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





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 Croatia. 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:

- UNHCR. 2015 UNHCR subregional operations profile South-Eastern Europe http://www.unhcr.org/cgibin/texis/vtx/page?page=49e48d7d6&submit=GO
- UNHCR. Regional Refugee and Migrant Response Plan. Eastern Mediterranean and Western Balkans Route. 2016.

- MdM, Médecins du Monde. 8 NGOs for migrants/refugees' health in 11 countries. Project 717307. Annex I (part B), 2016.
- FRA, European Union Agency for Fundamental Rights. Monthly data collection on the current migration situation in the EU. December 2015 monthly report.

 23 November 31 December 2015. http://fra.europa.eu/sites/default/files/fra_uploads/fra-2016-monthly-compilation-com-update-1_en.pdf
 - Ministry of Health (Croatia) Crisis HQ official statistical data registry
 - Ministry of Interior (Croatia) National coordination center statistics

When influx started	Up till beginning of 2015: -			
(by year up till 2015, month since 2015)	Since beginning of 2015: most recent influx in September 2015 (as of Sep 16 2015)			
	(please complete or correct)			
Current number as of Feb 1 (AS/ REF/ UDM/ unaccompanied minors)	A. Most recent data per category:			
	Residing in Croatia June 2015			
	Refugees	710		
	Asylum Seekers	90		
	Returned Refugees	24		
	Internally Displaced Persons (IDPs)	0		
	Returned IDPs	0		
	Stateless Persons	2,886		
	Various	13,774		
	Total Population of Concern	17,484		
	Originating from Croatia			
	Refugees	6 33,669		
		UNHCR has recommended on 4 April 2014 to start		
		the process of cessation of refugee status for		
		refugees from Croatia displaced during the 1991-95		
		conflict. The Office suggests that cessation enters		
		into effect latest by the end of 2017.		

Asylum Seekers	460
Returned Refugees	24
Internally Displaced Persons (IDPs)	0
Returned IDPs	0
Various	13,774
Total Population of Concern	47,927

Source: <a href="http://www.unhcr.org/cgi-bin/texis/vtx/page?page=49e48d7d6&submit=GOhttp://www.unhcr.org/cgi-bin/texis/vtx/page?page=49e48d7d6&submit=GOhttp://www.unhcr.org/cgi-bin/texis/vtx/page?page=49e48d7d6&submit=GOhttp://www.unhcr.org/cgi-bin/texis/vtx/page?page=49e48d7d6&submit=GOhttp://www.unhcr.org/cgi-bin/texis/vtx/page?page=49e48d7d6&submit=GOhttp://www.unhcr.org/cgi-bin/texis/vtx/page?page=49e48d7d6&submit=GOhttp://www.unhcr.org/cgi-bin/texis/vtx/page?page=49e48d7d6&submit=GOhttp://www.unhcr.org/cgi-bin/texis/vtx/page?page=49e48d7d6&submit=GOhttp://www.unhcr.org/cgi-bin/texis/vtx/page?page=49e48d7d6&submit=GOhttp://www.unhcr.org/cgi-bin/texis/vtx/page?page=49e48d7d6&submit=GOhttp://www.unhcr.org/cgi-bin/texis/vtx/page?page=49e48d7d6&submit=GOhttp://www.unhcr.org/cgi-bin/texis/vtx/page?page=49e48d7d6&submit=GOhttp://www.unhcr.org/cgi-bin/texis/vtx/page?page=49e48d7d6&submit=GOhttp://www.unhcr.org/cgi-bin/texis/vtx/page?page=49e48d7d6&submit=GOhttp://www.unhcr.org/cgi-bin/texis/vtx/page?page=49e48d7d6&submit=GOhttp://www.unhcr.org/cgi-bin/texis/vtx/page?page=49e48d7d6&submit=GOhttp://www.unhcr.org/cgi-bin/texis/vtx/page?page=49e48d7d6&submit=GOhttp://www.unhcr.org/cgi-bin/texis/vtx/page?page=49e48d7d6&submit=GOhttp://www.unhcr.org/cgi-bin/texis/vtx/page?page=49e48d7d6&submit=GOhttp://www.unhcr.org/cgi-bin/texis/vtx/page?page=49e48d7d6&submit=GOhttp://www.unhcr.org/cgi-bin/texis/vtx/page?page=49e48d7d6&submit=GOhttp://www.unhcr.org/cgi-bin/texis/vtx/page?page=49e48d7d6&submit=GOhttp://www.unhcr.org/cgi-bin/texis/vtx/page?page=49e48d7d6&submit=GOhttp://www.unhcr.org/cgi-bin/texis/vtx/page?page=49e48d7d6&submit=GOhttp://www.unhcr.org/cgi-bin/texis/vtx/page?page=49e48d7d6&submit=GOhttp://www.unhcr.org/cgi-bin/texis/vtx/page?page=49e48d7d6&submit=GOhttp://www.unhcr.org/cgi-bin/texis/vtx/page?page=49e48d7d6&submit=GOhttp://www.unhcr.org/cgi-bin/texis/vtx/page?page=49e48d7d6&submit=GOhttp://www.unhcr.org/cgi-bin/texis/vtx/page?page=49e48d7d6&submit=GOhttp://www.unhcr.org/cgi-bin/texis/vtx/page?page=49e48d7d

