



Funded by
the European Union



Ad-Hoc Query

2025.1 Provision of healthcare services for applicants for international protection

European Migration Network
Ad-hoc query

March, 2025

AD-HOC QUERY ON 2025.1 PROVISION OF HEALTHCARE SERVICES FOR APPLICANTS FOR INTERNATIONAL PROTECTION

REQUESTED BY EMN NCP FINLAND ON 16 JANUARY 2025

COMPILATION PRODUCED ON 6 MARCH 2025

Exported for: Wider Dissemination

Responses from: EMN NCP Austria, EMN NCP Belgium, EMN NCP Bulgaria, EMN NCP Croatia, EMN NCP Cyprus, EMN NCP Czech Republic, EMN NCP Estonia, EMN NCP Finland, EMN NCP France, EMN NCP Germany, EMN NCP Greece, EMN NCP Hungary, EMN NCP Ireland, EMN NCP Italy, EMN NCP Latvia, EMN NCP Lithuania, EMN NCP Luxembourg, EMN NCP Netherlands, EMN NCP Poland, EMN NCP Portugal, EMN NCP Serbia, EMN NCP Slovakia, EMN NCP Slovenia, EMN NCP Spain, EMN NCP Sweden, EMN NCP Ukraine **(26 in total)**

Disclaimer: The following responses have been provided primarily for the purpose of information exchange among EMN National Contact Points (NCPs) in the framework of the EMN. The contributing EMN NCPs have provided, to the best of their knowledge, information that is up-to-date, objective and reliable. Note, however, that the information provided does not necessarily represent the official policy of an EMN Country.

BACKGROUND INFORMATION

In Finland, the Finnish Immigration Service is responsible for the coordination, planning and supervision of the reception system. The Finnish Immigration Service has conducted a tendering process for reception centres which provide reception services for applicants for international protection. The reception centres are run, for example, by non-profit organisations and private companies. In addition, the Finnish Immigration Service has three reception centres of its own.

The reception centre provides healthcare services for applicants for international protection and is responsible for the costs incurred. Personnel of each reception centre include nurses whose responsibility it is to survey the healthcare needs of an applicant for international protection, treat patients and, when needed, direct patients to further healthcare services outside of the reception centre. Further healthcare services offered outside of the reception centre are purchased from private healthcare providers, especially when it comes to primary healthcare. The Finnish Immigration

Ad-Hoc Query on 2025.1 Provision of healthcare services for applicants for international protection

Service has conducted a tendering process for certain services purchased from private healthcare providers outside of the reception centres.

When it comes to special healthcare services, those are generally provided for applicants for international protection by the public healthcare sector in the same way as for any other person in Finland. The reception services are therefore dependent on the public healthcare services as private healthcare providers cannot provide all necessary healthcare services.

The provision of healthcare services includes some ambiguities. For example, regarding some healthcare services it is not clear whether they are to be organised by the reception centre or the public health care. There have been ambiguities especially with regard to the responsibility for providing maternity clinics and child health clinics. There are also some regional differences in the provision of public healthcare services. In addition, there are some shortcomings and ambiguities in the legislation, which complicate the functioning of the service system.

For this reason, Finland is examining how the organisation of healthcare services for applicants for international protection could be improved. One of the questions is whether a complete reorganisation of the healthcare services should be considered in order to streamline and optimise the services. For basis of this work Finland needs information on how healthcare services for applicants for international protection are organised in other EMN Member and Observer Countries.

We would be grateful if you could provide responses to the following questions by 6 February 2025.

WE WOULD LIKE TO ASK THE FOLLOWING QUESTIONS:


We would very much appreciate your responses by **6 February 2025**.

1. Who is responsible for the provision of healthcare services for applicants for international protection in your Member or Observer Country?
2. How does an applicant for international protection seek medical treatment in your Member or Observer Country?
3. Does the staff of reception centres include healthcare personnel?

Ad-Hoc Query on 2025.1 Provision of healthcare services for applicants for international protection

4. Who covers the costs of the healthcare services for applicants for international protection covered (i.e. how is the covering of costs organised)?
5. What kind of healthcare services (ie. what level of services) are adult applicants for international protection entitled to?
6. How are healthcare services for applicants for international protection organised during a mass influx of migrants?

RESPONSES

		Wider Dissemination?	
	EMN NCP Austria	Yes	<p>1. Who is responsible for the provision of healthcare services for applicants for international protection in your Member or Observer Country?</p> <p>Applicants for international protection are entitled to basic care in Austria (Art. 2 para. 1 subpara. 1 Agreement between the Federal State and the Provinces on Basic Care - Art. 15a Federal Constitutional Act). Basic care includes, among other things, securing health care within the meaning of the General Social Insurance Act by paying health insurance contributions (Art. 6 para. 1 subpara. 5 Agreement between the Federal State and the Provinces on Basic Care - Art. 15a Federal Constitutional Act). On the basis of this health insurance cover, applicants for international protection can make use of the benefits of health insurance, including treatment by doctors in private practice or in hospitals.</p> <p>---</p> <p>Source: Ministry of the Interior</p>

Ad-Hoc Query on 2025.1 Provision of healthcare services for applicants for international protection

			<p>2. How does an applicant for international protection seek medical treatment in your Member or Observer Country?</p> <p>If applicants for international protection need medical assistance, they contact the appropriate medical facilities (including doctors in private practice, hospitals). Due to the payment of health insurance contributions as part of basic care, all applicants for international protection receive an e-card or an e-card replacement document with which they can prove their entitlement to health insurance benefits.</p> <p>---</p> <p>Source: Ministry of the Interior</p> <p>3. Does the staff of reception centres include healthcare personnel?</p> <p>There is a comprehensive range of medical and psychological care on site in the federal care facilities throughout Austria, which can be used in a low-threshold manner. Furthermore, for persons with special medical care needs or with special care needs, there is a federal care facility specially designed for this purpose, which has the necessary infrastructure (accessibility, own doctor's station, hospital proximity, medical care and nursing by qualified health and nursing staff).</p> <p>---</p> <p>Source: Ministry of the Interior</p> <p>4. Who covers the costs of the healthcare services for applicants for international protection covered (i.e. how is the covering of costs organised)?</p> <p>The costs of medical treatment for applicants for international protection are covered by health insurance. The costs of basic care – and thus also the health insurance contributions, see Q1 – are borne by the federal government or the respective province, as the provision of basic care in Austria follows the principle</p>
--	--	--	--

Ad-Hoc Query on 2025.1 Provision of healthcare services for applicants for international protection

of shared responsibilities. This means that the care of foreigners in need of help and protection is a task shared by the provinces and the federal government. According to this, the federal government essentially provides basic care in the admission procedure. If the asylum procedure is admitted because Austria and not another state is responsible, the earliest possible transfer to the basic care of the provinces will take place. The shared responsibility leads to a cost-sharing ratio of 60% federal government and 40% provinces (Art. 10 para. 1 Agreement between the Federal State and the Provinces on Basic Care - Art. 15a Federal Constitutional Act).

Source: Ministry of the Interior

5. What kind of healthcare services (ie. what level of services) are adult applicants for international protection entitled to?


By paying health insurance contributions, applicants for international protection are covered by health insurance in the same way as Austrian nationals and are entitled to health insurance benefits. In addition, any necessary benefits that go beyond this and are not covered by health insurance can be granted on a case-by-case basis (Art. 6 para. 1 subpara 6 Agreement between the Federal State and the Provinces on Basic Care - Art. 15a Federal Constitutional Act).

Source: Ministry of the Interior

6. How are healthcare services for applicants for international protection organised during a mass influx of migrants?

In such a case, too, the regulations described above apply in Austria.

Ad-Hoc Query on 2025.1 Provision of healthcare services for applicants for international protection

			Source: Ministry of the Interior
	EMN NCP Belgium	Yes	<p>1. Who is responsible for the provision of healthcare services for applicants for international protection in your Member or Observer Country?</p> <p>All applicants for international protection are entitled to medical care.</p> <p>In Belgium, applicants for international protection are entitled to material reception conditions during the entire period of their asylum procedure. Reception is organised in open reception facilities, managed by the Federal Agency for the Reception of Asylum Seekers (Fedasil) or one of its reception partners.</p> <p>The applicants for international protection are mainly residing in collective centres, run by Fedasil or its partners. Alongside the collective open reception centres, there is also individual accommodation made available by the Public Welfare Centres, or other associations. Applicants for international protection can also choose to be accommodated somewhere else (not collective nor individual accommodation places). If they are not staying in a reception centre while their asylum application is being examined, they will not receive any financial assistance, but they are still entitled to medical care.</p> <p>Since January 2022, due to the saturation of the reception network, single male applicants are asked to register on a waiting list for a reception place, unless they have exceptional (medical) vulnerabilities. While awaiting a reception place, they are entitled to medical assistance.</p> <p>Fedasil is responsible for providing effective access to professional medical care for all applicants for international protection in the collective centres and in the individual accommodations run by associations other than the Public Welfare Centres. The Public Welfare Centres are responsible for providing effective access to healthcare services for applicants residing in the individual accommodation that they run.</p>

Ad-Hoc Query on 2025.1 Provision of healthcare services for applicants for international protection

			<p>Fedasil is also responsible for providing effective access to professional medical care for applicants for international protection that are not residing in the reception network.</p> <p>2. How does an applicant for international protection seek medical treatment in your Member or Observer Country?</p> <p>For applications inside the reception network: Fedasil or its partners, managing open reception facilities, are responsible for providing effective access to professional medical care. The reception centre must appoint a medical focal point. The centre may have its own specific approach to providing healthcare. In general, applicants in the reception centres can consult the centre's medical team (nurse). Nurses, contracted by Fedasil or a partner, are responsible for conducting a medical intake for each new arrival, performing screenings, and carrying out triage. They also provide information about the healthcare system to the applicants. Each reception centre has a cooperation agreement with one or more external general practitioners, who consult a few hours a week at the centre and collaborate with the nursing team.</p> <p>If needed, the medical team at the centre may refer the applicant to an external specialist or hospital. All secondary healthcare is provided through external providers, primarily via the public health system. Caregivers must respect the official rates set by the public health authorities at all times. The person will receive a requisitorium (commitment for payment) from the reception centre to present to the care provider. Medical bills covered by the requisitorium must in principle be returned to the issuing centre for payment.</p> <p>For individual housing, each organisation is responsible for setting up its own procedure for access to medical care. Some partners work with contracted doctors, while others leave the choice of care provider up to the individuals.</p>
--	--	--	---

Ad-Hoc Query on 2025.1 Provision of healthcare services for applicants for international protection

			<p>For applicants outside the reception network:</p> <p>Before seeking medical assistance, applicants outside of the reception network must first submit an application to Fedasil. The applicant (or their doctor) must submit an application to the Fedasil Medical Costs Units via an online platform, a few days before the visit to the doctor, hospital, or pharmacist. Fedasil will assess whether the costs will be reimbursed. If the Agency agrees to cover the medical expenses, the applicant will receive a requisitorium (i.e. a commitment from Fedasil for payment). With this requisitorium, the applicant can visit the doctor, the hospital, or the pharmacist. Fedasil will cover the medical costs after the visit. For more information on the simplification of reimbursement, see question 4 (CAAMI project). At all times, the caregiver must respect the official rates and will be only reimbursed up to this amount. If the applicant paid the costs directly, they can make a request for reimbursement to Fedasil.</p> <p>If the medical treatment was urgent and it was not possible for the applicant to request a requisitorium in advance, and they receive the medical invoice at home, they can send it to Fedasil. If the Agency is responsible for the applicant, the health care will be covered according to the official rates.</p> <p>Applicants outside of the reception network who needs urgent medical assistance can also go to Refugee Medical Point in Brussels. Established in 2023, the Refugee Medical Point is funded by Fedasil and managed by the Belgian Red Cross (Croix Rouge de Belgique). The Refugee Medical Point is a front-line service that aims to provide low-threshold access to basic health care to all people in vulnerable situations. Beneficiaries have access to primary medical and psychological consultations, nursing care and administrative and social support related to health.</p> <p>3. Does the staff of reception centres include healthcare personnel?</p> <p>Reception centres must employ medical staff to ensure the well-being of residents. The centres must also provide effective access to general healthcare by collaborating with one or more general practitioners, or by hiring general practitioners for the centre. Residents should have access to a general practitioner either within the centre or at a reasonable distance. The centre must inform residents about how, where, and when they can access medical services or consult a doctor.</p>
--	--	--	---

Ad-Hoc Query on 2025.1 Provision of healthcare services for applicants for international protection

			<p>Additionally, reception centres must ensure access to dental care, which can be facilitated through collaboration with one or more dentists.</p> <p>For psychological support, reception structures must prioritise the identification of mental health concerns and ensure access to appropriate psychological care. The centre must refer residents to either internal healthcare providers, specialised associations, or external psychologists for consultations, and will cover the associated costs. Some psychologists may also provide consultations directly within the centre.</p> <p>There is an exception for collective first-phase reception centres, where applicants for international protection are initially accommodated for the first days or weeks of their procedure. In first-phase reception centres, the staff must include nurses, doctors, and psychologists. The primary objective of healthcare in the first phase is to identify vulnerabilities and, if medical problems are identified, to stabilise the applicant's health situation before their transfer to the second phase.</p> <p>4. Who covers the costs of the healthcare services for applicants for international protection covered (i.e. how is the covering of costs organised)?</p> <p>For applicants for international protection residing in an reception centre, Fedasil covers the costs.</p> <p>For applicants residing in individual accommodation managed by a Public Welfare Centre, hospital and pharmacy medical care are covered through Mediprima, a federal system that directly pays healthcare providers (via the Ministry of Social Affairs). For other types of care, payments are made by the Public Welfare Centre.</p> <p>For applicants for international protection residing outside of the reception network, Fedasil covers the costs.</p> <p>In 2024, Fedasil launched the pilot phase of the CAAMI4Fedasil project to improve access to healthcare for</p>
--	--	--	---

Ad-Hoc Query on 2025.1 Provision of healthcare services for applicants for international protection


applicants for international protection. This initiative aims is to digitise the consultation, billing, pricing, and reimbursement processes for healthcare providers. To facilitate this, Fedasil has signed a cooperation agreement with the Health Insurance Fund for Sickness and Invalidity Insurance (Hulpkas voor Ziekte- en invalideitsverzekering/HZIV or Caisse Auxiliaire d'Assurance Maladie-Invalidité/CAAMI), delegating part of its responsibilities to the HZIV on behalf of Fedasil. As a result, healthcare providers can deliver care more efficiently by electronically consulting applicants' rights, linked to payment obligations, and easily generating and sending electronic invoices to a single contact point, namely the CAAMI/HZIV.

