



Programme co-funded by the
EUROPEAN UNION

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



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 Sweden. 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:

- <http://www.migrationsverket.se/download/18.7c00d8e6143101d166d1aab/1451894593595/Inkomna+ans%C3%B6kningar+om+asyl+2015+-+Applications+for+asylum+received+2015.pdf> (MdM, Annex 1)
- Eurostat, 2/02/2016.
- 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

- 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.government.se/contentassets/f8effa03946941c5987f7ae76b356a02/agreement-measures-to-tackle-the-refugee-crisis.pdf>
- 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. Sweden.
<http://www.unhcr.org/cgi-bin/texis/vtx/page?page=49e48f056&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)

Up till beginning of 2015:

(For further reference, see

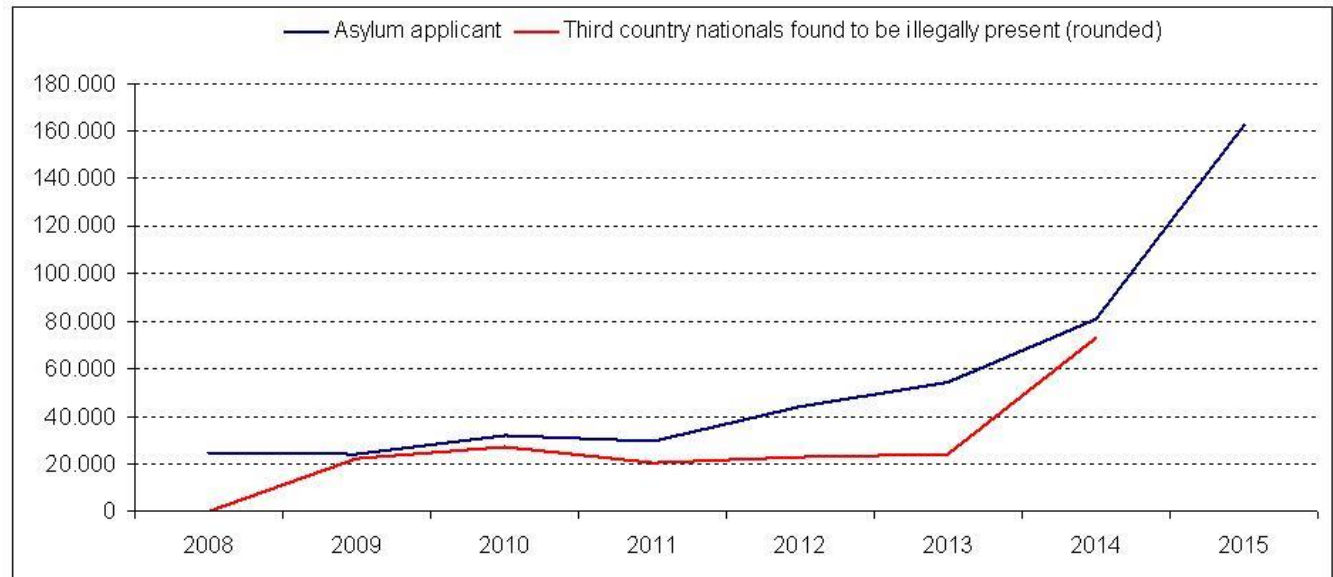
information on countries of origin for all asylum seekers and all asylum seeking unaccompanied children to Sweden since 2000:

<http://www.migrationsverket.se/download/18.23e76fe91505855cf762c8a/1447767909977/Asyls%C3%B6kande+2000-2014+samtliga+medborgarskap.pdf>

a compilation of all asylum seekers to Sweden 1984-2014 per country of origin:

<http://www.migrationsverket.se/download/18.39a9cd9514a346077211281/1421152055095/Asyls%C3%B6kande+till+Sverige+1984-2014.pdf>)

Since beginning of 2015:



Eurostat, 2/02/2016.
(please complete or correct)

