



PICUM

PLATFORM FOR INTERNATIONAL COOPERATION ON
UNDOCUMENTED MIGRANTS

Access to Health Care for
Undocumented Migrants in Europe



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Platform for International Cooperation on Undocumented Migrants (PICUM)

- NGO that aims to promote **respect for the human rights of undocumented migrants** within Europe
 - Undocumented migrants: without residence permit (overstay of visa, irregular entry, unsuccessful asylum application)
 - Giving **visibility** to the reality of undocumented migrants
 - Through monitoring, research, advocacy, awareness raising and capacity-building activities
 - Bringing undocumented migrants to **policy agendas** (at national and at EU level) through **evidence based advocacy**.
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PICUM's research on Health Care for Undocumented Migrants

- 2001 -“**Health Care for Undocumented Migrants: Germany, Belgium, Netherlands, United Kingdom**” (*Expert seminar*).
 - 2007 -“**Access to Health Care for Undocumented Migrants in Europe**” (*11 countries*).
 - 2009 -“**Undocumented and Seriously Ill: Residence Permits for Medical Reasons in Europe**” (*12 countries*).
 - 2010 -“**NowHereLand project**, PICUM country reports on Undocumented Migrants' Health Needs and Strategies to Access Health Care” (*17 countries*).
 - 2010 -**FRIM (Fundamental Rights of Irregular Migrants in the EU) project**, FRA Project - PICUM health care case studies (*10 countries*)
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Summary of PICUM findings

- Health care is a national competence (implementation on local level)
- Lack of compliance with international obligations
- No EU member state specifically forbids access HOWEVER, publicly subsidised health care is NOT entirely guaranteed in Europe
- Health care being used as instrument of immigration control
- Increasingly restrictive, but some efforts on local level
- **IMPACT:** incoherence with public health, social cohesion, medical ethics, strain on frontline service providers, increased healthcare costs

Examples of level of access in legislation

- 1. All care provided only on payment basis**
Austria, Sweden (exception: children)
 - 2. Free health care in emergencies**
Hungary, Germany (duty to denounce beyond emergency care)
 - 3. Free access to some services**
UK (only primary care)
 - 4. Mainstream care but parallel administrative systems**
France, Belgium, Netherlands
 - 5. Wide public health care coverage**
Spain, Italy
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Summary of PICUM findings

Barriers to access in practice

Many UDM do not access care even if entitled:

1. Fear of being reported to the police (Lithuania, Germany obligation)
2. Lack of financial resources
3. Lack of information
4. Language and communication
5. Unfavourable attitudes

NB: Often frontline administration acts as 'gateway' to care; no ethical obligation, finance as main concern

Summary of PICUM findings

UDM use of HC services

- They mainly seek health care when they are seriously ill. Survival is the priority
 - For them, a worsening of health status is more likely to occur (*poor access, insecurity, poor living and working conditions*)
 - A high percentage do not access health care even if entitled
 - Most frequently, go to NGO clinics or the emergency system
 - Many unable to pay medical fees
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Health care professionals and hospitals

- Medical staff generally apply professional code and duties.
PROBLEM: Hospital administration comes first and seem not to be bound by medical professional ethics
- Health care professionals potentially invaluable in influencing policy (e.g. Italy 'Noi non segnalamo' and Sweden reproductive health)
- Concentration of UDMs in some “undocumented migrant friendly hospitals”, mainly private/religious hospitals and NGO providers

Filling the gaps: enormous pressure on NGOs

- **Advice and help to access mainstream medical service**
(most of them want to avoid “parallel charity-based systems”)
 - **Provision of direct and volunteer-based medical assistance**
(clinics and mobile units)
 - **Referrals to other health care providers within networks**
 - **Provision of medicines** (mainly from donations, including HIV treatment)
 - **Payment of bills** (health care, medicines, tests and exams)
 - **NGOs and religious hospitals are sometimes the only providers of care for UDM**
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Good practices on local level

- **Italy-** Regional governments take legislative steps to advance the human rights of all migrants irrespective of status
 - **Germany-** Consultation services set up by local governments to improve access to health care for undocumented migrants, specifically targeting undocumented women
 - **Belgium-** Local social welfare offices set up specific services to improve undocumented migrants' access to mainstream health care services
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PICUM Key Recommendations

- 1. Respect international human rights obligations, professional ethics and the demands of public health**
 - 2. Protect vulnerable UDM**
 - 3. Ensure entitlements are implemented- no arbitrary decisions at the reception**
 - 4. Ensure access to information re: entitlements**
 - 5. Lobby governments to detach health care from immigration control and stop the criminalisation of humanitarian assistance**
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Thank you for your attention



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