



Health Care in

NOWHERELAND

*improving services for
undocumented migrants in the EU*

Policies on Health Care for Undocumented Migrants in EU27

Country Report

Lithuania

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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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Malmö Institute for Studies of Migration, Diversity and Welfare (SE)

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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

The General Migration Context

Lithuania entered the European Union in 2004 and is situated on the border of the Schengen Area.

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 as well as a clustering of the states.

² For the report at hand, the person to acknowledge is: Dr. doc. Linas Šumskas, Kaunas University of Medicine, Kauno and researcher for Mighealth.net in Lithuania.

In the Lithuanian context, emigration is of greater consequence than immigration. The country was exposed to rapid economical and demographical changes after its independence in 1990 from the Soviet Union (Šumskas 2009 with reference to Stankuniene 2006). From 1990-2007 emigration accounted for a loss of more than 300 000 inhabitants or 13-14% of the labour force. The main target countries for migration were initially Russia, Ukraine, and Byelorussia and later Western European countries and the USA (ibid.). In 2008 the net emigration corresponded to 2.3 persons per 1 000 inhabitants.³

The UN Convention relating to the Status of Refugees was ratified in Lithuania in 1997 (ibid.). According to the Migrant Integration Policy Index, Lithuania may be rated as a country on “the half way to the best practice” (44.7 scores out of 100) (ibid.).

In the first years after Lithuanian independence in 1990, citizens of the former Soviet Union migrated to Lithuania. In 1990 this amounted to almost 14 000 persons, mainly from former Soviet republics, but the numbers decreased each year. During this period many undocumented persons resided in Lithuania. At the same time, the population of the newly developed state had to apply for citizenship within a certain period of time. Parts of the population did not apply on time, others did not resolve their legal status issues at all and some did not obtain residence permits (Targonskiene 2009:83).

From 2001-2008 some 5-8 000 immigrants arrived in Lithuania. The number of asylum seekers constituted 5-6% of all immigrants and the majority of asylum seekers (up to 80%) came from Russia (ibid.). In 2008 there were 520 asylum applicants and 77% of these came from Russia (Eurostat 66/2009). The same year, 140 decisions were issued and the rate of recognition was 64% (65 in the first instance) (Eurostat 175/2009).

In 2008 Lithuania had a net emigration of 7 718 persons (which equals 2.3 per 1.000 individuals) as 17 015 persons emigrated, whilst 9 297 immigrated.⁴

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<http://db1.stat.gov.lt/statbank/selectvarval/saveselections.asp?MainTable=M3020102&PLanguage=1&TableStyle=&Buttons=&PXSid=6282&IQY=&TC=&ST=ST&rvar0=&rvar1=&rvar2=&rvar3=&rvar4=&rvar5=&rvar6=&rvar7=&rvar8=&rvar9=&rvar10=&rvar11=&rvar12=&rvar13=&rvar14=> (15-02-2010).

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<http://db1.stat.gov.lt/statbank/selectvarval/saveselections.asp?MainTable=M3020102&PLanguage=1&TableStyle=&Buttons=&PXSid=6282&IQY=&TC=&ST=ST&rvar0=&rvar1=&rvar2=&rvar3=&rvar4=&rvar5=&rvar6=&rvar7=&rvar8=&rvar9=&rvar10=&rvar11=&rvar12=&rvar13=&rvar14=> (05-03-2010).

Total Population and Migrant Population

By 1 January 2010, the population in Lithuania was 3 329 227 (Eurostat 2010)⁵. The official statistic with respect to the “number of aliens residing in the Republic of Lithuania” was 32 902 (0.98 % of the population) at the beginning of 2009 (Migration Department 2009).⁶ The majority, some 25 500 persons, were citizens of European countries, of which 2 261 were from EU member states. Russian nationals constituted the largest group (12 627), followed by Byelorussians (5 956) and Ukrainians (3 052) (ibid.). The Roma population is comparatively small; approximately 2 500 persons (2008) (Šumskas 2009).

According to statistics from Eurostat, by January 2008 the number of foreign nationals in Lithuania was 43 000, which equalled 1.3 % of the population (Eurostat 94/2009). The main countries of origin were Russia (12 800) and Belarus (4 700). The third largest group consisted of stateless persons (4 200) (ibid.).