5. What kind of healthcare services (ie. what level of services) are adult applicants for international protection entitled to?

The treatments that can be provided are those listed in the INAMI (National Institute for Health and Disability Insurance - Institut national d'assurance maladie-invalidité or Rijksinstituut voor ziekte- en invalideitsverzekering) nomenclature. The INAMI nomenclature refers to the official list of medical services and procedures in Belgium that are eligible for reimbursement by the National Institute for Health and Disability Insurance. It sets the rules and rates for what doctors and other healthcare providers can charge, ensuring that patients are reimbursed for covered medical expenses under the country's healthcare system. For adult applicants for international protection, some medical services with a nomenclature number are excluded as they are deemed unnecessary (for example: orthodontics, fertility treatment investigations, etc.). Additionally, exceptions are made for certain medical services without a nomenclature number, provided they are considered part of daily life (for example: dental extractions, glasses prescribed by an ophthalmologist under specific conditions, etc.).

6. How are healthcare services for applicants for international protection organised during a mass influx of migrants?

Ad-Hoc Query on 2025.1 Provision of healthcare services for applicants for international protection

			<p>If the influx of applicants for international protection can be decentralised and distributed across the reception network without overburdening the external healthcare providers' systems, the approach would focus on referring individuals to these providers. However, if decentralisation is not feasible and the influx in certain regions is too large to avoid overwhelming the healthcare system, emergency teams would be established by the Red Cross to address immediate needs.</p> <p>In the case of the large-scale arrival of Ukrainians, the process involved screening and detection by the Red Cross (Croix-Rouge de Belgique) upon arrival. Immediate referrals for urgent care were made on-site, with medical teams, including nurses and doctors, providing first-line care. For cases needing second-line care, collaboration with a local hospital ensured that urgent treatment was administered on the same day.</p>
	<p>EMN NCP Bulgaria</p>	<p>Yes</p>	<p>1. Who is responsible for the provision of healthcare services for applicants for international protection in your Member or Observer Country?</p> <p>Applicants for international protection in the Republic of Bulgaria have the right to health insurance, accessible medical care and free access to medical services under the conditions and procedures for Bulgarian nationals (Article 29, paragraph 1 of the Law on Asylum and Refugees (LAR)). The State Agency for Refugees pays the health insurance of asylum seekers with funds from the State budget.</p> <p>2. How does an applicant for international protection seek medical treatment in your Member or Observer Country?</p> <p>Applicants for international protection can receive medical care in the health cabinets in the Registration-and-Reception Centres of the State Agencies for Refugees. This includes basic medical services and</p>


Ad-Hoc Query on 2025.1 Provision of healthcare services for applicants for international protection

			<p>referral to specialists, if necessary.</p> <p>Applicants for international protection can receive emergency medical care free of charge and regardless of whether they have health insurance. All medical institutions provide the necessary emergency medical care to any person who needs it, regardless of their citizenship, place of residence and health insurance status. Applicants for international protection have the right to register with a general practitioner (GP) under the terms and following the procedure for Bulgarian nationals. Initial registration with a GP can be done at any time. Asylum seekers have the right to see specialist doctors under the terms and following the procedure for Bulgarian nationals. The access to a specialist is ensured by means of a referral issued by the GP. The consultation with a specialist doctor is covered by the health insurance fund; the patient pays only a consumer fee.</p> <p>3. Does the staff of reception centres include healthcare personnel?</p> <p>There are health cabinets at the Registration-and-Reception centres of the State Agency for Refugees. The operation of the health cabinet is ensured by a medical doctor, a nurse or feldscher. The health cabinets perform the following activities:</p> <ol style="list-style-type: none">1. initial medical screening upon the registration of applicants for international protection;2. ongoing medical monitoring;3. provision of first-aid;4. control on the applicants' hygienic state;5. ongoing control on the observance of hygienic requirements;6. preparing and keeping medical records for each applicant. <p>4. Who covers the costs of the healthcare services for applicants for international protection covered (i.e. how is the covering of costs organised)?</p>
--	--	--	--

Ad-Hoc Query on 2025.1 Provision of healthcare services for applicants for international protection

			<p>In Bulgaria, the costs of healthcare services for applicants for international protection are covered through public health insurance.</p> <p>5. What kind of healthcare services (ie. what level of services) are adult applicants for international protection entitled to?</p> <p>Health insured persons in the Republic of Bulgaria have the right to receive medical care within the scope of the basic package of health activities, guaranteed by the budget of the National Health Insurance Fund; medical services outside the scope of mandatory health insurance, as well as additionally requested services related to the provision of medical care, which are paid for at prices determined by the relevant medical institutions.</p> <p>6. How are healthcare services for applicants for international protection organised during a mass influx of migrants?</p> <p>Persons seeking international protection and persons granted temporary protection have equal rights to healthcare with Bulgarian nationals and are subject to mandatory health insurance. According to amendments to the Health Insurance Act, effective from 26.04.2022, mandatory insurance in the National Health Insurance Fund is introduced for persons granted temporary protection. For beneficiaries of temporary protection, a decree of the Council of Ministers determines:</p> <ol style="list-style-type: none">1. the income on which health insurance contributions are due;2. the period for which health insurance contributions are paid;3. the date from which the obligation for health insurance arises;4. the date from which the rights of health insured persons arise;
--	--	--	---


Ad-Hoc Query on 2025.1 Provision of healthcare services for applicants for international protection

			<p>5. the procedure for paying health insurance contributions; 6. the source of financing.</p>
	<p>EMN NCP Croatia</p>	<p>Yes</p>	<p>1. Who is responsible for the provision of healthcare services for applicants for international protection in your Member or Observer Country?</p> <p>In the Republic of Croatia, the ministry responsible for health provides healthcare to applicants for international protection.</p> <p>2. How does an applicant for international protection seek medical treatment in your Member or Observer Country?</p> <p>The Ministry of Health signs an annual contract with the health center nearest to the reception centre (the primary provider of healthcare services), thereby ensuring a general/family medicine team to provide healthcare services to applicants for international protection. Emergency dental care, maternity and childbirth-related healthcare services for women, healthcare services for preschool children, as well as medical-biochemical laboratory services and radiology diagnostics, are also provided at the health center.</p> <p>In cases requiring specialized outpatient healthcare, the physician issues an appropriate referral for further treatment and prescribes essential medications using special prescriptions.</p> <p>As the number of applicants for international protection in reception centers continues to grow each year, medical examinations for applicants are also conducted by medical experts from international organizations. Therefore, in the reception centres, applicants for international protection can seek assistance from Médecins du Monde, which provide healthcare services for all health-related needs.</p>

Ad-Hoc Query on 2025.1 Provision of healthcare services for applicants for international protection

			<p>3. Does the staff of reception centres include healthcare personnel?</p> <p>No. But, organization Médecins du Monde operates in reception centers for applicants for international protection, providing healthcare and psychosocial support to applicants. Their services include medical check-ups, medication distribution, scheduling and accompanying applicants to specialist examinations, and psychological counseling.</p> <p>Additionally, applicants for international protection can access healthcare in the designated health centre, where the doctor is responsible for issuing referrals and prescriptions, as well as assessing their healthcare needs.</p> <p>4. Who covers the costs of the healthcare services for applicants for international protection covered (i.e. how is the covering of costs organised)?</p> <p>Funds for healthcare costs are provided in the State Budget of the Republic of Croatia, under the allocation of the Ministry of Health.</p> <p>5. What kind of healthcare services (ie. what level of services) are adult applicants for international protection entitled to?</p> <p>Healthcare for applicants for international protection includes emergency medical assistance and essential treatment of illnesses and severe mental disorders, in accordance with medical indications. In addition, they have a right to medications from the basic list of medications for emergency medical assistance and essential treatment of illnesses and severe mental disorders, in accordance with medical indications.</p>
--	--	--	---


Ad-Hoc Query on 2025.1 Provision of healthcare services for applicants for international protection

			<p>Applicants for international protection who require special reception guarantees, particularly victims of torture, rape, or other severe forms of psychological, physical, or sexual violence, will be provided with appropriate healthcare tailored to their specific condition and the consequences of such acts.</p> <p>6. How are healthcare services for applicants for international protection organised during a mass influx of migrants?</p> <p>Healthcare in this case is provided in accordance with the decisions of the Government of the Republic of Croatia. A sudden significant increase in the number of applicants for international protection may pose a challenge to the healthcare system and its regular provision. In practice, this may require adjustments and changes in this area of work</p>
	<p>EMN NCP Cyprus</p>	<p>Yes</p>	<p>1. Who is responsible for the provision of healthcare services for applicants for international protection in your Member or Observer Country?</p> <p>The responsibility of provision of healthcare services is shared between the State Health Services Organization and the Ministry of Health.</p> <p>2. How does an applicant for international protection seek medical treatment in your Member or Observer Country?</p> <p>Applicants who reside in the Reception/Accommodation Centers of the Asylum Service, receive medical</p>

Ad-Hoc Query on 2025.1 Provision of healthcare services for applicants for international protection

			<p>treatment in the medical unit of each center or they are referred to the state hospitals by the healthcare personnel of the medical units. Applicants who reside outside the Reception/Accommodation Centers of the Asylum Service, have the right to seek medical treatment at the state hospitals.</p> <p>3. Does the staff of reception centres include healthcare personnel?</p> <p>Yes, the staff of the reception centres includes doctors, nurses (of general practice and of mental health) and a radiology technologist, who are employed in the medical units of the centres.</p> <p>4. Who covers the costs of the healthcare services for applicants for international protection covered (i.e. how is the covering of costs organised)?</p> <p>The cost of the healthcare services for applicants for international protection who don't have sufficient resources is covered by the Ministry of Health.</p> <p>5. What kind of healthcare services (ie. what level of services) are adult applicants for international protection entitled to?</p> <p>Applicants of international protection are entitled to healthcare services provided by the state hospitals including at least primary health care and treatment for mental health issues.</p> <p>6. How are healthcare services for applicants for international protection organised during a mass influx of</p>
--	--	--	--


Ad-Hoc Query on 2025.1 Provision of healthcare services for applicants for international protection

			<p>migrants?</p> <p>Asylum Service has an emergency plan in place in case of mass migratory flows, called “Naukratis”. When this plan is activated, all departments and services, including the Ministry of Health, have to provide additional personnel to respond in this crisis. This assists in fast-tracking all relevant screening procedures, which are completed in the First Reception Centre.</p>
	<p>EMN NCP Czech Republic</p>	<p>Yes</p>	<p>1. Who is responsible for the provision of healthcare services for applicants for international protection in your Member or Observer Country?</p> <p>The Ministry of the Interior’s healthcare facility has medical staff in reception centers who primarily conduct the initial medical examination (§ 46(1) of the Asylum Act). They also provide basic necessary treatment or arrange for more complex essential treatment outside the asylum facility.</p> <p>2. How does an applicant for international protection seek medical treatment in your Member or Observer Country?</p> <p>If an applicant is in a reception center, they receive medical care through the healthcare staff stationed there. When they move to a residential center, they must find a general practitioner, with assistance from social workers of the Refugee Facilities Administration of the Ministry of the Interior.</p> <p>3. Does the staff of reception centres include healthcare personnel?</p>

Ad-Hoc Query on 2025.1 Provision of healthcare services for applicants for international protection

			<p>Yes, nurses are permanently present in the facility.</p> <p>4. Who covers the costs of the healthcare services for applicants for international protection covered (i.e. how is the covering of costs organised)?</p> <p>Public health insurance.</p> <p>5. What kind of healthcare services (ie. what level of services) are adult applicants for international protection entitled to?</p> <p>Currently, applicants are entitled to the same coverage as Czech citizens under public health insurance. However, the Czech Republic plans to limit this coverage to so-called necessary and urgent care, in accordance with the new Reception Directive.</p> <p>6. How are healthcare services for applicants for international protection organised during a mass influx of migrants?</p> <p>Initial health screening and basic care would be provided by the Ministry of the Interior's healthcare facility and hospitals (see above). A potential shortage of medical personnel could lead to a transition to a "crisis level," up to a state of emergency under the Crisis Act.</p>
--	--	--	---

Ad-Hoc Query on 2025.1 Provision of healthcare services for applicants for international protection

