Medical Country of Origin Information

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EUROPEAN UNION AGENCY FOR ASYLUM

EUAA Medical Country of Origin Information

Methodology

March 2025

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Luxembourg: Publications Office of the European Union, 2025

PDF ISBN 978-92-9410-547-9 doi: 10.2847/4377168 BZ-01-25-001-EN-N

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Please cite as: EUAA, MedCOI Methodology, March 2025, https://euaa.europa.eu/publications/euaa-medical-country-origin-information-medcoi-methodology

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Preface

This document is partly developed on the basis of the European Union Agency for Asylum (EUAA) Country of Origin Information (COI) Report Methodology (2023) and the EU Common Guidelines on (Joint) Fact Finding Missions (2010). The latter two documents have been developed in close cooperation and agreement with the EU member states and therefore the foundations are used in the MedCOI methodology as well.

The EUAA MedCOI Report Methodology (2025) can be downloaded from the EUAA website and the EUAA MedCOI Portal.

The EUAA COI Report Methodology (2023) can be downloaded from the EUAA COI Portal.

The EU common guidelines on (Joint) Fact Finding Missions (2010) can be downloaded from the EUAA COI Portal.

Acknowledgements

The following European bodies and national asylum and migration departments reviewed this report:

- European Commission: Directorate-General for Migration and Home Affairs
- Finland: Information Services and Performance Guidance Unit, Finnish Immigration Service
- France : Direction Territoriale de Strasbourg, Office Français de l'Immigration et de l'Intégration (OFII)
- Germany: Division 62E -COI Information Desk/Documentation of COI documents and case law, Federal Office for Migration and Refugees (BAMF)
- Italy: International and EU Affairs-COI Unit, National Commission for the Right of Asylum, Ministry of the Interior

Glossary and abbreviations

Term	Definition
ACC	Short form term for accessibility request.
Accessibility information	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.
Accessibility response	The MedCOI output that contains price information on treatments and medicines as well as information on the healthcare system and public health insurance. When the response is related to an individual patient's profile, the patient's information is anonymised to the extent possible. Also referred to in the shortened form ACC.
AVA	Short form term for availability request.
Availability information	Availability is defined as whether medical treatment for a specific patient/applicant profile may be absent/present/partly present in a certain medical facility at a certain time somewhere in the country of origin, and whether medication may be absent/present (incl. supply details) at least in a certain medical facility at a certain time somewhere in the country of origin.
Availability response	The MedCOI output that contains information on availability of treatments and medications based on an individual patient case. When the response is related to an individual patient's profile, the patient's information is anonymised to the extent possible. Also referred to in the shortened form AVA.
Conclusion	A MedCOI conclusion is a reasoned and consolidated evaluation by the MedCOI researcher of a particular event, matter or situation based on sources' combined information. A MedCOI conclusion aims to highlight main patterns in the analysed and validated information in order to assist the target users to draw informed conclusions relevant to their tasks.[1]

[1] EUAA, Country of Origin Information (COI) Report Methodology, February 2023, https://coi.euaa.europa.eu/administration/easo/PLib/2023_02_EUAA_COI_Report_Methodology.pdf

Corroboration	Corroboration is the act of finding separate information from different sources that independently matches other information on the same incident/fact. Corroborating information supports or strengthens the accuracy, validity or veracity of information describing facts, events or situations, with other information (or other evidence).[2]
Cross-checking	Cross-checking involves checking a range of different sources to test whether different and unrelated sources report similar or different information about a fact/issue/topic. Cross-checking is a means to corroborate or contrast information.[3]
Currency	Currency means that information is time-relevant, up-to-date and/or the most recent information available and where the events in question have not changed since the release of the information.[4]
Disclaimer	A written statement appended to a document to: 1. limit under certain conditions the responsibility for the possible lack of exhaustiveness or for certain (side) effects of the use of the information contained in a document and/or 2. limit the right of use of that document to a copyright or to a certain circle of clients.[5]
Drafter	The drafter is a researcher who conducts research, analyses information, and drafts the MedCOI product.
EU+ countries	EU Member States plus Iceland, Norway and Switzerland.

[2] EUAA, COI Report Methodology, 2023; European Union (EU), Common EU guidelines for processing Country of Origin Information (COI), ARGO project JLS/2005/ARGO/GC/03, April 2008, https://coi.EUAA.europa.eu/administration/euinstitutions/PLib/EU_Common_COI_Guidelines_2008_EN.pdf
[3] EUAA, COI Report Methodology, 2023; EU, Common EU guidelines for processing COI, 2008
[4] EUAA, COI Report Methodology, 2023
[5] EU, Common EU guidelines for processing COI, 2008

Evidence-based medicine	'Evidence based medicine (EBM) is the conscientious, explicit, judicious and reasonable use of modern, best evidence in making decisions about the care of individual patients. EBM integrates clinical experience and patient values with the best available research information. .... The key difference between evidence-based medicine and traditional medicine is not that EBM considers the evidence while the latter does not. Both take evidence into account; however, EBM demands better evidence than has traditionally been used.'[6]
False corroboration	False corroboration occurs when a piece of information appears to be corroborated by information from different sources while in fact the information stems from the same primary/original source.[7]
FFM report	Fact-finding mission (FFM) reports are reports based on information collected during a field mission to the country by the MedCOI team, by experts from EU+ countries, and/or by contracted experts under EUAA supervision.
General availability response	Contains information on availability of treatments and medications based on specific health conditions without a patient/case description. The focus of these general responses is on medication and not case-dependent treatments.
Information	The basic content or data gathered through specific research.[8]
International Classification of Diseases (ICD-10) codes	International Statistical Classification of Diseases and Related Health Problems, 10th Revision. A global standard for classifying and coding mortality and morbidity data, maintained by The World Health Organization (WHO). The system is designed to promote international comparability in the collection, processing, classification, and presentation of statistics, and is used in epidemiology, health management and for clinical purposes.

[6] Masic I, Miokovic M, Muhamedagic B., Evidence based medicine - new approaches and challenges, in: Acta Inform Med., 2008;16(4), https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3789163/#:~:text=Evidence%20based%20medicine%20(EBM)%20is,the%20care%20of%20individual%20patients, accessed 15 April 2024
[7] EUAA, COI Report Methodology, 2023
[8] EU, Common EU guidelines for processing COI, 2008

MedCOI	Medical Country of Origin Information (MedCOI) refers to medical information about countries of origin, habitual residence, and transit or return countries used in procedures for the individual assessment of applications for international protection or related procedures. MedCOI may also be used in the context of non-asylum related migration cases. MedCOI aims to answer questions about countries of origin relating to the availability and/or accessibility (including information on the healthcare system and public health insurance) of a specific treatment or medicine at a given time. MedCOI facilitates and supports decision-making processes but does not dictate decisions. MedCOI constitutes evidence in international protection or related procedures and is important to help making a fact-based assessment. The term MedCOI can also refer to the overall field of Medical Country of Origin Information.
MedCOI Portal	A digital portal wherein MedCOI products can be found. The restricted part of database is only accessible to trained personnel in EUAA and the EU+ countries' relevant administrations (MB Decision / MedCOI Database Access Policy). The public part presents the MedCOI service and lists publicly available reports.
MedCOI products	Common term for MedCOI reports, FFM reports, accessibility and availability responses.
MedCOI report	Report that contains Medical Country of Origin Information on the healthcare system, public health insurance, and treatment and medication accessibility for different medical fields or patient groups.
MedCOI response	Common term for availability and accessibility responses.
MedCOI team	The EUAA sector working with and producing MedCOI. The sector consists of researchers, medical doctors, administrative and managerial staff.
MedCOI users	Mainly refers to the staff in national migration authorities with access to the EUAA MedCOI Portal. Can also refer to the intended target group for MedCOI products.