<p>Current number as of Feb 1 (AS/ REF/ UDM/ unaccompanied minors)</p>	<p>A. Most recent data per category: ?</p> <p>Most recent data on asylum seekers: So far during 2016, 4 172 people have applied for asylum in Sweden, (Source: http://www.migrationsverket.se/download/18.2d998ffc151ac3871592560/1454329052951/Inkomna+ans%C3%B6kningar+om+asyl+2016+-+Applications+for+asylum+received+2016.pdf)</p> <p>The decrease in applications is believed to be related to the introduction of obligatory ID-controls on public transports (Ordinance on certain identity controls in case of serious threats to public order or internal security of the country, http://www.riksdagen.se/sv/Dokument-Lagar/Lagar/Svenskforfattningssamling/Svensk-forfattningssamling-201_sfs-2015-1074/), in force from 4 January 2016. (For more information: http://fra.europa.eu/sites/default/files/fra_uploads/fra-2016-monthly-compilation-com-update-2_en_0.pdf)</p> <p>Applications for asylum received, 2015 (on 01/11/2015), see: However, there is also a steady flow of migrants that transit through Sweden on their onward journey, to Finland or Norway from the south or towards continental Europe from Russia and Finland. (MdM, Annex 1)</p> <p>As of November 12, border controls on the bridge towards Denmark and ferry towards Germany have been set up. There are reports about migrants having turned to taking small boats across instead. (MdM, Annex 1)</p> <p>During the period of 1 to 31 December 2015, Sweden received a total number of 13,872 applications for asylum, meaning a decrease in the number of registered asylum seekers compared to the peak period of September (24,309), October (39,201) and November (36,704). (FRA Monthly Review Dic 2015) http://fra.europa.eu/sites/default/files/fra_uploads/fra-2016-monthly-compilation-com-update-2_en_0.pdf</p> <table border="1" data-bbox="674 1125 1966 1348"> <thead> <tr> <th><i>Residing in Country</i></th> <th><i>June 2015</i></th> </tr> </thead> <tbody> <tr> <td>Refugees</td> <td>142,207</td> </tr> <tr> <td>Asylum Seekers</td> <td>56,135</td> </tr> <tr> <td>Returned Refugees</td> <td>0</td> </tr> <tr> <td>Internally Displaced Persons (IDPs)</td> <td>0</td> </tr> <tr> <td>Returned IDPs</td> <td>0</td> </tr> </tbody> </table>	<i>Residing in Country</i>	<i>June 2015</i>	Refugees	142,207	Asylum Seekers	56,135	Returned Refugees	0	Internally Displaced Persons (IDPs)	0	Returned IDPs	0
<i>Residing in Country</i>	<i>June 2015</i>												
Refugees	142,207												
Asylum Seekers	56,135												
Returned Refugees	0												
Internally Displaced Persons (IDPs)	0												
Returned IDPs	0												

Stateless Persons	27,167
Various	0
<i>Total Population of Concern</i>	225,509
<i>Originating from Country</i>	
Refugees	18
Asylum Seekers	10
Returned Refugees	0
Internally Displaced Persons (IDPs)	0
Returned IDPs	0
Various	0
<i>Total Population of Concern</i>	28

Figure refers to the end of 2014 in the absence of updated information available.

source: <http://www.unhcr.org/cgi-bin/texis/vtx/page?page=49e48f056&submit=GO>

B. Most recent data on total number: ?

[From January 1, 2016 until February 1, 2016, 4 172 people have applied for asylum in Sweden.](#)