Estimated Number of Undocumented Migrants

As regards irregular migration, there is no data available on the number of undocumented migrants (Baldwin-Edwards and Kraler 2009:41). The statistics with respect to “the number of aliens who were detained for illegal entry to and (or) illegal stay in the territory of the Republic of Lithuania or subject to Alternative Detention Measure in 2008, by country of origin” provide the following data: The total number was 292, out of which 190 were from European states, 72 from Asian states and 22 from African states. Russian nationals formed the largest group (71), followed by Byelorussians (64) and Ukrainians (16) (Migration Department 2009).⁷

Categories of Undocumented Migrants

With respect to the different pathways to becoming an undocumented migrant, it is clear that the asylum process does not play a role in “producing” undocumented migrants in Lithuania (Baldwin-Edwards and Kraler 2009:41). In terms of categories of undocumented migrants, it can be concluded that the most important categories include those staying unlawfully (overstayers or with undocumented entrance), followed by those who are also staying unlawfully but working legally (Questionnaire Lithuania).

⁵ Eurostat.

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

⁶ Migration Year Book 2008. Migration Department under the Ministry of the Interior of the Republic of Lithuania. Vilnius 2009. <http://www.migracija.lt/index.php?-484440258> (05-03-2010).

⁷ The CLANDESTION project provides no information on Lithuania due to lack of data. The Regine project covers Lithuania but provides no estimated numbers.

Policies Regarding Undocumented Migrants

Regularization Practice, its Logic and Target Groups

Lithuania applied large-scale regularisation programs three times, in 1996, 1999 and 2004. Each program was linked to the “adjustment” of the resident population to the post-Soviet order, and “illegal residents” which resulted from political and territorial changes. The programs can also be understood as being amendments to a migration legislation created at this time which did not cover some categories of foreigners, whilst some migration processes were unpredictable. The main reason for the programs was to provide aliens with a chance to legalise their status in Lithuania. Target groups were not specified and the programs targeted all persons residing illegally (Targonskiene 2009:86). None of these programs involved large numbers (54 in 1996; 385 in 1999 and 103 in 2004) (ibid.). Regularisation programs were not caused by any specific factors within the internal labour market (there are only a few identified cases of illegal employment, etc.) and were also not connected to an increase of the number of illegal migrants, but were mostly caused by gaps in the legislation. The regularisation programs in Lithuania may be understood as being measures to fight illegal migration and implement the state migration policy more transparently (Targonskiene 2009:88). Regularisation is not considered a prominent tool vis-à-vis irregular migration. Lithuania also applies small scale regularisation mechanisms (in terms of the Aliens Law). These were introduced and underpinned on the basis of humanitarian arguments (ibid.;85).

Internal Control: Accommodation, Labour, Social Security and Education

In Lithuania, an undocumented migrant cannot sign a contract for accommodation nor have access to employment or the related social security. There is no regular entitlement to education for a child as there is no obligation for schools to enroll children who are irregularly resident, and proof of residency status is required prior to admitting children into the school system (European Commission 2004:33).

Main Characteristics of the Health System

Financing, Services and Providers

Lithuania inherited a model of health care provision typical of the former USSR, which was tax-based (Cerniauskas and Murauskiene 2000:73). The system has been reformed since 1990 and has, in terms of financing (since 1997), progressively switched to a statutory health insurance system, resulting in a mixed financing system based on social insurance contributions and taxation. The statutory health insurance is administered by the National (or State) Health Insurance Fund and (initially) 10 regional funds. Contribution rates are set centrally by Parliament and collected by the tax agency. In addition to funds channelled through the national fund, state and local budgets account for a further 9% of public expenditure on health. According to the health insurance legislation (The Law on Health

Insurance)⁸ all of the country's residents are entitled to health insurance coverage (Cerniauskas and Murauskiene 2000:17). Patients pay out of pocket for non-essential care if they are not covered by the statutory scheme, whilst informal payments are a problematic issue. Private health insurance plays a very minor supplementary role (Thomson et al. 2009).

The State Health Insurance Fund is also responsible for the provision of pension benefits, as well as maternity and sick leave benefits. In addition, it is responsible for the collection of all social insurance contributions. These contributions finance the three branches of social insurance: (a) pensions, maternity and sick leave benefits; (b) statutory health insurance, administered by the State Sickness Fund and the territorial sickness funds, and (c) unemployment benefits administered by the Labour Exchange. Employers transfer a certain percentage of personal income tax and contribute a certain percentage of the payroll tax. Self-employed persons contribute a proportion of their personal income tax (Cerniauskas and Murauskiene 2000:18).