Medical analysis	A medical analysis assesses the impact of the (lack of) medical availability on a patient. The purpose of a medical analysis is to assist readers without a medical degree to accurately interpret the presented information. It does not provide new MedCOI information and is not part of the official document used by national migration authorities.
Medication	Medication, referred to as medicine or drug, contains one or more active and/or inactive ingredients in any dosage form. Medicines exist in many dosage forms, including tablets, capsules, liquids, creams, and patches. They can also be given in different ways, such as by mouth, by infusion into a vein, or by drops that are put into the ear or eye. The active ingredient of a medicine is used to prevent, diagnose, treat, or relieve symptoms of a disease or abnormal condition.
Neutrality	The state of not taking sides on an issue, of being unrelated to or without any possible stakeholder involvement with the subject matter, and without seeking to favour a particular outcome or conclusion.[9]
Objectivity	Objectivity means the quality of a source's reporting being fact-based and not influenced by emotions, speculation, personal or group-based prejudices, interests or biases.[10]
Oral source	A person who is interviewed/contacted by a COI researcher to obtain specific information about a topic that may not be available in published sources. Oral sources can be experts or individuals with particular knowledge relevant to a topic/issue. They are selected and interviewed with particular care and indepth for specific research purposes. All oral sources and their information are assessed against quality criteria.[11]
Original source	An original source documents the event, fact or matter for the first time.[12]
Primary source	A primary source is closely or directly related to (i.e. having first-hand information of) an event, fact, or matter.[13]
Relevance	Relevance means the quality of being closely connected to the fact, event, or matter in question.[14]

[9] EUAA, COI Report Methodology, 2023; EU, Common EU guidelines for processing COI, 2008
[10] EUAA, COI Report Methodology, 2023; EU, Common EU guidelines for processing COI, 2008
[11] EUAA, COI Report Methodology, 2023
[12] EU, Common EU guidelines for processing COI, 2008
[13] EUAA, COI Report Methodology, 2023; EU, Common EU guidelines for processing COI, 2008
[14] EUAA, COI Report Methodology, 2023

Reliability	Reliability means the quality of being trustworthy to the matter, fact, or event.[15]
Report	A written and detailed account or description of the findings on facts, event or situation which may give analysis, statements, or conclusions on the result of the investigation.[16]
Reviewer	A researcher/expert who conducts a peer review of the EUAA MedCOI product in order to contribute to the overall quality by checking that information used meets quality criteria and the MedCOI methodology is respected.[17]
Round-tripping information	Round tripping occurs when secondary sources cite each other instead of referring to the original/primary source. Failure to identify round tripping can lead to the use of information that may not be as current as it seems.[18]
Secondary source	A secondary source reproduces or refers to information from the original source (or other secondary sources).[19]
Source	A medium, person or institution producing information.[20]
Summary	A writing technique for presenting information that gives a short and concise statement of all major, significant points of a document or report.[21]
Synthesis	Synthesising means organising, combining, and grouping information together thematically to form a coherent whole, instead of listing or quoting information source by source. The drafter synthesises similar statements found in sources, presenting corroborating or contradictory information together, and makes the comparison clear for the reader. Synthesis can occur at the level of the report, chapter, section, paragraph and sentence using different writing techniques.[22]

[15] EUAA, COI Report Methodology, 2023; EU, Common EU guidelines for processing COI, 2008
[16] EUAA, COI Report Methodology, 2023
[17] EUAA, COI Report Methodology, 2023
[18] EUAA, COI Report Methodology, 2023; EU, Common EU guidelines for processing COI, 2008
[19] EUAA, COI Report Methodology, 2023
[20] EUAA, COI Report Methodology, 2023
[21] EUAA, COI Report Methodology, 2023
[22] EUAA, COI Report Methodology, 2023

Target users	Target users for EUAA MedCOI products include asylum/immigration officers, decision makers, COI researchers, medical advisors, legal/litigation officers and policy-makers in national determining authorities; courts and tribunals responsible for examining and assessing applications for international protection or related procedures; as well as EU Institutions, bodies and agencies.
Terms of Reference (ToR)	The ToR are the framework and the backbone of MedCOI country reports and fact-finding missions. They contain the general topics as well as subtopics or research questions that should be addressed in the report or missions. The ToR aim to address the information needs of the target users. ToR are prepared as defined in the initiation process. ToR are binding for the drafter(s) of the report. Deviations from the ToR and the reasons for it should be clearly stated in the introduction of the report.[23]
Transparency	Transparency is the quality of being clear, intelligible, and unequivocal. The quality of being clear about the methods for how research decisions were made, information was obtained, assessed, and presented.[24]
Treatment	'Treatment is the provision, coordination or management of health care and related services by one or more health care providers. This includes: - Coordination or management of health care by a health care provider with a third party - Consultation between health care providers relating to a patient - Referral of a patient for health care from one provider to another'[25]
Usability	The degree of 'ease of use' for target users. In this regard, the language of the report should be guided by the target users. The same applies to the structure of the report which should be logical and clearly arranged. Terminology used by sources and in the EUAA MedCOI report should be clearly explained.[26]

[23] EUAA, COI Report Methodology, 2023; European Country of Origin Sponsorship (ECS), The EU common guidelines on (Joint) Fact Finding Missions, 2010, https://coi.euaa.europa.eu/administration/euinstitutions/PLib/ECS_FFM-Guidelines-2010.pdf
[24] EU, Common EU guidelines for processing COI, 2008
[25] The University of New Mexico Health Sciences, Definition of "Treatment", n.d., https://hsc.unm.edu/about/administrative-departments/privacy-office/treatment-definition.html, accessed 15 April 2024
[26] EUAA, COI Report Methodology, 2023

Validation	The process of evaluation of a source and/or information against MedCOI quality criteria.[27]
Validity	Validity is the quality of being acceptable in meeting the needs of the target users and of being methodologically, logically, and factually sound.[28]

[27] EU, Common EU guidelines for processing COI, 2008
[28] EUAA, COI Report Methodology, 2023

Introduction

The EUAA provides access to Medical Country of Origin Information (MedCOI). This information supports the national migration and asylum authorities in Europe to reach accurate decisions in international protection and other migration procedures, while also ensuring convergence in the assessment of protection needs. More precisely, MedCOI is a service for migration authorities of EU+ countries, providing responses to requests for information about the availability and accessibility of medical interventions in countries of origin.

What is Medical Country of Origin Information (MedCOI)?

Medical Country of Origin Information (MedCOI) refers to information about availability and accessibility of medical treatments in third countries and information on the healthcare system and public health insurance. MedCOI may also be used in the context of non-asylum related migration cases.

MedCOI facilitates and supports decision-making processes, but does not dictate decisions. MedCOI constitutes evidence in international protection and related procedures and is important to help make a fact-based assessment.

EUAA's role in MedCOI

The mandate of the agency is set by the EUAA Regulation.[29] Chapter 3 relates to country information and guidance, and the article 9 states that:

> '1. The Agency shall be a centre for gathering relevant, reliable, objective, accurate and up-to date information on relevant third countries in a transparent and impartial manner, making use of relevant information, including child-specific and gender-specific information, and targeted information on persons belonging to vulnerable and minority groups. The Agency shall draw up and regularly update reports and other documents providing information on relevant third countries at Union level, including on thematic issues specific to relevant third countries.
>
> 2. The Agency shall, in particular:
>
> (a) make use of all relevant sources of information, including information gathered from international organisations, in particular the UNHCR and other relevant organisations, including members of the Consultative Forum referred to in Article 50, Union institutions, bodies, offices and agencies and the EEAS, and through the networks referred to in Article 10 and fact-finding missions;
>
> (b) manage and further develop a web portal for gathering and sharing information on relevant third countries, which shall include a public section for general users and a restricted section for users who are employees of the national authorities responsible for asylum and immigration or any other body mandated by a Member State to carry out research on third-country information;
>
> (c) develop a common format and a common methodology including terms of reference, in accordance with the requirements of Union law on asylum, for

[29] European Union, Regulation (EU) 2021/2303 of the European Parliament and of the Council of 15 December 2021 on the European Union Agency for Asylum and repealing Regulation (EU) No 439/2010, 2021, https://eur-lex.europa.eu/legal-content/EN/TXT/?uri=CELEX%3A32021R2303

developing reports and other documents with information on relevant third countries at Union level.'

Furthermore, in the Regulation it is defined that '[t]he Agency should ensure a more structured, up-to-date and streamlined production of information on relevant third countries at Union level. The Agency should gather relevant information and draw up reports providing for country information. For that purpose, the Agency should establish and manage European networks on third-country information so as to avoid duplication and create synergies with national reports. It is necessary that the third-country information refer, inter alia, to the political, religious and security situation and to violations of human rights, including torture and ill-treatment, in the third country concerned' (recital 16).

For EUAA, the production of MedCOI is an important service in the practical cooperation with and between EU+ countries. The MedCOI service was initially rolled out in the form of several projects funded by the European Commission and has been incorporated into the EUAA organisation since 2021. The initial project developed the foundation and scope of MedCOI in cooperation with its users, and this was kept when integrating the service into EUAA.

Target users

MedCOI is a service to first instance, and in some cases second instance, migration authorities of EU+ countries for which responses or reports are given to requests for information about availability and accessibility of medical treatments in third countries.

In line with its mandate, EUAA's target users for MedCOI products include asylum/immigration officers, decision makers, COI researchers, medical advisors, legal/litigation officers and policy-makers in national determining authorities; courts and tribunals responsible for examining and assessing applications for international protection and related procedures; as well as EU institutions, bodies and agencies. Access to the MedCOI Portal is restricted to registered users from EU+ national migration authorities.[30]

MedCOI methodology

The MedCOI methodology was drafted by the EUAA MedCOI sector in 2024, to formalise the established standards developed over the course of the MedCOI projects and the establishment of the EUAA MedCOI service. This methodology is developed on the basis of and in complementarity to of the EUAA COI methodology[31] and the EU Common Guidelines on (Joint) Fact Finding Missions.[32] Specific information from the MedCOI Guide for Users[33] was also included. The MedCOI methodology was shared with the MedCOI Advisory Committee, who in turn consulted the representatives from EU member states and the European Commission. Following these consultations, the document was revised and finalised. It was endorsed by the EUAA Management Board on 13 March 2025.

