



Health Care in

NOWHERELAND

*improving services for
undocumented migrants in the EU*

Policies on Health Care for Undocumented Migrants in EU27

Country Report

Cyprus

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Preface

Undocumented migrants have gained increasing attention in the EU as a vulnerable group which is exposed to high health risks and which poses a challenge to public health. In general, undocumented migrants face considerable barriers in accessing services. The health of undocumented migrants is at great risk due to difficult living and working conditions, often characterised by uncertainty, exploitation and dependency. National regulations often severely restrict access to healthcare for undocumented migrants. At the same time, the right to healthcare has been recognised as a human right by various international instruments ratified by various European Countries (PICUM 2007; Pace 2007). This presents a paradox for healthcare providers; if they provide care, they may act against legal and financial regulations; if they don't provide care, they violate human rights and exclude the most vulnerable persons. This paradox cannot be resolved at a practical level, but must be managed such that neither human rights nor national regulations are violated.

The EU Project, "Health Care in NowHereland", works on the issue of improving healthcare services for undocumented migrants. Experts within research and the field identify and assess contextualised models of good practice within healthcare for undocumented migrants. This builds upon compilations of

- policies in the EU 27 at national level
- practices of healthcare for undocumented migrants at regional and local level
- experiences from NGOs and other advocacy groups from their work with undocumented migrants

As per its title, the project introduces the image of an invisible territory of NowHereland which is part of the European presence, "here and now". How healthcare is organised in NowHereland, which policy frameworks influence healthcare provision and who the people are that live and act in this NowHereland are the central questions raised.

Healthcare in NowHereland: Improving services for undocumented migrants in the EU

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Introduction

This report is written within the framework of the research project, *NowHereland - Health Care in NowHereland – Improving Services for Undocumented Migrants in the EU*, and one of its work packages. The focus of this work package – *policy compilation* – was to collect data on policy approaches regarding access to health care for undocumented migrants in the EU member states, to deliver 27 Country Reports and to offer a clustering of the states. A descriptive approach has been applied. In order to contextualise health care access, certain other themes are covered, such as the main characteristics of the various health systems, aspects of policies regarding undocumented migrants and the general context of migration.¹

The term used in this project is thus, “*undocumented migrants*”, which may be defined as third-country nationals without a required permit authorising them to regularly stay in the EU member states. The type of entry (e.g. legal or illegal border crossing) is thus not considered to be relevant. There are many routes to becoming undocumented; the category includes those who have been unsuccessful in the asylum procedures or violated the terms of their visas. The group does not include EU citizens from new member states, nor migrants who are within the asylum seeking process, unless they have exhausted the asylum process and are thus considered to be rejected asylum seekers.

All the reports draw upon various sources, including research reports, official reports and reports from non-governmental organisations. Statistical information was obtained from official websites and from secondary sources identified in the reports. As regards legislation, primary sources were consulted, together with the previously mentioned reports. One salient source of this project was information obtained via a questionnaire sent to recognised experts in the member states.²

¹ Information regarding the project and all 27 Country Reports can be found at <http://www.nowhereland.info/>. Here, an *Introduction* can also be found which outlines the theoretical framework and method well as a clustering of the states.

² For the report at hand, the person to acknowledge is: Christiana Kouta Nicolaou, Senior Lecturer, Cyprus University of Technology.

The General Migration Context

Cyprus, which became a member of the European Union in 2004, only partially implements the Schengen acquis, and consequently does not issue Schengen visas.³

During the 1990s, Cyprus transformed from a country of emigration to one of immigration, due to an expanding economy. Migration was viewed as being temporary, and the approach involved a kind of guest worker system, with no possibility of long term residence. Prior to EU accession, the number of immigrants had been increasing. In 2002 there were 30 000 immigrants with permits and an almost equal number of undocumented migrants. In 2005 immigrant labour represented 15-20 % of the total labour force in Cyprus (Baldwin-Edwards 2009:30).

During the late 1990s, the predominant form of illegal (irregular) immigration into Cyprus was by sea, via Lebanon. However, after the opening of the Green Line, the main route changed to become via Turkey. This route has been slowly brought under control. In both 2004 and 2005 there were over 5 000 illegal crossings, with 2 700 and 3 900 migrants applying for asylum in each year respectively. In 2006 there were 3 800 illegal entries, of which 2 000 applied for asylum (Baldwin-Edwards 2009:30).

Cyprus is still limiting temporary residence permits to 4 years (and continues to use employer-linked permits) and disallows renewals. However, this policy is applied on a discriminatory basis. Elderly or chronically ill Cypriots can employ domestic workers with renewable permits, whilst in other sectors permit renewal is routinely refused. This approach has allegedly encouraged legal immigrants to continue their residence by applying through the asylum process (Baldwin-Edwards 2009:30 with reference to Polykarpou 2005⁴).

