

MedCOI guide for users

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Introduction

The MedCOI user guidelines are intended as a guide for users on what the MedCOI service is and how to use the products.

Further information about the MedCOI services, such as how it is organised, manual on how to use the website, and which information providers are currently used can be found on the MedCOI website.





MedCOI products

The MedCOI database contains different types of products:

- Availability responses
- Accessibility responses
- Medical country reports
- Fact finding mission reports
- ICMPD products: quality reports, state practices and case law reports

Most responses are based on individual cases submitted by MedCOI users in EU+ member states. The **availability** of treatments and medications is checked first, using a standardised form and obtaining information from contacts in the country. Depending on the information needs of the requesting national migration authority, an accessibility request may then be initiated. In case the treatment availability is insufficient in the country of origin, no accessibility request is started.

Accessibility responses contain price information on treatments and medicines as well as information on the healthcare system and public health insurance. The information is sourced through online research or directly from contacts in the country. The availability of the requested treatments and medications must be established first. The information is published in the form of a downloadable pdf file.

The two processes are separate, meaning that users must first submit an availability request and then an accessibility request. A long-term goal is to find a way to integrate the two processes so the information requests for both types of information can be submitted at once and research can be done in parallel.

Medical country reports can contain information on the healthcare system, public health insurance, and treatment and medication accessibility for different medical fields or patient groups. The reports produced by EUAA (formerly EASO) are available in the MedCOI database and in the public EUAA COI Portal. The reports produced by the Belgian Desk on Accessibility during the MedCOI Project are available in the restricted MedCOI database. The country reports are produced either by an external contractor or by the MedCOI team. The information contained in the reports is collected by informants in the country and through online research and usually follows a standardised terms of reference.

Fact finding mission reports are reports based on information collected during a field mission to the country by the MedCOI team. The scope is determined before the mission, and suitable interlocutors are interviewed to obtain information that is used as a basis for a report. The reports produced by EUAA (formerly EASO) are available in the MedCOI database and in the public EUAA COI Portal. The reports produced by the Belgian Desk on Accessibility during the MedCOI Project are available in the restricted MedCOI database.





The International Centre for Migration Policy Development, ICMPD, have produced reports on state practices and case law as well as provided external quality services in the form of quality reports on the MedCOI service. The reports are available in the restricted MedCOI portal.

MedCOI information in the restricted MedCOI database remains visible for five years. The reliability of the information over time will depend on the situation in each country of origin and must be determined by each user.





Process, actors, scope

MedCOI request process

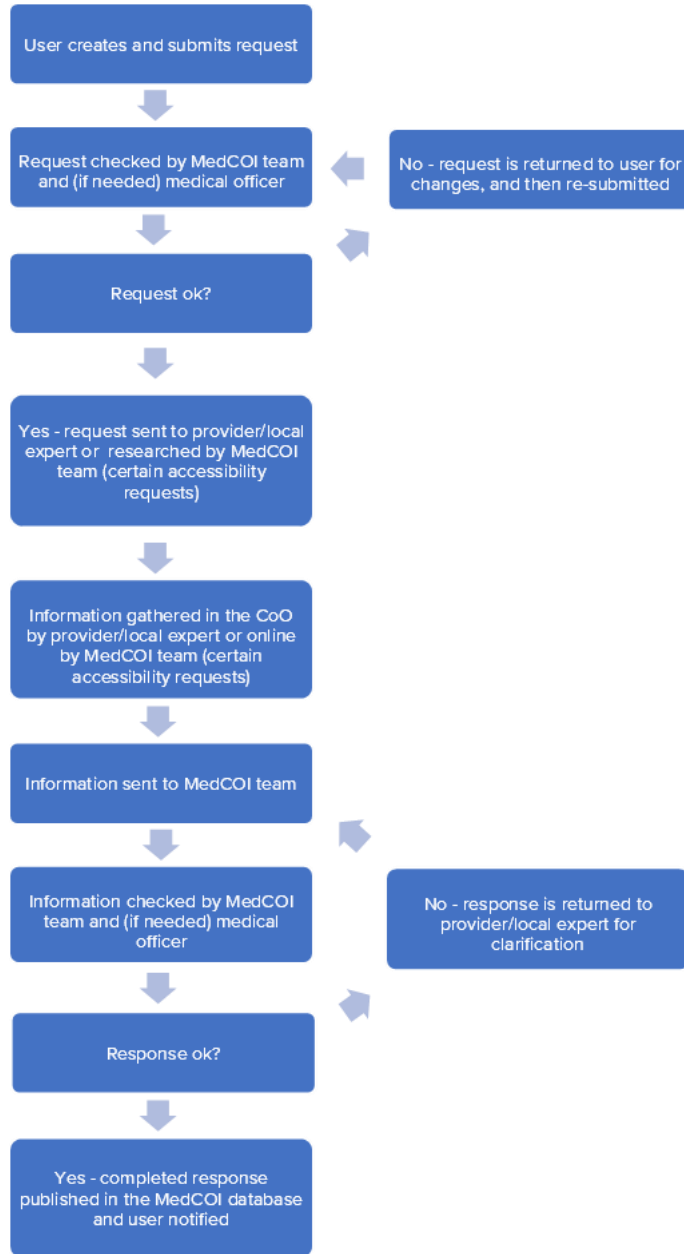


Figure 1: Visual of the MedCOI request process





Actors

EUAA MedCOI Sector uses the following types of contracted providers of information on medical treatments/medicines in countries of origin: local MedCOI experts and International SOS.