This methodology is a public document and was developed for the purpose of producing and publishing different types of EUAA MedCOI products. The use of this methodology is binding for EUAA MedCOI production. While the EUAA MedCOI Methodology first of all intends to

[30] 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).
[31] EUAA, COI Report Methodology, 2023
[32] ECS, The EU common guidelines on (Joint) Fact Finding Missions, 2010
[33] EUAA, MedCOI Guide for Users, February 2023. Available in the MedCOI Portal.

support the development of EU-level MedCOI, EU+ countries may wish to extend its application also to national MedCOI products.

Background

The need for a specific MedCOI methodology has grown over the years. Based on established COI practices, MedCOI methodological standards were developed over the course of the MedCOI projects and further solidified with the transfer to EUAA in 2021. The EUAA COI Report Methodology, in combination with guiding documents created by the MedCOI Sector, was used as a methodological framework, but a single overarching methodological document encompassing the two legs of MedCOI – COI standards and medical standards – was missing. In order to ensure clarity for all parties on the methodology used and ensure the issues specific for MedCOI was addressed, this document was created.

Further information about the framework – the MedCOI process, the actors involved, the scope of investigation, and usage of MedCOI information – can be found in the MedCOI Guide for Users (2023).[34]

This methodology is based inter alia on content from The EU Common Guidelines on (Joint) Fact Finding Missions (2010) and The EUAA COI Report Methodology (2023) as well as internal MedCOI documentation.

The EU common guidelines on (Joint) Fact Finding Missions (2010) were drafted by a working group consisting of representatives of five EU+ Member States (Austria, Belgium, Norway, Sweden and the United Kingdom), and reviewed by a reference group composed of ACCORD, European Commission, UNHCR, Denmark, Finland, France, Hungary, Italy, The Netherlands, Poland, and Switzerland.

The EUAA COI Report Methodology builds on the Common EU Guidelines for processing COI (April 2008), the EU common guidelines on (Joint) Fact Finding Missions (November 2010) (for oral sources), and the ACCORD Training Manual: Researching Country of Origin Information (2013 Edition).

[34] EUAA, MedCOI Guide for Users, February 2023. Available in the MedCOI Portal.

1. Guiding principles for MedCOI

The production of EUAA MedCOI reports and responses within the framework of a standardised process aims to guarantee the overall quality and acceptance by the target users.

The following guiding principles constitute a code of conduct for participants in each phase of the MedCOI production process: initiation; research (selection and validation of sources and information); drafting or presentation of information; quality review; and publication. During the process, EUAA aims to cooperate with EU+ countries to meet target users' needs.

These principles and other examples are further elaborated on in the respective chapters on the different production phases.

1.1. Scientific Basis

All medical content should be based on the principles of evidence-based medicine. Evidence-based medicine is the principle of using current and best evidence in making decisions about the care of individual patients. In a clinical setting, it 'uses the scientific method to organize and apply current data to improve healthcare decisions. Thus, the best available science is combined with the healthcare professional's clinical experience and the patient's values to arrive at the best medical decision for the patient.'[35]

This means that only medical practices based on proven scientific methods should be considered and researched within the scope of MedCOI.

1.2. COI standards

MedCOI research should always follow the established standards set out in the COI methodology:[36]

1.2.1. Neutrality and Objectivity

MedCOI should be produced in a neutral manner without seeking to favour a particular outcome or conclusion. Those involved in the production process shall act impartially with regard to anyone's interest.

Objectivity is the quality of being fact-based and not influenced by emotions, speculation, personal or group-based prejudices, interests, or biases. MedCOI should aim for the highest degree of objectivity possible.

Examples of the application of these principles to MedCOI include:

1. developing standardised terms of reference to ensure the same approach is used for different topics and geographical areas;

[35] Tenny S, Varacallo M., Evidence Based Medicine, in: StatPearls [Internet], 24 October 2022, https://www.ncbi.nlm.nih.gov/books/NBK470182/, accessed 15 April 2024
[36] EUAA, COI Report Methodology, 2023

2. developing standardised guidelines for all actors involved in the process, to ensure the information is collected and processed in the same way for all products;
3. utilising knowledgeable sources that can provide accurate medical information and if feasible and appropriate, aiming at consulting a well-balanced range of sources in order to reflect different aspects and perspectives;
4. using a neutral tone in language.

1.2.2. Relevance and Usability

Relevance means the quality of being closely connected to the fact, event, or matter in question. MedCOI should be relevant for the needs of the target users, mostly for the assessment of international protection needs.

Usability refers to the ease of use. In this regard, the language of the products should be accessible for the target users. The same applies to the structure of the products which should be logical and clearly organised. Terminology used by sources and in the EUAA MedCOI products should be clearly explained.

Examples of the application of these principles to MedCOI include:

1. basing the terms of reference/request queries on questions rooted in legal concepts of medical availability or accessibility, and related to material facts in the caseload;
2. avoiding an abundance of background information and selecting only time-relevant information;
3. keeping in mind that target users may not be native speakers or medically trained, and therefore using plain and clear language.

1.2.3. Transparency and Publicity

Transparency refers to the quality of being clear and open about the methods for how research decisions were made, information was obtained, assessed, and presented.

Examples of the application of these principles to MedCOI include:

1. adequate and visible terms of reference/query questions, an introduction and a disclaimer explaining how, why, and for whom the product was drafted;
2. making every piece of information traceable to the original/primary source;
3. making general products, such as EUAA MedCOI reports, publicly accessible on the EUAA website and the EUAA COI Portal, to guarantee equal access to information.

1.2.4. Validity and Quality

Validity is the quality of being acceptable in meeting the needs of the target users and of being methodologically, logically and factually sound. This is done through guaranteeing quality standards and cross-checking information, and ultimately by implementing quality control mechanisms.

2. EUAA MedCOI products

EUAA MedCOI products include in particular:

- Availability responses on the availability of treatments and medication in countries of origin.
- Accessibility responses on price information for treatments and medication in countries of origin, and health insurance coverage. Additionally, information on healthcare systems can be included in the response.
- Country reports on healthcare and health insurance topics as well as on topical medical themes, focused on economical accessibility.
- Fact-finding mission (FFM) reports on countries of origin, based on the terms of reference (ToR) for the individual mission.

The production of EUAA MedCOI responses and reports is demand driven. Individual requests are submitted by registered users[37] in the MedCOI Portal, after which they are processed by EUAA and the response is published in the Portal. Most requests and responses are therefore case-specific, i.e. related to an individual's case (be it asylum, residence permit, return, humanitarian case, etc.) and personal pathology of a patient.

To anticipate needs, EUAA can also produce responses and reports based on historic request data. General availability and accessibility requests – which are not based on a patient case - and reports are based on pre-established terms of reference. Reports are also developed from existing terms of reference specific for the report format.

[37] Registered users that have successfully passed the MedCOI advanced user training can submit individual requests, as per MedCOI guidelines.

2.1. MedCOI individual/general availability responses

The information is sourced directly from contacts in the country of origin, or contacts with a medical information network in the country.

The EUAA production process for MedCOI individual or general availability responses includes five phases:

EUAA production process for MedCOI individual availability responses	
1. Submission	The request is first **submitted** by filling out an online form with mandatory fields and lists of medical procedures.
2. Content check	In the **content check phase**, the response is controlled both in format and medical content by a researcher in the MedCOI team and a medical doctor. The medical doctor review is typically not needed when the requester is a medical doctor.
3. Information collection.	In the **information collection phase**, the request is sent to a contracted expert or provider in the country of origin (or a contact with a medical information network in the country), who consults medical facilities to obtain the information.
4. Quality control	In the **quality control phase**, the information is checked by MedCOI researchers and, if needed, a medical doctor. The response is peer reviewed by minimum one staff member following specific guidelines (see Annex 1: EUAA Rules for Review of MedCOI Products and Review Checklists). A medical analysis (see section3.2.2(f)) is added if needed, to explain the outcome of the medical findings.
5. Publication	During the **publication phase**, the information is published in the MedCOI Portal.

2.2. MedCOI individual accessibility responses

The information is sourced through online research or directly from contacts in the country of origin, or through a contact with a medical information network in the country.

The EUAA production process for MedCOI individual accessibility responses includes five phases:

EUAA production process for MedCOI individual accessibility responses	
1. Submission	The request is first **submitted** by filling out an online form with mandatory fields and lists of medical procedures.
2. Content check	In the **content check phase**, the response is controlled both in format and medical content by a researcher in the MedCOI team and, if needed, a medical doctor.
3. Information collection.	In the **information collection phase**, the information is sourced through online research or directly from contacts in the country of origin (or through a contact with a medical information network in the country), who consults medical facilities to obtain the information.
4. Quality control	In the **quality control phase**, the information is organised and reviewed by MedCOI researchers and if needed, a medical doctor. The response is peer reviewed by minimum one staff member following specific guidelines.
5. Publication	During the **publication phase**, the information is published in the MedCOI Portal.