http://www.unhcr.org/cgi-bin/texis/vtx/page?page=49e48d7d6&submit=GO

B. **Most recent data on total number**: The total number of migrants and asylum seekers that have been registered **since the start of the crisis on 16 September** now totals 650.833, while since the start of 2016 a further 95.072 migrants and asylum seekers have entered the country. (Source: IOM. Flow Monitoring Compilation | 28 January 2016). (Source: Ministry of interior, Republic of Croatia, 15 February 2016.)

*the numbers are subject to daily change and increase

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

A. Most recent data per category:

ASYLUM APPLICANT	2014
Total	450
Males	93,3%
Females	6,7%
Less than 18 years	3,3%
18 - 64 years	96,7%
65 years or over	0,0%
Unaccompanied minors (Asylum applicant)	10
Males	100,0%
Females	0,0%
IRREGULAR MIGRANT	2.500
Males	90,4%
Females	9,6%
Less than 18 years	9,4%
18 years or over	90,6%

Source: Eurostat, 2/02/2016.

В.	Most recent data by gender, age group, origin: Between 16 September and 31 December 2015, more than
	555,000 people had entered Croatia. To date, more than 651,000 people entered the country. A great majority
	of new arrivals came from Syria, some from Afghanistan and Iran. Between 26 and 31 December 2015, it was
	noted that the share of elderly men, women and children increased compared to November 2015, when a
	great majority of arrivals were men between the ages of 18 and 30. (FRA Monthly Review Dec 2015). We have
	also noticed that since the start of the influx, when the majority of refugees/migrants were men in good
	health, from November 2015 there has been an increase of people with chronic disease and poor health
	conditions that were in need of more demanding health care rather than just bruises and muscle pain from
	traveling and walking.

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 (Please complete)
- B. **Explanation**: (if yes, please describe how the mechanism works and who participates; if no, please describe why there is no coordination)

National coordination, not specifically for health:

