REFUGEE HEALTH IN GERMANY –ACCESS TO CARE AND HEALTH PROMOTION

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HAW HAMBURG

CASE STUDY

Background:

Germany hosts more than 1.3 million refugees, posing challenges to health care, public health and health promotion.
Refugees require information, competences and access to care.
The specific situation of forced migration, the burdening situation of emergency housing and the language barrier are the most important challenges.

Goal:

Identify challenges and possible solution strategies regarding access to care and health promotion measures.
Focus: health insurance card in Hamburg and offer of primary health care in initial reception centers

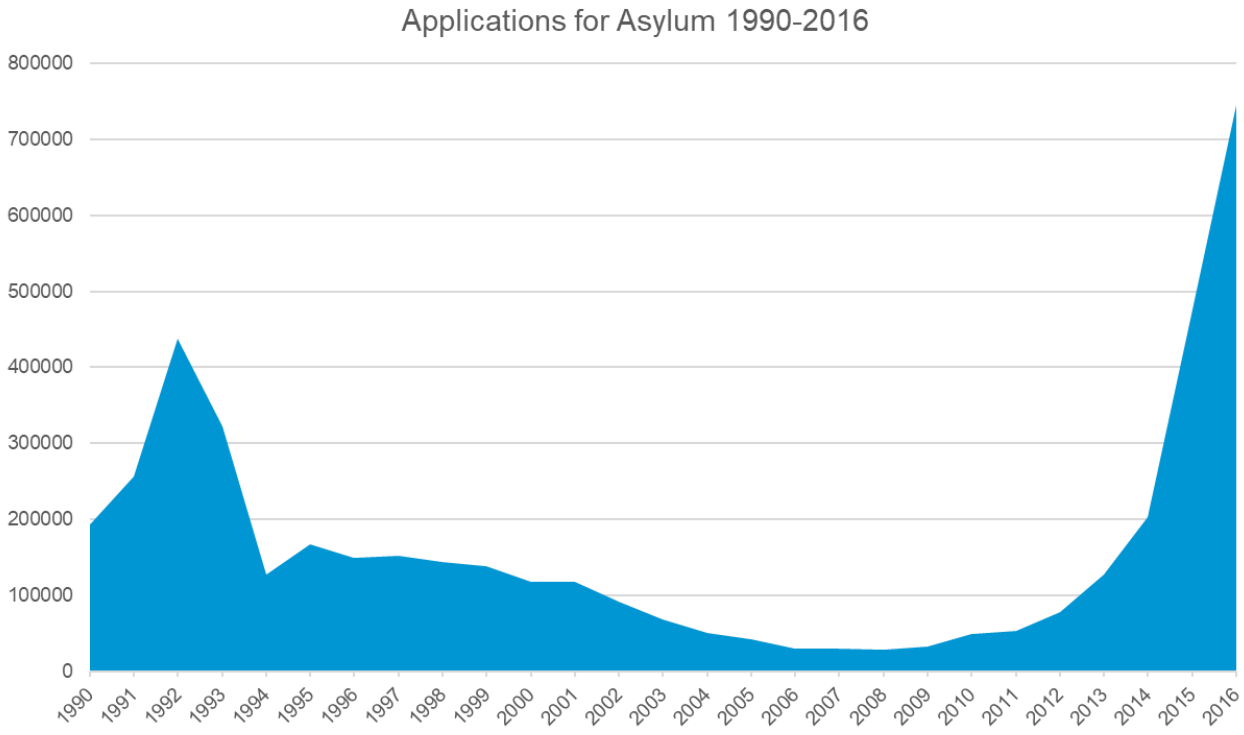
Methods:

policy-analysis combined with an analysis of experiences from a peer-to-peer health promotion facilitator programme, in which the author collaborated with refugees in Hamburg, Germany, since 2015.

Topics:

Development of Applications for Asylum, Health Care Regulations for Asylum Seekers, Situation of Emergency Care
Health Needs of Refugees in Germany,
Suggestions for structural change.

