <p>After registration, asylum seekers have access to accommodation and are also entitled to healthcare services through the Asylum Seekers Benefits Act. They have to apply for a health insurance certificate (“Krankenschein”) at the social assistance office. However, it should be noted that, as for all other asylum seekers, there are many restrictions to access healthcare in Germany during the first 15 months of presence (Legal report on access to healthcare in 12 countries, June 2015. Macherey A-L., Vanbiervliet F., Simonnot N.; MdM 2016)</p>		
(5) Undocumented migrants	<p>Cost of restricting access to screening and treatment(FRA “Cost of exclusion from healthcare – The</p>		

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?
	case of migrants in an irregular situation” (Mdm 2016)		
(6) Unaccompanied minors			

4. FUNDING OF THE HEALTH CARE RESPONSES				
<p>Please provide us with any relevant information of funding made available by your country or other partners for health care responses:</p> <ul style="list-style-type: none"> ▪ <i>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)</i> ▪ <i>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.</i> ▪ <i>FUNDING AMOUNT: Give the amount spent on health care responses, in Euros, per year/month; if available also provide the pledged amount.</i> ▪ <i>COMMENTS.</i> 				
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				