Adjusting health financing for people fleeing conflict: policy guidance for countries in Europe

WHO Barcelona Office
for Health Systems Financing

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Acknowledgements

Introduction

Since the Russian Federation invasion of Ukraine began on 24 February 2022, over three million people from Ukraine have fled to neighbouring countries *(1)*. In the coming months, many more are expected to migrate to, or seek asylum in, European countries. Countries have been responding quickly, but the sudden arrival of a large number of people fleeing conflict puts pressure on host countries' health systems, which already have been pushed to the brink by the COVID-19 pandemic.

The objective of this paper is to outline health financing policy actions for countries to ensure universal access to health services and financial protection for people fleeing conflict.[1] The paper's recommendations are relevant to all countries in Europe. Policy guidance is illustrated using country examples from Europe.[2]

The paper focuses on three policy areas and key health policy actions to strengthen health financing for people fleeing conflict:

- **grant entitlement and ensure access to the full range of needed health services for people fleeing conflict by:** removing administrative and communication barriers to accessing health services; extending entitlement to publicly financed health services to people fleeing conflict; ensuring access to services that are tailored to the specific health needs of people fleeing conflict; eliminating financial barriers to accessing health services, including medicines and medical products; and providing income support;

- **make additional funding available by:** allocating additional public funds; and making external funding available; and

- **strengthen purchasing arrangements by:** integrating purchasing of health services for people fleeing conflict into existing contracting and payments systems; providing incentives for timely and effective delivery of services for people fleeing conflict; and monitoring and reporting spending.

1. The aim is to provide policy recommendations that reflect all people who cannot stay in their home country because of security reasons, including those who are undocumented in another country, applying only for temporary protection, seeking asylum or being a registered refugee in another country. All such people are considered to be fleeing conflict. Some terminology used for countries is specific to those countries.

2. Country information provided as of 18 March 2022.

Policy objectives and actions

Grant entitlement and ensure access to the full range of needed health services for people fleeing conflict

3. As of 25 March 2022.

Removing administrative and communication barriers to accessing health services

Simplification of the registration process for people fleeing conflict and removing any other administrative and communication barriers is essential to granting speedy access to needed health services. Supplementary communication and language support should be provided to make people aware of their entitlements and help them to navigate the health system. Granting access to needed health services quickly is an efficient and equitable way of using available resources and helps to prevent increasing need for more expensive emergency care in the future.

Generally, asylum seekers need to register at a responsible office in the country in which they want to stay. Countries have made very quick adjustments to regulations to allow smooth transit and welcomes to be extended to people from Ukraine. **Czechia, Italy, Lithuania** and **the Republic of Moldova** have declared state emergencies to take immediate action and respond quickly. **European Union Member States** and countries such as **Norway** have adopted simplified procedures for people fleeing from Ukraine *(2)*.

Registering people fleeing conflict is nevertheless challenging. Some people decide not to file official documents as they are hoping to return home as soon as possible or because they have not decided upon where to stay or transit. From 24 February to 10 March 2022, for example, 364 518 Ukrainian citizens entered Romania and 282 497 Ukrainian citizens left the country, meaning around 82 000 refugees remain. Only 3623 Ukrainian citizens, however, had applied for asylum up to 10 March *(3)*. The total refugee influx from Ukraine to the Republic of Moldova is 376 748[3], which is equivalent to 13% of the country's population *(1)*. While most people are transiting, many stay temporarily or over longer periods of time. Granting access to health services is essential in all cases.

Many countries, including **Austria, Czechia, Estonia, Finland, Hungary, Italy, Lithuania, Norway** *(4)*, **Romania** and **the Republic of Moldova**, have opportunities to perform health checks in reception centres prior to, or in

parallel with, official registration procedures. Several countries still require people to have prior registration as asylum seekers to access health services besides emergency care.

Reception centres that offer compulsory or voluntary health checks for persons fleeing conflict are often the first places in which people can get information on the health system and secure access to health services. Many people fleeing the war in Ukraine, however, are staying in private shelters or homes, which makes systematic communication more challenging. Several countries have initiated helplines for refugees to assist them to find necessary information and advice. The Annex provides information sources for selected countries about access to health services. Communication platforms to improve access to information are now emerging.

Extending entitlement to publicly financed health services to people fleeing conflict

Several health systems provide only limited entitlement to publicly financed health services to refugees and asylum seekers *(5)*, usually emergency care and some additional services related to infectious diseases and maternity care. During the current refugee crisis, many countries have been simplifying procedures to enable access to publicly financed health systems.