DEVELOPMENT OF APPLICATIONS FOR ASYLUM



Data: Federal Office of Migration 2017

- Legal entitlement to asylum after 1953 followed the idea that refugees FROM Germany during National Socialism had needed refuge and, many had been rejected by other states.
- The right to apply for asylum in Germany was based mainly on political, ethnic or religious persecution.
- After the fall of the iron curtain and during the Yugoslavian wars, the number of asylum seekers rose drastically.
- Germany enforced more restrictive legislation and numbers declined.
- The war in Syria brought many new asylum seekers, chancellor Merkel opened the boarder in August 2015.

ASYLUM AFTER 1993

- In 2015, Greece and Hungary received very high refugee immigration, leading to acute crisis.
- People were drowning in the Mediterannian and pictures of children dead on the coast or as war victims raised empathy.
- German government decided to open German boarders to support the European neighbours.
- Following, more than 1,2 million refugees immigrated into Germany.
- In 2016, EU and Turkey negotiated a „deal“ that Turkey would keep refugees back, currently African states negotiate with EU.

CHALLENGES TO HEALTH SYSTEM

Sheer numbers…

> 1 Mio immigrants within 1 year pose a challenge to

- health care: access to adequate care
- public health: avoid outbreaks of infectious diseases, vaccinate, identify health needs, information and competences for health promotion and prevention.

…and specific needs…

due to forced migration (persecution, violence, war in the home country; suffering from malnutrition, violence and lack of shelter during migration) and the burdening situation in Germany (emergency housing, language barrier, unfamiliarity with health system)

…lead to higher need of care and specific care which would not be usual in Germany.

HEALTH CARE FOR ASYLUM SEEKERS

Chaotic conditions on arrival in 2015: Arriving refugees suffered from conditions unusual in Germany.

Restricted access to health care: „Asylum Seekers Benefit Act“ (1993) excludes refugees from statutory health insurance for the first 15 months of their stay in Germany. If status is unclear, restricted entitlement is maintained. Responsible: Federal Ministry of Social Affairs (Not: MoHealth)

Government agencies (local social services, department or public health) ensure refugee health care and collaborate with health care facilities.

Examination and vaccination on arrival (entitlement AND obligation). Due to relocation and lack of documentation refugees were examined and vaccinated repetetively. Multilingual vaccination passport and documentation book was developed in 2016 by Bozorgmehr a.o., but is not used only in pilot projects.

Health care includes **necessary** treatment by a doctor/dentist, vaccinations and medically indicated preventive examinations if refugees are acutely ill, are suffering pain, are pregnant.

Children, expecting mothers, victims of torture and violence as well as people with disabilities are considered **particularly vulnerable** and given particular consideration in health care provision. **Antiretroviral treatment for HIV-infected is NOT provided.**

RESTRICTED CARE FOR THE MOST VULNERABLE

Refugee Health Risks from forced migration

- **Persecution:** political, ethnic, religious, sexual.
- **Experience of violence**: war, expulsion, terror, exploitation, torture, rape.
- **Further physical threat:** danger, hunger, thurst, heat, cold, exhaustion, catastrophes.
- **Social and Mental Trauma:** body and soul, loss of family, friends, social network, home, fear of deportation.
- **Diseases:** Infections, posttraumatic stress disorders.

Ressources

- strength, network, organisation, hope, luck
- will to be active and „make it“ in Germany: work, learn language, send money home…

EMERGENCY ACCOMMODATION: LIFE IN A FORMER HARDWARE STORE

End of 2015 in Hamburg:
39 initial reception centers + 87 secondary accommodations housing 21.000 people

- no walls
- no proper heating
- 6 toilets for 800
- 3 showers
- no hand sanitizers
- communal feeding

Plan: max 3 months

Real time of stay:
Often >1-2 years

EMERGENCY SHELTERS FOR THOUSANDS

2016 in Hamburg	2017 in Hamburg
28 initial reception centers	
6021 inhabitants	5.000 inhabitants
Still: communal catering	
No peace an quiet, violence	
real time of stay:	
often >1-2 years	Goal 2018:
	2 facilities, both
	container settlements
121 secondary temporary	
accommodations for	
26.655 refugees	30.000 refugees
walls established	
toilets outside	