During the period of 1 to 31 December 2015, Sweden received a total number of 13,872 applications for asylum, meaning a decrease in the number of registered asylum seekers compared to the peak period of September (24,309), October (39,201) and November (36,704). Out of the asylum applicants in December, 9,258 were men/boys and 4,614 women/girls, and 6,881 of them were children. Almost half of this group (3,217) were unaccompanied children, which is also a decrease in comparison with the previous months of September (4,712), October (9,339) and November (8,808).410 The unaccompanied children are predominately boys.411 Approximately 43 % of the unaccompanied children are 13–15 years old and 50 % are 16–17 years old. 1,507 of the asylum seekers were over 64 years old. [In January, the total amount of asylum seekers were 2 546 men and 1 626 women. Included in this group is a total of 637 unaccompanied minors \(of which 568 boys, 69 girls\). Regarding asylum seeking unaccompanied children arriving in Sweden and residing in accommodation provided by the Migration Agency, the vast majority come from Afghanistan \(see p. 55-56 <http://www.migrationsverket.se/download/18.7c00d8e6143101d166d7da/1454329101976/Inskrivna+personer+i+Migrationsverkets+mottagningssystem.pdf>\)](#)

Statistics on those having transited Sweden are not collected. Municipalities are not aware of an irregular migrant

ASYLUM APPLICANT	2014	2015
Total	81.180	162.450
Males	67,5%	70,5%
Females	32,5%	29,5%
Less than 18 years	28,7%	43,3%
18 - 64 years	69,9%	55,7%
65 years or over	1,4%	0,9%
Unaccompanied minors (Asylum applicant)	7.045	
Males	80,7%	
Females	19,3%	
IRREGULAR MIGRANT	72.835	
Males	67,7%	
Females	32,3%	
Less than 18 years	28,2%	
18 years or over	71,7%	

Hotspots

Age assessment of children has received a lot of attention in Swedish media during January. The government has

	<p>instructed the Migration Agency to be more diligent with respect to age assessments. The medical assessment procedures in place have been criticised by medical professionals for not being precise enough.</p> <p>The guardianship system (god man) for unaccompanied children during the asylum process continues to be a major challenge, as emphasised by several stakeholders.</p> <p>The Civil Contingencies Agency continues to be concerned with the following four issues: accommodation for asylum seekers, inadequate social services, inadequate education facilities in the municipalities, and the overall situation of unaccompanied children. Many asylum seekers remain in short-term ‘municipal evacuation shelters’ (evakueringsboenden) for long periods of time, waiting for permanent accommodation placements for the duration of the asylum process. Current accommodations are often overcrowded and understaffed, which has led to an increase in reports on conflicts and violence at the accommodation centres. The Migration Agency has planned to keep 70 % of the evacuation shelters until April and 30 % until July 2016. Tents are no longer used as a shelter option. The Migration Agency estimates that 20,000 new accommodation places (platser på asylboenden) are needed during 2016.</p> <p>The reception capacity concerning unaccompanied children in municipalities has been identified as one of four areas of greatest concern in Swedish asylum management. Problems are reported from all regions (<i>län</i>) and the reception is assessed to not meet the best interests of the child as per the Convention on the Rights of Child. Overall, there is a lack of social workers and teachers at all levels of the education system at the municipal level. As a result, both social services and schools struggle to meet the needs of newly arrived children, unaccompanied or not. The main concerns with respect to unaccompanied children are finding accommodation options, to identify and investigate potential family placements, and the overcrowded temporary accommodations. The number of irregularities reported by municipalities to the Health and Social Care Inspectorate (<i>Inspektionen för vård och omsorg</i>), a government agency responsible for supervising health care, social services etc., has continued to increase and was an estimated 64 in January.</p> <p>Source: http://fra.europa.eu/sites/default/files/fra_uploads/fra-2016-monthly-compilation-com-update-2_en_0.pdf</p> <p>In the beginning of the reporting period (26 November 2015), the Swedish Migration Agency declared that it could not guarantee accommodation to all persons arriving in Sweden and was forced to prioritise families with children.⁴⁴² This situation has changed for the better, although great challenges remain in terms of</p>
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	<p>accommodation, both in quality and quantity.⁴⁴³</p> <p>There is still a shortage of short-term municipal emergency shelters (<i>evakueringsboende</i>) to which asylum seekers can be directed upon arrival. During the reporting period, asylum seekers have had to wait for days before their asylum applications were registered and were during the time forced to stay in so-called assembly halls (<i>samlingslokaler</i>) primarily located in the city of Malmö.⁴⁴⁴ These assembly halls (for example conference locations) are not intended for living. Some of them have very poor sanitary conditions and which leads to a very limited access to healthcare.⁴⁴⁵</p> <p>(More detailed description, p. 73-74; FRA Monthly Review Dic 2015)</p>
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2. HEALTH CARE RESPONSES	
<i>Please correct or complete the information where possible.</i>	
<p>Health care coordination at national/regional level</p>	<p>Existence of a national coordination mechanism of the health response: YES/NO (Please complete) no</p> <p>A. Explanation: <i>(if yes, please describe how the mechanism works and who participates; if no, please describe why there is no coordination)</i></p> <p>The situation regarding availability and accessibility of healthcare is sometimes challenging, mainly with respect to the primary health care system (<i>primärvård</i>), psychiatric and dental care. However, the health care system, which is the responsibility of the region and the county councils, is assessed to be less strained than the areas mentioned above (e.g. social services etc.). The availability of health care differs between different parts of the country. In smaller municipalities where large accommodation centres for asylum applicants are located, but where the regional healthcare system cannot respond to the increasing needs, the challenges are greater.⁴⁷⁵ Civil society organisations are expressing their concern particularly regarding the risk that groups and individuals in need of specific care during the asylum and reception processes are not identified.</p> <p>Source: http://fra.europa.eu/sites/default/files/fra_uploads/fra-2016-monthly-compilation-com-update-2_en_0.pdf</p> <p>All asylum seekers shall be offered a health examination upon arrival to Sweden. According to regulation SOSFS 2011:11 issued by the National Board of Health and Welfare (https://www.socialstyrelsen.se/sosfs/2011-11) the</p>

