

ACCESS OF MIGRANTS TO HEALTH CARE IN EUROPEAN COUNTRIES

Alfred SPIRA

French National Academy of Medicine

KEY MESSAGES

All International and European instruments **recognize** the right of everyone to the enjoyment of the highest attainable standard of **physical and mental health**.

AND all EU Member States **recognize** these basic human rights, BUT....

1. Access to national health care services is extremely **diverse** for migrants and refugees...this could be improved.
2. National health information systems should at least **communicate** basic personal health data between them, since they already transmit fingerprint data for unauthorized entrants to the EU (Dublin III regulation)

Universal Declaration of Human Rights, 1948

“Everyone has the right to leave any country, including his own, and to return to his country”

“Everyone has the right to freedom of movement and residence within the borders of each state.”

Demandes d'asile enregistrées par l'Union européenne de janvier 2015 à juin 2019

UE-28 : 4 010 000 demandeurs

dont : 407 000 pour la France (10 %)

1 600 000 pour l'Allemagne (40 %)

Or la France réunit 13 % de la population de l'UE
et l'Allemagne 16 %

Between 4 and 5% of EU population (2 to 4 million) come from non member countries. Undocumented migrants : 0.4 to 0.8% of total population

Source : Eurostat

F. Héran, CdF 16

HEALTH CARE LEGAL ENTITLEMENTS

Migrant Health International and European instruments

UN International Covenant on Economic, Social and Cultural Rights (1966)

Article 12

1. The States Parties to the present Covenant recognize the right of everyone to the enjoyment of the highest attainable standard of physical and mental health.

DIRECTIVE 2013/33/EU OF THE EUROPEAN PARLIAMENT AND OF THE COUNCIL (2013) laying down standards for the reception of applicants for international protection

Article 19

Health care

1. Member States shall ensure that applicants receive the necessary health care which shall include, at least, emergency care and essential treatment of illnesses and of serious mental disorders.
2. Member States shall provide necessary medical or other assistance to applicants who have special reception needs, including appropriate mental health care where needed.

All EU Member States recognize these human rights

PARADOXICALLY, WITHIN COUNTRIES HEALTH CARE LEGAL ENTITLEMENTS RELY ONLY ON (VERY DIVERSE) NATIONAL REGULATION

- Access to health care for migrants in Europe is a **national competence**
- It is dependent upon the **legal status** of migrants with undocumented migrants facing the biggest challenges in accessing health care

- (A) NO RIGHTS TO HEALTH CARE;
- (B) MINIMUM RIGHTS, WHERE EMERGENCY CARE COULD BE ACCESSED
- (C) RIGHTS, WHERE PRIMARY AND/OR SECONDARY CARE COULD ALSO BE ACCESSED

**ACCESS IS OFTEN DEPENDENT ON THE NECESSITY AND ABILITY TO PAY,
WHICH FOR POPULATIONS WITH LITTLE OR NO FINANCIAL SUPPORT BECOMES A MAJOR BARRIER.**

DIVERSITY

- Heterogeneous regulations,
- Various national definitions of access to health services like citizenship, insurance contributions, or a specific status such as registered asylum seeker, refugee or undocumented migrant.

THE DIFFICULT ROLE OF NGOs

- Uncertainty for health care organisations (mostly NGOs) and their personnel:
 - ✓ if they provide care, they may act against legal and financial regulations;
 - ✓ if they do not provide care, they violate human rights and exclude the most vulnerable.
- This paradox cannot be resolved at a practice level but has to be managed in such a way that neither human rights nor national regulations are violated.

MIGRANT HEALTH DETERMINANTS

HEALTHY MIGRANT EFFECT:

Migrants = highly selected group

- often younger, stronger, more resourceful
- **healthier**, especially if part of a voluntary group such as students or highly skilled workers.

MIGRANT HEALTH DETERMINANTS:

- country of origin, reasons for migration,
- socioeconomic status, age, and gender
- migration journey and related psycho-trauma.
- precarity and uncertainty of their situation add to their ill health, especially mental ill health.

Undocumented migrant access to health care services across Europe

- **Full access**
(CH, ES, FR, NL, PT)
- **Partial access** (BE, IT, UK)
entitlements for specific services
- **No access** (AT, BG, CY, CZ, DE, DK, EE, EL, FI, HU, IE, IT, LU, LV, MT, PL, RO, SE, SK, SI)
access to emergency care only



ENTITLEMENT TO HEALTH CARE FOR IRREGULAR MIGRANTS IN THE 28 COUNTRIES OF THE EU,

as of 31 December 2015.