HEALTH CARE IN EMERGENCY ACCOMMODATIONS WAS NOT PROVIDED 100%: LANDER AND COMMUNAL RESTRICTIONS

- Medical consultations in reception centres in some federal states: doctors offer consultations in the reception centres during specific clinic hours.
  Case: Hamburg offers GP care, but no midwifery care although midwives are not to be acquired otherwise due to shortage in staff, tele-translation available.
- Responsible: ministry of the INTERIOR.
- If refugees get secondary emergency housing or proper housing, they have to use the ordinary system, but with restricted entitlement to care. You must find your own GP etc.

BELEGUNG 15.10.2015	Bewohner Anzahl	Gesamtstd. Zahl ärztl. Sprechstd.	SOLL Allg. Med. Stunden	IST Allg. Med. Stunden	SOLL Assistenz Med. Stunden	IST Assistenz Med. Stunden	Soll Pädiater Stunden	Ist Pädiater Stunden	Soll Assistenz Pädiater Stunden	Ist Assistenz Pädiater Stunden	Ist Stunden in % Arzt	Assistenz	Arzt	MFA
Rechnerische Belegung ZEA Harburger Poststraße														
Faktische Belegung ZEA Harburger Poststraße														
Schnackenburgallee (Team 1) nach Aussage ausreichend besetzt	1.344	52	46	33	52	33					Arzt 72%	MFA 72%		
Pädiatrie Altonaer Kinderkrankenhaus (Team 1und 2)							8	8	8	8	Arzt 100%	MFA 100%		
Schnackenburgalle (Team 2 /Zelte) Praxis im Container	1.534	50	50	48	50	48					Arzt 96%	MFA 96%		
Heselstücken	550	20	15,5	9	15,5	9	mit 58% Quote ausreichend besetzt, Sprechzeiten reichen nach Aussage Dr. Breest wg 2 jähriger Konstanz in der Besetzung				Arzt 58%	MFA 58%		
							2,5	2,5	2,5	2,5	Arzt 100%	MFA 100%		
Niendorfer Straße	320	12	9	6	9	6					Arzt 66%	MFA 66%		
							2,5	3	2,5	3	Arzt 100%	MFA100%		
Jenfelder Moorpark TEN	800	32	26	3,5	32	3,5	geplanter Ausbau der Sprechstunden ab 19.10.15 /Praxis Dr. Samadzade				Arzt 13%	MFA 13%		
							6	6	6	6	Arzt 100%	MFA 100%		
Schwarzenberg	750	30	24	6	24	24	geplanter Ausbau der Sprechstunden ab 19.10.15 / Mobiles Team				Arzt 25%	MFA 100%		
							6	3	6	3	Arzt 50%	MFA 50%		
Dratelnstraße	1676	64	52	42	64	42					Arzt 66%	MFA 66%		
							12	10	12	10	Arzt 83%	MFA 83%		
Holstenhofweg	383	15	11	6	11	6	mit 55% Quote ausreichende Versorgung wg langer Konstanz des Personals				Arzt55%	MFA 55%		
							4	4	4	4	Arzt 100%	MFA 100%		
Ohlstedter Platz	410	16	12	4	12	TEN Übergabe am 21.10.15					Arzt 33%	MFA 0%		

Source: Susanne Pruskil, Gesundheitsamt Altona

REFUGEE HEALTH CARD

Federal system: „lander“ responsiblity: Bremen, Hamburg, Berlin introduced Electronic Health Card for refugees, some like Bavaria refused, others allowed communal level to decide (Bochum has E-Health-Card, Essen does not, they are neighbouring large cities in North-Rhine Westfalia)
Communal level is reimbursed for average costs only by lander level.