"The Government of Croatia is responsible for the protection of refugees. The Government is committed to providing safe transit of refugees and migrants, as well as to providing access to the refugee status determination (RSD) procedure to those that express the intention to apply for asylum in Croatia. The Croatian Red Cross Society (CRC) is mandated by the Government of Croatia to coordinate the humanitarian response and assistance by NGOs provided to the refugees and migrants. After the arrival of more than 11,000 people on 17 September alone, the Government established headquarters for the coordination of activities concerning the arrival of refugees and migrants, which task is to ensure a coordinated action by all competent authorities and institutions. It is chaired by the Deputy Prime Minister and the Minister of the Interior, and is empowered to take any related executive decision without further approval or confirmation of the Government. On 20 September, the Government opened a temporary reception centre for migrants in Opatovac where refugees and migrants were registered and accommodated during their transit through Croatia. The center in Opatovac was shut down od November 3rd due to the logistical conditions for the winter reception of people and the ground terrain of the camp equipped with tents and other equipment that was not best suited for bad weather conditions and the transport logistics for the reception and further transport. A better solution was found in the once big industrial and transport center in Slavonski Brod which had concrete and brick built warehouses for all the supplies, enough ground terrain for the establishment of different sectors of the camp (NGO, special facilities for nursing women, field hospital, etc.) With the opening of the WRTC in Slavonski Brod on 3 November, which can accommodate 5,000 people, the Government established an organized system to provide care for refugees and migrants in transit. To minimize exposure to the cold, transport of refugees and migrants is organized free-of-charge by trains and/or buses from Sid in Serbia to the Slavonski Brod transit centre. In the WRTC, refugees and migrants are being registered and subsequently have access to services, such as restoring family links, health protection and emergency treatment; protection of and care for the UASC before they are led to different sectors to wait for boarding the train which will bring them directly to Slovenia. At the WRTC, safety and security, warehousing capacities, as well as regular centre maintenance are provided." (Source: Regional Refugee and Migrant Response Plan, UNHCR, 2016). At the health authorities level, a permanent Crisis headquarters within the Ministry of health is appointed by the minister and it consists of all the high level stakeholders involved within their respective field of work. The HQ convenes regularly and discusses and makes decisions that are implemented in the "field". Daily reports and statistical data are available to the HQ by the statistical ad-hoc department that was established before day 1 with the sole task to be the hub for information between the health authorities at the Ministry and the operational level in the field. Daily reports for the HQ are being compiled from the obligatory reports that are received from the health care facilities in charge at any given time. A high level state official from the Ministry and also a member of the Health Crisis HQ is also a member of the Governmental lead HQ that can disperse and deliver the national decisions that are being made from the Governmental level to the Ministry and vice-versa. The Minister of health presides to the Crisis HQ and is in charge of mobilization of medical personell from various part of the country and different medical facilities to rotate the medical teams in the TWC Slavonski Brod, and Opatovac before the closure with. Legal foundations for this mobilization can be found in the Croatian Health protection law that states in one of it's articles that in cases of extraordinary circumstances, disasters and epidemics the Minister is authorized to take all necessary action and activities that include mobilization, organization and distribution of work of medical personell and facilities while the circumstances last.

The Croatian Public Health Institute is responsible and in charge of all public health related issues that include the sanitation and epidemiology work. Daily inspections of all sanitation related medical services, including water and food preparing inspections or the communicable disease inspections are on-line and also daily obligatory reports are coming in from the duty officer of the Public Health Institute on the field. No grouping of communicable diseases has been noticed. We have had sporadic cases of varricela and scabies but all have been treated immediately and the infection spread cut.

A "situation room" has been established in the Ministry of Health that is operational 24/7 and acts as a hub for all medical care facilities involved and is also the main statistical focal point for Croatian health system. Several lines of communication have been put to work including telephones, e-mail and TETRA have been employed for the situation. Special e-mail addresses have been created for communication with the public, interested individuals and companies that offer assistance or donations in equipment or medicaments or simply wish to participate as medical volunteers.

"The Croatian Red Cross is working with the support of a DREF (Disaster Relief Emergency Fund) operation plus substantial support from corporates, public funding and other institutions. The Croatian RC will scale up its response and an Emergency Appeal based on the reassessment of the main emergency needs will be published next week. This Emergency Appeal seeks 2.6 million CHF to respond to the needs of some 175,000 people over the period of six months. The operation will focus on the distribution of food and non-food items (NFIs); protection activities including, screening, referral and psychosocial support, restoring family links (RFL); distribution of hygiene items and National Society capacity building. The operation activities are concentrated at the Slavonski Brod Transit Winter Camp which is the entry point in Croatia where the migrants are received, registered and sheltered" (source: Migration Information bulletin IFRC Regional Office for Europe response. IFRC. http://www.ifrc.org/docs/Appeals/16/IB6 Migration%20response Europe 010216.pdf).

First entry assistance services

The MdM BE assessment team that visited the region in early October 2015 observed operational services catering for 4,500 people crossing the border daily (Sid/Bapska). However, on 21th October 2015, the temporary closure of the border between Serbia and Croatia led to more than 6,000 people a day arriving and having to wait in open fields for about 24 hours. Health service provision was insufficient and crowd control became difficult (MdM, Annex 1). After the protocol that was signed between the Ministries of Interior from Serbia, Croatia and Slovenia, a direct train link was established between Sid (Serbia) to TWC Slavonski Brod and from there to Slovenia.