 EMN NCP Estonia		<p>Yes</p>	<p>1. Who is responsible for the provision of healthcare services for applicants for international protection in your Member or Observer Country?</p> <p>According to Article 32 of the Act on Granting International Protection to Aliens the function of the accommodation centre for applicants for international protection is to arrange, as necessary, access to medical examinations and necessary healthcare services during proceedings for international protection or proceedings for temporary protection.</p> <p>The medical examination of an applicant for international protection is carried out by the contracted healthcare service provider of the accommodation centre. The necessity of healthcare services and medication is also decided by the contracted health care service provider.</p> <p>In case of applicants in detention, the Health Insurance Fund (HIF) has the function to arrange services, the health care service provider contact decides the services and medication needed.</p> <p>Our overall plan is to make the process universal so that the HIF arranges health care services to all categories of applicants regardless of their location. This requires legislative amendments.</p> <p>Emergency health care is arranged by the HIF.</p> <p>2. How does an applicant for international protection seek medical treatment in your Member or Observer Country?</p> <p>In the accommodation centre, the healthcare provider and the time and place of provision of healthcare services shall be selected by an employee of the accommodation centre, and in a detention centre, the time and place of provision of healthcare services shall be selected by an official of the detention centre, based on the needs of the applicant for international protection or the returnee and the principle of the rational use of money.</p> <p>At the accommodation centre we have contracted service provider (GP practice) and other services</p>

Ad-Hoc Query on 2025.1 Provision of healthcare services for applicants for international protection

			<p>depending on the need are either through mainstream services or private sector.</p> <p>3. Does the staff of reception centres include healthcare personnel?</p> <p>No.</p> <p>4. Who covers the costs of the healthcare services for applicants for international protection covered (i.e. how is the covering of costs organised)?</p> <p>The provision of healthcare services and the acquisition of medicines necessary for the provision of these services is financed from the state budget through the accommodation centre or, in detention centre, through Estonian Health Insurance Fund.</p> <p>If an applicant for international protection or a person to be deported has sufficient financial resources to pay for healthcare services and to acquire medicines necessary for the provision of the service, he or she is obliged to reimburse these expenses.</p> <p>5. What kind of healthcare services (ie. what level of services) are adult applicants for international protection entitled to?</p> <p>The state budget finances services included in the list of healthcare services of the Health Insurance Fund, except for services related to the procurement, handling and transplantation of cells, tissues and organs within the meaning of the Procurement, Handling and Transplantation of Cells, Tissues and Organs Act, and dental care for adults, except for emergency dental care.</p>
--	--	--	--

Ad-Hoc Query on 2025.1 Provision of healthcare services for applicants for international protection

			<p>6. How are healthcare services for applicants for international protection organised during a mass influx of migrants?</p> <p>In case of mass influx of migrants the healthcare services for applicants for international protection are limited to performance of health examination and provision of emergency medical care, where necessary.</p>
+	EMN NCP Finland	Yes	<p>1. Who is responsible for the provision of healthcare services for applicants for international protection in your Member or Observer Country?</p> <p>The reception centre organises healthcare services for applicants for international protection and is responsible for the costs incurred therein. The personnel of each reception centre include nurses, whose responsibility it is to carry out initial health examinations for applicants for international protection, otherwise survey the healthcare needs of applicants for international protection, treat patients and, when needed, direct patients to further healthcare services outside of the reception centre, as well as support the other personnel of the reception centre in questions related to healthcare.</p> <p>Further healthcare services offered outside of the reception centre are purchased from private healthcare providers, especially when it comes to primary healthcare. Nurses of the reception centre direct applicants for international protection to further healthcare services on needs-basis. The Finnish Immigration Service has conducted a tendering process for certain services purchased from private healthcare providers outside of the reception centres. These services include e.g. services of general practitioners, services of specialist doctors, medical statements, health check-ups, screenings for infectious diseases and different kinds of examinations. In addition, reception centres can acquire healthcare services, such as therapy and care unit services, for the applicants.</p>


Ad-Hoc Query on 2025.1 Provision of healthcare services for applicants for international protection

			<p>On the other hand, special healthcare services, such as hospital operations, are offered by the public healthcare sector. The public healthcare sector also provides applicants of international protection with school healthcare services as well as maternity clinics and child health clinics. Therefore, the reception sector is dependent also on the public healthcare services, because private healthcare providers cannot produce all necessary healthcare services in Finland.</p> <p>2. How does an applicant for international protection seek medical treatment in your Member or Observer Country?</p> <p>An asylum seeker can obtain healthcare services by contacting the nurses working at the reception centre. The nurse of the reception centre assesses the situation of the customer and when needed directs them to healthcare services outside of the reception centre, usually to a doctor's appointment. A doctor's appointment with a private healthcare provider outside of the reception sector is usually possible within 14-21 days in cases of no urgency. In urgent cases, the applicant is directed to a healthcare professional quickly.</p> <p>An applicant for international protection can access public healthcare services outside of the reception centre only in acute cases. If the applicant seeks medical treatment independently in non-urgent cases, s/he is responsible for the costs incurred.</p> <p>3. Does the staff of reception centres include healthcare personnel?</p> <p>The personnel of each reception centre include nurses, whose responsibility it is to carry out initial health examinations for applicants for international protection, otherwise survey the healthcare needs of applicants for international protection, treat patients and, when needed, direct patients to further healthcare services</p>
--	--	--	--

Ad-Hoc Query on 2025.1 Provision of healthcare services for applicants for international protection

			<p>outside of the reception centre, as well as support the other personnel of the reception centre in questions related to healthcare. Further healthcare services offered outside of the reception centre are purchased from private healthcare providers, especially when it comes to primary healthcare. Applicants for international protection are directed to further healthcare services outside of the reception centre through the nurses of the reception centre.</p> <p>Applicants for international protection have a low threshold for accessing healthcare services and applicants for international protection always know whom to contact in matters relating to healthcare. In addition, a nurse of the reception centre can provide for multidisciplinary support together with social workers of the reception centre. This organisation of services has been deemed cost-effective, and it has been seen to limit unnecessary usage and burdening of healthcare services outside of the reception centre.</p> <p>4. Who covers the costs of the healthcare services for applicants for international protection covered (i.e. how is the covering of costs organised)?</p> <p>The Finnish Immigration Service (the government) pays the reception centre in full for the costs incurred from organising the healthcare services for applicants for international protection.</p> <p>The reception centre pays for private healthcare providers and the public healthcare sector for the costs incurred from their services and invoices these costs from the Finnish Immigration Service.</p> <p>5. What kind of healthcare services (ie. what level of services) are adult applicants for international protection entitled to?</p> <p>An adult applicant for international protection is entitled to urgent and essential healthcare treatment according to Section 50 of the Healthcare Act (1326/2010). In addition, s/he is entitled to other healthcare</p>
--	--	--	---

Ad-Hoc Query on 2025.1 Provision of healthcare services for applicants for international protection

			<p>services which are deemed necessary/essential by healthcare professionals.</p> <p>6. How are healthcare services for applicants for international protection organised during a mass influx of migrants?</p> <p>A sudden large-scale increase of applicants for international protection can provide challenges for the healthcare services and their normal provision. In practice this can necessitate changes in the practices for example forcing the healthcare services to only treat acute healthcare needs of applicants for international protection and reassessing the waiting time for accessing the services.</p>
	<p>EMN NCP France</p>	<p>Yes</p>	<p>1. Who is responsible for the provision of healthcare services for applicants for international protection in your Member or Observer Country?</p> <p>In France, care is provided for asylum seekers as for the rest of the general French population or any other foreign resident in France by health professionals, in public (hospitals) and private (hospitals, clinics) health establishments.</p> <p>The French Office for Immigration and Integration (Office Français de l'Immigration et de l'Intégration - OFII) offers a free, optional medical examination for asylum seekers newly arrived who have been residing in France for less than four months, among the most vulnerable. This examination is conducted by an OFII doctor and a nurse, with the possibility of an interpreter if needed, in order to assess the applicant's health status. This visit helps to identify any health problems, with the identification of mental disorders, and to refer the applicant for treatment if necessary. In addition, the doctor may suggest updating vaccinations and screening for certain infectious diseases (e.g. HIV, hepatitis A and C, tuberculosis). By 31 December 2023, 7851 health appointments had been made.</p>

Ad-Hoc Query on 2025.1 Provision of healthcare services for applicants for international protection

			<p>In addition, professionals working in reception centres for asylum seekers are tasked with facilitating access to healthcare services. This involves developing collaboration or partnerships with general practitioners, hospitals, medical-psychological centers, PASS (Permanences d'accès aux soins de santé - Health care access points) and maternal and child protection services, to ensure that minors receive proper health care. Moreover, asylum seekers can receive support in their registration with the French social security system through their reception center within the national reception system or through the relevant SPADA (Structure de premier accueil des demandeurs d'asile - First Reception Center for Asylum Seekers). These structures offer them social, legal and administrative support throughout their asylum procedure.</p> <p>2. How does an applicant for international protection seek medical treatment in your Member or Observer Country?</p> <p>The affiliation to the French social security system is subject to a requirement of uninterrupted residence in France for three months. This waiting period applies only to adults, as minors are affiliated immediately. While waiting to be affiliated, adult asylum seekers can visit the Health Access Points (PASS), which are hospital services specialized in providing care and support to people in precarious situations. By presenting their asylum seeker certificate (Attestation de demandeur d'asile), they can receive free medical care. These facilities welcome all individuals in vulnerable situations, regardless of their status or nationality. To request affiliation with the social security system, applicants must submit a request to the Primary Health Insurance Fund (Caisse primaire d'assurance maladie) of their department of residence. Asylum/precarity referents have been identified at CPAM level. Once affiliated, like any person residing legally in France regardless of nationality, asylum seekers must choose a primary care physician to fully benefit from the coordinated healthcare pathway and obtain better reimbursement for medical expenses. This pathway involves first consulting the primary doctor, who oversees the patient's overall medical care, prescribes necessary treatments, and, if needed, refers them to specialists (such as a cardiologist, dermatologist, or gynecologist) or other medical facilities (such as laboratories, radiology centers, etc.).</p>
--	--	--	---

Ad-Hoc Query on 2025.1 Provision of healthcare services for applicants for international protection

3. Does the staff of reception centres include healthcare personnel?

A declarative survey was carried out among the national reception centres (DNA) in 2022. They declared that 50% of them had a medical presence in the DNA (at least once a month, repeatedly) or a paramedical presence.

4. Who covers the costs of the healthcare services for applicants for international protection covered (i.e. how is the covering of costs organised)?

The funding of healthcare services falls under common law and is not specific to asylum seekers. PASS services for people in precarious situations are funded under the Regional Intervention Fund (FIR), by the compulsory health insurance schemes, the National Solidarity Fund for Autonomy (Caisse Nationale de Solidarité pour l'Autonomie) - responsible for managing the autonomy branch of the social security system - and the French state.


The PUMa (Protection universelle maladie - Universal health protection) entitles anyone working or living in France to reimbursement of healthcare costs (excluding cash benefits), with no special formalities required. Contributions depend on situation and resources. It is financed by contributions from the insured and by social security funding, ensuring that basic medical expenses are covered.

In addition to the PUMa, low-income asylum seekers can benefit from the C2S (Complémentaire santé solidaire - Complementary Health Solidarity), a supplementary health cover financed by the French state and contributions. Depending on the asylum seeker's level of income, he or she may be required to make a financial contribution to C2S. As of April 1, 2024, the annual ceiling for C2S coverage without contribution was set at €10,166 for a single person, while a contribution was required for incomes up to €13,724.

Ad-Hoc Query on 2025.1 Provision of healthcare services for applicants for international protection

			<p>5. What kind of healthcare services (ie. what level of services) are adult applicants for international protection entitled to?</p> <p>Until they are affiliated with Social Security, adult asylum seekers can access urgent care for free, which includes:</p> <ul style="list-style-type: none">Care the absence of which would be life-threatening or could lead to a serious and lasting deterioration in your state of health or that of an unborn child.Care intended to prevent the spread of a disease to the family or community.All care for pregnant women and newborn babies: preventive examinations carried out during and after pregnancy, childbirth.Termination of pregnancy (whether voluntary or for medical reasons).The provision of certain medications <p>For non-urgent care, asylum seekers may access services, but they will be responsible for the costs. Once affiliated with Social Security, asylum seekers have access to more comprehensive care, benefiting from partial reimbursement through the French health insurance system, including:</p> <ul style="list-style-type: none">Medical consultations ;Medication ;Hospitalisation ;Specific care (dental care, optical care, etc.). <p>6. How are healthcare services for applicants for international protection organised during a mass influx of migrants?</p> <p>non applicable</p>
--	--	--	---


Ad-Hoc Query on 2025.1 Provision of healthcare services for applicants for international protection

	<p>EMN NCP Germany</p>	<p>Yes</p>	<p>1. Who is responsible for the provision of healthcare services for applicants for international protection in your Member or Observer Country?</p> <p>In Germany, the provision of health care services takes places in accordance with the Asylum Seekers' Benefits Act (AsylbLG; available online here: https://www.gesetze-im-internet.de/asylblg/BJNR107410993.html). The implementation of this law and the assumption of costs is at the discretion of the Federal States (Länder), which decide which authority or public body will be tasked with it (Art. 10, 10a Asylum Seekers' Benefits Act). Typically, the local governments are tasked with the provision and cost bearing of goods and services.</p> <p>2. How does an applicant for international protection seek medical treatment in your Member or Observer Country?</p> <p>The details of the provision of health care services vary substantially between the Federal States (Länder). Some Federal States issue specifically designed health care cards (in credit card format), which allow the cardholder to use the regular health services (e.g. doctors, hospitals). Invoicing is then regulated in contracts between the Federal States and selected statutory health insurance(s). Other Federal States provide medical points or have medical staff on site in their reception centres who provide basic medical care and can refer applicants to the respective specialised medical services (e.g. doctors, clinics, hospitals), if necessary. The referral includes the formal notification ("Kostenübernahmerklärung") that costs are to be invoiced to the cost bearer mentioned on the notification. In some of those Federal States with medical points, no referral is foreseen and instead contracted specialised medical services are made available within the reception centre, if possible. Furthermore, some Federal States distinguish between the type of reception centre (first arrival or "simple" reception centre) and/or whether the reception centre is run by the Federal State or a local authority. Within those reception systems the various types may provide more or less on-site medical services and rely respectively more or less on the regular public and private health care services available to the general population.</p> <p>Generally, however, the provision of health care services takes places in accordance with the Asylum</p>
---	-------------------------------	-------------------	--