With this card refugees can consult doctors
directly without first obtaining confirmation from government agencies

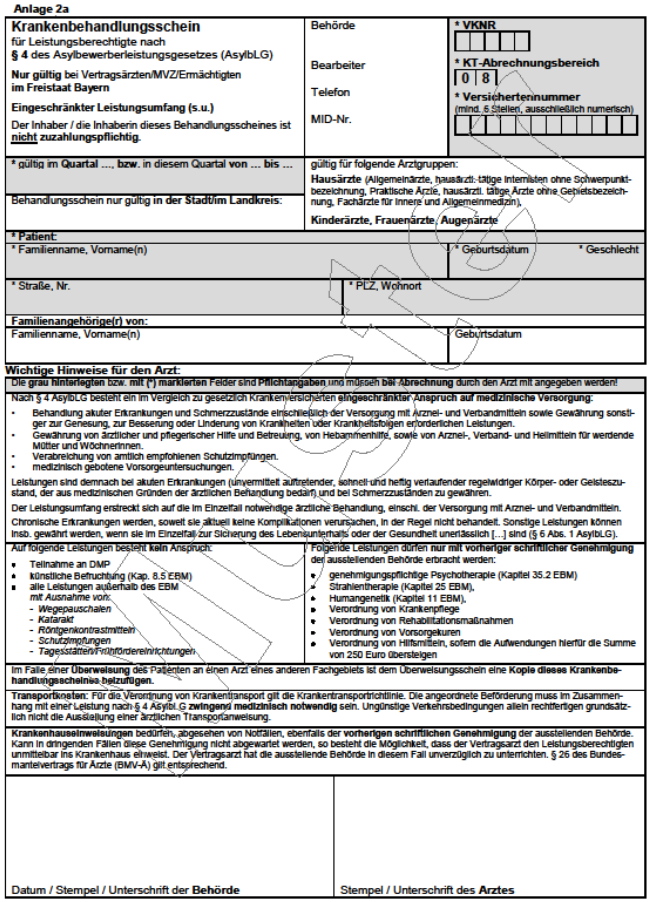
- Easy to handle for care providers
- Long duration
- Easy to carry along
- Handy in emergencies
- Personalized
- Avoids insecurity on the side of the health care providers as to which treatments will be reimbursed and additional administrative work.
- Insurance gets refund from local government.

MEDICAL TREATMENT VOUCHER

…handed out by local government agencies (e.g. social services department)

Problems

- prior to treatment,
- Valid for limited period
- decision made by administrator, not health professional
- refugees are must present this medical treatment voucher to get access to hospital or doctor.
- difficult to understand for doctors
- not available on weekends
- refugees died, even children, because no voucher was presented
- local government pays the provider directly, some cities are very restrictive practitioners are afraid they will not get a refund.



Anlage 2a

Krankenbehandlungsschein
für Leistungsberechtigte nach
§ 4 des Asylbewerberleistungsgesetzes (AsylbLG)
Nur gültig bei Vertragsärzten/MVZ/Ermächtigten **im Freistaat Bayern**
Eingeschränkter Leistungsumfang (s.u.)
Der Inhaber / die Inhaberin dieses Behandlungsscheines ist **nicht zuzahlungspflichtig.**

Behörde
Bearbeiter
Telefon
MID-Nr.

* VKNR
* KT-Abrechnungsbereich 0 8
* Versichertennummer (mind. 6 Stellen, ausschließlich numerisch)

* gültig im Quartal ..., bzw. in diesem Quartal von ... bis ...
Behandlungsschein nur gültig in der Stadt/im Landkreis:

gültig für folgende Arztgruppen:
Hausärzte (Allgemeinärzte, hausärztl. tätige Internisten ohne Schwerpunktbezeichnung, Praktische Ärzte, hausärztl. tätige Ärzte ohne Gebietsbezeichnung, Fachärzte für Innere und Allgemeinmedizin),
Kinderärzte, Frauenärzte, Augenärzte

*** Patient:**
* Familienname, Vorname(n) | * Geburtsdatum | * Geschlecht
* Straße, Nr. | * PLZ, Wohnort
Familienangehörige(r) von:
Familienname, Vorname(n) | Geburtsdatum