The public health care system accounts for about 90% of all health services provided. In addition, there are two parallel state-run health care systems. One targets police and prisoners (by the Ministry of Internal Affairs) and the other targets military personnel (by the Ministry of Defence) (ibid.).

The publicly financed health system covers all residents for emergency care. Access to other services depends on payment of contributions to the statutory health insurance scheme, which covers a fairly comprehensive range of benefits (Thomson et al. 2009:163). The state covers children up to 18 years old, students, beneficiaries of social assistance and social insurance cash benefits, and persons with certain illnesses (Cerniauskas and Murauskiene 2000:17). Cost sharing applies to outpatient prescription pharmaceuticals and dental care for adults (as it is partly covered by the public insurance), with exemptions from prescription charges for children, disabled people and pensioners (Thomson et al. 2009:163). Pensions are covered by a basic scheme and unemployment by a minimum scheme (Questionnaire Lithuania).

The vast majority of Lithuanian health care institutions are non-profit enterprises financed by the Statutory Health Insurance Fund (SHIF), owned and administrated by the central government (Ministry of Health) and its ten county branches (the county administration). Some health care providers (county hospitals and specialised health care facilities) are governed by the county administration and some by the municipalities. In addition, the private sector provides mostly outpatient health care services, which are paid for out-of-

⁸ New edition of the Law on Health Insurance of the Republic of Lithuania, valid from 1 January 2009.

pocket (Cerniauskas and Murauskiene 2000:5). The private sector plays a significant role, especially in dental care, cosmetic surgery, psychotherapy and gynaecology (ibid.).

The public health care institutions account for approximately 90% of all health services. In addition, the two parallel state-run health care systems, run by the Ministry of Internal Affairs and the Ministry of Defence, serve the police, prisoners and military personnel respectively (ibid.:8).

The Church has a limited role in the health sector, but one hospital in Vilnius is administered by the Catholic Church, as well as a few rural nursing homes. Furthermore, nongovernmental organisations, including the Red Cross, the Caritas Federation, the Diabetic Association, the Association of the Blind and Visually Handicapped and the Society of Chernobyl Victims have been influential in public debates (ibid.:8).

Basis of Entitlement

The basis of entitlement to health care is legal residency combined with affiliation to the statutory health insurance. Officially, the health care system serves the entire population, and as previously described, the Health Insurance Law requires that all permanent residents participate in the statutory health insurance scheme. This implies a contradiction, since according to the legislation, universal access is made possible (based on residency), yet if contributions are not paid a patient receives services free of charge only in cases of emergency (Cerniauskas and Murauskiene 2000:19). In short, it is required that the patient has paid his/her contribution when seeking care, failing which only emergency care is given.

Special Requirements for Migrants

There are different requirements for migrants with respect to being entitled to health care. Foreigners with permanent residence in Lithuania are insured by the National Health Insurance Fund, and the same payment conditions, regardless of citizenship, are applied. An employer based in Lithuania employing foreign nationals without permanent residence pays premiums on their behalf for the duration of their employment only. Children of legally employed foreign nationals born in Lithuania are entitled to health care, as is the case with children who are citizens (Šumskas 2009). Furthermore, and according to EU agreements, foreigners who come from the EU with the intention of temporarily staying in Lithuania are guaranteed the same rights to health care as those which apply in their countries of origin. In practice, this means that they receive health care covered by the insurance which was established in their country of origin. The respective state, as a rule, guarantees the settling of financial claims for the care provided (ibid.).

Foreign nationals without permanent residence and who are not employed cannot participate in the National Health Insurance Fund system. They can however purchase contractual (private) insurance. Foreign nationals, stateless individuals, international

students temporarily residing in Lithuania who cannot participate in the Fund, and who are not entitled to free health care on the basis of bilateral intergovernmental contracts, are required to obtain long-term contractual health insurance via private insurance companies (ibid.).

Asylum seekers are accommodated at the Foreigners Registration Centre (FRC) in Pabradė, in the Švencionys district (as well as irregular migrants, see below). This centre provides primary outpatient health care and, when required, requests expert consultations at the hospitals and outpatient institutions providing secondary and tertiary health care. Persons who receive refugee status are transferred to the Refugees Reception Centre (RRC) in Rukla, in the Jonavos region. The RRC provides support for up to six months, after which special social and health care support for refugees is provided by the municipalities for the next 12 months. A municipality or NGO assigns to every refugee a family or a tutor who facilitates the integration process. When granted asylum, these refugees and their families are entitled to health care and the compulsory insurance is paid for by the state during the integration period. They receive a health insurance certificate from the Sick Fund, which enables them to become registered at a local health care centre and receive other necessary health care services (ibid.).

