

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



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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 The Netherlands. 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 - Northern, Western, Central and Southern Europe. The Netherlands

<http://www.unhcr.org/cgi-bin/texis/vtx/page?page=49e48eca6&submit=GO>

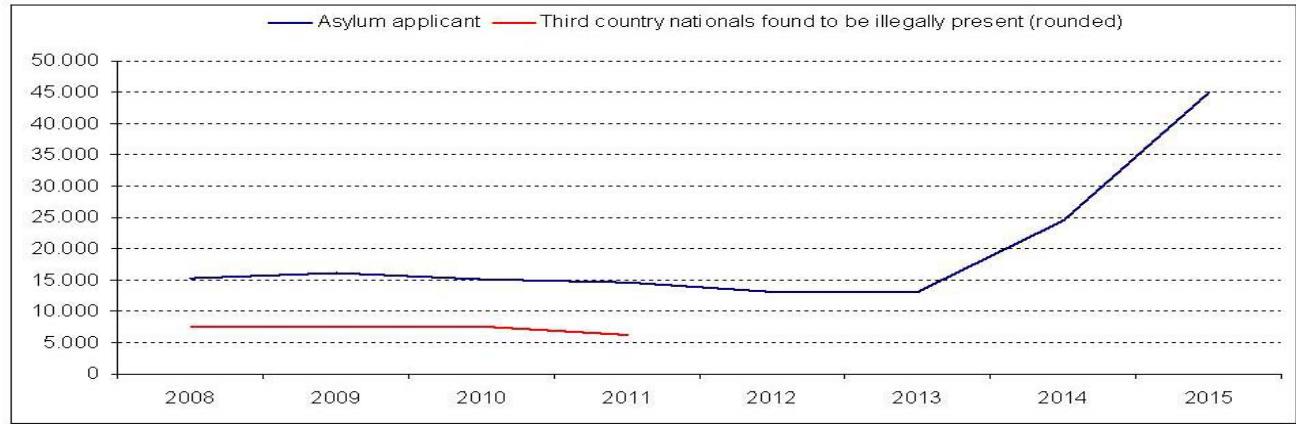
- Eurostat, 2/02/2016
- Information bulletin IFRC Regional Office for Europe Migration response. IFRC.
http://www.ifrc.org/docs/Appeals/16/IB6_Migration%20response_Europe_010216.pdf
- <https://www.coa.nl/en>

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:
Since beginning of 2015:



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

A. Most recent data per category: ?

| Residing in Country | June 2015 |
|-------------------------------------|------------------|
| Refugees | 82,494 |
| Asylum Seekers | 8,097 |
| Returned Refugees | 0 |
| Internally Displaced Persons (IDPs) | 0 |
| Returned IDPs | 0 |
| Stateless Persons | 1,951 |
| Various | |
| <i>Total Population of Concern</i> | 92,542 |
| Originating from Country | |
| Refugees | 64 |
| Asylum Seekers | 48 |
| Returned Refugees | 0 |
| Internally Displaced Persons (IDPs) | 0 |
| Returned IDPs | 0 |
| Various | 1 |
| <i>Total Population of Concern</i> | 113 |

At June 2015:

Most recent data on total number: ?

| | | | |
|---|--|-------------|-------------|
| Percentage of F/M/T, age groups and origin | A. Most recent data per category: ? | | |
| | ASYLUM APPLICANT | 2014 | 2015 |
| | Total | 24.495 | 44.970 |
| | Males | 72,8% | 72,7% |
| | Females | 27,2% | 27,1% |
| | Less than 18 years | 20,9% | 23,5% |
| | 18 - 64 years | 77,9% | 75,7% |
| | 65 years or over | 1,1% | 0,8% |
| | Unaccompanied minors (Asylum applicant) | 960 | |
| | Males | 82,8% | |
| | Females | 17,7% | |
| | | | |
| | IRREGULAR MIGRANT | | |
| | Males | | |
| | Females | | |
| | Less than 18 years | | |
| | 18 years or over | | |
| | B. Most recent data by gender, age group, origin: ? | | |

Asylum seekers at COA-facilities from 1995 due to 8 februari 2016

| | |
|--|--|
| | <p>People in COA-facilities, categorised by age</p> <hr/> |
|--|--|

Top-5 nationalities/persons in COA-facilities

unaccompanied minors in COA-facilities (custodial care)

8 februari 2016 2.666

Top-5 nationalities unaccompanied minors in COA-facilities (custodial care)

| | |
|--|--|
| | <p>Refugee status granted at COA-facilities</p> <hr/> |
|--|--|