Ad-Hoc Query on 2025.1 Provision of healthcare services for applicants for international protection

			<p>Seekers' Benefits Act which offers limited services (compared to the statutory health insurance). The above-mentioned formal notification is being issued upon request by the local competent public body and must be obtained prior to the appointment (except in case of an emergency).</p> <p>3. Does the staff of reception centres include healthcare personnel?</p> <p>Yes. Especially, the medical examination upon registration is carried out by contracted medical staff or service providers in the reception centres. This includes x-rays and check-ups with focus on infectious diseases and pregnancy.</p> <p>4. Who covers the costs of the healthcare services for applicants for international protection covered (i.e. how is the covering of costs organised)?</p> <p>Please see answer to Q1.</p> <p>5. What kind of healthcare services (ie. what level of services) are adult applicants for international protection entitled to?</p> <p>The Asylum Seekers' Benefits Act foresees the provision of basic care. This includes the treatment of pain and illness (incl. dental care, medication and medical supplies such as bandages, etc.), the necessary care during pregnancy and childbirth, and, with regard to prevention and disease control: vaccinations and medically recommended preventive examinations (Art. 4). Further services may be provided, if deemed necessary for the maintenance of life and health (Art. 6.1).</p>
--	--	--	---

Ad-Hoc Query on 2025.1 Provision of healthcare services for applicants for international protection

			<p>6. How are healthcare services for applicants for international protection organised during a mass influx of migrants?</p> <p>If 2001/55/EG is activated, the persons concerned - in accordance with the current legislation – have to be registered with one of the statutory health insurances. If a person had a job in Germany, he/she has to register himself/herself. If a person is unemployed, the respective social welfare service will register the person. They are entitled to the same services as German citizens. Medical services are provided in the reception centres, especially for the transitional period after arrival and until all applications have been processed. If the required medical services cannot be provided directly in the reception centre, the medical staff provides a basic care and refers/ directs to the specialised services, if needed.</p> <p>If there is a sudden increase in arrivals, the capacities could be expanded, e.g. additional staff (both; administrative and medical).</p>
	<p>EMN NCP Greece</p>	<p>Yes</p>	<p>1. Who is responsible for the provision of healthcare services for applicants for international protection in your Member or Observer Country?</p> <p>Provision of healthcare services for applicants for international protection in Greece takes place primarily by the public health care system.</p> <p>In particular, in accordance to art. 59 of Law 4939/2022 (Government Gazette A', 111/10-06-2022), in order to have access to healthcare services, employment, and social security, applicants for international protection are assigned a Temporary Number for Security and Health Care for Aliens (P.A.A.Y.P.A.). The P.A.A.Y.P.A. is granted along with the issuance of the International Protection Applicant's Card, corresponds to it and remains active throughout the examination of the application for international protection.</p>


Ad-Hoc Query on 2025.1 Provision of healthcare services for applicants for international protection

			<p>The holder of the P.A.A.Y.P.A. has access to health services based on the provisions of article 33 of Law 4368/2016 (A' 21). In case of rejection of the application for international protection for any of the reasons mentioned in this Code, and which does not have a suspensive nature, the P.A.A.Y.P.A. is automatically deactivated and the beneficiary ceases to have access to the above services. Exceptionally, when the rejection decision of the application for international protection concerns an unaccompanied minor, the P.A.A.Y.P.A. remains active until the return decision is executed or the unaccompanied minor reaches the age of majority, who still has access to the above services.</p> <p>2. How does an applicant for international protection seek medical treatment in your Member or Observer Country?</p> <p>Third country nationals or stateless persons who enter Greece without the necessary legal documentation have to undergo a reception and identification process, a crucial part of which is the medical and vulnerability screening, as it allows the Reception Authority to identify in a timely manner potential vulnerabilities and special reception needs, as well as risks for the public health, and take the necessary measures to respond to each case. The medical doctors who are employed within the Reception and Identification Service (RIS) Facilities are able to provide first degree medical treatment. If there is a need for a more in-depth examination of an individual's condition, referral to an appropriate public healthcare unit takes place. Similarly, following the completion of the registration process and during the stay phase, asylum seekers are examined by medical doctors and psychosocial support staff (psychologists and social workers). It is up to the competent staff to decide whether they can provide treatment within the Facility or further refer the case to an appropriate public healthcare unit.</p> <p>3. Does the staff of reception centres include healthcare personnel?</p>
--	--	--	--

Ad-Hoc Query on 2025.1 Provision of healthcare services for applicants for international protection

			<p>Medical doctors of various specialties, psychologists and social workers are employed through a service provider to provide first level medical and psychosocial care within RIS Facilities, or refer to public healthcare units, accordingly.</p> <p>4. Who covers the costs of the healthcare services for applicants for international protection covered (i.e. how is the covering of costs organised)?</p> <p>Healthcare services for applicants for international protection is provided in the same way as to Greek citizens and it is free of charge.</p> <p>5. What kind of healthcare services (ie. what level of services) are adult applicants for international protection entitled to?</p> <p>According to the Joint Ministerial Decision 605869/2022 (Government Gazette B', 5392/18-10-2022), healthcare services that adult applicants for international protection are entitled to, include among others: a) preventive medicine benefits; b) clinical, diagnostic, extra-clinical and laboratory examinations; c) dental care; d) hospital care; e) obstetric care; f) rehabilitation operations, such as physiotherapy, speech therapy, ergotherapy, psychotherapy as well as the provision of medical aids and consumables to deal with treatment and rehabilitation issues of the injury or disease or disease on a case-by-case basis; and g) pharmaceutical treatment.</p> <p>6. How are healthcare services for applicants for international protection organised during a mass influx of migrants?</p>
--	--	--	---

Ad-Hoc Query on 2025.1 Provision of healthcare services for applicants for international protection

			Please see response to Q.2.
	EMN NCP Hungary	Yes	<p>1. Who is responsible for the provision of healthcare services for applicants for international protection in your Member or Observer Country?</p> <p>The National Directorate for Aliens Policing (asylum authority)</p> <p>2. How does an applicant for international protection seek medical treatment in your Member or Observer Country?</p> <p>Provisions of Act LXXX of 2007 on Asylum (hereinafter referred to as Act LXXX of 2007) and Government Decree No. 301/2007 (of 9 November) on the Implementation of Act LXXX of 2007 on Asylum (hereinafter referred to as Government Decree) on healthcare of asylum-seekers not covered by any social security system, who are socially disadvantaged lay down the specific scope of healthcare services that asylum-seekers who are not covered by any social security system and are socially disadvantaged shall be entitled to have access to in Hungary.</p> <p>Pursuant to Section 26-28 of the Government Decree, in the event of his/her illness, an asylum-seeker is entitled to the following healthcare services per the separate piece of legislation free of charge if (s)he is not covered by any social security system: primary health care, examinations and medical treatment under care of general practitioners, examination and medical treatment, provided by specialised outpatient care in an emergency situation, as well as the medicine and dressings used therein, inpatient medical care provided in</p>


Ad-Hoc Query on 2025.1 Provision of healthcare services for applicants for international protection

			<p>an emergency situation by a medical establishment, as well as medical treatment as prescribed by the doctor therein, including surgical interventions as well as medical materials and prosthetic devices.</p> <p>Moreover, such a person is entitled to, until (s)he has recovered from his illness or his condition has become stabilised, following outpatient specialist care or inpatient medical treatment by a medical establishment, necessary examination(s) and medical treatment(s); medicines that are not included in the categories of medicines that persons entitled to prescription exemption (“közgyógyellátásra jogosultak”) are entitled to free of charge under the separate legislation and the medicines which can be prescribed with 90% or 100% social security subsidy under the „healthcare provision” and which cannot be substituted, medical aids necessary for the administration of the respective medicines, other medical appliances prescribed by a doctor and their repair, emergency dental care and orthodontic (i.e., tooth-retaining) treatment, as well as prenatal care and obstetric care and, under the conditions laid down in Act LXXIX of 1992 on the Protection of Foetal Life, intervention to terminate pregnancy, and age-specific compulsory vaccination as well.</p> <p>Furthermore, medical examinations conducted during an asylum related procedure and compulsory vaccinations prescribed by the national public healthcare administration body are also covered thereby under Section 28 (2) of the Government Decree.</p> <p>In addition to provisions of Section 26-27 of the Government Decree, pursuant to Section 34 of the Government Decree, asylum seekers with special needs are entitled to – in the light of their individual situation and on the basis of a specialist’s opinion – health services, rehabilitation, psychological and clinical psychotherapy, as well as psychotherapeutic treatment for free of charge if it is justified by their health condition free of charge.</p>
--	--	--	--

Ad-Hoc Query on 2025.1 Provision of healthcare services for applicants for international protection

			<p>3. Does the staff of reception centres include healthcare personnel?</p> <p>According to the legislation, provision of general practitioner care to an asylum-seeker accommodated in a reception centre is provided at the reception centre or under detention in asylum proceedings, and the asylum-seeker can receive primary health care outside general practitioner care in the framework of the care provided by the municipal authority as per his/her the place of accommodation. In previous years, where the number of persons accommodated was high, the asylum authority entered into contracts with private health care providers to provide general practitioner medical care in open reception centres. In recent years, due to the low numbers of accommodated persons, general practitioner care has been provided through the national public healthcare system as per territorial competence. The health care of persons under detention in asylum proceedings is provided by the primary care doctor or medics of the detention centre under contract with the body responsible for general police duties, on the basis of a cooperation agreement between the asylum authority and body responsible for general police duties. An asylum-seeker in private accommodation is entitled to care by the general practitioner providing healthcare under regional service obligation as per the asylum-seeker's place of accommodation.</p> <p>4. Who covers the costs of the healthcare services for applicants for international protection covered (i.e. how is the covering of costs organised)?</p> <p>Based on Section 28 of the Government Decree, costs of the healthcare services specified in the referred legal provisions will be reimbursed to the healthcare services by the National Directorate-General for Aliens Policing as Asylum Authority.</p> <p>5. What kind of healthcare services (ie. what level of services) are adult applicants for international protection entitled to?</p>
--	--	--	--

Ad-Hoc Query on 2025.1 Provision of healthcare services for applicants for international protection

			<p>Specialised health care may be provided by a health care provider with territorial responsibility to the asylum-seeker.</p> <p>6. How are healthcare services for applicants for international protection organised during a mass influx of migrants?</p> <p>Under the current legislation on asylum, Hungary has not experienced a mass influx of asylum seekers in recent years.</p>
	<p>EMN NCP Ireland</p>	<p>Yes</p>	<p>1. Who is responsible for the provision of healthcare services for applicants for international protection in your Member or Observer Country?</p> <p>Ireland accommodates protection applicants in both permanent accommodation centres across the State and in emergency accommodation centres, which have been used on a temporary basis due to lack of capacity within the permanent reception system. International Protection applicants (IPAs) may leave the accommodation at any time if they find their own accommodation.</p> <p>The International Protection Act 2015 provides for international protection applicants to receive medical cards where there is financial need (Government of Ireland, 2015; 66). The Health Service Executive (HSE) is responsible for the provision of medical cards and most protection applicants within the accommodation system use of the Medical Card scheme. There is an income limit to access this scheme. Medical cards provide access to general health services, for example, general practitioner (GP) services and prescription medications.</p>

Ad-Hoc Query on 2025.1 Provision of healthcare services for applicants for international protection

The Health Service Executive (HSE) is responsible for public healthcare provision in Ireland. In some cases the HSE relies on private practitioners who are able to accept medical cards. For example, General Practitioners (or family doctors) are private practitioners who can also accept patients with medical cards and are paid by the State when they see a patient with a medical card.

Where a medical card holder is refused by three GPs (General Practitioners), the HSE can assign one where capacity allows (the number of patients that HSE can assign to each GP is capped). Where it is not possible to assign a specific GP, the HSE provides GP sessional clinics for international protection applicants to attend.[1]

[1] Correspondence with the Health Service Executive.