2.3. MedCOI reports

The EUAA production process for MedCOI reports includes four phases:

EUAA production process for MedCOI reports	
1. Preparation	In the **preparatory phase**, terms of reference, tasks and timeframes for each phase are set in consultation with participants in the production process.
2. Researching & drafting	In the **researching and drafting phase**, EUAA may work in the following ways, or in a combination thereof: *In-house drafting*: EUAA itself drafts MedCOI reports when internal capacity and expertise on a given country of origin and/or topic are available. *Outsourcing*: When EUAA capacity or expertise is not available, EUAA may outsource the production of a MedCOI report to an external service provider.
3. Quality control	In the quality control phase, a peer review is performed by EUAA, following specific guidelines (see Annex 1: EUAA Rules for Review of MedCOI Products and Review Checklists). In addition, reports may be peer reviewed by experts in EU+ national authorities and/or other external experts together with specific guidelines for the review. EUAA organises editing and proofreading. EUAA performs a final review of the content of the report before publication.
4. Publication	In the **publication phase**, EUAA publishes the report in the MedCOI Portal, on the EUAA COI Portal, and on the EUAA website.

2.3.1. MedCOI Report Terms of Reference

The terms of reference (ToR) are the framework and the backbone of MedCOI reports. They contain the general topics as well as subtopics or research questions that should be

addressed in the report. The ToR aim to address the information needs of the target users. EUAA has defined standard report ToRs in cooperation with the users, and further tailors ToRs for each country topic based on needs identified from user data.

The report should be consistent with the key elements of the ToR, unless it is clearly explained in the introduction why certain topics could not be included. For the sake of transparency, the ToR are added as an annex to the report.

2.4. Fact-finding mission reports

The EUAA production process for MedCOI fact-finding mission (FFM) reports includes five phases:

EUAA production process for MedCOI FFM reports	
1. Preparation	In the **preparatory phase**, scope and ToR for the FFM are set in consultation with participants and MedCOI users. Research questions and interlocutors are identified, and a schedule for the visit is created.
2. Field mission	During the **field mission phase**, EUAA visits interlocutors, asking questions determined in advance and taking careful notes of the responses.
3. Drafting	In the **drafting phase**, the notes are consolidated and organised into a structured report.
4. Quality control	In the **quality control phase**, a peer review is performed by EUAA, following specific guidelines. In addition, reports may be peer reviewed by experts in EU+ national authorities and/or other external experts together with specific guidelines for the review. EUAA organises editing and proofreading.
5. Publication	In the **publication phase**, EUAA publishes the report in the MedCOI Portal, on the EUAA COI Portal, and on the EUAA website.

2.4.1. Fact-Finding Mission Terms of Reference

The terms of reference (ToR) create the framework for the fact-finding mission (FFM) and its subsequent report. They contain the general topics as well as subtopics or research questions that should be investigated during the FFM and addressed in the report. The ToR aim to address the information needs of the target users. EUAA tailors ToRs for each FFM based on needs identified from user data and typically also direct consultation with user representatives.

The report should be consistent with the key elements of the ToR, unless it is clearly explained in the introduction why certain topics could not be included. For the sake of transparency, the ToR are added as an annex to the report.

3. Researching and drafting MedCOI

The production of EUAA MedCOI products involves an analytical process which starts at the preparatory phase and is governed by the Guiding principles for MedCOI, outlined above.

The MedCOI analytical process underlies the whole research cycle and involves developing, when appropriate, terms of reference and appropriate research questions, conducting research, selecting and validating sources and information, evaluating information and determining linkages between information gathered, and presenting a concise, logically organised product on the results.[38]

Depending on the product, this will follow different procedures, but each product category follows a set procedure. Parts of the below process may also be conducted by different actors, such as MedCOI users or external providers.

3.1. Sources and information

It is important to keep a detailed record of all sources and information gathered, particularly when using anonymized sources. This should guarantee robust and transparent MedCOI and will ensure that if the information contained in the report is challenged, EUAA can demonstrate the accuracy and integrity of the research process and the information obtained.

3.1.1. Quality standards for sources and information

All sources and the information they provide are selected, assessed and validated against the following (Med)COI quality standards. These standards are identical to the standards used in country of origin information research, as outlined in the EUAA COI Report Methodology.[39]

Scientifically sound	By scientifically sound, it means a source on medical information must adhere to the requirements of evidence-based medicine, i.e. supported or validated by scientific study or analysis.
Relevance	Relevance means the quality of being closely connected to the fact, event, or matter in question
Reliability	Reliability means the quality of being trustworthy to the matter, fact or event.
Objectivity	Objectivity means the quality of being fact-based and not influenced by emotions, speculation, personal or group-based prejudices, interests or biases.

[38] EUAA, COI Report Methodology, 2023
[39] EUAA, COI Report Methodology, 2023

Accuracy	Accuracy means the quality of being precise, undistorted, and in conformity with the factual reality.
Currency	Currency means that information is time-relevant, up-to-date and/or the most recent information available. EU+ countries follow individual rules on how current MedCOI information must be.
Traceability	Traceability means the extent to which the primary and/or original source of a piece of information can be identified.
Transparency	Transparency is the quality of being clear, intelligible, and unequivocal.

It is not possible to order these criteria into a hierarchy. Their degree of importance depends on the topics being researched. If some of these criteria are not met this does not mean that the information cannot be used. For instance, the objectivity of the information is generally considered to be very important. However, in certain cases subjective or partial information may be used if other quality standards are met, but it would be necessary to indicate this bias.

The ways to guarantee these quality standards are explained in the following sections.

3.1.2. Selection and validation of sources

(a) Definition of sources

A *source* is a medium, person or institution producing information:

- A *primary source* is closely or directly related to (i.e. having first-hand information of) an event, fact, or matter.
  - In MedCOI, this is in most cases the person/contractor providing the information (see also section 3.1.2(d) Selection of primary sources) or an ad hoc contact in the country of origin. The primary source will be interviewed following the framework set out in section 3.1.2(j) Interviews in writing.
    The *origin of the information* is the health facility consulted by the primary source.
- An *original source* documents the event, fact or matter for the first time. The original source can also be the primary source.
- A *secondary source* reproduces or refers to information from the original source (or other secondary sources).[40]

[40] EUAA, COI Report Methodology, 2023

Example 1:

A local expert providing the information is the primary source. EUAA MedCOI who drafts a report using the information provided is the original source. Another report quoting the EUAA MedCOI report is a secondary source.

To avoid round-tripping, in MedCOI products references are made to both the primary source and the origin of the information (e.g. the medical facility consulted). In case the primary source is not publicly available, this is explained.

(b) Source assessment

Many sources may provide information that can be relevant to the international protection procedure. This means that sources should not be excluded without further consideration and assessment.

Source assessment is the process of thoroughly and critically evaluating a source against the mentioned Quality standards for sources and information, by way of asking the following questions:

Who is providing the information? Is this clear or is the source anonymous? What is their reputation? Does the source have specific knowledge that makes them an expert on the issue at hand? Does the source have a known bias? What is the context in which the source operates?

What information is provided? What is the real content/substance of the information produced? To what extent is it fact-based and documented? Is it delivered independently of the motivation of the source?

Why are they providing this information? What is the agenda or mandate of the source? Does the source have a specific interest?

How is the information presented? How is it formulated? Is the material presented in an objective and transparent way? Is it clear what research methods are used? How is the information gathered by the source?

When was the information gathered and when was it provided?

All sources should be assessed and validated as per the above-mentioned questions. Sources that are well known to the target users usually do not need a description (e.g. United Nations, World Health Organization), unless there is a specific reason to highlight the source assessment against quality standards. Sources which may not be well known, such as academic experts or local organisations, require a more elaborate description.[41]

(c) Preference for primary/original sources

Where possible, the drafter of the product should refer to the primary source. Otherwise, every effort should be made to refer to the original source. This will help to avoid round

[41] EUAA, COI Report Methodology, 2023

tripping, false corroboration and misquoting of information (see Glossary and abbreviations). It should be borne in mind that primary sources may inadvertently or intentionally provide false information, for instance due to language/translation problems or to political opinions. Therefore, even information provided by original/primary sources must be assessed.

Where need arises and where possible, additional primary sources should be consulted directly. For example, interviews by telephone/online video call, email, or during a fact-finding mission.[42]

(d) Selection of primary sources

MedCOI research on the availability and accessibility of medication and/or treatment should always follow established procedures to ensure all quality criteria are met and information is gathered systematically. Representative facilities should be consulted and mentioned as primary source.

Contracted local experts or providers are health expert individuals or companies with a presence in the country of origin. They are selected following a procedure set out in EUAA/MLA/2024/CEI/0011[43] and are consulted on a regular basis to provide information related to individual or general requests.