All **contracted local experts** are selected based on the following minimum criteria:

- at least 6 years of work experience in the medical or healthcare field in the specified country;
- have the ability to work and perform the assignments in medical English;
- have the ability to use IT tools;
- are part of a professional medical or healthcare network in the specified country.

To provide information on the availability of treatments, the experts also need a medical degree (e.g., medical specialist/general practitioner) and a valid license or certification to exercise the profession of Medical Doctor.

Local MedCOI experts provide EUAA with accurate and up-to-date information in a reliable, well-informed and unbiased/neutral way. The experts have first-hand knowledge of the country/topics being researched, usually by residing and working in the country of origin, having a broad professional network there and usually speaking the local language.

Non-exhaustive examples of profiles of local MedCOI experts are: medical doctors, pharmacists, healthcare managers, hospital/clinic administrators and experts in social security.

International SOS is a leading international healthcare, medical assistance and security services company. The responses of International SOS are provided based on the worldwide medical network of this organisation.

The identities and other data relating to private lives of the local MedCOI experts and of the staff of International SOS are protected for safety reasons.

Scope

Scope of investigation

Within a limited timeframe, the providers and researchers do their utmost to assess facilities that have information which is representative for the availability and accessibility in the requested country or requested region.

The information does not claim to be exhaustive, and it is not feasible to assess all relevant facilities in the whole requested country or region. The medical facilities such as hospitals and pharmacies referred to in the products are representative examples of facilities at which a certain treatment and/or medicine is available. They do not constitute an exhaustive list of all the facilities in the country where the treatment could be available. Their mention by no means



represents a recommendation to use these facilities nor an endorsement by MedCOI. These examples should not be interpreted as the only facilities where treatment is available, unless it is explicitly stated that the facility is the only facility in the country where a certain treatment or a medicine is available. When a treatment or medication is not found in one facility, another representative facility is consulted by the provider.

The assessments about treatments and medicines are limited to evidence-based medicine. Therefore, treatments in the context of for example homeopathy, herbal medicine, traditional ways of healing, and acupuncture are not assessed.

The providers contracted by EUAA do not assess whether the medical treatment meets the same standards as in EU+ countries. Additionally, only products legally available in the country will be investigated.

Information on medication is in general requested using the generic name (active ingredient/chemical substance), as the generic name is usually the same in all countries, while brand names can vary between countries and regions.

General reports and case specific responses concern different kinds of assessments. Individual responses provide information tailored to that specific case profile, while reports provide general information that is more broadly applicable. For instance, depending on the severity of an individual case, treatment for certain conditions in an individual case may not be available in the country despite the presence of relevant specialists as indicated in a general report or in another case response.

In contrast to general COI, case-specific responses are often based on one source. This is due to the need for thorough analysis for very specific individual medical treatments in countries of origin which must be obtained through specific requests to local contacts in those countries, usually under time restraints. Therefore, the use of multiple sources is not feasible in all case-specific responses, nor in sections of reports pertaining to cost of medications and treatments.

Availability

Availability is defined as whether medical treatment (including medication) for a specific case may be absent/present/sufficient or insufficient at least in a certain (public or private) medical facility at a certain time somewhere in the country of origin.

Medication availability

Medication can be indicated as available (i.e., present in a certain facility at a certain time), not available (in the checked facilities) or available but currently experiencing supply problems (followed by expected re-supply time). MedCOI research documents present current availability of medication, as opposed to forecasting future availability. The information providers determine the availability of medication based on the below chart:



	In stock (stable supply in pharmacy)	Current supply problems (or in the last 4 weeks) Supply is expected or ordering is possible (from abroad or central pharmacy).	No stock at all (ordering from abroad or from other pharmacy inside the country is not possible)
Medication is registered in the country	In answer form: YES	In answer form: AVAILABLE BUT CURRENTLY EXPERIENCING SUPPLY PROBLEMS + Time of resupply (1, 2, 3, 4 weeks, more or unknown)	In answer form: NO <i>In additional information on medication availability, please add the following: Although medication is registered, there is no supply at all</i>
Medication is not registered in the country	Under these circumstances: <ul style="list-style-type: none"> - It is <u>legally</u> available for example through licenced pharmacies - Availability on the black market has not been included in your research - It can be legally ordered from abroad In answer form: YES <i>In additional information on medication availability, please add the following: Although medication is not registered, it is legally available in the following way: (explain as clearly as possible the circumstances under which the medication in question is available)</i>	Under these circumstances: <ul style="list-style-type: none"> - It is <u>legally</u> available for example through licenced pharmacies - Availability on the black market has not been included in your research - It can be legally ordered from abroad In answer form: AVAILABLE BUT CURRENTLY EXPERIENCING SUPPLY PROBLEMS + Time of resupply (1, 2, 3, 4 weeks, more or unknown) <i>In additional information on medication availability, please add the following: Although medication is not registered, it is legally available (but currently experiencing supply problems) in the following way: (explain as clearly as possible the circumstances under which the medication in question is available)</i>	In answer form: NO