In countries in which access to health care is granted through payment of contributions, many refugees may find themselves in the "uninsured" category, with limited access to health care. This creates a dilemma for policy-makers, who need to decide if people from Ukraine should be entitled to a more generous benefit package then the indigenous "uninsured" population in the country. Countries should use the momentum generated by the crisis to immediately extend entitlement to all and ensure that the process of obtaining or maintaining coverage is simple and rapid.

Access to health services in **Italy, Latvia** and **Norway** is based on residence; as a result, temporary residents and refugees benefit from immediate access to health services.

Some countries that link entitlement to payment of contributions have taken steps to extend entitlement to people fleeing conflict. Governments in **Bulgaria** and **Czechia**, for example, pay insurance contributions on behalf of refugees to ensure access to health services. In **Romania**, foreign citizens or stateless persons coming from Ukraine benefit from insured status based on the border-crossing document accepted by the state. A law has been passed in **Poland** to grant health insurance to all Ukrainian citizens crossing the Polish–Ukrainian border after 24 February 2022 *(6)*. Discussions are ongoing in **Slovakia** on how to define health insurance status for Ukrainian people fleeing conflict.

In contrast, **Estonia** does not have any special arrangements for people fleeing conflict. Services can only be accessed if people attain "insured" status by contributing to the system through labour taxes or belong to a population category that is exempt from paying contributions, such as children, registered unemployed people and people receiving pensions.

When temporary protection is granted to displaced people in **Austria, Bulgaria, Czechia, Estonia, Italy, Latvia, Norway, Poland** and **Romania**, they have access to at least the same health benefits as the rest of the population. Special legislation in **Denmark** for displaced people from Ukraine provides this group with immediate temporary protection and thereby similar health-care entitlements as the general population.

Registered refugees in **Georgia** and **Slovakia** have at least the same benefits as the general population. In **Hungary**, this applies only to registered asylum seekers. Some countries offer people who are undocumented, have temporary protection or have refugee status a limited benefit package compared to the general population. The situation is constantly changing, however, as many countries are still in the process of adopting new or revising existing regulations.

Ensuring access to services that are tailored to specific health needs of people fleeing conflict

A country's health services benefit package might not include all the services necessary to meet the health needs of people fleeing conflict, which include an increased need for specific mental health services and language and communication support. In these cases, adjustments should be rapidly introduced.

In **Czechia, Finland, Estonia, Germany, Italy, Latvia, Lithuania, Poland, the Republic of Moldova, Romania, Slovakia** and **Sweden**, people fleeing conflict can have free COVID-19 vaccinations and children can receive other preventive vaccinations. **Finland** allows vaccinations at reception centres and free vaccinations for children are available in **Bulgaria**.

In **Norway**, the Centre for Violence, Trauma and Stress offers a tailored resource page for refugees about additional services available *(7)*. Other tailored services are available at local level and from many nongovernmental organizations, with hotline numbers provided through the migration service website *(8)* and during the registration process. **Italy** recognizes the special health needs of refugees even before the confirmation of international protection.

The National Health Fund in **Poland** has launched a phoneline and organizes care for oncological patients who need to continue their treatment. In **Romania**, the website "Ukraine Child Cancer Help" has been launched to allow parents or doctors to enrol children for treatment *(9)*.

Counselling or psychological support is often provided by government and nongovernmental organizations, temporary projects and volunteers. Special mental health support lines have been set up in **Estonia** and **Lithuania** to offer free video consultations with psychologists and psychotherapists for adults and children. **Bulgaria** offers telemedicine services with the help of volunteering doctors *(10)*.

Free-of-charge interpretation services are offered at health-care facilities in **Denmark, Norway** and **Sweden** *(11)*. In Denmark, however, patients (with some exemptions) are required to pay a fee for this service after three years of residence. The Government of **Hungary** has established a

special phoneline for refugees through which they can ask for translation assistance when using health services.

Local provider organizations in some countries have decided to offer extended benefits. In **Estonia, Lithuania** and **Poland** *(12)*, for example, dentists and oral care professionals have decided to provide free essential dental care in selected facilities. As Ukrainian refugees entering kindergarten or school in **Slovakia** need a health check-up by a paediatric doctor, the paediatrician association decided it will provide these check-ups and other types of care for refugees.