(e) Use of singular, multiple and various sources

In general, it is important to include a wide range of sources which reflect different viewpoints (e.g. governmental, media, international organisations, NGOs) and are independent of each other, as this will help to ensure a balance of information is obtained and presented in a report.[44]

However, information on availability or cost of treatments and medicines are often based on one source. [45] This is due to the need for thorough analysis for very specific individual medical treatments in countries of origin which must be obtained through detailed 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.

Underlying this is the sheer number of MedCOI requests with short deadlines undertaken each year (ca 1 250, containing roughly 25 000 questions in total). It would not be practically

[42] EUAA, COI Report Methodology, 2023

[43] From EUAA/MLA/2024/CEI/0011: 'Local MedCOI experts shall therefore have experience relevant to healthcare and health insurance for the country(ies) concerned. The experts shall have the capacity to provide the EUAA with accurate and up-to-date information … in a specific country of origin in a reliable, well-informed and unbiased/neutral way. The expert shall possess first-hand knowledge of the country/topics being researched, … The expert shall be a participant of the healthcare and/or insurance system in the country(ies) concerned and has not only theoretical knowledge but also practical experience. The local MedCOI expert shall be able to interpret the medical content of a request correctly. For provision of information on field C (General or case-specific information on availability of medical treatment) mentioned under point 6, it is required that the local MedCOI expert is a medical doctor.' EUAA, EUAA/MLA/2024/CEI/0011 Call for Expressions of Interest (CEI) to establish an EUAA list of Remunerated External Experts in the field of Medical Country of Origin Information (MedCOI): Notice of the Call for Expressions of Interest, 17 July 2024, https://euaa.europa.eu/procurements/call-expressions-interest-local-experts-medcoi

[44] EUAA, COI Report Methodology, 2023

[45] Not to be confused with the MedCOI standard of always inserting two facilities (*origin of information*) in a response when treatments or medicines have been found not available.

possible with the resources available and within the given time frames to investigate each individual request and question further with multiple sources.

(f) Scope of sources used

The research should follow a set framework: only information at the time of checking should be provided; only products legally available in the country should be investigated; and lastly, quality standards of the treatment/medicine should not be assessed as this is a larger endeavour than is possible within the scope of MedCOI.[46]

(g) No hierarchy of sources

It is not possible to establish a hierarchy of sources, as it is not possible to state that some sources will always be more reliable or useful than others. Some sources (e.g. international organisations and NGOs) may be more valuable for information on the general healthcare situation, whereas other sources (e.g. local medical experts) may be more valuable for information on detailed medical information. Sources found to provide inaccurate or unreliable information on one subject may provide valuable information on another.[47]

(h) Use of public sources versus anonymous sources

As a general rule, sources of information used in products should when possible be named and publicly accessible. However, there may be situations where this is not possible, for instance where a primary source has been contacted directly and their personal security may be put at risk by publication of their details. The safety of the source should always be the first consideration.[48] Due to its sensitive nature and the high number of primary sources consulted, MedCOI primary sources are often anonymised.

In some cases, it may be possible to cite the name of the organisation the person represents. Some sources may not wish to be named or linked to a particular organisation. If a source wishes to be referred to anonymously this can be done by describing to the extent possible the type and background of the source, e.g. its position/role/title, mandate, reputation and experience, methodologies used, and operational presence/reporting capacity.[49]

Sources can be attributed in the following ways, from the most to the least transparent:

- *Individual and organisation named*
- *Organisation only*
- *Semi-anonymous reference e.g.: an international NGO in [the Country of Origin]*
- *Entirely anonymous reference e.g.: a source who did not wish to be named or source A*[50]

[46] In European Court of Human Rights jurisprudence, it is established that differences in quality of care between the returning country and the EU+ country is not relevant for the case assessment (see N vs UK, para 44. and Paposhvili v. Belgium, para 189).
[47] EUAA, COI Report Methodology, 2023
[48] EUAA, COI Report Methodology, 2023
[49] EUAA, COI Report Methodology, 2023
[50] ECS, The EU common guidelines on (Joint) Fact Finding Missions, 2010 , p. 27

Consulting with the source on how to cite them may not be practically possible for shorter telephone interviews, for instance in calls to a medical facility. If the source cannot be consulted as to its preferences, they are always anonymised.

(i) Oral sources

The EU common guidelines on (Joint) Fact Finding Missions distinguishes between unstructured and semi-structured interviews:

- Semi-structured interviews follow a list of questions or topics in a structural way, using an interview guide/questionnaire. It is important to keep the questions specific, but not to close off potential avenues of enquiry as this will undermine the validity of the findings.
- Unstructured interview, following a more conversational style where the interviewer asks fewer questions and rather prompt the source to answer more freely.[51]

For MedCOI interviews, a more structured approach is generally more suitable due to the precise information needs and the level of detail needed.

It is important to make clear to the source if they will be asked to approve the notes taken of the interview, and if so, by when this will be done. It must also be made clear to the source if the resulting report or response will be publicly available and in which language it will be published. The source must also be asked how they wish to be attributed, and if they wish to be anonymous.[52] In most cases, MedCOI sources are anonymised due to the sensitivity of the topics.

Interviews can be documented through recording or through note taking. Recording is more accurate, but may inhibit what a respondent says. Written notes are more informal but is less precise. Notes should be taken in the language of the interview, to reduce the risk of distortion or misrepresentation.[53]

The level of detail of the notes can vary between near verbatim to more selective. In the latter case, there is a risk that the interview notes become less accurate. For key issues, it is recommended to record word for word what a source states, to ensure transparency and avoid ambiguity on contentious matters.[54]

To ensure traceability, copies of the notes must be stored and made available to peer reviewers and potential requests from users.

(j) Interviews in writing

When consulting sources in writing via emails or messaging applications, it is important to consider the questions carefully to get the required information; do research beforehand to establish information gaps; identify suitable interlocutors, and determine which topics they may be knowledgeable about.

The questions should be short and clear to avoid misunderstandings. Questions should not have bias and not make assumptions that may influence the respondent's answer. Lastly, any irrelevant questions should be deleted to keep the focus on the objective.

[51] ECS, The EU common guidelines on (Joint) Fact Finding Missions, 2010, pp. 16-17
[52] ECS, The EU common guidelines on (Joint) Fact Finding Missions, 2010, pp. 19, 27
[53] ECS, The EU common guidelines on (Joint) Fact Finding Missions, 2010, p. 25
[54] ECS, The EU common guidelines on (Joint) Fact Finding Missions, 2010, p. 25

To ensure traceability, copies of the conversation must be stored and made available to peer reviewers and potential requests from users.

(k) User-generated online content/social media

User-generated content is typically found on social media, that is, web applications for the creation of online communities to share content, to exchange and express ideas and opinions. Because this content can have unclear origins, and because of the speed of the communication or content, particular care must be taken to ensure that any source on social media is assessed following the quality standards described above.

User-generated content is often not submitted to the same research rigour and editorial process as established media or other sources. Therefore, the risk may be higher that content is inaccurate, biased, intentionally misleading, or dubious. For this reason, cross-checking of user-generated information is very important.[55]

In MedCOI research, direct contact with sources such as medical facilities and pharmacies is commonplace. Often this contact must be done via whatever contact means are available, such as the facility's official Facebook page or message applications like Telegram or Whatsapp. Depending on the country other contact means may not be an option.

It is important to ensure the contact medium leads to the source and not an impersonator, which can be done by comparing different websites to see if the same contact method is mentioned by all or that the account is verified. Other means include assessing if the information posted on a social media page is plausible and updated.

As the information can quickly be changed or removed, it is required to save screen shots of the information sources.

3.1.3. Selection and validation of information

The information used from sources must be validated against the Quality standards for sources and information mentioned above. Validation of the information can be done by way of scrutinising the origin of information provided by every source, and by way of cross-checking, corroborating and balancing the information with information of other sources (see Glossary and abbreviations).

Cross-checking involves checking a range of different sources to test whether different and unrelated sources report similar or different information about a fact/issue/topic. Cross-checking is a means to corroborate or contrast information.

Corroborating information supports or strengthens the accuracy and reliability of information by finding matching information from multiple and different kinds of sources with accounts of what occurred that are independent of one another.

For example, cross-checking involves comparing different reporting on an issue, such as checking that new information received correlates with the existing information published in the MedCOI Portal, or that any differences can be explained. This also applies to information

[55] EUAA, COI Report Methodology, 2023

on other websites, where different sources of information can corroborate the same information.

Care should be taken to avoid the danger of round tripping of information and false corroboration. If a source is not transparent about the origin of its information, it can be difficult to identify false corroboration and round tripping.

Round tripping occurs when secondary sources cite each other instead of referring to the original/primary source. Failure to identify round tripping can lead to the use of information that may not be as current as it seems, or to distortion of the information.