2. HEALTH CARE RESPONSES

Please correct or complete the information where possible.

| | |
|---|---|
| <p>Health care coordination at national/regional level</p> | <p>A. Existence of a national coordination mechanism of the health response: YES <i>(Please complete)</i></p> <p>B. Explanation:</p> <p>The Central Organization for the Reception of Asylum seekers (COA) is responsible for the reception and daily care of all people living within their facilities. This includes the organization of health care. For this COA has contracted one of the major healthcare insurance companies in the Netherlands Menzis. Menzis has created a special health care center for asylum seekers (GCA) with locations on all reception facilities of COA. In these GCA locations a general practitioner holds practice. This general practitioner is assisted by doctor’s assistant and a consultant for mental health care. If a specialist or hospital care is needed Menzis has contracted regular health care institutions and practitioners. All medical information is collected and managed in a central information system of GCA. Because of this central information system all medical information is available in the case that a resident of COA has to be moved to another location. All health care that is being given in the Netherlands is overseen by the Health Inspector.</p> <p>Due to the sudden increase of asylum seekers and refugees coming to the Netherlands this system was under pressure. In a very short time span a lot of new locations had to be opened. For a certain period of time the Netherlands had to take emergency measures. Asylum seekers and refugees were place in sports centers and other forms of location so the people did not need to stay on the streets. They could stay there for a period of 72 hours. In these emergency locations the municipalities were responsible for providing health care. They made amongst others use of the service the Netherlands Red Cross could provide.</p> <p>The Netherlands Red Cross has been responding in 117 different locations providing clothes, beds, blankets, hygiene kits and first aid. More than 5,000 medical cases have been treated. Approximately 135 staff members have been mobilized and 12,000 volunteer shifts (one volunteer can be involved in several) during the response.</p> <p>Momentarily emergency locations are no longer needed and the refugees and asylum seekers are housed in reception</p> |
|---|---|

| | |
|--|--|
| | <p>facilities of COA.</p> <p>When a refugee or asylum seeker receives a residence permit they are housed in the municipalities. They have the same rights and obligations as Dutch citizens. This means that they are obliged to taking out a health insurance for basic health care. The refugees who were granted a status can make use of the regular healthcare in The Netherlands. It is for municipalities possible to support refugees with a status granted in social services related to prevention, participation and assimilation requirements.</p> <p>Other migrants also have to have a health insurance. If they have no insurance they have to pay for health care themselves.</p> <p>Emergency health care is accessible for undocumentend migrants. They need to pay for the health care they received by themselves. If this is not possible, the care provider can invoice the care provided with Zorginstituut Nederland. They receive 80% of their invoice.</p> |
| First entry assistance services | |

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="text" value="See above"/> Yes | <input type="text"/> | <input type="text"/> |
| Limit initial screening upon arrival to relevant risk assessment | <input type="text" value="Yes for tuberculoses"/> Yes | <input type="text"/> | <input type="text"/> |
| Non Communicable Diseases included in the provision of services | | | |

| | | | |
|---|-----|----|--|
| | | | |
| | | No | |
| Active participation and empowerment of the refugees and migrants throughout all stages of health service provision, including design and planning | | | |
| | | No | |
| Training of health professionals involved in the provision of health care | | | |
| | Yes | | |

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 | Reception locations/regular health care institutions | Basic Health Care | Reception locations/regular health care institutions |
| (2) People in transit | N/A | | |
| (3) Asylum seekers | Reception locations/regular health care institutions | Basic Health Care | Reception locations/regular health care institutions |
| (4) Refugee status granted | Regular health care institutions | Basic Health Care | Regular health care institutions |
| (5) Undocumented migrants | Regular health care institutions | Emergency Health Care | Regular health care institutions |
| (6) Unaccompanied minors | Reception locations/regular health care institutions | Basic Health Care | Reception locations/regular health care institutions |

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 | National Government | Envelope | Around € 5.000 per person per year | |
| (2) People in transit | N/A | N/A | N/A | |
| (3) Asylum seekers | National Government | Envelope | Around € 5.000 per person per year | |
| (4) Refugee status granted | Refugees through health insurances and National Government | Third payer | € 74,6 billion | Total health care cost in the Netherlands. No information available related to only refugees status granted. |
| (5) Undocumented migrants | National Government or Own payments by undocumented migrants | Third payer Out-of-pocket expenses | € 30.833.000 | Over the year 2014 |