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3.6.3.3. Health

3.6.3.3. Health

Reception authorities continued to observe an overall deterioration in applicants' physical and mental health, which was also documented in civil society sources.[615]Still the lack of medical staff continued to be a major concern voiced by international organisations, national ombudspersons, courts and civil society organisations, for example in Bulgaria,[616] Croatia[617] and Greece (especially on the islands).[618]

Among national initiatives, the National Reception Office (ONA) in Luxembourg initiated four AMIF-funded projects. Three of the projects aim to improve mental health services, while one provides information and services around birth. France launched a call for proposals to provide additional healthcare support to asylum applicants in the reception system. In total, 35 projects were selected for EUR 2.6 million. The only legislative change was reported in Croatia, where applicants may now receive medical care beyond emergency situations if requested by a doctor [619](*see Section 4*).

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