Since 2002 Cyprus has assumed responsibility for asylum processing (previously it was managed by UNHCR) (Baldwin-Edwards 2009:31). In 2008 Cyprus had 3 450 asylum applications (Eurostat 66/2009), and 2 845 decisions were issued (in the last instance) and the rate of recognition was 1.3 % (35 decisions in the last instance) (Eurostat 175/2009).⁵

³ <http://www.auswaertiges-amt.de/diplo/en/WillkommeninD/EinreiseUndAufenthalt/Schengen.html#t8> (2010-03-05).

⁴ Polykarpou, D. (2005): ENAR Shadow Report 2005: Racism in Cyprus, KISA.

⁵ Eurostat does not provide data on first instance decisions in the case of Cyprus.

Total Population and Migrant Population

By 1 January 2010 the population in Cyprus was 801 851 (Eurostat)⁶. In 2008 the total number of foreign nationals was 125 000, which equalled 15.9 % of the population (Eurostat 94/2009).

Estimated Number of Undocumented Migrants

It is estimated that there are 40 000 undocumented migrants in Cyprus, which is a relatively high number and equals 5.6 % of the population (Baldwin-Edwards and Kraler 2009:41). Police statistics provide the following figures: in the first half of 2009, the police registered 4 381 “illegal immigrants”. Of these, 2 060 were referred to as “overstayed” and 238 as “apprehended”.⁷ In 2008, a total of 982 persons were “apprehended” and 1 853 “overstayed”.⁸ The predominant nationality of undocumented migrants is Syrian (predominantly men), which is also the case amongst the asylum-seekers. Other salient nationalities include Pakistanis, Georgians, Bangladeshis, Iranians and Indians (Baldwin-Edwards 2009:30).

Categories of Undocumented Migrants

In Cyprus, undocumented migrants are not tolerated, and this leads to detentions and deportations. As this also applies to those whose employment has ended (under the employer-linked permits), there is little distinction between undocumented migrants in terms of irregular entry and others whose legal status has changed (“overstayers”). The immigration policy of Cyprus has the effect of creating “illegal aliens” through its temporary guest worker policy (Baldwin-Edwards 2009:31). The asylum system also has a role in “producing” undocumented migrants (Baldwin-Edwards and Kraler 2009:41).

⁶ Eurostat.

<http://epp.eurostat.ec.europa.eu/tgm/table.do?tab=table&language=en&pcode=tps00001&tableSelection=1&footnotes=yes&labeling=labels&plugin=1> (2010-03-09)

⁷ Activities of Aliens and Immigration Unit for the first half of the year 2009.

[http://www.police.gov.cy/police/police.nsf/All/B4FA06E01B00E473C2257603004022CA/\\$file/immigrants.pdf](http://www.police.gov.cy/police/police.nsf/All/B4FA06E01B00E473C2257603004022CA/$file/immigrants.pdf) (2010-02-27).

⁸ Activities of Alien and Immigration unit.

[http://www.police.gov.cy/police/police.nsf/All/A017ED73660EC2B4C2257598001DB03C/\\$file/Immigratio n%20activities.pdf](http://www.police.gov.cy/police/police.nsf/All/A017ED73660EC2B4C2257598001DB03C/$file/Immigratio n%20activities.pdf) (2010-02-27).

Policies Regarding Undocumented Migrants

Regularization Practice, its Logic and Target Groups

No regularisation programs have been implemented in Cyprus (Baldwin-Edwards 2009).

Internal Control: Accommodation, Labour, Social Security and Education

An undocumented migrant cannot sign a contract of accommodation or employment, and the related social security is thus not accessible to these persons. Children who are undocumented migrants cannot attend school (Questionnaire Cyprus).

Main Characteristics of the Health System

Financing, Services and Providers

The welfare system in Cyprus is characterised by each component part having different sources of financing (Shekeris et al. 2009:90). Cyprus is in the process of implementing a National Health Insurance Scheme (NHIS), in terms of which comprehensive coverage will be extended to all residents (Thomson et al. 2009:121). Health provision represents a substantial share of public expenditure. There are both public and private health provisions, as well as schemes covering a specific section of the population, sponsored by employers and trade unions (Shekeris et al. 2009:90). Health services currently provided by the state are financed through general taxation, pooled by the Ministry of Health, and user charges. In terms of the NHIS, taxation is to be supplemented by compulsory health insurance contributions (collected by the Health Insurance Organisation) and there will be no user charges for publicly financed health services (except perhaps for pharmaceuticals). Private health insurance plays a small supplementary role. (Thomson et al. 2009:121).

In terms of the current system of health cover, at accident and emergency departments medical care is provided free of charge to everyone in need of such, irrespective of income or nationality (Golna et al. 2004). The provision of health services in terms of this scheme consists mainly of primary care and out-patient services. State provision of health care is free of charge for those eligible and involves all levels of care. The statutory benefits are subject to means testing (this involves categories of personal identification cards coupled to differing co-payment plans). Benefits include general outpatient care, specialist outpatient and inpatient care, diagnostic and paramedical examinations, hospitalisation, dental care, medical rehabilitation, and the provision of prosthetics, home visits, ambulance services, preventive services, mental health care and services for the treatment of thalassaemia. State hospitals also provide free medical treatment to people with disabilities or those in need of treatment for contagious and life-threatening diseases (ibid.). If a person requires care which is not provided for in Cyprus, he or she may obtain such abroad at the state's expense (Shekeris et al. 2009:90).