2. How does an applicant for international protection seek medical treatment in your Member or Observer Country?

If they have a medical card, applicants access public health services through the same referral pathways as Irish citizens (see HSE Guide 'About the Irish Health System: A Guide for Refugees and Other Migrants').[1] This is generally through attending a GP who will refer onto the necessary services. If they have an illness or injury that the GP cannot fully diagnose or treat, the doctor will refer the patient to a specialist consultant. If the doctor thinks that they need urgent treatment, they will give a referral letter for a hospital's Local Injury Unit or Emergency Department. This can also be accessed without a referral but the IPA might need to pay.[2]

Ad-Hoc Query on 2025.1 Provision of healthcare services for applicants for international protection

			<p>[1] HSE Guide 'About the Irish Health System: A Guide for Refugees and Other Migrants' [2] Correspondence with the Health Service Executive.</p> <p>3. Does the staff of reception centres include healthcare personnel?</p> <p>The International Protection Accommodation Service (IPAS) is providing accommodation to almost 33,000 International Protection (IP) applicants. Currently, a mixture of IPAS accommodation centres, emergency commercial accommodation including hotels, hostels or other accommodation both temporary and permanent in nature, and tented sites, are being used. Commercial accommodation providers are not required to provide healthcare staff.</p> <p>The Comprehensive Accommodation Strategy, announced in March 2024, aims to address the current serious shortfall in accommodation for people seeking international protection and to build a more sustainable system for the longer term.[1]</p> <p>The HSE supports access to healthcare provision locally. In 2023 the HSE developed a 'Refugee and Applicants Seeking Protection (RASP) Service Delivery Model' to provide a flexible local healthcare response to address the unmet needs of new arrivals.[2] This approach can respond to areas of higher demand, different types of accommodation provision and local health service factors. It includes in-reach migrant health team supports including sign-posting to health services, catch-up immunisation clinics and additional GP sessions where local capacity challenges are identified.[3]</p> <p>[1] The Comprehensive Accommodation Strategy for International Protection Applicants 2024 [2] Note the HSE National Service Plan 2025 commits to reviewing the 'RASP Service Delivery Model' this year. [3] Correspondence with the Health Service Executive.</p>
--	--	--	--

Ad-Hoc Query on 2025.1 Provision of healthcare services for applicants for international protection

4. Who covers the costs of the healthcare services for applicants for international protection covered (i.e. how is the covering of costs organised)?

As mentioned above IPAs are entitled to the same medical care as Irish citizens. If they hold a medical card then all costs are met by the State. The HSE has guidelines in place in relation to the provision of medical cards to protection applicants who need access to the primary care services and in urgent need of medical care that they cannot afford. See here for more information. If IPAs are in employment their income will be included in their financial assessment for a medical card with eligibility determined on the basis of financial means.

If IPAs do not hold a medical card, they will have to pay for general practitioner services or medication in the same way an Irish national who does not qualify for a medical card would.

There are no hospital charges for public inpatient care or day service care. If a person without a medical card attends the Emergency Department of a public hospital without being sent by their GP they may be charged the standard fee. See here for more information.[1]

[1] <https://www.hse.ie/eng/about/who/acute-hospitals-division/patient-care/hospital-charges/>

5. What kind of healthcare services (ie. what level of services) are adult applicants for international protection entitled to?


If a person has a medical card they do not have to pay to see a GP or for most medicines a doctor prescribes.

A medical card also covers:

Ad-Hoc Query on 2025.1 Provision of healthcare services for applicants for international protection

			<p>public out-patient and in-patient services eye and ear tests dental checks standard aids and appliances</p> <p>Some health services are free of charge even if someone does not have a medical card. For example, all maternity services and immunisation services are free. There may be waiting lists for these services. Priority is based on medical need.</p> <p>If IPAs are pregnant or have small children, their GP may refer them to the local Public Health Nurse.</p> <p>6. How are healthcare services for applicants for international protection organised during a mass influx of migrants?</p> <p>While Ireland has seen a significant increase in international protection applicants in recent years from 2,649 in 2021 to 18,561 in 2024 which has required the rapid mobilization of a dedicated health response.[1] See the RASP service delivery model in Q3 above. Due to the increase, Ireland currently has a situation where the number of international protection applicants requiring accommodation is more than the number of beds available in the accommodation system. As a result an offer of accommodation cannot be made to everyone when they apply for international protection. IPAS undertakes a Vulnerability Triage with those they are unable to accommodate. If any health needs are identified through the Vulnerability Triage, persons are given the option to meet with HSE staff to see if medical care or medicine is required. This process is voluntary and it helps IPAS and the HSE to provide relevant information and recommend priority cases for accommodation allocation.[2]</p> <p>[1] https://ipo.gov.ie/en/ipo/pages/statistics [2] Correspondence with the Health Service Executive and the International Protection Accommodation Service, Department of Children, Equality, Disability, Integration and Youth.</p>
--	--	--	---

Ad-Hoc Query on 2025.1 Provision of healthcare services for applicants for international protection

	EMN NCP Italy	Yes	<p>1. Who is responsible for the provision of healthcare services for applicants for international protection in your Member or Observer Country?</p> <p>The National Health Service, through its regional branch , is responsible for providing healthcare to international protection applicants. Additionally, when the international protection applicant is accommodated in a reception facility, the managing body (whether a public or private entity) ensures the provision of complementary healthcare services. These services are tailored to the type and size of the facility and involve professional personnel (e.g., social workers) who assist applicants in accessing and utilizing healthcare services effectively.</p> <p>2. How does an applicant for international protection seek medical treatment in your Member or Observer Country?</p> <p>The international protection applicant is entitled to have a residence permit for the duration of his/her international protection request, which can be renewed until a final decision on the application is reached. The international protection applicant has the right to free mandatory registration with the National Health Service (SSN) and has the same rights to access healthcare services as an Italian citizen. (see the answers to the following questions). These rights include the freedom to choose a general practitioner.</p> <p>3. Does the staff of reception centres include healthcare personnel?</p> <p>Yes. The accommodation centers staff includes healthcare personnel, as outlined in the guidelines for</p>

Ad-Hoc Query on 2025.1 Provision of healthcare services for applicants for international protection

			<p>managing and operating reception centers, published by the Ministry of the Interior (Ministerial Decree of March 4, 2024, and its annexes).</p> <p>In this case, the working hours of the doctor and nurse are regulated on the facility's capacity. The commitment ranges from a minimum of 2 hours per day, 7 days a week, to a full-time presence of 50 hours per week for the doctor and 114 hours per week for the nurse in facilities with more than 850 occupants. In hotspot areas, which serve as first aid and reception facilities, is required the presence of a nurse, psychologist and doctor. This includes a minimum of 25 hours per week for both nurses and doctors and 14 hours per week for psychologists for facilities with up to 25 occupants, with increased hours as the facility's capacity grows.</p> <p>4. Who covers the costs of the healthcare services for applicants for international protection covered (i.e. how is the covering of costs organised)?</p> <p>The costs of healthcare services for international protection applicants are covered by the public National Health Service. These applicants have the same rights as Italian citizens regarding co-payment obligations. They may be exempt from co-payments if they meet the necessary requirements, such as exemptions based on income, chronic or disabling conditions, rare diseases, or pregnancy. This exemption applies to both specialist doctor visits and prescribed medications.</p> <p>5. What kind of healthcare services (ie. what level of services) are adult applicants for international protection entitled to?</p> <p>International protection applicants are required to register free of charge with the National Health Service (SSN) and have the same rights of access to primary, secondary, and tertiary assistance (based on the</p>
--	--	--	---


Ad-Hoc Query on 2025.1 Provision of healthcare services for applicants for international protection

seriousness of the situation) as Italian citizens. They are entitled to free access to medical services provided by general practitioners, maternity-related exams and consultations, and preventive care programs (e.g., vaccinations and screenings). They also have access to treatments provided during hospitalization and follow-up care, medical devices, medications for specific conditions (e.g., diabetes), prosthetics, orthotic devices, and technological aids designed for individuals with disabilities. As mentioned above, international protection applicants, similar to Italian citizens, are required to co-payment obligations. These include specialist visits, medications, diagnostic tests (instrumental and laboratory), and non-urgent services provided in emergency rooms. However, any applicable exemptions, as previously mentioned, remain in effect.

6. How are healthcare services for applicants for international protection organised during a mass influx of migrants?

During a mass influx of migrants, health services for international protection seekers remain guaranteed. While the enrollment in the National Health Service is pending, migrants may be issued a Temporarily Present Foreigner (STP) code. This code grants access to urgent or essential outpatient and hospital care, including continuous treatment, at public and accredited facilities. It also enables access to preventive health programs designed to protect both individual and public health. These services are provided free of charge, except for any applicable cost-sharing fees, which are the same as those for Italian citizens. In cases of financial hardship, exemptions from these expenses are available.

Ad-Hoc Query on 2025.1 Provision of healthcare services for applicants for international protection

	<p>EMN NCP Latvia</p>	<p>Yes</p>	<p>1. Who is responsible for the provision of healthcare services for applicants for international protection in your Member or Observer Country?</p> <p>The Office of Citizenship and Migration Affairs (OCMA) in Latvia is responsible for the reception and accommodation of asylum seekers. During the period when Latvia participated in the relocation program for persons in need of international protection (2016-2017), the Latvian asylum system faced various challenges, including the provision of healthcare services. Therefore, in cooperation with the Ministry of Health and the National Health Service, the OCMA prepared amendments to the Regulation of the Cabinet No. 555 of August 28, 2018, "Procedure for the Organization and Payment of Healthcare Services", including asylum seekers as one of the groups entitled to receive the minimum state-funded medical assistance.</p> <p>Within the procurement procedures, the OCMA concludes a contract for medical personnel services at the asylum seeker accommodation center (ASAC). The medical staff (nurse, general practitioner) are responsible for healthcare services at the ASAC and also organize asylum seekers' visits to state-funded healthcare services outside of the ASAC.</p> <p>2. How does an applicant for international protection seek medical treatment in your Member or Observer Country?</p> <p>Asylum seekers undergo an initial health check at the ASAC, and during their stay, nurses and general practitioner consultations are available. If asylum seekers require additional healthcare services, the ASAC's general practitioner or nurse will organize a visit to a specialist outside of the ASAC, as well as mandatory chest X-rays for tuberculosis diagnosis. Asylum seekers, like Latvian residents, have waiting time to receive healthcare services.</p> <p>Currently, the OCMA is implementing a project funded by the Asylum, Migration, and Integration Fund, which covers the costs of medication for asylum seekers – the acquisition of medications is also organized by the ASAC's general practitioner or nurse.</p>
---	------------------------------	-------------------	--


Ad-Hoc Query on 2025.1 Provision of healthcare services for applicants for international protection

			<p>Asylum seekers residing outside of ASAC also have the option to consult other general practitioners and use private healthcare services. However, practice shows that most asylum seekers prefer to consult the general practitioner at the ASAC to receive consultations, necessary referrals to specialists, and support in organizing appointments.</p> <p>3. Does the staff of reception centres include healthcare personnel?</p> <p>Currently, there are two ASACs in Latvia, which are structural units of the OCMA, and their staff does not include medical personnel. The OCMA organizes procurement procedures to ensure healthcare services at the ASAC. In one of the centers, there are two nurses available during working hours, and a general practitioner is available for a set number of hours per week (3 times a week, 4 hours each time). In the second center, which accommodates fewer asylum seekers, general practitioner consultations are available for specific hours per week.</p> <p>4. Who covers the costs of the healthcare services for applicants for international protection covered (i.e. how is the covering of costs organised)?</p> <p>The OCMA covers the costs of medical personnel services at the ASAC. The regulatory framework also stipulates that the OCMA covers the costs of initial psychiatrist consultations and testing for HIV and hepatitis B, although these services are not frequently used. The state budget covers the costs to ensure that asylum seekers have access to a minimum of state-funded medical assistance.</p>
--	--	--	--

Ad-Hoc Query on 2025.1 Provision of healthcare services for applicants for international protection

			<p>5. What kind of healthcare services (ie. what level of services) are adult applicants for international protection entitled to?</p> <p>Asylum seekers undergo an initial health check at the Accommodation centre, including a chest X-ray for tuberculosis diagnosis.</p> <p>Adult asylum seekers in Latvia are entitled to receive a minimum of state-paid medical care, which includes the following healthcare services:</p> <ul style="list-style-type: none">Emergency medical care;Maternity care (including care for pregnant women);Healthcare services provided by a general practitioner and other healthcare personnel employed in their practice;Dental care in emergency cases;Visits to specialized healthcare professionals to receive the necessary secondary care;Laboratory and diagnostic examinations, state-organized cancer screening;Reimbursable medications and medical devices;Inpatient healthcare in certain cases;Vaccination;Psychiatric care. <p>Asylum seekers are one of the groups exempt from patient co-payments.</p> <p>6. How are healthcare services for applicants for international protection organised during a mass influx of migrants?</p> <p>The Ministry of Health's adopted regulation from June 26, 2024, "On the Approval of the State Disaster Medical Plan" has approved the updated State Disaster Medical Plan, which includes a subsection titled "Actions in Cases of Mass Arrival of Asylum Seekers".</p>
--	--	--	---

Ad-Hoc Query on 2025.1 Provision of healthcare services for applicants for international protection

			<p>It is planned that in the case of a mass influx of asylum seekers, field camps will be established, where designated regional healthcare institutions will create medical care units, which will include first aid points, medical points (polyclinic), and 24-hour availability of on-duty doctors and medical specialists. Additionally, hygiene, food, and drinking water quality control, as well as epidemiological surveillance, will be carried out.</p>
	<p>EMN NCP Lithuania</p>	<p>Yes</p>	<p>1. Who is responsible for the provision of healthcare services for applicants for international protection in your Member or Observer Country?</p> <p>The responsibility for the provision of healthcare services to applicants for international protection in Lithuania lies with the state.</p> <p>2. How does an applicant for international protection seek medical treatment in your Member or Observer Country?</p> <p>In Lithuania, emergency medical care is provided in healthcare facilities. When seeking emergency medical care in Lithuania, a referral from a physician is not required. If an applicant for international protection is in detention, the staff of the detention facility may either provide assistance locally or organize a visit to a healthcare facility.</p> <p>3. Does the staff of reception centres include healthcare personnel?</p>

Ad-Hoc Query on 2025.1 Provision of healthcare services for applicants for international protection

All reception centers are required by law to either provide or to organize the provision of essential medical assistance as needed.

