



# Health Insurance Scheme

December 2022

## Project Details

UNHCR and the Costa Rican Social Security Fund (CCSS) signed an agreement to provide 6,000 monthly spaces for health insurance to 6,000 forcibly displaced and stateless people in 2020. The agreement has enabled UNHCR to support the Government of Costa Rica by providing over USD 7.5 million since 2020 to the CCSS to respond to pressing health needs faced by the most vulnerable asylum -seekers and refugees. Because of the onset of the COVID-19 pandemic, the agreement was extended by addendum until March 2021. In 2023, a fourth agreement was signed allowing 6,000 monthly insurance spaces throughout the year.

<b>Duration:</b>	<b>January 2020 – December 2023</b>	
<b>Cost:</b>	<b>USD 7.5 million</b>	
<b>Contribution:</b>	<b>CRC 17,156 / USD 227 Monthly insurance cost per individual</b>	
	<b>I Agreement 2020</b>	<b>USD 1.8 million</b>
	<b>II Agreement 2021</b>	<b>USD 2.3 million</b>
	<b>III Agreement 2022</b>	<b>USD 1.5 million</b>
	<b>IV Agreement 2023</b>	<b>USD 1.9 million</b>

**Background:** Despite the Costa Rican Government’s efforts to address the needs of this population, the high number of claims has severely strained the asylum system. By the end of 2021, Costa Rica was the world’s 4th largest recipient of new individual asylum claims.

This rise in numbers caused substantial delays in the Refugee Status Determination (RSD) process. Currently, eligibility interviews require a 5 year wait. These waiting periods increase vulnerability for the people we serve by limiting their access to services and depleting what few savings they have. This situation coincides with an unemployment rate of 11,4% (as of December 2022), that has gradually been recovering since the start of the pandemic, when unemployment rates had soared to an unprecedented 24.4%.

Although Costa Rica offers free healthcare services for emergency care – including to minors, pregnant and lactating Women– many asylum seekers and refugees face recurrent healthcare needs to address severe or chronic illnesses. Access to healthcare continues to be consistently identified as a critical need during participatory assessments.

The UNHCR-CCSS health insurance project responds to the 2019 Inter-Agency Rapid Response Plan (RRP), developed and led by UNHCR and coordinated by the UN Resident Coordinator.

Initially, the RRP foresaw provision of insurance through the national health system to 3,000 people, a figure that rose to 6,000 thanks to a favourable political environment.

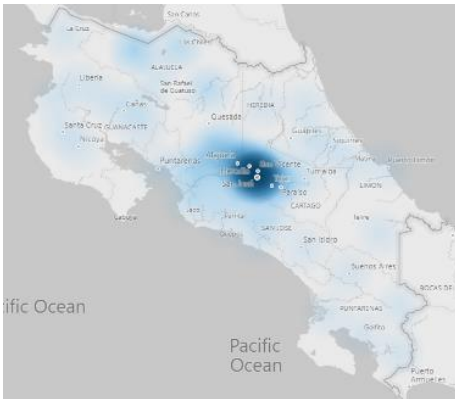
**The scheme promotes effective access to the right to healthcare and avoids the creation of parallel systems.**

**Selection:** Chronic health and serious vulnerabilities underpin the selection criteria. Potential beneficiaries are assessed and ranked according to the UNHCR scorecard criteria. Selected beneficiaries receive health insurance cards, which grant them access to all public health services throughout the country, except for CCSS benefits such as disability, pension or death insurance. Children (<18), pregnant and lactating women are excluded as they can receive free universal services from the CCSS.

**Steps for the selection process**

- Registration and/or verification of PoC by UNHCR
- ↳ Identification of potential beneficiaries by UNHCR
- ↳ Verification of potential beneficiaries by CCSS
- ↳ Issuance of insurance numbers by CCSS & notification to UNHCR
- ↳ Issuance of insurance cards by UNHCR & delivery to PoC

**Geographical distribution of beneficiaries**



**Implementation:** A prerequisite for inclusion in the selection process is not having debts with the CCSS. However, as some persons can have outstanding debt and cannot repay or cover ongoing expenses and, in the meantime, their medical condition worsens, UNHCR covers up to a maximum of USD 500 to ensure their re-inclusion in the CCSS insurance scheme under exceptional circumstances. In-person distribution has been reinstated on a limited basis in 2022. UNHCR provides beneficiaries with guidance over the telephone on accessing medical services.

**Exit Strategies:** The UNHCR-CCSS partnership complements Costa Rica's commitment to integrate asylum-seekers and refugees through the promotion of employment opportunities. Once a person receives a work permit and finds a formal job, the employer by law must provide health insurance. This allows **transfer** of this benefit to another asylum-seeker. Refugees and asylum-seekers are also unsubscribed from the programme if they become self-employed and require making voluntary insurance coverage payments to the CCSS.



To mitigate the risk of individuals accruing debt in case their employment or documentation situations are not resolved by the end of the project's 12 months, asylum-seekers will be automatically unsubscribed from the health insurance scheme.

The Government of Costa Rica and UNHCR are currently seeking additional financial support to continue the insurance scheme and to extend it to other asylum seekers in particularly vulnerable conditions.

**CONTACTS**

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