In Cyprus health care is mainly provided for by state driven bodies. Private health services are dominated by practising physicians and dentists who offer all types of outpatient services in their own surgeries, located mainly in towns or large villages (Golna et al. 2004:55).

Basis of Entitlement

In Cyprus, the basis of entitlement to health care is legal residency. This is in terms of The General Health Care Scheme Law of 2001 (N.89 (I)/2001),⁹ part V of which provides that dependent persons of the beneficiary are also included.

Special Requirements for Migrants

In terms of EU regulations, health care in Cyprus may be provided for persons from other EU Member States on the same basis as to a Cypriot national, and is available at any of the State Medical Institutions in Cyprus to persons in possession of an appropriate E - Form or a European Health Insurance (EHIC).¹⁰

Asylum seekers have the same rights as permanent citizens/residents (Golna et al. 2004:76).

Third-country nationals holding an employment permit may access public health services if they pay their contributions to, and are covered by, basic private healthcare insurance plans. The costs are partly covered by the employer and the employee.¹¹

Difference Sensitivity

For migrants in Cyprus, adaptive structures within the health care system involve measures integrated into the education of healthcare providers (Questionnaire Cyprus).

⁹ Part V, Beneficiaries <http://www.hio.org.cy/docs/nomos%20gesy%20english.pdf> (2010-02-15).

¹⁰ For a list of categories of E-forms, see [http://www.moh.gov.cy/MOH/moh.nsf/0/B91ED7F45192CCF2C225702A00239BDC/\\$file/HEALTH%20CAR E%20IN%20CYPRUS%20UNDER%20EU%20REGULATIONS%20_1_.pdf?OpenElement](http://www.moh.gov.cy/MOH/moh.nsf/0/B91ED7F45192CCF2C225702A00239BDC/$file/HEALTH%20CAR E%20IN%20CYPRUS%20UNDER%20EU%20REGULATIONS%20_1_.pdf?OpenElement) (2010-02-15).

¹¹ <http://www.eurofound.europa.eu/ewco/2009/07/CY0907019I.htm> (2010-02-15). The benefits covered are only basic, which implies that some services are not accessible for third country migrant workers. One salient example is a specific contract-H for domestic workers (mainly women) which excludes gynaecological examinations (Questionnaire Cyprus).

Health Care for Undocumented Migrants

Relevant Laws and Regulations

There is no specific legislation regarding access to health care for undocumented migrants. Within the general legal framework, The General Health Care Scheme Law of 2001 (N.89(I)/2001) is of relevance, and governs the Health Insurance Organisation and the implementation of the General Health Care System.

Access to Different Types of Health Care

According to The General Health Care Scheme Law of 2001 (N.89(I)/2001), part VII, 29 (2), referral is not required in the case of accidents and emergencies.¹² This implies that at accident and emergency departments medical care is provided free of charge to all persons (Golna et al. 2004:28). This applies also to undocumented migrants.

Undocumented migrants may in principle access primary and secondary care if they pay the full costs (Questionnaire Cyprus).

Costs of Care

The cost of care provided to an undocumented migrant in cases of emergency is paid for by the state. In other cases (primary or specialist care), undocumented migrants are required to pay the full costs out-of-pocket.

Specific Entitlements

There are no specific entitlements in terms of identified groups (such as children or pregnant women).

However, undocumented migrants may access HIV testing (not treatment). According to the HIV/AIDS Strategic Plan, care is provided free to all citizens and to political refugees living in Cyprus. Services include counselling, laboratory testing, etc. This strategy excludes undocumented migrants from treatment.¹³

Undocumented migrants may obtain treatment for TB and contagious diseases (Questionnaire Cyprus, official source not available).

¹² <http://www.hio.org.cy/docs/nomos%20gesy%20english.pdf> (2010-02-15).

¹³

[http://www.moh.gov.cy/moh/moh.nsf/All/1A78A986B4980B1BC2256E440034268C/\\$file/stratplan.pdf?OpenElement](http://www.moh.gov.cy/moh/moh.nsf/All/1A78A986B4980B1BC2256E440034268C/$file/stratplan.pdf?OpenElement) (2010-02-15).

Regional and Local Variations

There are no local or regional variations in entitlements to care in terms of legislation.

Obstacles to Implementation

This topic is not relevant as there is no specific legislation.

Obligation to Report

This topic is not covered.

Providers and Actors

Providers of Health Care

Providers of care may thus be found amongst the various hospitals (accident and emergency departments). Providers are found in the main cities. Coordination of the providers is not covered by this paper.

Advocacy Groups and Campaigns on Rights

There are advocacy groups for undocumented migrants among nongovernmental organisations. However, there has not been any particular campaign regarding the rights to health care (Questionnaire Cyprus).

Political Agenda

Undocumented migrants in general are a topic on the political agenda in Cyprus (Questionnaire Cyprus).

International Contacts

Médecins du Monde is active in Cyprus.¹⁴

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