4. Who covers the costs of the healthcare services for applicants for international protection covered (i.e. how is the covering of costs organised)?


According to Article 47 of the Law on the Healthcare System, state-guaranteed (free) healthcare services for international protection applicants are funded by the Compulsory Health Insurance Fund, state or municipal budgets, or municipal public health special program funds.

5. What kind of healthcare services (ie. what level of services) are adult applicants for international protection entitled to?

Applicants for international protection are entitled to essential medical assistance, which includes first aid and emergency medical care provided in personal health care facilities. According to Order of the Minister of Health No. V-208 Regarding the Approval of the Description of the Procedure and Scope for the Provision of Essential Medical Assistance, dated 8 April 2004, emergency medical care includes services that are provided immediately or urgently in response to acute clinical conditions that pose a threat to the patient's or others' lives or when failure to provide timely care may result in severe complications.

Applicants for international protection who, upon acquiring the right to work under the Law on the Legal Status of Foreigners, gain employment and thus compulsory health insurance, are entitled to a broader range of healthcare services beyond essential medical assistance. This includes access to primary healthcare services, specialized outpatient and inpatient care, diagnostic tests, and medications or medical aids reimbursed by the Compulsory Health Insurance Fund.

Ad-Hoc Query on 2025.1 Provision of healthcare services for applicants for international protection

			<p>6. How are healthcare services for applicants for international protection organised during a mass influx of migrants?</p> <p>Various ad hoc solutions were applied during the mass influx of migrants in 2021. During the mass influx of migrants in 2021, mobile medical teams visited the camps to assess the health conditions of individuals. If a doctor prescribed medications, they were delivered directly to the person. In cases of acute health deterioration, emergency medical services were called. Larger accommodation facilities were equipped with medical stations where a family doctor and a nurse provided healthcare services. One example of the latter was the opening a new accommodation center in Naujininkai to host vulnerable asylum seekers. This center was equipped with a medical office, and an agreement was established with Antakalnis Polyclinic to provide medical services. A doctor and a nurse worked in the medical office two days per week, with the flexibility to increase their working hours or involve additional medical personnel if needed. Medical personnel brought an initial package of medications, while any additional required medicines were purchased by the facility's staff.</p>
	<p>EMN NCP Luxembourg</p>	<p>Yes</p>	<p>1. Who is responsible for the provision of healthcare services for applicants for international protection in your Member or Observer Country?</p> <p>In Luxembourg, the National Reception Office (NRO), established under the law of 4 December 2019 and governed by the amended Reception Law of 18 December 2015, is the primary body responsible for providing reception material conditions to applicants for international protection (AIPs), including access to healthcare services. This responsibility is carried out in collaboration with the Ministry of Health, through the Migrant Health Service (Service Santé Migrants), and the National Health Fund (CNS), ensuring</p>


Ad-Hoc Query on 2025.1 Provision of healthcare services for applicants for international protection

			<p>comprehensive and accessible healthcare throughout the reception process.</p> <p>2. How does an applicant for international protection seek medical treatment in your Member or Observer Country?</p> <p>AIPs in Luxembourg access healthcare through a structured process:</p> <p>Initial three-month probation period: During this time, AIPs must first visit the Migrant Health Service before seeing a doctor. If necessary, they receive a voucher for specialist consultations or medications. During this period, the NRO only covers urgent and essential medical care.</p> <p>Post-probation period: AIPs are registered with the CNS, gaining access to the same healthcare system as Luxembourg residents. The NRO helps cover medical costs according to CNS regulations. AIPs initially pay for medical services and medications, which are reimbursed by the CNS. To reduce financial burdens, the administration provides additional support through a dedicated revolving fund.</p> <p>3. Does the staff of reception centres include healthcare personnel?</p> <p>Reception facilities in Luxembourg do not directly employ healthcare personnel. Instead, they collaborate with the Migrant Health Service, public hospitals, and private healthcare providers. Additionally, the ethno-psychological unit within the first reception facility consists of nurses and psychologists who assess mental health needs and refer individuals to national healthcare services. In parallel, a small rotating team of psychologists provides occasional psychological follow-ups to ensure mental health support for AIPs.</p>
--	--	--	--

Ad-Hoc Query on 2025.1 Provision of healthcare services for applicants for international protection

			<p>4. Who covers the costs of the healthcare services for applicants for international protection covered (i.e. how is the covering of costs organised)?</p> <p>See answer to Q2. Healthcare costs for AIPs in Luxembourg are managed through a structured system. During the first three months, the NRO directly covers urgent and necessary medical expenses through a voucher system, ensuring that AIPs do not face out-of-pocket costs. After three months, AIPs receive coverage under the CNS system, a health insurance paid by the NRO. While the AIP initially pays for medical services, they are later reimbursed by the CNS, as every resident. The NRO also assists with medical expenses and pays monthly CNS contributions throughout the international protection procedure.</p> <p>5. What kind of healthcare services (ie. what level of services) are adult applicants for international protection entitled to?</p> <p>Adult AIPs in Luxembourg receive comprehensive healthcare services. During the initial three months, they have access to urgent and essential care, primary healthcare, maternal healthcare (ensuring access to maternity clinics and prenatal care), chronic disease management, mental health support, and necessary specialist treatments. The NRO ensures coordination with the Migrant Health Service. After three months, AIPs receive healthcare coverage equivalent to Luxembourg residents, granting access to all general, specialized, and long-term treatments under CNS.</p> <p>6. How are healthcare services for applicants for international protection organised during a mass influx of migrants?</p> <p>During a mass influx, Luxembourg maintains its established framework while adapting resources. This includes the mobilization of additional healthcare personnel and infrastructure, enhanced coordination among key stakeholders such as the NRO, the Migrant Health Service, and CNS, and ensuring</p>
--	--	--	--

Ad-Hoc Query on 2025.1 Provision of healthcare services for applicants for international protection

			<p>uninterrupted and equitable access to healthcare services, even under high migratory pressure.</p>
 <p>EMN NCP Netherlands</p>		<p>Yes</p>	<p>1. Who is responsible for the provision of healthcare services for applicants for international protection in your Member or Observer Country?</p> <p>The Central Agency for the Reception of Asylum Seekers (Centraal Orgaan opvang asielzoekers, COA) is responsible for the provision of healthcare services (both curative and public healthcare) for applicants for international protection in the Netherlands. The COA has the task of informing asylum seekers about the organisation of healthcare in the Netherlands. Additionally, they help identify socio-medical problems and help guide less able-bodied residents.[1]</p> <p>[1] Rijksoverheid, “Hoe is de gezondheidszorg van asielzoekers geregeld”, https://www.rijksoverheid.nl/onderwerpen/asielbeleid/vraag-en-antwoord/gezondheidszorg-asielzoekers, last accessed 20 January 2025.</p> <p>2. How does an applicant for international protection seek medical treatment in your Member or Observer Country?</p> <p>Asylum seekers can go to the contracted Healthcare Asylum Seekers (Gezondheidszorg Asielzoekers, GZA), a national practice for general practitioner care. There is a health centre in, or close to, every asylum centre. And if necessary, the general practitioner can refer asylum seekers to other healthcare providers such as medical specialists. Additionally, asylum seekers can call the Praktijklijn, the GZA’s central contact</p>

Ad-Hoc Query on 2025.1 Provision of healthcare services for applicants for international protection

			<p>centre 24/7. Asylum seekers are able to make an appointment with the GZA general practice and other healthcare providers via this number.[1] If an asylum seeker does not speak Dutch (or English) sufficiently, a healthcare provider can call in a professional interpreter by telephone if necessary. This is also applicable during walk-in consultation hours or during an appointment with a care provider.[2]</p> <p>[1] COA, “Medische zorg aan asielzoekers”, https://www.coa.nl/nl/medische-zorg-aan-asielzoekers, last accessed 20 January 2025.</p> <p>[2] GZA Healthcare, “Naar de dokter”, https://www.gzasielzoekers.nl/ikbenasielzoeker/dokter, last accessed 20 January 2025.</p> <p>3. Does the staff of reception centres include healthcare personnel?</p> <p>There is a GZA in, or close to, every asylum centre. There, a general practitioner works together with a practice nurse, a practice assistant for mental health care (PraktijkOndersteuner Huisarts Geestelijke Gezondheidszorg, POH-GGZ) and a practice assistant. All healthcare personnel have been trained for language and cultural differences.[1] The healthcare personnel are contracted by GZA.</p> <p>[1] COA, “Medische zorg aan asielzoekers”, https://www.coa.nl/nl/medische-zorg-aan-asielzoekers, last accessed 20 January 2025.</p> <p>4. Who covers the costs of the healthcare services for applicants for international protection covered (i.e. how is the covering of costs organised)?</p> <p>The COA covers all the costs of the healthcare services for applicants for international protection. COA</p>
--	--	--	---

Ad-Hoc Query on 2025.1 Provision of healthcare services for applicants for international protection

			<p>works together with a contracted Dutch healthcare insurers, who arranges the administration of the applicants and pays the costs of the healthcare providers. Afterwards, the COA reimburses the costs incurred to the insurer. Care is always provided in kind, via contracted care providers and asylum seekers have no own contribution and no excess. [1]</p> <p>[1] COA, “Payment of medical care”, https://www.coa.nl/en/payment-medical-care, last accessed 20 January 2025.</p> <p>5. What kind of healthcare services (ie. what level of services) are adult applicants for international protection entitled to?</p> <p>All healthcare that asylum seekers are entitled to is described in the Medical Care for Asylum Seekers Regulations (RMA). This, for example, includes audiological support and geriatric rehabilitation. The majority of the claims under the RMA correspond to the claims in the basic package of the Health Insurance Act. In addition, part of the care that falls under the Social Support Act (Wet maatschappelijke ondersteuning, Wmo) and the Long-term Care Act (Wet langdurige zorg, Wlz) also falls under the RMA.[1]</p> <p>All healthcare is entitled to care that healthcare providers usually provide and that is in accordance with the state of the art and practice. This is partly determined on the basis of efficiency and effectiveness. In addition, the care or service may not be unnecessarily expensive and/or unnecessarily complicated. Healthcare outside the Netherlands is only reimbursed if RMA Healthcare has given prior permission or if this care is urgent.[2] The care provider determines which care is medically necessary. The COA does not influence these choices.[3]</p> <p>Furthermore, asylum seekers are only fully eligible for the provisions from the RMA after 2 months. Until that time, they are only entitled to care that is medically necessary and care that cannot be delayed. This also applies to adults who have to leave the Netherlands again and are staying in a freedom-restricting centre or</p>
--	--	--	--

Ad-Hoc Query on 2025.1 Provision of healthcare services for applicants for international protection

family centre for that reason. And for residents of an enforcement and supervision centre (handhaving en toezichtlocatie, htl). The rule does not apply to children. [4]

Lastly, asylum seekers may receive a medical check after reporting to the registration centre and a tuberculosis check might be obligatory.

[1] RMA Healthcare, "Regeling medische zorg asielzoekers", https://www.rmasielzoekers.nl/Portals/8/20241101_RMA%202024_def.pdf?ver=puCieCocZuB8uKDpX257jw%3d%3d, p. 5, last accessed 20 January 2025.

[1] COA, "Payment of medical care", <https://www.coa.nl/en/payment-medical-care>, last accessed 20 January 2025.

[2] RMA Healthcare, "Regeling medische zorg asielzoekers", https://www.rmasielzoekers.nl/Portals/8/20241101_RMA%202024_def.pdf?ver=puCieCocZuB8uKDpX257jw%3d%3d, p. 5, last accessed 20 January 2025.


[3] COA, "Payment of medical care", <https://www.coa.nl/en/payment-medical-care>, last accessed 20 January 2025.

[4] COA, "Payment of medical care", <https://www.coa.nl/en/payment-medical-care>, last accessed 20 January 2025.

6. How are healthcare services for applicants for international protection organised during a mass influx of migrants?

Access to care and health insurance are arranged from the moment of registration in the COA-system. Before the registration, only emergency care is provided.