False corroboration occurs when a piece of information appears to be corroborated by information from different sources while in fact the information stems from the same primary/original source.[56]

Example 2:

A study presented in an academic article (2018) is used in a government report (2020) which is subsequently quoted by a newspaper (2021). A MedCOI report referring to the 2021 newspaper article but not identifying the 2018 academic article would be an example of failure to identify round tripping of information and not using the primary source. An example of false corroboration would be if the MedCOI report would refer to the academic study and the government report to corroborate the newspaper article of 2021.

The need to cross-check and corroborate information depends on the nature of the information and the sources. The need is especially strong in certain cases:

- when it concerns a core matter in an application for international protection or a core research question
- when describing a major trend or a significant situation
- when the information does not fulfil some of the abovementioned quality criteria

For other kinds of information, this need is lower or not required, such as for information concerning:

- Information on individual treatment/medication costs (see section 3.1.4(c) for further explanation)
- an obvious fact (e.g. pulmonology is the branch of medicine that specializes in diagnosing and treating diseases of the lungs and other parts of the respiratory system)
- illustrative events, facts or incidents that serve to corroborate a more general trend or development. In this case, it is not always necessary to cross-check each detail.[57]

[56] EUAA, COI Report Methodology, 2023
[57] EUAA, COI Report Methodology, 2023

3.1.4. Specific issues

(a) Interpreting MedCOI information

Within MedCOI, a distinction is made between information on availability and information on accessibility. Availability is defined as whether medical treatment or medication for a specific case may be absent/present/partly present at least in a certain medical facility at a certain time somewhere in the country of origin. Accessibility of healthcare is defined as whether an individual is able to, de facto, obtain medical treatment/medication given the person's financial situation and geographic location.

The medical impact of the information must be kept in mind when conducting MedCOI research. 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. Furthermore, the severity of an individual's condition should be considered when obtaining accessibility information as this may affect both the insurance coverage and the associated costs.

A MedCOI response indicating the availability or coverage of costs for specific treatments/medicines is also not a guarantee that a patient will receive treatment in a particular facility. It is information to form the basis to support decision-making procedures, not a referral.

Lastly, a number of parameters shape the information presented: only information accurate at the time of investigation is provided; only products legally available in the country are included; and quality standards of the healthcare system/public insurance system/treatment/medicine are not assessed.

(b) When information differs on paper and in practice

The functioning of healthcare may differ in its execution compared with how it is described in plans and overviews. For instance, waiting times due to capacity issues, restriction of resources impacting capability to provide certain treatments, unofficial payments, etc. are examples of issues that have an impact on accessibility of healthcare, but are sometimes not included in official documentation. MedCOI products should always strive to bridge this gap and describe the situation realistically, to the extent possible.

(c) When information is found from only a single source

In MedCOI research the use of one source is common, in particular, information pertaining to the availability and price of medication and treatments. As explained in the section Use of singular, multiple and various sources, the nature of the very precise information requested combined with the volume of information needed on a continuous basis places limitations on the number of sources feasibly possible to consult.

To ensure the validity of this key information, various quality mechanisms are in place to verify the information used (see section 4.3. Quality control). The sources are quality secured through one or more of the following:

- The source is a local expert in the country, whose credentials have been evaluated previously
- The source has direct links to a relevant medical facility or otherwise proven expertise (e.g. published academic articles)

The source should always be briefly described in the footnote and/or bibliography.

(d) If no information can be found

If no information is found, the lack of information should be stated, referring to the main sources consulted and attempted contact means. This will assist the reader in understanding the context and deciding what weight can be attached to the lack of information.[58]

(e) If contradictory information is found

Relevant and contradictory information on a certain subject should be presented together in the product. The source assessment should be explicitly presented in order to assist the reader in assigning weight to such information.[59]

In terms of differing prices, it should be made clear if the different numbers are due to sources stating different information for the same treatment/medicine in the same facility, or if the prices concern different facilities. In the latter case, it is not a contradiction but rather two separate price examples.

If the contradiction concerns the availability of information, it should be established if the difference concerns logically explainable differences (e.g. change over time or different patient parameters) or if the information found is incorrect. To the extent possible, any contradiction concerning availability of treatments or medicines should be investigated until the contradiction can be eliminated.

Not to be confused with verifying already published information, see section 4.5. Verifying published MedCOI information.

(f) If information from a 'dubious' source is found

Although all sources have their own values and agenda, a source is deemed dubious when it cannot be assessed as reliable, for reasons of:

1. a lack of transparency on the source's agenda, reputation, operational presence in the field, reporting capacity, seriousness of investigations, and level of knowledge.
2. bias, meaning a source presents highly selective or distorted information to advance its agenda.

[58] EUAA, COI Report Methodology, 2023
[59] EUAA, COI Report Methodology, 2023

Example 3:

Governmental reports on the functioning of the healthcare system in an autocratic country. While the information is factual and correct on paper, the services may function differently in practice. The regime has a vested interest to present a well-functioning healthcare service. Issues such as bribes, waiting times, and lack of resources may not be mentioned.

The researcher must weigh the relevance of the information against the dubiousness of the source to decide whether or not to include it in the report. If the information is included, the reasons why the source could not be deemed reliable should be stated explicitly.

Information that is not fact-based and deliberately fabricated with the intention to mislead and harm (often referred to as 'fake news') should not be used.[60]

3.2. Presentation of information

Quality standards for sources and information equally apply for the presentation of information in a MedCOI product, as explained in this section.

All EUAA MedCOI products should conform to EUAA's overall stylistic requirements and standards for language, citation, referencing and style. See also the EUAA COI Reports Writing and Referencing Guide.[61]

3.2.1. Language

EUAA MedCOI products should use plain language, bearing in mind that target users may not be native readers or trained in medicine. The language should be clear, exact and neutral in tone. Terminology, spelling and transcription standards used should be indicated and explained.[62] Overly technical medical terminology should be avoided, to ensure readers without medical expertise can understand the text.

To avoid confusion, the names of persons and organisations should be mentioned in the original language and/or transcribed in the same way throughout the product. Abbreviations, technical terms or names/concepts in other languages should be written out in full and explained when used for the first time. For reports, a cross-link can be made to the glossary and abbreviations section.[63] Local language terms or terminology from the country of origin used in the report are listed and defined in a glossary at the front of the report, or directly in the text for query responses.

[60] EUAA, COI Report Methodology, 2023
[61] EUAA, Country of Origin Information (COI) Reports Writing and Referencing Guide, February 2023, https://coi.euaa.europa.eu/administration/easo/PLib/2023_02_EUAA_COI_Writing_and_referencing_guide.pdf
[62] EUAA, COI Report Methodology, 2023
[63] EUAA, COI Report Methodology, 2023

When presenting, citing, and referencing articles/sources written in original languages which use non-Latin alphabets such as Arabic or Russian, the common English name should be used throughout the text. The original language source name or title followed by an English translation in square brackets should be used in the citation.

If the presented information from a source reflects an assessment, feeling or opinion of that source, this should be clearly indicated and attributed to the source (e.g. the source assesses, concludes, gives the opinion, etc).[64]

3.2.2. Structuring of information

MedCOI products should clearly present relevant and readily accessible MedCOI. This presentation can take different forms, but it is important to always make sure that the information is not distorted and the source is clear. MedCOI often concerns both specific data and descriptions of larger trends, which means that a combination of the techniques outlined below are usually used.

(a) Quotation

Direct quotations copy exactly what a source says, clearly and precisely enclosing the remarks in single quotation marks. Quotations should be used sparingly in a text, but to signify opinions and information that requires very precise presentation, such as legal provisions, they should be employed.

(b) Paraphrasing

Paraphrasing (also called rephrasing) is when a writer translates the same content into their own words and style, keeping all the original elements of the source but changing the sentence structure, for example. The paraphrased text is very close to the original; more so than a summary. This is used to accurately convey important pieces of information, such as statistics or conclusions from studies.

(c) Summarisation

Summarising is when writers succinctly present the main ideas from a source in their own way, but also condense the key points. Summarising condenses the substance of a text, giving a short but broad-based account of the core idea. Summarisation is used to provide an overview of longer pieces of information and focus on the relevant part.

(d) Synthesising information

Synthesising means organising, combining and grouping information together thematically to form a coherent whole, instead of listing or quoting information source by source. The drafter synthesises similar statements found in sources, presenting corroborating or contradictory information together, and makes the comparison clear for the reader.[65] While used sparingly

[64] EUAA, COI Report Methodology, 2023
[65] EUAA, COI Report Methodology, 2023

in MedCOI, it can be used when presenting trends and background information, or to provide a range of costs.

(e) Conclusions

Depending on the nature of the information and the relevance for the target users, conclusions may be drawn by the drafter. It is a reasoned and consolidated evaluation of a particular event, matter or situation based on sources' combined information. A conclusion constitutes a 'new piece of information', compared to the information provided by the sources: A + B + C = D. D is the MedCOI conclusion.[66]

When drawing conclusions, caution should be taken to avoid distorting information.[67]

Conclusions can also be used, for instance, to describe a trend found by comparing several different pieces of information. They should always be explicitly stated as a conclusion and be based on traceable, available information as presented in the report or response.

