Public Health aspects of the migrants health

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Chief State Health Inspector
LEGAL FRAMEWORK

- Foreigners Act, 1998—regulates entry and residence of Third Country Nationals; regulates conditions of detention;
- Health Insurance Act, 1998—regulates health insurance coverage for asylum seekers and health insurance obligations after granting asylum/protection;
- Asylum & Refugees Act, 2002 → Asylum Service → Reception & Registration; asylum status provision, healthcare provision for asylum seekers;
- Health Act, 2002 (last amended in 2014)—regulates health provision to Nationals & insured foreigners in compliance with Health Insurance Act, regulates payment of healthcare services to uninsured foreigners;
- National Strategy for Refugees Integration (2014-2020)—elaborated by Ministry of Social Affairs and Labour + SAR & adopted by the CoM in 2014; *not known when will be functioning due to lack of financial framework.*
Submitted Applications for Asylum 2009-2014

- 2009 – 853
- 2010 – 1025
- 2011 – 890
- 2012 – 1387
- 2013 – 7144
- 2014 – 11081

Irregular border crossings

- 2013 - 11 158
- 2014 - 6 099
- 2015 up to 5.11 – 9 669
The transit refugee center was founded in 2012 and is situated on the territory of Pastrogor village, Municipality of Svilengrad. It was especially built for this purpose.

The medical center is situated in the administrative building. The accommodation area is organized in three floors with 17 rooms per each, and 6 beds in a room. Toilets, washbasins, and bathrooms are provided on each floor.
The Specialized Home for Temporary Accommodation of Foreigners- Lyubimets was founded in March, 2011. Foreigners with no rights to reside in the EU or with undefined status are detained there.
The Registration And Reception Center in Harmanli was founded in 2013.
OPEN RECEPTION CENTERS UNDER SAR

- Funding delegated by the state budget for SAR.
- €5,6 mln emergency from ERF (Nov 2013 – Apr 2014).
- Asylum seekers accommodated prior to decision of applications. Accommodation could be prolonged 6 month upon obtaining asylum/humanitarian protection status

1. Sofia/Ovcha Kupel – capacity – 860
2. Sofia/Voenna Rampa – capacity – 700
3. Sofia/Vrazhdebna – capacity – 360
4. Harmanli – capacity – 3340
5. Pastrogor – capacity – 300
6. Banya – capacity – 150
RECEPTION/DETENTION CENTERS UNDER MOI

- **Duration**: 6 months with possibility of extension up to 18 months - in line with the EU Return Directive 008/115/EC

- **Elhovo**: Due to increased migration influx MoI opened in Oct 2013 a first reception facility / short-term detention in Elhovo (3-5 days for registration + ID), First medical screening / rotating HPs/ referral to hospital treatment + emergency care. Capacity: 240 p.

- **Sofia/Busmantsi**: Capacity: 400 p.

- **Luybimets** - since 2011 (near the Turkish border) Capacity: 300 p. *Ongoing works for increasing it to up to 400 p.*
HEALTH INSURANCE STATUS OF THE REFUGEES

✔ Asylum seekers – health insured by SAR prior to obtain asylum status through payments by the National Revenues Agency
✔ Refugees supposed to cover their health insurances
✔ Irregulars in detention - healthcare provided by MoI /no dental care/healthcare for pregnant & children hindered
✔ Irregular out - due to pay for healthcare + emergency (after provision of service, in practice rarely happens)
MEDICAL EXAMINATION OF REFUGEES

Total number of the examinations 31 539, as follows:

**Parasitological tests**

<table>
<thead>
<tr>
<th>Enteric helminthic and enteric protozoan</th>
<th>Malaria</th>
<th>Malaria with rapid diagnostic test</th>
</tr>
</thead>
<tbody>
<tr>
<td>21 539</td>
<td>8 592</td>
<td>566</td>
</tr>
</tbody>
</table>

**Microbiological tests**

25 038

**Serological tests**

<table>
<thead>
<tr>
<th>HIV</th>
<th>Syphilis</th>
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<tbody>
<tr>
<td>4 578</td>
<td>4 408</td>
</tr>
</tbody>
</table>
The most frequent registered infectious diseases

- Viral intestinal infection - 11
- Bacterial intestinal infection - 5
- Enterocolitis - 31
- Hepatitis A – 19
- Hepatitis E - 2
- Varicella – 74
- Acute viral infection - 7
- Leischmaniosis cutanea - 3
- Malaria – 6
- Tuberculosis – 6
All persons of up to 15 years of age with no documents for previous vaccinations must be immunized with a five-component or a four-component vaccine against diphtheria, tetanus, pertussis, polio, haemophilus influenzae type B according to their age and with a vaccine against measles, mumps and rubella.

<table>
<thead>
<tr>
<th>Vaccine</th>
<th>Quantity</th>
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<tbody>
<tr>
<td>Pentaxim</td>
<td>491</td>
</tr>
<tr>
<td>Tetraxim</td>
<td>478</td>
</tr>
<tr>
<td>Haexacima</td>
<td>61</td>
</tr>
<tr>
<td>Synflorix</td>
<td>10</td>
</tr>
<tr>
<td>Engerix</td>
<td>93</td>
</tr>
<tr>
<td>Priorix</td>
<td>538</td>
</tr>
<tr>
<td>PPD</td>
<td>17</td>
</tr>
<tr>
<td>Td</td>
<td>3</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td><strong>1 691</strong></td>
</tr>
</tbody>
</table>
In order to create a system for monitoring and control of potential import of polio virus, the MoH organized testing of fecal samples from children under the age of 5 accommodated at refugee centers.

202 samples, 3 positive – all with vaccinia strain (Instituto Superiore di Sanita, Roma)
Challenges

• New unknown for the country problem;

• Needs of intercultural knowledge and skills;

• Translation of at least six languages - Arabic, Kurdish, Farsi, Urdu, Pashtu, Dari;

• Sentiment against refugees, distributed by different groups, parties and media.
Solutions

• Inclusion of people from the country's existing ethnic groups in the teams;

• Use of foreign experience - WHO guidance and assessments, data exchange with colleagues from Turkey and Greece;

• Separate messages tailored to ethnic, religious and cultural characteristics;

• Working with international organizations and NGOs - Red Cross, MSF, IOM, Caritas and others.
Main obstacles and difficulties

- Lack of trust in institutions;
- Fear of importing diseases and of a different culture;
- Limited resources in the health system, especially in the Public Health sector;
- Difficult coordination between many different institutions at central and local level.
THANK YOU FOR YOUR ATTENTION