Ad-Hoc Query on 2025.1 Provision of healthcare services for applicants for international protection

	<p>EMN NCP Poland</p>	<p>Yes</p>	<p>1. Who is responsible for the provision of healthcare services for applicants for international protection in your Member or Observer Country?</p> <p>In accordance with the provisions of the Act of 13 June 2003 on Granting Protection to Foreigners within the Territory of the Republic of Poland (hereinafter referred to as the Act on Granting Protection), the Head of the Office for Foreigners (hereinafter referred to as the Head of the Office) is responsible for providing medical care to foreigners applying for international protection within the territory of the Republic of Poland. In accordance with art. 73 sec. 2 of the Act on Granting Protection, the Head of the Office provides medical care to the above-mentioned foreigners through a medical operator who performs on the basis of contract for the provision of medical care services provided to foreigners by the Head of the Office for Foreigners.</p> <p>2. How does an applicant for international protection seek medical treatment in your Member or Observer Country?</p> <p>Under art. 74 sec. 1 of the Act on Granting Protection, medical care is provided during the proceedings on granting international protection, starting from the day the foreigner reports to the centre for foreigners. However, in special situations related to a threat to life or health of the foreigner, medical care is provided from the day the foreigner submits an application for international protection. On the other hand, medical care for foreigners applying for social assistance in the form of a cash benefit to cover the costs of their stay in the territory of the Republic of Poland (outside of centres for foreigners) is provided to the foreigner from the day such an application is submitted. Medical care is provided to the foreigner during the proceedings on granting international protection and in accordance with art. 74 sec. 1 item 2 of the Act on Granting Protection, for 2 months from the date of delivery of the final decision on granting international protection or for a period of 14 days from the date of delivery of the final decision on discontinuation of the proceedings.</p>

Ad-Hoc Query on 2025.1 Provision of healthcare services for applicants for international protection

			<p>Medical care is carried out in medical locations in all centres for asylum seekers and in one of the premises of the Office for Foreigners in Warsaw. At each point the doctor, nurse and psychologist, provide primary care, as well as direct for specialist consultations, if required. Should medical consultation and diagnostic tests require hospitalisation, the physician will refer the foreigner to the nearest hospital that cooperates with the medical service provider.</p> <p>It is also worth mentioning that all foreigners applying for international protection who appear at reception centres for foreigners receive on the first day of their stay a set of information on the system of medical care provided by the Office for Foreigners. Information translated into the languages most commonly used by foreigners (Russian, Ukrainian, Georgian, Arabic and English) indicate: the scope of healthcare available, the place of providing services, the possibility of using a medical helpline dedicated to foreigners, how to act in the event of a sudden threat to life and health or in case of a sudden deterioration of health at night, on weekends and public holidays, as well as how to implement prescriptions for medicines and medical supplies.</p> <p>3. Does the staff of reception centres include healthcare personnel?</p> <p>Based on the agreement concluded by the Office for Foreigners with the medical operator, the contractor of the agreement is obliged to provide a medical office on the premises of each center for foreigners run by the Department of Social Aid of the Office for Foreigners. Thus, medical personnel are employed in each center for foreigners, but they do not directly constitute the center's staff and are not employed by the Office for Foreigners. Medical personnel are on duty in the centers during the shifts specified in the above mentioned agreement.</p> <p>4. Who covers the costs of the healthcare services for applicants for international protection covered (i.e. how is the covering of costs organised)?</p>
--	--	--	--

Ad-Hoc Query on 2025.1 Provision of healthcare services for applicants for international protection

			<p>The rules of granting healthcare services to foreigners applying for international protection are set out in the Act of June 13, 2003 on granting protection to foreigners in the territory of the Republic of Poland. Healthcare provided to asylum seekers in Poland is not based on universal health insurance. Legislation in force in Poland provides asylum seekers with access to medical care financed from a separate budget remaining - in the case of most healthcare benefits - at the disposal of the Head of the Office for Foreigners. This budget provides funding for the prevention and treatment of this group of patients. For certain health care benefits, such as those provided under programmes or vaccinations, the source of their funding is the budget of the minister responsible for health affairs or the budget of another state body. The above does not change the general principle that the Head of the Office for Foreigners is responsible for the proper functioning of the asylum seekers health system. The provision of medical services is based on a civil law agreement concluded between the Office for Foreigners and the Medical Operator.</p> <p>The scope of eligibility for medical care is in the case of asylum seekers the same as the scope of eligibility for publicly funded health care benefits provided to persons covered by compulsory or voluntary health insurance. The exception to the above rule is treatment and rehabilitation in sanatorium which are excluded from the catalogue of services provided free of charge to asylum seekers. Hence, foreigners applying for international protection are guaranteed comprehensive medical care including access to mandatory preventive vaccination.</p> <p>5. What kind of healthcare services (ie. what level of services) are adult applicants for international protection entitled to?</p> <p>The scope of medical care provided for persons applying for international protection, to whom the Head of the Office provides access to medical care, is identical to the scope of medical care provided for Polish citizens who have health insurance on the basis of performing work or conducting business activity. Only spa treatment and spa rehabilitation are excluded, in accordance with art. 73 sec. 1 of the Act on granting protection.</p>
--	--	--	---

Ad-Hoc Query on 2025.1 Provision of healthcare services for applicants for international protection

6. How are healthcare services for applicants for international protection organised during a mass influx of migrants?

Medical care is provided by the Head of the Office for Foreigners based on an agreement concluded between the Office and the entity providing medical care.


During a mass influx of migrants, healthcare services are organised in the same way as in normal conditions (which means cooperation with third party), except for a few possibilities that can be used in order to increase the medical staff or to ensure it wherever needed, which are:

There is an option to increase medical staff in reception facilities in the event of an massive influx of applicants by transferring doctors from the Epidemiological Filter to reception facilities. It's also worth to add, that not every applicant is required to go through the Epidemiological Filter (only applicants who present themselves at reception facilities and when is medical need to do so, in cases of applicants who chose private accommodation).According to the agreement the Office has right to open new reception facilities or change localization of them, which can help when there is a need to open a new facility during a mass influx. There is a possibility of reducing the monthly rate for providing medical care to one foreigner by 10% in the event of a mass influx of foreigners, i.e. when the number of foreigners entitled to medical care services in a given month is over 7,000 people. There is a possibility to change the agreement in order to extend the definition of foreigners, who are covered by medical care, in case of legal changes. The Office has also a possibility to lengthen the agreement without public procurement, in justified cases.

According to the National Crisis Management Plan during a mass influx medical care, medical transport, dental care and psychological care can be organize in cooperation with other entities, such as Ministry of National Defence, Police, State Fire Service. The Chief Sanitary Inspector is responsible for assurance sanitary and epidemiological protection in emergency accommodation facilities.

Also it must be added that the Head of the Office of Foreigners is responsible for covering medical care only for foreigners who apply for an international protection.


Ad-Hoc Query on 2025.1 Provision of healthcare services for applicants for international protection

	EMN NCP Portugal	Yes	<p>1. Who is responsible for the provision of healthcare services for applicants for international protection in your Member or Observer Country?</p> <p>Applicants for international protection and their family members are granted access to health care through the National Health Service, in accordance with the provisions of Article 52(1) of Law 27/08 of 30/06.</p> <p>2. How does an applicant for international protection seek medical treatment in your Member or Observer Country?</p> <p>In Portugal, an applicant for international protection (asylum seeker) can access medical treatment through the National Health Service (SNS), which provides healthcare to all residents, including those who are in the process of seeking international protection. Applicants that submit a declaration of application for international protection (DCAPPI) have access the National Health Service (SNS) free of charge, namely to primary care (health centers), hospital emergency and subsequent health care and national vaccination plan. They are also exempt from charges for consultations, exams and essential medicines.</p> <p>3. Does the staff of reception centres include healthcare personnel?</p> <p>Only one of the reception centers has a nurse who is part of the reception center's multidisciplinary team and who in turn has a protocol with the local health unit that allows a general practitioner to visit the center twice a week and make any necessary referrals to specialties. However, this nurse has been appointed Health Focal Point for asylum seekers and there will be changes soon. Although not all reception centers have healthcare personnel directly on-site at all times, they typically have access to health services through</p>

Ad-Hoc Query on 2025.1 Provision of healthcare services for applicants for international protection

			<p>partnerships with the National Health Service or nearby healthcare facilities. The centers are designed to ensure that asylum seekers receive adequate healthcare, including basic medical treatment and emergency care.</p> <p>4. Who covers the costs of the healthcare services for applicants for international protection covered (i.e. how is the covering of costs organised)?</p> <p>The National Health Service, in accordance with the provisions of Article 52(1) of Law 27/08 of 30/06.</p> <p>5. What kind of healthcare services (ie. what level of services) are adult applicants for international protection entitled to?</p> <p>Asylum seekers have free access to the health system for the purposes of emergency care, including diagnosis and therapy, and primary health care, as well as medicinal assistance, provided by the health services in their area of residence. (for more information vide Manual de Acolhimento no Acesso ao Sistema de Saúde de Cidadãos Estrangeiros https://www.acss.min-saude.pt/wp-content/uploads/2016/09/Manual-Acolhimento_vf.pdf)</p> <p>6. How are healthcare services for applicants for international protection organised during a mass influx of migrants?</p> <p>During a mass influx of migrants or a large number of asylum seekers in Portugal, the country will adjust its healthcare services to meet that increased demand and ensure that applicants for international protection continue to receive necessary care. The organization of healthcare services during such events involves coordination between governmental bodies, reception centers, healthcare providers, and humanitarian organizations. In response to mass influxes, the government may establish temporary or emergency reception centers to accommodate large numbers of asylum seekers. These centers are equipped to</p>
--	--	--	---


Ad-Hoc Query on 2025.1 Provision of healthcare services for applicants for international protection

			<p>provide immediate care and shelter. For example when we had the humanitarian mission from Afghanistan there were health screenings conducted to assess immediate medical needs, particularly for infectious diseases.</p>
	<p>EMN NCP Serbia</p>	<p>Yes</p>	<p>1. Who is responsible for the provision of healthcare services for applicants for international protection in your Member or Observer Country?</p> <p>Health care services for applicants for international protection are provided by public health institutions on primary (community health centres), secondary (polyclinics and hospitals) and tertiary level (university hospitals, clinics, institutes, etc.). Public health institutions are under the competence of the Ministry of Health. The Ministry and Commissariat for Refugees and Migration, the authority responsible for overall reception and material reception conditions, closely cooperate and coordinate in order to provide access to health service.</p> <p>2. How does an applicant for international protection seek medical treatment in your Member or Observer Country?</p> <p>Applicants approach the general practitioner at the community health centre in their place of residence directly. If treatment on secondary or tertiary level is needed, general practitioner will refer patient to competent institution.</p> <p>3. Does the staff of reception centres include healthcare personnel?</p>

Ad-Hoc Query on 2025.1 Provision of healthcare services for applicants for international protection

			<p>No. However, in order to facilitate provision of health service, especially to provide support by the cultural mediators who work in reception and asylum centres, community health centres often organize ambulatory work by medical teams consists of general practitioners and nurse in the centres. For the protection of mental health, psychologist is often member of the team.</p> <p>4. Who covers the costs of the healthcare services for applicants for international protection covered (i.e. how is the covering of costs organised)?</p> <p>According to the Law on Health Care, the costs of health services are covered by the Ministry of Health from the budget of the Republic of Serbia. In addition, support from the EU funds is provided through the projects.</p> <p>5. What kind of healthcare services (ie. what level of services) are adult applicants for international protection entitled to?</p> <p>Adult applicants for international protection are entitled to all three levels of health care that are part of the compulsory health insurance.</p> <p>6. How are healthcare services for applicants for international protection organised during a mass influx of migrants?</p> <p>The healthcare provision is organized in the same way in the case of mass influx with engagement of the additional medical teams by the Ministry of Health.</p>
--	--	--	--


Ad-Hoc Query on 2025.1 Provision of healthcare services for applicants for international protection

	<p>EMN NCP Slovakia</p>	<p>Yes</p>	<p>1. Who is responsible for the provision of healthcare services for applicants for international protection in your Member or Observer Country?</p> <p>Healthcare personnel in asylum facilities is responsible for the provision of basic healthcare services. An asylum applicant has to undergo a health screening in initial reception centre. If she/he needs further healthcare, a nurse/doctor is available or she/he will be referred to a specialist's clinic. Healthcare for asylum applicants is covered by the health insurance company with the largest number of insured persons, resp. by the Ministry of Health of the Slovak Republic.</p> <p>2. How does an applicant for international protection seek medical treatment in your Member or Observer Country?</p> <p>An asylum applicant is entitled to necessary healthcare both in initial reception and accommodation centres. If she/he needs additional, special healthcare, she/he is sent by healthcare personnel to the nearest specialist clinic or hospital within public healthcare providers. Even if an asylum applicant does not stay in accommodation centres (on the basis of a long-term pass), she/he is still entitled to necessary healthcare provided by healthcare personnel in the center or in the nearest clinic/hospital.</p> <p>3. Does the staff of reception centres include healthcare personnel?</p> <p>Yes, the staff in the reception centre and accommodation centres includes healthcare personnel such as doctors (general practitioners and paediatricians) and nurses who are employed on a contract or permanent</p>

Ad-Hoc Query on 2025.1 Provision of healthcare services for applicants for international protection

			<p>basis.</p> <p>4. Who covers the costs of the healthcare services for applicants for international protection covered (i.e. how is the covering of costs organised)?</p> <p>An asylum applicant who is not covered by public health insurance and who is not covered by health insurance in another Member State is entitled to payment for necessary healthcare regardless of where they are located within the territory of the Slovak Republic. Healthcare for asylum applicants is covered by the health insurance company with the largest number of insured persons, or by the Ministry of Health of the Slovak Republic.</p> <p>5. What kind of healthcare services (ie. what level of services) are adult applicants for international protection entitled to?</p> <p>An adult applicant for international protection is entitled to necessary healthcare according to Section 9h of the Health Insurance Act (580/2004).</p> <p>6. How are healthcare services for applicants for international protection organised during a mass influx of migrants?</p> <p>During a mass influx of migrants, the provision of healthcare is organised within the framework of the declaration of an emergency situation. In this case, state institutions, association of healthcare providers, municipalities and non-governmental organisations cooperate in the provision of healthcare. A mass influx of</p>
--	--	--	--

Ad-Hoc Query on 2025.1 Provision of healthcare services for applicants for international protection

			<p>migrants would be a big challenge for the public health system in the Slovak Republic, especially due to insufficient financial and personnel resources, even under normal conditions.</p>
	<p>EMN NCP Slovenia</p>	<p>Yes</p>	<p>1. Who is responsible for the provision of healthcare services for applicants for international protection in your Member or Observer Country?</p> <p>For the provision of healthcare services the responsible authority are the public healthcare service providers, except regarding the sanitary-medical check on arrival in reception center. The responsible authority for sanitary-medical checks is the Government Office for the support and care of migrants, which also provides additional psychiatric medical checks if deemed needed.</p> <p>2. How does an applicant for international protection seek medical treatment in your Member or Observer Country?</p> <p>The reception centre staff organizes the appointment at medical institutions and if necessary also provides transport and translation. The staff serves as an intermediary between applicants and healthcare providers in order to facilitate communication and coordination.</p> <p>3. Does the staff of reception centres include healthcare personnel?</p> <p>Yes.</p>

Ad-Hoc Query on 2025.1 Provision of healthcare services for applicants for international protection

4. Who covers the costs of the healthcare services for applicants for international protection covered (i.e. how is the covering of costs organised)?