(f) Medical analysis

A medical analysis is added (unless the requester is a medical doctor) to MedCOI availability responses when some current treatment and/or medication is not available. The analysis describes the possible medical consequences for the patient if some or all of the requested treatments or medications are not available in the country of origin.

An analysis is based entirely and solely on the provided case description, in combination with the provided answers to the medication and treatment questions that are derived from that case description. It is not clinical advice and does not provide new MedCOI information. It is also not part of the official document used by national migration authorities.

3.2.3. Referencing

As a minimum requirement, every piece of information must be referenced by one source, preferably the primary/original source (see section on selection of sources). References to sources are given as footnotes and appear on the same page as the text they refer to. All sources used in the report must be fully referenced in a footnote or a bibliography in a standardised way.[68] All materials used in EUAA MedCOI products should respect general rules on copyright.[69]

3.2.4. Structure of EUAA MedCOI products

(a) MedCOI availability responses

EUAA availability responses contain a unique reference number, information on the type of information provider, the priority of the response (7, 14 or 28 days), and the start and publication date of the response.

[66] EUAA, COI Report Methodology, 2023
[67] EUAA, COI Report Methodology, 2023
[68] EUAA, COI Report Methodology, 2023
[69] See: Directive 2001/29/EC of the European Parliament and of the Council of 22 May 2001 on the harmonisation of certain aspects of copyright and related rights in the information society (OJ L 167, 22.6.2001, p. 10–19) and can be accessed via Eur-Lex: https://eur-lex.europa.eu/legal-content/EN/ALL/?uri=CELEX%3A32001L0029

This is followed by information about the case: the country of origin (and possibly region, if specifically requested), the gender and age of the patient, and the International Classification of Diseases (ICD-10) codes of the investigated diseases. A detailed, anonymised case description with all relevant medical information is also included.

The requested availability information is then listed, starting with different treatment modalities. The availability of the treatment (yes/no/partly) is stated, with the name, web address (if one exists) and location of facilities where this was investigated. This may also include open text question and responses.

Requested medication follow, with the substance, medication group, usage for the patient (current or alternative medication), availability status (yes/no/available with supply problems), and the name, web address (if one exists) and location of pharmacy where this was investigated.

Lastly, a suggested reference and a disclaimer is included.

(b) MedCOI accessibility responses

EUAA accessibility responses contain a unique reference number, the country of origin (and possibly region, if specifically requested), the gender and age of the patient, the priority of the response (21 or 42 days), and the initiation and publication dates of the response. All related availability response numbers are also listed. A detailed, anonymised case description with all relevant medical information and the International Classification of Diseases (ICD-10) codes of the investigated diseases follows.

A summary of all questions asked in the request is presented in the second section of the response.

The last part of the response is the answer, following the structure:

1. General information on healthcare system
2. Economic accessibility
   (a) State insurance
   (b) Cost of medicines
   (c) Cost of treatments

If appropriate, additional subheadings can be introduced.

The prices of the listed medicines are presented in a table, with the substance, brand name, strength of unit, form, number of units in container, price per box, the name, web address (if one exists) and location of pharmacy where this was investigated, as well as any additional information on insurance coverage or other relevant information. The treatments are presented in a similar table, with details on the price, the name, web address (if one exists) and location of facility where this was investigated, and additional information on insurance coverage or other relevant information.

Lastly, a suggested reference and a disclaimer is included.

Throughout, referencing with footnotes indicates the information provider and/or sources used.

(c) MedCOI reports

EUAA MedCOI reports are organised in a manner consistent with the key elements of the ToR and in a way which makes the information easily accessible and readable for the target users. The report should be presented in a logical, well-structured and intelligible way.[70]

The content of sections and chapters should be reflected in the headings and sub-headings, and the individual paragraphs should be framed in a consistent and clear manner containing information grouped thematically.[71]

The general structure of an EUAA MedCOI report follows a standardised template and contains the following parts:

Acknowledgements

The EUAA sector, external company, Member States, organisations and/or experts which participated in researching, (co-)drafting, or reviewing the EUAA MedCOI report are mentioned in the acknowledgements section of the report.

Table of contents

The table of contents provides the main headings and sub-headings to efficiently guide the reader through the report.

[70] EUAA, COI Report Methodology, 2023
[71] EUAA, COI Report Methodology, 2023

Disclaimer

The Disclaimer states the following:

> This report was written according to the EUAA MedCOI Report Methodology (2024). The report is based on carefully selected sources of information. All sources used are referenced.
>
> The information contained in this report has been researched, evaluated and analysed with utmost care within a limited timeframe. However, this document does not claim to be exhaustive. If a particular event, person or organisation is not mentioned in the report, this does not mean that the event has not taken place or that the person or organisation does not exist. Any changes taking place after the finalisation of this report is not included. More information on the reference period for this report can be found in the introduction.
>
> Furthermore, this report is not conclusive as to the determination or merit of any particular application for international protection. Terminology used should not be regarded as indicative of a particular legal position.
>
> 'Refugee', 'risk' and similar terminology are used as generic terminology and not in the legal sense as applied in the EU Asylum Acquis, the 1951 Refugee Convention and the 1967 Protocol relating to the Status of Refugees.
>
> Neither EUAA nor any person acting on its behalf may be held responsible for the use which may be made of the information contained in this report.
>
> On 19 January 2022, the European Asylum Support Office (EASO) became the European Union Agency for Asylum (EUAA). All references to EASO, EASO products and bodies should be understood as references to the EUAA.

Glossary and abbreviations

The glossary lists uncommon, specialised or original-language terms or concepts with their definitions, in alphabetical order. Acronyms/abbreviations that are necessary for understanding the content should be listed in the glossary (e.g. MoH – Ministry of Health, OOP – Out of Pocket). However, abbreviated sources that are listed in the bibliography do not need to be included in the glossary (e.g., UN, WHO, etc). The glossary is placed at the beginning of the report.[72]

[72] EUAA, COI Report Methodology, 2023

Introduction

The introduction clearly states that the report is produced in line with the EUAA MedCOI Methodology (2025) and the EUAA COI Writing and Referencing guide (2023). The introduction further states the purpose of the report, target users and the main topics dealt with, based on the ToR in the annex of the report.

To maintain a high level of transparency, the introduction explains in detail the methodology used in the specific report. This includes how the ToR were defined, whether they were expanded, or if certain topics could not be addressed in the report. The methodology further describes how information was collected and, if relevant, highlights and explains important sources used in the report. Finally, the quality control mechanism and the date of finalisation are mentioned.[73]

The introduction gives information on the reference period(s) for information in the report, the period of research, drafting, and review process.

Body of the report

In the body of the report, the information found during the research process is presented. It usually includes a mix of the drafting styles as presented under section 3.2.2.

The treatment costs are presented in a table, with details on the price, the name, web address (if one exists) and location of facility where this was investigated, and additional information on insurance coverage or other relevant information.

The prices of medicines are presented in a similar table, with the substance, brand name, strength of unit, form, number of units in container, price per box, the name, web address (if one exists) and location of pharmacy where this was investigated, as well as any additional information on insurance coverage or other relevant information.

Annexes

Annex I: Bibliography

All sources referred to in the report should be fully referenced in the bibliography.

Annex II: Terms of Reference

[73] EUAA, COI Report Methodology, 2023

4. Quality control

4.1. Review

Peer review is a quality assurance and enhancement process in which the drafter(s) and peer(s) work together to ensure that the product meets the principles and quality standards set out in the EUAA MedCOI report methodology. Reviewers do not change or 'approve' the content of the report, but they contribute to the quality of the report by way of commenting on content or quality issues, checking sources and suggesting additional information. Reviewers are required to follow the EUAA rules for review[74] (see Annex 1: EUAA Rules for Review of MedCOI Products and Review Checklists).

All MedCOI products are peer reviewed by the EUAA MedCOI sector, minimum by one person.

EUAA may also select external experts or national MedCOI users to review reports in line with the EUAA MedCOI methodology and rules for peer review. The external experts are selected on the basis of their proven knowledge of medical topics in the country of origin or specific topics, or access to medical network in the country of origin. Such experts may include local medical professionals, NGOs, academics, and international bodies.

All comments by reviewers are taken into consideration. However, the (co-)drafter(s) decide(s) whether or not a comment is accepted and how to address it. EUAA supervises and participates throughout the review process.[75]

It is good practice to consult and give feedback to the reviewers, addressing why comments may or may not have been implemented. As a result of the review, additional information and sources may need to be added to improve the quality of the report. If such additional information substantially changes the content of the report, the reviewers will be informed.[76]

4.2. Medical checks

Medical content is controlled either by direct check by a trained medical doctor, or through comparisons with already published similar content which has been previously medically checked.