Figure 2: Medication availability supply chart





Treatment availability

Treatments will be listed as either available (i.e. present in a certain facility at a certain time), not available, or partly available in which case additional explanatory information is provided.

Medication and treatment availability does not refer to price or cost coverage factors.

Accessibility

Accessibility of healthcare is defined as whether an individual is able to, de facto, obtain medical treatment/medication given the person's financial situation, geographic location and irrespective of his/her race, religion, nationality, membership of a particular social group, or his/her political opinion, upon returning to his/her country of origin/residence.

The above is established as the general definition of accessibility of healthcare. The scope of the research executed by EUAA MedCOI is described below.

Medication accessibility

Medication accessibility can be provided for price and cost coverage by public health insurance or equivalent. Information is presented in a table including medication generic name, brand name, dosage, form, number of units in the container, price per box, place where the information was found and reimbursement rates.

Treatment accessibility

Accessibility of medical treatments can be provided for price and cost coverage by public health insurance or equivalent. Provided information includes price in public and private facilities, the name of the facility where the information was found (if applicable) and the reimbursement rates.

Accessibility information on healthcare system, insurance schemes (public and private), and social protection schemes

General or more particular information on the healthcare system and insurance/state contribution schemes can be included in individual accessibility requests and country reports. The research follows COI methodology as established in the most recent EUAA (formerly EASO) methodology guidelines.

Information provision is limited to healthcare COI. Information concerning discrimination, security, travel, and an individual's financial situation is the purview of national COI units in migration authorities in EU+ member states:





Type of accessibility research	Responsibility for research	
	EUAA MedCOI Sector	National COI units (sometimes with support of EUAA COI Sector)
General information on the healthcare in the Country of Origin		
Information on the healthcare system upon specified request	X	
Economic accessibility		
Costs of medication	X	
Costs of treatment	X	
Social protection schemes	X	
Unemployment rates in the Country of Origin		X
An individual's financial means		X
Geographic accessibility		
Accessibility of medicine and/or treatment in the region of origin	X	
Proximity of medical facilities		X
Security situation on travel routes to medical facilities		X
Transportation system to medical facilities		X
Costs for transportation		X
Political accessibility		
Discriminatory practice in accessing medical facilities		X
Discriminatory practice in accessing public healthcare schemes		X

Figure 3: Division of tasks and responsibilities between general COI and MedCOI

Geographic areas

When information is requested for the country without any geographical specifications, information is typically gathered in the capital city or the city with the most appropriate facilities (determined by the information provider). If treatment and/or medication is asked for a specific region or city within the country, information for that area/region or city is given, if possible. The information provision may be limited by practical considerations, such as size of the city or lack of an information network. If no information can be obtained for that specific area, an explanation is given to the requester and information is then gathered from the closest relevant region/city within that country.





Use of MedCOI

Training

In order to gain access to the MedCOI database, each user is required to finish the MedCOI basic training. To submit requests, users must complete the advanced modules of the same course.

Sources to refer to (EUAA, Intl SOS or local expert)

Individual availability requests: the information provider is either a local doctor/expert or International SOS. The source used is listed in the first block of text in each pdf response.

Individual accessibility requests: the source for the overall document is EUAA; the primary source for each piece of information is indicated in footnotes throughout the product.

Country reports/fact finding mission reports: the source for the overall report is EUAA; the primary source for each piece of information is indicated in footnotes throughout the product.

Citation

If disclosure of the full (or part of the) MedCOI product is needed, you are recommended to reference in the following way:

Case-specific availability answers: should mention the source contracted by EUAA MedCOI ('International SOS or 'Local doctors/experts') working in the country of origin with the date of response received (at the top of a response form) and the unique reference/source number.

Case-specific accessibility answers: 'EUAA MedCOI, Question & Answer + code, date of answer document.' Each response contains a recommended referencing on the last page.

Country reports/fact finding mission reports: 'EUAA MedCOI, Medical Country of Origin Information Report/Fact Finding Mission Report: [Country and subtitle], [date of publication], [hyperlink].' The recommended referencing is stated at the end of the introductory chapter in each report.

Access policy

The MedCOI database access policy is available in the annex to [Decision No 91 of the Management Board of the European Asylum Support Office of 7 October 2021 \(EASO/MB/2021/184\)](#).