Difference Sensitivity

Generally, no particular adaptive structures to migrants in health care can be found in Lithuania. However, with respect to asylum seekers, generally more attention is paid to social care than to health care (Questionnaire Lithuania).

Health Care for Undocumented Migrants

Relevant Laws and Regulations

There is no specific legislation regarding health care for undocumented migrants in Lithuania. In this context, the Law on the Legal Status of Alien, Article 71, 1 (6)⁹, in terms of which health care at the Foreigners Registration Centre (FRC) or Refugee Reception Centre (RRC) is provided, is of relevance. This law provides that applicants, (which implies undocumented migrants) whilst at the centres, have the right to receive free immediate medical aid and social services at the centre.

In addition, the Law on Health Insurance is relevant.¹⁰ This law provides that all persons have the right to emergency care, even if the person has not paid the compulsory statutory

⁹ Law on the Legal Status of Aliens, No. IX-2206 [Lithuania], IX-2206, 29 April 2004, <http://www.unhcr.org/refworld/docid/41c01b314.html> (05-03-2010).

¹⁰ New edition of the Law on Health Insurance of the Republic of Lithuania, valid from 1 January 2009.

insurance, and this also applies to undocumented migrants. Furthermore, in accordance with the Health Insurance Law, persons with no residency (or stateless persons) can purchase a private insurance. .

Access to Different Types of Health Care

Undocumented migrants (together with asylum seekers) are accommodated at the Foreigners Registration Centre (FRC), situated in Pabradė, in the Švencionys district.¹¹ This centre provides primary outpatient health care and in case of need requests expert consultations at the hospitals and outpatient institutions providing secondary and tertiary health care (Šumskas 2009). This can be understood as meaning that universal care is provided within the framework of the FRC.

Costs of Care

Undocumented migrants do not pay for the care they are entitled to (emergency care and care in the framework of FRC), with the cost instead being covered by the state (Questionnaire Lithuania). In principle, they can purchase a private insurance at their own expense.

Specific Entitlements

As regards the entitlement to health care of undocumented migrants, there are no specific entitlements in terms of identified groups, diseases or conditions.

Regional and Local Variations

The entitlement to health care does not vary locally or regionally in Lithuania. The competence to decide is centralised.

Obstacles to Implementation

This topic is not relevant in the case of Lithuania

Obligation to Report

In Lithuania, health care staff are obliged to report a patient to authorities, including the police or immigration authorities (Questionnaire Lithuania).

¹¹ This is according to Temporary description of conditions and procedure of accommodating foreign nationals at the Foreigners' Registration Center approved by 4 October 2007 order of the Minister of the Interior No.1V-340;

Providers and Actors

Providers of Health Care

In Lithuania, providers of care might in principle be found among the public hospitals in general, the emergency wards and at the Foreign Registration Centres. In addition, they can be found among the general practitioners in the mainstream, nongovernmental religious and international organisations such as Caritas and the Red Cross.

The State Patients' Fund and nongovernmental organisations such as the Lithuanian Red Cross and other organisations are involved in the provision of health care and social services for different groups of immigrants in Lithuania (Šumskas 2009).

The providers of care are found in the main cities and they are, to our knowledge, not coordinated.

Advocacy Groups and Campaigns on Rights

In Lithuania, there have been some rights campaigns targeting undocumented migrants, conducted by both the mainstream system and by nongovernmental organisations. Information campaigns are provided by the mainstream system (Migration departments etc.) and by nongovernmental organisations. The International Organisation of Migration (IOM) is very active in providing such information by way of publications and website facilities (Questionnaire Lithuania).¹²

Political Agenda

Undocumented migrants are not currently a salient topic on the political agenda in Lithuania. However, migration is on the agenda as regards the emigration of the labour force and health professionals, as well as the health and social care of children abandoned by Lithuanian emigrants.

International contacts

In Lithuania, nongovernmental organisations with an interest in the situations of undocumented migrants only occasionally have international contacts. Among those are the Red Cross and the International Organisation for Migration (Questionnaire Lithuania).

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¹² <http://www.iom.lt/> (05-03-2010).

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