Eliminating financial barriers to accessing health services, including medicines and medical products

Out-of-pocket payments create a financial barrier to access and lead to financial hardship *(13)*. If people cannot afford to pay for health care, they may not receive services they need. This is especially relevant for people fleeing conflict, as their ability to pay for services through out-of-pocket payments is likely to be limited. Moreover, co-payments are not helpful in reducing the use of unnecessary or low-value health services and reduce the use of all health services *(14)*, particularly among poorer people. Removing any financial and administrative barriers is crucial to making health services, including medicines, truly accessible for people fleeing conflict. It is also important to take necessary measures to prevent informal payments in any settings and forms.

In many countries, temporarily registered people and refugees have the same benefits package as the general population, so the same co-payment systems also apply. This may create a significant financial barrier for people fleeing conflict to access health care, especially medicines.

Some countries have protective measures to limit the co-payments refugees may face. **Finland** has exempted asylum seekers from any co-payments and **Austria** has done so for refugees. In **Italy**, refugees can declare a state of indigence and obtain exemption from co-payments for health services. Co-payments by temporary residents and refugees in **Romania** are covered by the National Health Fund, based on invoices from providers. The same applies to asylum seekers in **Hungary**, where the immigration office pays the expenses.

In **Norway** *(15)*, conditions are the same as for the general population, with cost-sharing at primary care level but free specialized and hospital services and certain outpatient medicines. Refugees can apply for extra financial support from migration services. In **Sweden** *(16)*, refugees pay a reduced co-payment for primary care, specialist care with a referral and most prescribed medicines. Asylum seekers and people with a temporary residence permit can apply for reimbursement of any health-care expenses that exceed 400 SEK (~ €38) over the course of six months. This includes expenses for doctors' appointments, other health-care services (such as physiotherapy), transport and prescribed medicines.

Estonia is in the process of adopting a temporary mechanism to make free-of-charge medicines available for Ukrainian citizens fleeing the country through emergency pharmacies in some municipalities. The plan is to allocate

additional funding through the Social Security Agency for local government to cover these expenses. In **the Republic of Moldova**, emergency and essential medicines funded through the state programme are provided free of charge. Medicines, medical devices and dietetic food will be dispensed at no extra charge for Ukrainian refugees in **Slovakia** *(17)*.

Providing income support

Income support for refugees may be provided to ensure they can cover the cost of meeting their basic needs and the indirect costs of seeking health care, such as transportation. Evidence shows that multipurpose cash transfers are most effective *(18)*. It has been argued, however, that in relation to health care, unconditional or multipurpose cash transfers may not work as well as they do for food, as health needs are not distributed equally across populations and out-of-pocket payments for health costs are not predictable. It therefore is more effective to make health services free at the point of care.

In **Finland**, asylum seekers are granted a reception allowance that depends on the age of the person, the size of the family and whether the person is staying at a reception centre *(19)*. Refugees and those given collective protection (such as Ukrainian citizens and their families) in **Norway** receive income support to ensure basic subsistence, including small co-payments at primary care level. In **Poland**, citizens of Ukraine will be able to apply for a one-off cash benefit of 300 PLN (~ €63) for subsistence, including health-care related expenses. Refugees in **Sweden** can apply for a daily allowance to cover basic expenses *(20)*. They are also offered free accommodation in special centres. In **Czechia**, Ukrainian people with special long-term visas can apply online for monthly income support of 5000 CZK (~ €200) *(21)*.

Make additional funding available

Allocating additional public funds

Providing health care for refugees has an impact on host governments' health budgets. It therefore is important that additional domestic funds are allocated to address increased health needs. Reallocations and additional budget transfers should be made available speedily.

Many countries in Europe have allocated (or plan to allocate) additional public funds to the health sector in response to the refugee crisis. **Estonia, Poland, Romania** and **Slovakia** are using special allocations from the state budget to cover health-care services for refugees from Ukraine. In **Italy**, an additional €10 million has been made available from the National Emergency Fund and can be used to cover health-related expenses.

Some countries are making additional allocations through contributions to the health insurance system. Governments in **Bulgaria** and **Czechia** are paying insurance contributions to the largest insurer.

Several countries, including **Denmark, Finland** and **Norway**, are ready to channel additional funding to local municipalities or regions if needed.

Countries are still in the process of assessing budget impacts and considering regulatory changes.

Making external funding available

External funding for health constituted only 3% of current spending on health on average in low- and lower-middle-income countries in the WHO European Region in 2018 *(22)*, indicating a low level of international solidarity. External funding mainly is mobilized by multilateral and bilateral donors and is directed more towards supporting disease-specific programmes than providing general budgetary support for health sector strengthening. Increased burden-sharing and external support, especially for middle-income countries and those hosting larger numbers of refugees, would allow support to be delivered more effectively *(23)*. Ideally, additional external funds should be pooled with existing health budgets to prevent fragmentation and avoid the establishment of parallel financing systems. If pooling is not possible, effective coordination is needed.