Wichtige Hinweise für den Arzt:
Die **grau hinterlegten bzw. mit (*) markierten** Felder sind **Pflichtangaben** und müssen **bei Abrechnung** durch den Arzt mit angegeben werden!
Nach § 4 AsylbLG besteht ein im Vergleich zu gesetzlich Krankenversicherten **eingeschränkter Anspruch auf medizinische Versorgung**:
- Behandlung akuter Erkrankungen und Schmerzzustände einschließlich der Versorgung mit Arznei- und Verbandmitteln sowie Gewährung sonstiger zur Genesung, zur Besserung oder Linderung von Krankheiten oder Krankheitsfolgen erforderlichen Leistungen.
- Gewährung von ärztlicher und pflegerischer Hilfe und Betreuung, von Hebammenhilfe, sowie von Arznei-, Verband- und Heilmitteln für werdende Mütter und Wöchnerinnen.
- Verabreichung von amtlich empfohlenen Schutzimpfungen.
- medizinisch gebotene Vorsorgeuntersuchungen.

Leistungen sind demnach bei akuten Erkrankungen (unvermittelt auftretender, schnell und heftig verlaufender regelwidriger Körper- oder Geisteszustand, der aus medizinischen Gründen der ärztlichen Behandlung bedarf) und bei Schmerzzuständen zu gewähren.
Der Leistungsumfang erstreckt sich auf die im Einzelfall notwendige ärztliche Behandlung, einschl. der Versorgung mit Arznei- und Verbandmitteln.
Chronische Erkrankungen werden, soweit sie aktuell keine Komplikationen verursachen, in der Regel nicht behandelt. Sonstige Leistungen können insb. gewährt werden, wenn sie im Einzelfall zur Sicherung des Lebensunterhalts oder der Gesundheit unerlässlich [...] sind (§ 6 Abs. 1 AsylbLG).

Auf folgende Leistungen besteht **kein** Anspruch:
- Teilnahme an DMP
- künstliche Befruchtung (Kap. 8.5 EBM)
- alle Leistungen außerhalb des EBM
  mit Ausnahme von:
  - *Wegepauschalen*
  - *Katarakt*
  - *Röntgenkontrastmitteln*
  - *Schutzimpfungen*
  - *Tagesstätten/Frühfördereinrichtungen*

Folgende Leistungen dürfen **nur mit vorheriger schriftlicher Genehmigung** der ausstellenden Behörde erbracht werden:
- genehmigungspflichtige Psychotherapie (Kapitel 35.2 EBM)
- Strahlentherapie (Kapitel 25 EBM),
- Humangenetik (Kapitel 11 EBM),
- Verordnung von Krankenpflege
- Verordnung von Rehabilitationsmaßnahmen
- Verordnung von Vorsorgekuren
- Verordnung von Hilfsmitteln, sofern die Aufwendungen hierfür die Summe von 250 Euro übersteigen

Im Falle einer **Überweisung** des Patienten an einen Arzt eines anderen Fachgebiets ist dem Überweisungsschein eine **Kopie dieses Krankenbehandlungsscheins beizufügen.**
Transportkosten: Für die Verordnung von Krankentransport gilt die Krankentransportrichtlinie. Die angeordnete Beförderung muss im Zusammenhang mit einer Leistung nach § 4 AsylbLG **zwingend medizinisch notwendig** sein. Ungünstige Verkehrsbedingungen allein rechtfertigen grundsätzlich nicht die Ausstellung einer ärztlichen Transportanweisung.
Krankenhauseinweisungen bedürfen, abgesehen von Notfällen, ebenfalls der **vorherigen schriftlichen Genehmigung** der ausstellenden Behörde. Kann in dringenden Fällen diese Genehmigung nicht abgewartet werden, so besteht die Möglichkeit, dass der Vertragsarzt den Leistungsberechtigten unmittelbar ins Krankenhaus einweist. Der Vertragsarzt hat die ausstellende Behörde in diesem Fall unverzüglich zu unterrichten, § 26 des Bundesmantelvertrags für Ärzte (BMV-Ä) gilt entsprechend.