During the reporting period, refugees were transported by trains from the Serbian side of the border (Šid) directly to Slavonski Brod. Between 23 November and 6 December, the camp train station was out of order due to construction works, so refugees were brought to the nearest train station in Garčin and then transported to the camp by buses. Direct railway access to the camp was re-established on 6 December. The transport from the Slavonski Brod camp to the Slovenian border (Dobova) was carried out directly by trains. [Detailed description available, p. 22] (FRA Monthly Review Dec 2015).

The TWC Slavonski Brod has it's own rail entry point and inside the camp there is a train "station" to which the train arrives and disembarks the migrants/refugees for their further registration and assistance. A maximum of 10 train wagons + locomotive is able to enter the camp and dock at the "station" due to space limitations of the facility. At first, a total of approximately 1000-1200 people were aboard every train that was arriving at the camp, but due to the Austrian and Slovenian limitations that were announced sometime during December, each train was allowed to carry approximately no more that 900 people at the time for entry into Slovenia.

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 end	Yes		
migrants into the existing national health systems	Yes within national legislation regarding asylum seekers and people under special	No	There is no information available
Limit initial screening upon arrival to	subsidiary protection status		
relevant risk assessment	Yes		There is no information and light
	Yes a non-discriminatory and non- stigmatizing risk assessment screening and treatment is carried out	No	There is no information available
Non Communicable Diseases included in			
the provision of services	Yes (but with limitations)		
	In the organization and the coordination of the "health care response" to the crisis, Croatia is offering hospital treatment to non-communicable and	No	There is no information available

	chronic diseases to the migrants/refugees and is providing it for example to dialysis patients or children almost daily, but we strongly notice the fact of refusal of health actions because of the need to continue the journey without "being held" in Croatia		
Active participation and empowerment of the refugees and migrants throughout			Not applicable because of the short
all stages of health service provision, including design and planning	Yes	No	period of time that the migrants/refugees are staying in
			Croatia, but taking account of all the specific needs during their stay
Training of health professionals involved			
in the provision of health care			Not applicable because of the short
	Yes	No	period of time that the
			migrants/refugees are staying in Croatia, but taking account of all the
			specific needs during their stay

3. WHERE-WHAT-WHO

Please correct or complete the information where possible.

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	Slavonski Brod Transit Winter Camp	"The transit center has nine heated	The Croatian Red Cross
		containers for babies and children who	
		require special attention." (Regional	Medical services are organised and provided
		Refugee and Migrant Response Plan,	by the national health system supported by
		UNHCR, 2016)	CRC and Magna and other NGO's available
			for medical care. The whole of the Croatian
		"Persons in need of medical assistance	health system has been employed to meet
		were screened for in the registration area	the challenges of the influx in close
		and taken to medical containers by the	collaboration with other state ministries and
		Croatian Red Cross. From 22 November	agencies such as Ministry of Health, Interior,
		2015 to 31 December 2015, there were 88	National Rescue and Protection Directorate,
		emergency medical interventions, 2017	Military etc. It is a joint effort of the
		general practice interventions, 92 hospitalisations and 372 camp infirmary	mentioned to meet the needs of the
		interventions. (The numbers shown have	operation and medical facilities and personell throught the country have been
		been made available by the MoH Croatia to	participating in the response.
		the Croatia n NGO "Center for peace	participating in the response.
		studies" upon their request in Jan 2016.)	UNICEF, Save the Children and Magna are
		studies upon their request in sun 2010)	providing care for children and babies. The
		In total, since day 1, Sep 16 th 2015 6:00 AM,	health care system is in special state of alert
		to date (FEB 15 th 11:00 AM) there has been	regarding the needs of children and babies,
		4429 emergency medical interventions,	with all necessary supportive roles of
		17877 general practice interventions, 676	children clinics and hospitals and their
		hospitalizations and 1167 camp infirmary	specific needs.
		interventions. The numbers are compiled	
		based on obligatory daily reports that are	"Currently, twenty-one organizations and
		sent to the Ministry of health and are	NGOs are working in the WTRC. (UN
		processed by the statistical team and are	, ,

official. All acitivities that produced these numbers were made by the Croatian medical system and not by NGO's so it put a lot of strain to the system and we underline the active 24/7 participation and the lead role of the Croatian official medical services in the provision of medical assistance to the affected migrant/refugee population. In total, 24.149 medical services have been made during the crisis to date, which leads to the conclusion that around 3.7 % of the total number of people in transit through Croatia were seeking and were provided with some kind of medical assistance by the health care system in Croatia.

agencies, IOs and civil society organizations are allocated winterized containers as office space that enables their permanent presence in the centre and thus, allowing appropriate and timely responses to the protection and humanitarian needs of the people of concern." (Regional Refugee and Migrant Response Plan, UNHCR, 2016)

Explanations of the numbers are available per request during the workshop in Ghent and are official statistical data of the Croatian MoH for the influx crisis.