Ministry of health.

5. What kind of healthcare services (ie. what level of services) are adult applicants for international protection entitled to?

Adult applicants are entitled only to emergency medical treatment. They have the right to:

1. emergency medical treatment and emergency ambulance transport as decided by a doctor, and the right to emergency dental treatment;
2. emergency treatment upon a decision of the attending doctor, which shall include:
 - preservation of essential functions, stopping serious haemorrhaging and preventing blood loss;
 - prevention of a sudden deterioration of the applicant's health condition that could cause permanent damage to individual organs or bodily functions;
 - treatment of shock;
 - services to address chronic diseases and conditions that, if not received, would lead directly and in a short period of time to disability, other permanent impairment of health or death;
 - treatment of febrile conditions and prevention of the spread of an infection that could lead to a septic condition;
 - treatment or prevention of poisoning;
 - treatment of bone fractures or sprains and other injuries requiring immediate intervention by a doctor;
 - medicinal products from the positive and intermediate lists in accordance with the list of mutually interchangeable medicinal products prescribed on prescription for the treatment of the diseases and conditions listed;

Ad-Hoc Query on 2025.1 Provision of healthcare services for applicants for international protection

			<p>3. women's healthcare: contraceptives, termination of pregnancy, medical care during pregnancy and childbirth.</p> <p>If the adult applicant is employed, he has the medical insurance on the basis on employment and rights also to other medical services.</p> <p>6. How are healthcare services for applicants for international protection organised during a mass influx of migrants?</p> <p>Same way.</p>
	<p>EMN NCP Spain</p>	<p>Yes</p>	<p>1. Who is responsible for the provision of healthcare services for applicants for international protection in your Member or Observer Country?</p> <p>The responsibility for the provision of healthcare services for applicants for international protection lies generally with the public health services of the Autonomous Region where the reception centre is located. This means that each Autonomous Region has the obligation to guarantee access to medical care and necessary treatment for applicants for international protection. This care includes access to primary and specialized care, as well as care in emergency situations.</p> <p>2. How does an applicant for international protection seek medical treatment in your Member or Observer Country?</p>

Ad-Hoc Query on 2025.1 Provision of healthcare services for applicants for international protection

The applicant for international protection -supported by the NGO staff or by the staff of the reception centre belonging to the Ministry reception network- has to contact the appropriate health care administration (public health services of the Autonomous Region) to request access to the Spanish Public Health System. Once the administrative procedure has been carried out, a health care card is provided to the international protection applicant to allow him to receive medical care under the same conditions as any Spanish citizen.

3. Does the staff of reception centres include healthcare personnel?

There are no permanent health care personnel in the reception centres in general. Daily (non-emergency) health care is organised differently according to the type of resource, its size and location.

In some large facilities periodic visits by healthcare personnel could be organized, if the size of the centre and/or the profile of the users require it. These visits are carried out by healthcare personnel coming from the Public Health Services or by professionals hired ad hoc by the NGO in charge of the management of the reception centre. These large reception centres have specialized medical facilities set up for this purpose. From a general point of view the scope of these healthcare controls provided corresponds to an evaluation of the general state of health of the users by means of general medical check-ups (blood pressure testing, weight control and other tests oriented towards a general evaluation of the users' health), which are essential in the early detection of special needs of the users ensuring that people's basic health needs are always covered (at this respect, special attention is paid to the vaccination schedule for accompanied minors).

In any case it is important to mention that the above-mentioned healthcare services provided in the reception centres are not a substitute of the medical care and healthcare attention provided in the public health system.

On the other hand, in smaller centres the users who live there have to attend to the corresponding healthcare centre of the Public Health System according to a previously scheduled appointment.

Emergency healthcare is guaranteed in all cases, regardless of the type of resource by means of immediate referral to the emergency services of the Public Health Systems by the staff of the reception centre.

Ad-Hoc Query on 2025.1 Provision of healthcare services for applicants for international protection

4. Who covers the costs of the healthcare services for applicants for international protection covered (i.e. how is the covering of costs organised)?

In a broad sense the healthcare services costs incurred by the users are supported by the Public Health System of the Autonomous Community in which the reception centre is located. However, there are certain items not covered by the Public Health System, being financed by the Ministry of Inclusion, Social Security and Migration.

5. What kind of healthcare services (ie. what level of services) are adult applicants for international protection entitled to?


To all those covered by the Public Health Service, without any exception:

- Primary care that including family doctor services, pediatrics, nursery and other healthcare professional services.
- Specialized medical care provided by specialists
- Medical care in serious medical emergencies
- Health prevention programs (vaccination, health education, etc.)
- Palliative care for people who have advanced and terminal illnesses.

In addition, other extraordinary services and benefits may be provided as they are financed by the services of the Spanish International Protection System when they are not covered by the Public Health System, such as:

- Oral health care,
- Eye care and glasses financing
- Ortho prosthetic material financing

Ad-Hoc Query on 2025.1 Provision of healthcare services for applicants for international protection

			<p>- Psychiatric care in specialized centres of the reception system aimed at caring for people with mental diseases</p> <p>6. How are healthcare services for applicants for international protection organised during a mass influx of migrants?</p> <p>Mass influx is an indeterminate and ambiguous concept that we'd rather not to use. When a certain area of the territory experiences an unexpected and large arrival of migrants, the Secretary of the State for Migrations -as responsible for the first reception- can establish extraordinary measures of coordination and support with the bodies in charge of the public health services in that territory, such as the establishment of specific days for the doctors' visits of the Regional Health Services to the reception facilities, in order to facilitate the organisation of the daily activity in the reference health centres; or additional coordination measures with those responsible for the reception devices for agile and efficient referrals.</p> <p>In any case, in maritime arrivals, the coastal care service financed and coordinated by the Secretary of State for Migrations in collaboration with the Spanish Red Cross NGO provides basic care during the arrival including a basic triage. After this first triage, the person can be immediately transferred to a hospital or to another specialized healthcare centre of the Public Health System if needed.</p>
	<p>EMN NCP Sweden</p>	<p>Yes</p>	<p>1. Who is responsible for the provision of healthcare services for applicants for international protection in your Member or Observer Country?</p> <p>Public health and medical care in Sweden is managed by county councils or regions. This include everyone,</p>


Ad-Hoc Query on 2025.1 Provision of healthcare services for applicants for international protection

			<p>citizens as well as international protection applicants. The public health and medical care is located throughout the country. It is the county council/region that decides which type of healthcare applicants can receive.</p> <p>2. How does an applicant for international protection seek medical treatment in your Member or Observer Country?</p> <p>When someone becomes sick or injured, the person should first turn to a healthcare centre. Often there is a need to make an appointment before visiting the healthcare centre. If interpreter is required this should be stated when making the appointment. If you become acutely ill and an ambulance is needed anyone can call the emergency number.</p> <p>3. Does the staff of reception centres include healthcare personnel?</p> <p>No.</p> <p>4. Who covers the costs of the healthcare services for applicants for international protection covered (i.e. how is the covering of costs organised)?</p> <p>The applicant for international protection pay a lower patient fee if showing the LMA card (the LMA card is provided for all applicants. LMA is an abbreviation of the Swedish name for the Reception of Asylum Seekers Act. The card is not an identity card, but a certificate that the person is an asylum seeker and that the person may be in Sweden during the time awaiting the decision regarding the application). Applicants also pay a lower cost for most medicines with a prescription from a doctor if showing the card at the</p>
--	--	--	--

Ad-Hoc Query on 2025.1 Provision of healthcare services for applicants for international protection

			<p>pharmacy. The applicant can apply for a special grant from the Migration Agency for the expenses. If the expenses exceed SEK 400 for doctors' appointments, patient transport, prescribed medicines and other health care (such as physiotherapy) during a 6 months period it is possible to apply for a special grant. The county councils and region have a right to compensation from the state for some of the costs that they have for the applicants' health care. Some costs are paid without an application for compensation from the state but for some costs the county councils/regions need to apply. The SMA representing the state pays the compensations and handles the applications for compensation.</p> <p>5. What kind of healthcare services (ie. what level of services) are adult applicants for international protection entitled to?</p> <p>Adult applicants for international protection are entitled to emergency healthcare and dental care, and health care that cannot wait. They are also entitled to childbirth care, abortion care, advice on contraception, maternity care and healthcare under the Swedish Communicable Diseases Act (a law intended to prevent the spread of contagious diseases).</p> <p>All asylum seekers are offered a health assessment and an invitation to a free health assessment is sent as soon as possible after the application.</p> <p>The health assessment is a possibility for applicants to enable to get prompt assistance if care is needed. At the health assessment, advice about health matters is given, the option of having tests done, and information about the health and medical care service in Sweden. The healthcare staff do not work for the Migration Agency and are bound by a duty of confidentiality.</p> <p>Applicants are entitled to an interpreter when visiting healthcare staff.</p> <p>6. How are healthcare services for applicants for international protection organised during a mass influx of migrants?</p>
--	--	--	--

Ad-Hoc Query on 2025.1 Provision of healthcare services for applicants for international protection

			<p>Regarding applicants under temporary protection directive the adult beneficiaries have the right to the same limited health care as applicant for international protection. The same applies for the county councils/region right to compensation. During mass influx the SMA have an obligation to inform applicants for international protection regarding health care and refer the applicants to the health care institutions. EMN SE are awaiting complete information from the the Swedish Association of Local Authorities and Regions.</p>
	<p>EMN NCP Ukraine</p>	<p>Yes</p>	<p>1. Who is responsible for the provision of healthcare services for applicants for international protection in your Member or Observer Country?</p> <p>According to Article 29 of the Law of Ukraine “On Refugees and Persons in Need of Complementary or Temporary Protection”, the Ministry of Health of Ukraine establishes the procedure for medical screening of persons in respect of whom a decision has been taken to process documents to resolve the issue of recognition as a refugee or a person in need of subsidiary protection, and the procedure for determining the age of the person. The Ministry of Health of Ukraine and local executive authorities in the field of healthcare provide mandatory medical screening and, if necessary, treatment of relevant persons. Healthcare facilities provide medical care to this category of foreigners in accordance with the Resolution of the Cabinet of Ministers of Ukraine of 19 March 2014 No. 121 “On Approval of the Procedure for Providing Medical Care to Foreigners and Stateless Persons Permanently Residing or Temporarily Staying on the Territory of Ukraine Who Have Applied for Recognition as Refugees or Persons in Need of Subsidiary Protection, in Respect of Whom a Decision has Been Made to Issue Documents for Resolving the Question of Recognition as Refugees or Persons in Need of Subsidiary Protection and reimbursement of the cost of medical services and medicines provided to foreigners and stateless persons temporarily residing or staying in Ukraine”.</p> <p>In temporary accommodation centres for refugees, which belong to the competence of the State Migration</p>

Ad-Hoc Query on 2025.1 Provision of healthcare services for applicants for international protection

			<p>Service of Ukraine, healthcare facilities (with an isolation unit) are set up and organise their activities in accordance with the law.</p> <p>2. How does an applicant for international protection seek medical treatment in your Member or Observer Country?</p> <p>Asylum seekers can apply to public healthcare facilities for medical care. Medical screening of asylum seekers and emergency medical care are provided for free (at the expense of budgetary funds allocated in the state and local budgets). For asylum seekers accommodated in temporary accommodation centres, medical care is provided by the staff of the healthcare centre. If necessary, an emergency (ambulance) team is called to transport the patient to healthcare facilities.</p> <p>3. Does the staff of reception centres include healthcare personnel?</p> <p>Temporary Accommodation Centres (TAC) are places of temporary accommodation for persons who have applied for recognition as a refugee or a person in need of subsidiary protection, in respect of whom a decision has been made to process documents to resolve the issue of recognition as a refugee or a person in need of subsidiary protection, and who have been recognised as a refugee or a person in need of subsidiary protection. Healthcare facilities have been set up and staffed by regular employees of the TAC.</p> <p>4. Who covers the costs of the healthcare services for applicants for international protection covered (i.e. how is the covering of costs organised)?</p>
--	--	--	--

Ad-Hoc Query on 2025.1 Provision of healthcare services for applicants for international protection

			<p>The costs of providing medical services within the framework of medical examinations and emergency medical care are covered by budgetary funds allocated in the state and local budgets.</p> <p>5. What kind of healthcare services (ie. what level of services) are adult applicants for international protection entitled to?</p> <p>Asylum seekers have the right to receive emergency medical care free of charge. Other types of medical care must be covered by asylum seekers at their own expense</p> <p>6. How are healthcare services for applicants for international protection organised during a mass influx of migrants?</p> <p>No cases of massive influx of migrants have been recorded. However, national legislation stipulates that persons in need of temporary protection are entitled to free emergency medical care in public healthcare facilities.</p>
--	--	--	---

Ad-Hoc Query on 2025.1 Provision of healthcare services for applicants for international protection