examination shall be offered to all asylum seekers (children and adults) as well as to undocumented migrants. The health examination is voluntary and includes talking about the patient's general health, mental and physical (*hälsosamtal*), taking tests and asking about vaccination levels to determine whether the patient requires additional vaccinations (*vaccinationsplan*). The National Board of Welfare has since 2013 operated a special website with guidelines regarding health examinations to asylum seekers (<http://www.socialstyrelsen.se/vardochomsorgforasylsokandedemedflera/halsoundersokning>). The Public Health Agency has also published guidelines regarding health examinations and how to respond to the needs of the migrant patient (<http://www.folkhalsomyndigheten.se/pagefiles/18233/Moten-om-halsa-vagledning.pdf>).

A further challenge for the health care in Sweden is the difficulties in targeting all the asylum seekers in order to undergo health examinations, in general the health care system tend to target those staying at accommodations for asylum seekers and tend to leave out those staying at friends or families house. One of the main explanations for this might be the lack of updated information regarding contact details to the asylum seekers, e.g. residential address. As for now the group who accommodate outside the accommodation regulated by the Migration Agency is a hard to reach group.

In some regions the primary health care performs health examinations at the accommodations for asylum seekers and accommodations for unaccompanied children, and in some regions the health examinations are performed at the primary health care centers. The number of performed health examinations varies between regions. The main challenges with performing the health examinations might be due to geographical distances, lack of enough resources due to the increasing number of immigrants in a short period of time and furthermore also the lack of knowledge regarding migration health. Another great challenge is the lack of interpreters, there is a great variation within the country regarding access to registered interpretations which in some cases is essential in order to perform health examinations (*the health examination includes a part where the health history and history during migrations is discussed*). There is a lack of regional coordination of interpreters why there is great differences within the country regarding access. This has put a demand on health personnel speaking other languages except from Swedish to act as interpreters (e.g. primary care, acute care and dental care).