4.3. External quality control of individual responses

Individual responses are quality controlled in two ways: internally, by following the peer review guidelines (see Annex 1: EUAA Rules for Review of MedCOI Products and Review Checklist)

[74] EUAA, COI Report Methodology, 2023
[75] EUAA, COI Report Methodology, 2023
[76] EUAA, COI Report Methodology, 2023

and performing medical checks by medical doctors (in case requester is not medically trained), and externally, through external audits. Further internal quality assurance takes place by regular quality evaluations with the contracted EUAA providers. External audits take place through verification research within countries of origin on a sample of responses in order to check the accuracy of individual MedCOI responses.

4.4. Editing and proofreading of reports

After the review, EUAA arranges editing and proofreading of the MedCOI report in conformity with the EUAA COI Writing and Referencing Guide. EUAA also ensures that copyrights are properly dealt with. EUAA may make further changes to the reports at this stage, in case needed as dictated by the quality standards set out in this document.

4.5. Verifying published MedCOI information

If information contradicting recently published MedCOI products is brought to the attention of the MedCOI team, the information will undergo crosschecking and verification procedures, provided that it is current, reliable, and traceable. The outcome of the verification, whether it entails a correction or confirmation, will always be published on the MedCOI Portal.

5. Publication

EUAA takes responsibility for the product and gives final approval for publication and dissemination.

Publications following a report template will be made available in PDF format on the EUAA MedCOI Portal, the EUAA website and the EUAA COI Portal. Publications based on an individual patient case (availability and accessibility individual responses) will be published in the EUAA MedCOI Portal. 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).

6. Follow-up

Evaluation of the drafting process should be done regularly. The target users are invited to evaluate the use of the product.

Feedback is taken into consideration when initiating a new EUAA MedCOI report. EUAA aims to update its MedCOI reports when appropriate and necessary within a suitable period of time. In practice, this means reports may be updated if there is still sufficient need for information on the topic/country, and/or there are available resources to collect the information and draft the report.

Annex 1: EUAA Rules for Review of MedCOI Products and Review Checklists

EUAA Rules for Review of MedCOI Products

1. The reviewers:

The peer (or external) reviewers conduct the review in their **expert capacities** and are bound by **confidentiality**: they shall not communicate any content, comments or responses to comments with third parties.[77]

2. The Review:[78]

Aim	The sole aim of the review is to contribute to the overall quality of the MedCOI product and strive to ensure that MedCOI products are as neutral, objective, usable, valid and transparent as possible. The reviewers should verify whether the information used meets the standards of relevance, reliability, currency, objectivity, accuracy, traceability, and transparency. Quality standards are described in the EUAA MedCOI Report Methodology.
Scope	The purpose and scope of the products are clearly set out in the first section and if applicable, an introduction and in the ToR for the MedCOI report. The review should evaluate the EUAA MedCOI products in this context. Reviewers should bear in mind the specific needs of the target users and not a general academic perspective. The reviewers have no editorial role. Proofreading and layout will be organised by EUAA. Comments about possible or required additional information shall only be accepted if they do not imply a substantial change to the scope of the ToR of the MedCOI product. These comments will only be accepted if they provide a specific reference to additional relevant sources of information.
Format	Comments shall be made either directly in the draft Word document (tracked changes or comments); or in a separate document clearly identifying which sections of the draft MedCOI product comments refer to.
Implementation	The drafters decide whether and how to implement the comments. He/she will, however, respond to all unaccepted comments. After implementation of the review, the drafters provide a final draft to EUAA.

[77] Third parties are all except for the drafter(s), the peer reviewers and EUAA.
[78] EUAA, COI Report Methodology, 2023

Checklists for Peer Review

***Note**: The checklists are only intended to serve as a reminder for reviewers. All comments on the MedCOI product by reviewers shall be made either directly in the draft Word document (tracked changes or comments) or in a separate document clearly identifying which sections of the draft MedCOI product the comments refer to.*

Peer-review check list for MedCOI reports:

QUESTION	☑
PRESENTATION/STRUCTURE/CONTENT	
Is the report presented in a well-structured, logical and intelligible way?	
Is information readable and useable for the target users?	
Is information provided in the report relevant to the topic and for the target users?	
Is information provided in the report current (or time-relevant)?	
Are quotes used in the text referenced clearly (footnotes)?	
Does the report include any recommendations or policy guidance?	
Does the report cover the required elements of the ToR?	
Is the medical information logical and has it been checked by medical advisor, if needed?	
LANGUAGE/TONE	
Is the language used in the report neutral (impartial) and objective (not influenced by opinions, emotions, bias…)?	
Is the language used in the report clear to readers?	
Is the language used in the report specific and precise?	
SOURCES/REFERENCING	
If significant gaps in the research were noted, have specific sources with links/urls/references been recommended by reviewers to address these gaps?	
Do the drafters use a variety of sources (e.g., government sources, academic sources, medical facilities, media, NGOs sources…)?	
Do the drafters use reliable (trustworthy, credible) sources?	
If dubious sources (sources which reliability could not be assessed as reliable) are used, do the drafters explicitly mention this and for which reason(s) it/they could not be assessed?	
Is all information provided in the report referenced (in the footnotes)?	
Is all information provided in the report fully referenced in the bibliography (author, title, date, website if relevant, date of access)?	

QUESTION	✓
If information from Fact Finding Mission(s) (FFM(s)) is used, is it properly referenced (e.g. author/title/dates of mission, date of report publication)?	
When a source used in the report is not well-known, is it presented by the drafter (by referring to its expertise, etc) the first time that it is mentioned?	
If the MedCOI report says that 'several' or 'many' sources state something, is this reflected in the referencing (footnotes)?	
Did the reviewer conduct a check of footnotes to ensure that information written by the drafter accurately reflects information provided by the source(s) referenced in the footnote, and the text paraphrased?	
Did the reviewer conduct a check of footnotes to ensure that the author references (when possible) primary sources (instead of secondary sources)?	

Peer-review check list for individual accessibility requests:

CHECK	✓
GENERAL OVERVIEW	
The information on the cover page corresponds to the MedCOI request.	
It corresponds to the AVA (if applicable)	
Document general presentation: no big and useless spaces, paragraphs (readable text), no isolated title on one page, no double space between words, etc.	
FORM	
The text is in: Proxima Nova 11, single spacing, aligned left.	
The contact information reference in the text is: '… the MedCOI contact person…'.	
All quotation is in brackets ' '.	
Quotations of more than 4 lines are in a separate, indented paragraph.	
The prices are expressed with: CURRENCY CODE [space] T HDU.cc (ex: USD 1 452.00).	
All numbers up to 9 are written in letter and higher in number.	
All numbers in the same sentence are written the same way.	
There are no spelling mistakes (UK English: healthcare, specialised, etc).	
The template price tables correspond to the need of the request: not too many empty boxes,	

CONTENT	
All questions have been answered in the ACC individual request.	
In case some information was not found, explanation + what efforts were made to research it is listed.	
The structure is logical.	
If there is no information asked, it is written “No information was requested under this section”.	
The content is clear and relevant.	
The prices seem plausible	
If there is contradictory information, it is explained why.	
It is grammatically correct, sentences are not too long.	
The tone is neutral and objective.	
All sources are recent/ or explanation why older sources are used.	
Every piece of information is referred in footnote.	
Medical information is logical and has been checked by medical advisor if needed.	
FOOTNOTES	
The footnotes strictly follow the guidelines.	
If there are several references in one footnote, they are separate by ‘;’.	
All links in the footnotes are working.	
All page numbers are mentioned.	
Emails, phone calls, etc. are correctly referenced.	
Translated websites are correctly referenced.	
Footnotes are in: Proxima Nova 9, single spacing, aligned left, no space between footnotes.	
SOURCES	
All sources are uploaded in the EUAA SharePoint.	

Peer-review check list for individual availability requests:

CHECK	☑
Make sure that type of request is correct.	
All treatments and medications requested need to be tagged as specialisms.	
Region/city: the usually researched city should not be in this field, only if other cities are requested.	
Check that case description is clear, complete and in accordance with the standard format and written in a neutral and objective way.	
Check that ICD 10 codes are added.	
Treatment and medication availability: inconsistencies or illogical answers must have been checked and addressed already. No personal details, number of listed facilities in accordance with the rules (Yes, one listed facility; No, two listed facilities), facilities are verified or located, Private/Public makes sense (University hospital = public, etc).	
Additional information / Answer to open question(s): check grammar and clarity, the wording should be neutral; answer must be relevant, clear and objective (no personal opinion on quality and efficiency). No accessibility information unless it is relevant to the availability request (prices, waiting lists, few beds available in hospital, etc).	
If analysis is included from medical officer, check grammar and clarity.	
Check that the visibility of the comments is restricted to the right groups.	
Check if the relevant alerts were used correctly.	
In case of other requests for the same patient, the original is connected.	

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