NGOs have not had access to the facilities, but the hasty transition raises doubts about the quality of such screening and medical attendance.

In close collaboration with NGO's and all other respective governmental bodies involved in the crisis response, including the National Rescue and Rrotection Directorate and the Ministry of Interior, all medical attendance and acitivites were provided by professional and licenced medical doctors, nurses, technitians, EMT personell at the highest level available as would be made to Croatian citizens.

The NGO MAGNA continued to provide

	specialised medical healthcare for babies	
	and children. On occasions when people	
	were placed in the sectors waiting for the	
	train, people in need of medical attention	
	would only be able to reach a doctor	
	through NGO volunteers who would escort	
	them to the clinic." (FRA Monthly Review	
	Dec 2015). The TWC Slavonski Brod is	
	organized in several sectors in which in	
	every sector there is a medical container or	
	tent as a forward medical outpost of the	
	camp's infirmary clinic. All together, 4	
	medical centers (3 outposts and 1 infirmary	
	clinic) is available at the TWC at all times	
	24/7 with medical personell. Due to the	
	overwhelming situations of the influx and	
	the strategically distributed outposts and	
	the infirmary, the national health response	
	has been adequate and in close	
	collaboration with all respective NGO's that	
	provide logistics with escort of assistance	
	seeking migrants/refugees to the medical	
	facilities throught the TWC.	
	IOM interpreters are available upon	
	request to support the migrants and	
	refugees. The interpreters also assist during	
	medical interventions at the centre's	
	infirmary and/or local hospitals. Due to the	
	high demand for this service, IOM will	
	hire additional translators who will also	
	help to increase the translation capacities	
	of the Ministry of the Interior during	
	the registration process.	
	the registration process.	
(2) People in transit	See above	

(3) Asylum seekers	All asylum seekers (very low numbers — around 25) are being accommodated in pre-established all commodities asylum seeker centers in Croatia and are given all appropriate health care benefits just as Croatian citizens. The fact has been pre-regulated in the Croatian Law of asylum that has been equalised with respective laws of other EU member states during the period of Croatia's negotiation into entry to the EU.
(4) Refugee status granted	See above
(5) Undocumented migrants	See "recent arrivals" but since Jan 2016 undocumented migrants are not present due to the new regulations and policies throught the route (FYROM, SRB, CRO, SLO, AUT)
(6) Unaccompanied minors	All medical services are available

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)
 - Medical funding is primarily based on the Croatian budget and the budget reserves from which the cost of providing medical assistance (medications, expendables, work force pay, overtime pay, transit of personell cost...etc). A part of the overall cost has been covered by the EU mechanisms for which Croatia has applied through the Ministry of Interior. NGO's and the UN agencies funding is also present for their respective activities within their scope of work and usual line of resources.
- 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.
 - Average monthly cost of medical services that include all of the above mentioned parts are around 237.000 Euro (236.842 to be more exact), which totals to around 1.185,000 Euro for the period of 5 months since Day 1. Since there has been around 24.149 medical services provided to date, we can say that each has cost 49 euro in average, but the number is very hard to get hold of because some of the medical services involved full-scale hospital treatment and some have covered only sore feet

and bruises so the cost is not the same for the mentioned, but in average, it is around 49 euros per medical assistance. The National Crisis HQ and the Health Crisis HQ have agreed upon the mechanism of funding that would flow through the medical facilities responsible on the field to note and provide full-scale receipts for their services and to send them to the authorized personell of the Ministry of Health for revision and authorization before further reimbursement. After the process of revising and authorizing the receipts, they are passed to the Ministry of Finance – Treasury department for payment and reimbursement of expences back to the respective medical facilities that provided medical assistance on the field.

- FUNDING AMOUNT: Give the amount spent on health care responses, in Euros, per year/month; if available also provide the pledged amount. 237.000 euro per month in average since Sep 16th 2015.
- 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				