Very limited information on external funding was available as this paper was being developed. Several European Union (EU) countries may expect support through EU financial instruments.[4]

The Republic of Moldova, which is receiving the largest number of refugees per population, opened a separate account for donations to cover the cost of refugees' health care. Currently, development partners are contributing mostly through investments in medical equipment, vaccines and medications.

4. Funding for support services for refugees in the EU is generally supplied through the Asylum, Migration and Integration Fund and the European Social Fund Plus. In addition, on 8 March 2022, the European Commission adopted a proposal for the Cohesion Action for Refugees in Europe, which will help EU Member States to provide emergency support covering the basic needs of people fleeing from Ukraine, including medical care, and allow the allocation of resources from either the European Fund for Regional Development or the European Social Fund. In addition, the REACT-EU (Recovery Assistance for Cohesion and the Territories of Europe) programme and the related fund that supports recovery from the COVID-19 pandemic can be used by Member States to support Ukrainians without the need for legislative changes.

Strengthen purchasing arrangements

Integrating purchasing of health services for people fleeing conflict into an existing contracting and payments systems

It is essential to ensure access to good-quality health care for all persons fleeing conflict *(24)*, not only during their migration journey, but also after settlement in their respective host countries. Health systems financing has to adjust accordingly. The best option is integrate systems to provide health care to people fleeing conflict into national systems *(25)*. The same applies to health financing systems, as establishing parallel systems creates inefficiency and inequity *(26)*. However, quick alternative solutions might sometimes be needed, particularly at the beginning of a crisis, when service provision from volunteers and nongovernmental organizations may need to be established. In these cases, it is important to make sure that these short-term solutions do not become permanent.

Most countries organize purchasing of health services for people fleeing conflict through the national system, either at central level, as in Aus**tria, Bulgaria, Czechia, Estonia, Georgia, Hungary, Italy, Latvia, Lithuania, Norway, Poland, the Republic of Moldova, Romania** and **Slovakia**, and/ or at local level, as in **Denmark, Germany** and **Sweden** *(11)*. Parallel systems also exist: in **Finland**, for example, the immigration service is paying for and organizing health services for asylum seekers *(24)*.

Providing incentives for timely and effective delivery of services for people fleeing conflict

Additional financial incentives, flexibility in existing allocations, new funding allocations to providers and rapid reconfiguration of service modalities may be needed to support service provision for people fleeing conflict. The cost of service delivery for people fleeing conflict is likely to be higher in some cases through needs for additional language support, outreach services, longer appointment times and increased health and social needs *(27)*. Provider payments should reflect this extra cost and account for the increased number of patients seeking care. Contracting services out to nongovernmental organizations could be an effective way in some countries of reaching out to refugees to provide supportive services, assuming coordination and alignment across all service modalities is assured.

In **Sweden**, counties adjust their funding to primary care providers based on their patients' expected future health care needs, including higher payments per person for patients born outside western Europe *(28)*. **Estonia** has introduced fee-for-service payments for health-care providers delivering primary care services for refugees. In **Estonia** and **Romania**, services for refugees from Ukraine are paid on top of existing contracts with the health insurance fund.

Monitoring and reporting spending

Quickly establishing mechanisms to monitor and report on health spending for people fleeing conflict would help to measure the impact on the health budget and its allocation and to assess additional (domestic and external) funding needs.

Special data-monitoring adjustments to track health spending on people fleeing conflict have been established in **Estonia, Poland**, **the Republic of Moldova** and **Romania**. In **Estonia, Poland** and **Romania**, people from Ukraine receive a special coding that allows digital data monitoring. Some counties in **Italy** have been establishing reporting systems.

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Member States

Albania	Finland	Luxembourg	Slovakia
Andorra	France	Malta	Slovenia
Armenia	Georgia	Monaco	Spain
Austria	Germany	Montenegro	Sweden
Azerbaijan	Greece	Netherlands	Switzerland
Belarus	Hungary	North Macedonia	Tajikistan
Belgium	Iceland	Norway	Turkey
Bosnia and Herzegovina	Ireland	Poland	Turkmenistan
Bulgaria	Israel	Portugal	Ukraine
Croatia	Italy	Republic of Moldova	United Kingdom
Cyprus	Kazakhstan	Romania	Uzbekistan
Czechia	Kyrgyzstan	Russian Federation	
Denmark	Latvia	San Marino	
Estonia	Lithuania	Serbia	