Due to the many migrants seeking asylum in Sweden the processing time for asylum applications has prolonged from today's 9 months to more than 15 months. Furthermore the living space to be guaranteed at the accommodations for asylum seekers has decreased in order to provide accommodation to as many applicants as possible. These two factors may have an impact on psychological stress and will put an increasing demand on health care in Sweden, especially concerning psychiatric care (*there will be a variation within the country*).

During our initial assessment, we met many migrants, including many unaccompanied minors, who do not wish to be registered, and therefore sometimes avoid seeking care from official instances. The situation varies greatly between the different regions in Sweden. As the provision of care is decentralised it also means that the issues that migrants face vary. Many migrants travel to or through smaller cities where the resources in this exceptional situation might be even less adapted. As winter is approaching we fear that overcrowded shelters will increase risks for transmitting communicable infections. Most municipalities focus their health interventions on families travelling with children and unaccompanied minors, meaning that most of the health needs of single male travellers remain unmet. As of early September 2015, when the amount of transit and asylum seeking refugees increased drastically, MdM Sweden has been part of a network of NGOs in Stockholm, managing reception and organizing housing and medical care to those that are not protected by the Swedish migration system. Since mid-September, MdM has had a mobile unit in Stockholm assessing needs, distributing information and mediating between migrants and healthcare providers, responding to the urgent needs without substituting public health systems.

(MdM, Annex 1)

The situation regarding availability and accessibility of healthcare is challenging.⁴⁶⁸ Especially in smaller municipalities where large accommodation centres are located, the regional healthcare system cannot meet the increasing need, particularly when it comes to special needs, such as psychiatric treatment and post war trauma treatment.

⁴⁶⁹ However, the situation differs greatly across the country with the consequence that the asylum seekers have very different access to healthcare depending on location.⁴⁷⁰ In some regions the healthcare for asylum applicants is located to primary healthcare centres whereas other regions have created special units only attending to asylum applicants.⁴⁷¹ A lack of vaccinations has been observed⁴⁷² together with a lack of interpreters, which further impacts the access to healthcare.⁴⁷³

(FRA Monthly Review Dic 2015)

The Swedish Red Cross provides regular support to vulnerable migrants upon arrival with Restoring Family Links

services, psychosocial support (also for staff and volunteers), first aid, asylum advisory services, voluntary return assistance and treatment of victims of torture. The ICRC initiated the discussion on its support to the Swedish Red Cross in light of the scale up and further development of its detention activities in favour of migrants.

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.government.se/contentassets/f8effa03946941c5987f7ae76b356a02/agreement-measures-to-tackle-the-refugee-crisis.pdf>

The aim of these measures is to create decent and orderly reception and better introduction, and to mitigate the cost increases. More countries must do more to offer people protection. Sweden will stand up for the right of asylum. In times of crisis, this is more important than ever. People fleeing war and oppression must be able to obtain protection in Sweden.

The implementation of the agreed measures will be followed up jointly

Measures to tackle the refugee crisis

Sweden and Europe are in the midst of an enormous task in providing security to people fleeing war, persecution and oppression. The Swedish asylum system is facing major challenges, as the number of people who have sought asylum in Sweden has increased dramatically. In this serious situation, the Government, the Moderate Party, the Centre Party, the Liberal Party and the Christian Democrats have agreed on necessary measures to reinforce capacity in Sweden's reception of asylum seekers and strengthen the introduction of new arrivals. The aim of these measures is to create decent and orderly reception and better introduction, and to mitigate the cost increases. More countries must do more to offer people protection. Sweden will stand up for the right of asylum. In times of crisis, this is more important

than ever. People fleeing war and oppression must be able to obtain protection in Sweden. The implementation of the agreed measures will be followed up jointly.