Datum / Stempel / Unterschrift der **Behörde**
Stempel / Unterschrift des **Arztes**

FINDING CARE

- Refugees are entitled to **choose their health care provider**.
- **Structural problems** of primary care make free access difficult.
- Most refugees are used to systems of hospital/ clinical care, **navigating the decentralized German system is difficult.**
- General practitioners are gatekeepers to specialists, but many do not have the capacity to take on extra patients.
- **Traumatherapists** are lacking, language capacity is lacking.
- **Midwives** are not able to take on extra clients for ante- and postnatal care, women who know the system look for a midwife before conception.
- Refugees are perceived as **difficult patients** by providers: language and cultural misunderstandings, unusual illnesses or health burdens, restrictions in entitlement, no ressources to pay „extra“ for care on top of statutory health insurance. „We cannot take new patients“.
- **High use of ambulant care in hospitals and of emergency care**.

CONCLUSION: STRUCTURAL CHANGES ARE NECESSARY

Funding by federal level, Change federal cooperation

multilingual health information on the internet
translator and cultural mediator programmes for hospitals
intercultural competencies trainings for health professionals
offer medical care in refugee accommodations by local government, reimburse by federal government
Make ministry of health responsible, not ministry of the interior or of social affairs.

Change asylum legislation

Re-open statutory health insurance to all refugees,
at least make health card obligatory everywhere
reimburse membership costs via federal ministry of health, not local or lander government

Address primary care structural problems

enough midwives, GPs and rural care centers

SOURCES

Faerber, Christine; Kama Nita; Aboelyazeid, Omar 2016, REFUGIUM Refugee Health Awareness and Empowerment Programme, Presentation at 9th European Public Health Conference in Vienna, 11.11.2016.

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Bundesministerium für Gesundheit 2015: Health Guide for asylum seekers in Germany. Berlin.

Federal Ministry of Social Affairs 2018: Presentation of Health Care for Refugees, Berlin.

Thank you for your attention!

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شكرا Благодаря Teşekkürler

благодаря

Danke با تشکر Thanks

Faleminderit

RESTRICTED CARE FOR THOSE MOST IN NEED: RISKS AND RESSOURCES FROM FORCED MIGRATION

Risks

- Persecution: political, ethnic, religious, sexual
- Violence: War, expulsion, terror, catastrophes, exploitation
- Danger, hunger, thurst, heat, cold, exhaustion
- Trauma: body and soul, loss of family, friends, social network, home, fear
- Diseases: Infections, posttraumatic stress disorders

Ressources

- strength, network, organisation, hope, luck
- will to be active and „make it“ in Germany: work, learn language, send money home…

HEALTH NEEDS, CHALLENGES AND RESSOURCES IN GERMANY

Risks

- Dependency: Bureaucracy, Waiting for Asylum status decision, fear of deportation, being pushed arround
- Inactivity: no work permit, no own household, not even cooking, no education – only if status is decided (oherwise only NGO-support), paternalization, incapacitation
- Being an alien: language, structure, society, health system, culture…
- Mass shelters: no choice of nutrition, bad hygiene, no peace and privacy
- Stigmatisation and victimization
- Restrictions in health care.

Ressources

Safety (dependent on situation in accomodations and status regarding deportation), shelter, food, basic health care, language courses, volunteer support, education and integration offers

HEALTH PROBLEMS WORSEN AFTER SOME MONTHS

- **Communal nutrition** is perceived as forceful and often not consumed, leading to severe under- and malnutrition
- **Hygienic situation** worsens as inhabitants do not feel responsible for shared facilities (mold, vermin, misuse of toilets etc.)
- **Violence:** inhabitants are afraid of violence by right wing assassins or fellow inhabitants
- **Isolation:** many locations of accommodations are cut off from the city (no buses in the evenings or on weekends), many refugees are very alone, cultural mixture is a challenge
- Many are **not physically active** any more, e.g. some women do not dare engage in physical activity in front of strangers
- **Mental health** declines decisively: initial euphoria or relief gives way to frustration, PTSD develops, fear of deportation prevails, experience of arbitrary administrative decisions regarding asylum (Afghanistan: Bremen declined 34%, Brandenburg 62%, Irak: Berlin declined 42%, Bremen 3%).