(From: <http://fra.europa.eu/en/theme/asylum-migration-borders/healthcare-entitlements>)

EU Member State	Emergency Care	Primary/Secondary Care
BE, FR, IT, NL, PT, UK	Free	Free
BG, DE, DK, EE, GR, ES, IE, LT, MT, PL, RO, SI, SK	Free (or almost)	With payment
AT, CY, CZ, FI, HR, HU, LU, LT, SE	With payment	With payment

Adapted from : Catherine A. O'Donnell, Oxford Research Encyclopedia of Global Public Health,
Online Publication Date: Apr 2018 DOI: 10.1093/acrefore/9780190632366.013.6

TWO EXAMPLES

1. FRANCE

For undocumented migrants

- eligibility to the AME (Aide Médicale État), a parallel administrative system that allows UDM access, free of charge, to the same health care services as nationals
- To obtain the AME, UDM have to provide
 - proof of residence in France for at least three months,
 - proof of identity
 - evidence on their lack of financial means.
- UDM who do not succeed in obtaining AME are only entitled to
 - emergency care,
 - screening for sexually transmitted diseases and HIV/AIDS, --
 - vaccinations,
 - family planning,
 - screening and treatment of tuberculosis

Asylum seekers and refugees

- They have the same access as regular citizens... but change is in preparation

TWO EXAMPLES

2. GERMANY

- **Asylum seekers and refugees** during their **first 15 months** on German territory are only entitled to basic healthcare services (*“treatment for severe illnesses or acute pain and everything necessary for curing illnesses , antenatal and postnatal care, vaccinations, preventive medical tests and screening for infectious and sexually transmitted diseases”*)
- **After 15 months of stay,** Asylum seekers and refugees may have access to healthcare under the same conditions that apply to German citizens who receive welfare benefits
- **Undocumented migrants** can only have access to outpatient services from health providers who would waive their fees, would be willing to work without being paid and would refuse to report undocumented migrants.

BARRIERS TO RECEIVE CARE

(INCLUDING PRIMARY AND SECONDARY CARE)

Lack of entitlement is a significant barrier for

- **Undocumented migrants.**
- asylum seekers
- refugees

Other barriers

- different **health profiles**
- awareness of **chronic disease** risks amongst migrants;
- awareness of the **organization** of health services in host countries;
- **language** and **communication.**

THE DECISIVE ROLE OF NGOs

- Important service providers that **compensate** for the lack service provision structures within the public health system.
- Health professionals work as **volunteers** in the organizational framework of these NGOs.
- Support from NGOs, as well as informal solidarity between health professionals, is needed to follow **humanitarian values** without violating state-control-demands.

HOW CAN CARE FOR ASYLUM SEEKERS, REFUGEES AND UNDOCUMENTED MIGRANTS BE IMPROVED?

- ENSURING ALL STAFF ARE AWARE OF **RIGHTS** AND ENTITLEMENTS
- ACCESS TO TIMELY, HIGH-QUALITY **INTERPRETING SERVICES**
- **EDUCATION** FOR PATIENTS WITH RESPECT TO THE STRUCTURE AND OPERATION OF THE NATIONAL HEALTH CARE SERVICES
- **EXCHANGE** OF INFORMATION BETWEEN COUNTRIES

LEGAL REPORT ON ACCESS TO HEALTHCARE IN 12 COUNTRIES



BELGIUM - CANADA - FRANCE - GERMANY - GREECE - LUXEMBOURG - NETHERLANDS - SPAIN - SWEDEN -
SWITZERLAND - TURKEY - UNITED KINGDOM
8th JUNE 2015



Oxford Research Encyclopedia of Global Public Health

Health Care Access for Migrants in Europe FREE

Catherine A. O'Donnell

Subject: Global Health, Health Services Administration/Management, Public Health Policy and Governance, Special Populations

Online Publication Date: Apr 2018 DOI: 10.1093/acrefore/9780190632366.013.6

PRINTED FROM the OXFORD RESEARCH ENCYCLOPEDIA, GLOBAL PUBLIC HEALTH (oxfordre.com/publichealth). (c) Oxford University Press USA, 2019. All Rights Reserved. Personal use only; commercial use is strictly prohibited. Please see applicable Privacy Policy and Legal Notice (for details see Privacy Policy and Legal Notice).

date: 12 April 2019



Report on the **health of refugees and migrants** in the WHO European Region

No PUBLIC HEALTH without REFUGEE and MIGRANT HEALTH

Summary

2 November 2019