Health is a human right. Improving the health of all is therefore one of the declared goals of the 2030 Agenda. Access to health facilities and preventive measures is just as important to achieving this goal as research and the development of vaccines and medicines. To improve the health of people worldwide it is also necessary to ensure health financing and professional training.

THE BREMEN MODEL: HEALTH INSURANCE CARD FOR REFUGEES

➤ WHAT ARE THE ACTIVITIES ALL ABOUT?
In 2005 the City Council of Bremen introduced an electronic health insurance card for asylum seekers and refugees. This was designed to reduce discrimination. With their own card people can go straight to the doctor and do not have to first obtain approval from the social services department.

➤ WHAT HAS BEEN DONE SO FAR?
In 2004 Bremen began talks with health insurance companies on introducing the health insurance card for asylum seekers and refugees. The AOK – one of Germany’s leading health insurers – came out in favour of the project. Bremen and the AOK then entered into a framework agreement which came into force on 1 October 2005.

➤ HOW WAS THIS IMPLEMENTED?
Since 2005 all asylum seekers and refugees have had an electronic health insurance card, entitling them to medical care. This means that when they are ill they can obtain treatment as quickly as possible and choose their own doctor. Bremen continues to meet the costs, while the insurer takes care of payments in return for an administration fee.

➤ WHAT ARE THE NEXT STEPS?
Hamburg adopted the Bremen model as of 1 July 2012, and in 2015 the German state of North Rhine-Westphalia entered into a framework agreement with eight health insurance companies. State-wide introduction has come to a halt however – one reason being that many municipalities fear increased expenditure.
JUST GOING TO THE DOCTOR’S – THE HEALTH INSURANCE CARD FOR REFUGEES

Toothache or fever – asylum seekers or refugees in Germany who fall sick in Germany have a problem, at least in some parts of the country. Before they can go to the doctor’s they need to be examined by the local health authority. If that results in approval, the responsible social services department then issues the municipality with a treatment certificate. Only then can the patient go to see the doctor.

In 2005 Bremen thought about what it could do to reduce the stigmatisation of asylum seekers. To avoid duplicate structures, it decided to use the expertise of the health insurance companies to manage payments. On 1 October 2005 Bremen entered into a framework agreement with the AOK, a leading German health insurer. Since then refugees and asylum seekers in Bremen have been issued with a health insurance card. When they are ill they can go straight to the doctor. Expectant mothers or mothers who have just given birth are also covered, and vaccinations can also be provided. Case-by-case reviews are only necessary for services such as reconvalescence treatments or psychotherapy.

Bremen – Germany’s smallest federal state – has thus performed some pioneering work with regard to the SDGs. One important target – 3.8 – is about achieving universal health coverage (UHC), including access to quality essential health care services and affordable medicines. The health insurance card guarantees discrimination-free access.

EXPECTATIONS HAVE BEEN MET

According to David Lukašen, spokesperson for the social services department in Bremen, expectations regarding the introduction of the health insurance card have been met in full. There are structural reasons why Bremen introduced the health insurance card as a federal state. As a city state, Bremen does not have a second state level within its administration. Its workforce also performs the tasks of a state administration. This applies particularly to the social services department, which is responsible for refugee-related tasks. Instead of having to pay for each individual treatment for asylum seekers, doctors follow the usual procedure of submitting bills for their services to the health insurance company, which then pays them. To cover their additional costs the health insurance companies receive an administration fee of ten euros plus a one-off fee of eight euros for issuing the card.

The Bremen model was also introduced in Hamburg in July 2012. North Rhine-Westphalia (NRW) has also entered into an agreement with eight health insurance companies. However, only 20 out of 400 municipalities in NRW have introduced the card.

MUNICIPALITIES’ EXPERIENCE WITH THE CARD HAS BEEN GOOD

By introducing the Asylum Procedure Expedition Act (Asylum Package I) in late 2015, Germany’s Federal Government created the option of introducing a health insurance card for asylum seekers with limited entitlements. Many municipalities fear high costs, yet experience with the card – chiefly in the cities of Cologne and Düsseldorf in the state of North Rhine-Westphalia – has been positive.

Anja Stahmann, Bremen’s Senator for Social Affairs, Youth, Women, Integration and Sport, says that the procedure is discrimination-free for the refugees, and relieves pressure on the social services department. She emphasises: ‘We introduced the card more than ten years ago, and it only has benefits.’

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