MEASURES TO REINFORCE SWEDEN'S ASYLUM SYSTEM

Shortening processing times for asylum applications

Creating space for more asylum seekers in accommodation centres

Maintenance requirement for family member immigration

Temporary residence permits to be introduced as a general rule for a limited period

Legal routes

Review on unaccompanied minors

Sweden to request relocation of migrants under the JHA Council decision of 22 September

MEASURES TO STRENGTHEN THE INTRODUCTION OF NEW ARRIVALS IN SWEDEN

Early action in the asylum-seeking process

Municipalities to share responsibility for the reception of newly arrived immigrants

Better and more rapid introduction

Expansion of opportunities for vocational introduction jobs

More opportunities for work experience

Expansion of tax deductions for household work

Clearer requirements for obtaining income support

Restriction of parental benefits

Further opportunities to cope with the housing situation

More school places

More teachers and more adults in schools

STRENGTHENED RESOURCES TO HANDLE THE REFUGEE CRISIS

	Application for available EU funds One-off funding to municipalities and civil society Formulation of municipal support for housing construction
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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Yes		No	There is no information available
Limit initial screening upon arrival to relevant risk assessment	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Yes		No	There is no information available
Non Communicable Diseases included in the provision of services	<input checked="" 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="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Yes		No	There is no information available
Training of health professionals involved in the provision of health care	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
			There is no information available

	Yes	No	
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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	at main entry and transit points	Red Cross volunteers are present at main entry and transit points to provide guidance and assistance to arriving migrants.	The Swedish Red Cross
(2) People in transit			
(3) Asylum seekers	Regional health care facilities	All asylum seekers shall be offered a voluntary health examination (see health care responses).	Regional health care facilities
(4) Refugee status granted			
(5) Undocumented migrants	Since July 2013, undocumented migrants have the same access to healthcare as asylum seekers (i.e. subsidised healthcare “that cannot be deferred” including medical examination and medicine covered by the Pharmaceutical Benefits Act, dental care “that cannot be deferred”, maternity care and termination of pregnancy, and sexual and reproductive care). (...) In practice, based on our experience in the existing MdM clinic in Stockholm, we observe that many healthcare professionals		

	<p>are still unaware of these changes. Furthermore, the vague definition of care “that cannot be deferred” had to be clarified by the National Board of Health and Welfare (<i>Socialstyrelsen</i>) and the law is often still not correctly applied. This is why we also foresee a large increase in undocumented migrants and many unmet health needs.</p> <p>(MdM, Annex 1)</p>		
(6) Unaccompanied minors	<p>All children of undocumented parents have the same rights to medical care (including vaccination) as Swedish children. In practice, based on our experience in the existing MdM clinic in Stockholm, we observe that many healthcare professionals are still unaware of these changes.</p> <p>(MdM, Annex 1)</p>		

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	Government agency			<p>(all boxes) Health care funding sources come from the government, channeled through the Migration Agency. The regions and municipalities can apply for some of the funding sources, while others are paid directly.</p> <p>Regions: Regions are entitled to reimbursement from the government for some of the costs incurred for asylum seekers. Regions are also entitled to reimbursement for some of the costs incurred for persons who have applied for, or have been granted, a residence permit. Some of the state reimbursements are paid without application, but others require application. http://www.migrationsverket.se/download/18.5e83388f14</p>

				<p>1c129ba6310c34/1404292417628/faktablad_statlig_er_la_ndsting.pdf</p> <p>Municipalities: Municipalities can apply for reimbursement from the government for some of the costs incurred for asylum seekers. Municipalities are also entitled to reimbursement for some of the costs incurred for persons who have applied for, or have been granted, a residence permit. Some of the reimbursements are paid without application, but others require application.</p> <p>http://www.migrationsverket.se/download/18.b70e31914e4e8c297f28ae/1441283029303/faktablad_statlig_ersattning_asyl_150903.pdf, http://www.migrationsverket.se/download/18.20cfdbe014887632b911409/1414585322447/faktablad_statlig_ersattning_ut_141029.pdf, http://www.migrationsverket.se/download/18.b70e31914e4e8c297f28b0/1441283183705/faktablad_statlig_er_tills</p>
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				t_150903.pdf
(2) People in transit				
(3) Asylum seekers				
(4) Refugee status granted				
(5) Undocumented migrants				