



Health Insurance Scheme

April 2020

Project Details

UNHCR and the Costa Rican Social Security entity (CCSS) signed an agreement to provide health insurance to 6,000 persons of concern (PoC) in 2020. Through the agreement, UNHCR is providing USD 1.8 million in support to the Government via the CCSS to respond to pressing health needs faced by the most vulnerable asylum-seekers and refugees, particularly with the onset of the COVID-19 pandemic.

Duration:	January – December 2020
Cost:	USD 1.8 million
Number of Beneficiaries:	6,000 PoC. More PoC may benefit depending on when they are included in the insurance scheme
Insured	2,719 insured by April 2020, another 1,411 pre-approved
Contribution:	Monthly insurance premiums per person cost CRC 15,111 (approximately USD 26), calculated based on national scales for a monthly income of CRC 350,000 (approximately USD 600)
Selection Criteria:	<ul style="list-style-type: none"> ■ Health vulnerabilities ■ Socio-economic vulnerability

Background: Costa Rica has an open-door policy for individuals forcibly displaced and is committed to providing refugee protection. The country has experienced an upward trend in the number of asylum applications received, mainly as the result of political unrest and violence in the region. Since the onset of the socio-political crisis in Nicaragua in April 2018, Costa Rica has seen a stark rise in asylum claims from persons fleeing this situation. Over 86,000 Nicaraguans have sought asylum in Costa Rica since April 2018. Despite the Government’s efforts to address the pressing needs of this population, the number of asylum claims has posed serious strains on the national system. Individuals must wait approximately six months to lodge an asylum claim, and a further three months before they can obtain a work permit and be able to look for work. These long periods result in increased vulnerability for PoC, as it limits their access to services and depletes the few savings they may have. This, in addition to increasing unemployment, currently at 12%. With the COVID-19 pandemic, the Government has implemented social distancing measures to help control the virus spreading, which compounds the needs of PoC, particularly to access healthcare services.

The health insurance project partly responds to the Interagency Rapid Response Plan (RRP) developed in 2019, coordinated by the Resident Coordinator and led by UNHCR. The plan requested USD 5 million to cover the immediate needs of 10,000 Nicaraguan asylum seekers.

Initially, the health component of the RRP proposed providing insurance to 3,000 of the most vulnerable PoC through the national health system, which was increased to 6,000 thanks to a favourable environment within the Government and the CCSS. This approach promotes effective access to the right to healthcare and avoids parallel systems. Although Costa Rica offers healthcare services free of charge for emergency care, as well as to minors and pregnant and lactating women, a significant portion of especially vulnerable PoC nevertheless face healthcare needs. Access to healthcare is consistently identified as a critical need through participatory assessments with PoC. Results from socio-economic evaluations conducted in June and July 2019 revealed that 29% of 3,555 PoC households suffered from serious or chronic illnesses.

The Insurance Scheme: Between 2007 and 2019, the UNHCR Costa Rica agreement with the CCSS provided health insurance to a select number of vulnerable PoC, managed by partners. The new UNHCR-CCSS partnership allows 6,000 PoC to be insured per month during a twelve-month period (from January to December 2020), representing a breakthrough in the provision of healthcare services to PoC. The agreement presents critical enhancements including: adapting the model to a larger number of beneficiaries, commensurate with the growing number of asylum-seekers in the country, establishing a mechanism whereby international support can be directly channelled to the CCSS rather than through intermediaries, and strengthening the tools used to select beneficiaries based on vulnerability criteria.

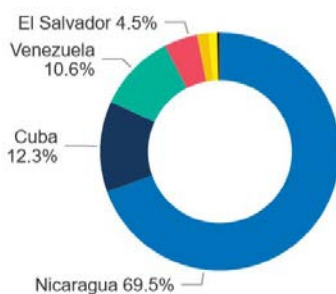
Selection: Health vulnerabilities and socio-economic needs were the initial criteria considered. These are collected via UNHCR scorecards and exclude minors (<18), pregnant and lactating women, and individuals receiving immediate emergency care, who already have medical coverage. PoC selected for affiliation receive health insurance solely for illness and maternity, which allows access to all public health services in the country, but not to other CCSS services, namely disability, pension, or death insurance. Under the COVID-19 pandemic, all elderly PoC (60 and older) and health workers will be included in the program. The insurance project, aligned with national health regulations, allows beneficiaries to extend insurance coverage to other family members.

Implementation: Costs associated with insuring 6,000 PoC per month for a period of 12 months totals USD 1.8 million, this amounts to coverage for a maximum of 72,000 PoC in 2020. Once beneficiaries are selected, UNHCR shares this list with CCSS for verification. UNHCR provides documentation with the needed information to individuals who do not yet hold a refugee ID. As of early April, more than 4,000 PoC have met the criteria to be insured under the agreement and have gone through UNHCR’s verification process, from which a total of 2,719 PoC are already benefitting from the health insurance. The insurance card distribution is adapted to the current COVID-19 social distancing protocols, limiting the number of PoC at the distributions, and with assistance on accessing medical services provided by telephone.

Exit Strategies: Once a PoC receives a work permit and finds a job, the employer should provide health insurance, which would remove the asylum-seeker from the UNHCR-funded CCSS scheme and provide another individual with this opportunity. This is also the case for self-employed asylum-seekers that can begin making voluntary contributions to the CCSS. To mitigate the risk of individuals accruing debt, in case their employment or documentation situations are not resolved sustainably by the end of the 12-month period, individuals will be unsubscribed from the health insurance scheme. The Government is currently seeking alternative sources of financing to extend this insurance scheme for a longer period, as necessary, or to scale it up to others in vulnerable conditions. The agreement is also complemented by the Government’s commitment to integrating PoC through promotion of employment opportunities.

Beneficiary Profiles

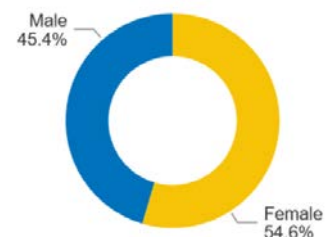
PoC insured by nationality (top 8)



Geographic Distribution



PoC insured by sex



CONTACTS

Esteban Sanchez Carrillo
 Senior Livelihoods Associate
sanchezc@unhcr.org. Tel: +506 2242-0732

Ana Maria Baracaldo
 Associate Reporting Officer, Costa Rica,
baracala@unhcr.org. Tel: +506 7181 7608