



*Health Care in*

# **NOWHERELAND**

*improving services for  
undocumented migrants in the EU*



## **UNDOCUMENTED MIGRANTS' HEALTH NEEDS AND STRATEGIES TO ACCESS HEALTH CARE FACT SHEET PEOPLE**



This fact sheet is written within the framework of the EU NowHereland project and part of the work package “The Voice of Undocumented Migrants (UDM)”. The aim of this work package was to collect information and experiences on undocumented migrants’ needs and strategies to access health care in selected 17 EU countries.

**To collect this information, over 80 structured confidential phone interviews with social workers, doctors, medical coordinators, advocacy officers etc. working for nongovernmental or local organisations that provide health care for UDM or facilitate the access of UDM to the mainstream health care system were conducted.**

The countries studied are: Austria, Belgium, Czech Republic, France, Germany, Greece, Hungary, Ireland, Italy, Lithuania, Malta, Netherlands, Portugal, Slovenia, Spain, Sweden and the UK.

Recommendations were put forward by the interviewed organisations as suggestions to improve the situation of UDM who access health care services. This fact sheet provides a concise overview of the main findings and recommendations detailed in 17 country reports and the summary report.

## MAIN HEALTH CONCERNS OF UNDOCUMENTED MIGRANTS

### MENTAL HEALTH

Undocumented migrants (UDM) often suffer from depression, anxiety and sleeping problems which stem from the fears and uncertainties accompanying their irregular status. However, mental health services, especially psychological counselling, remain inaccessible for many UDM due to their irregular status.

### AILMENTS RELATED TO LIVING AND WORKING CONDITIONS

Illness is sometimes triggered and often aggravated by the unheated, crowded and unsanitary living conditions of many UDM. UDM often postpone going to the doctor even when they have severe symptoms because of the risk of losing their job when asking time off for medical appointments. Work related accidents disproportionately affect UDM who rarely have any protection and usually no safety regulations are applied.

### REPRODUCTIVE AND SEXUAL HEALTH OF UNDOCUMENTED WOMEN

In many countries undocumented women are not entitled to free prenatal care and childbirth which puts the health of the mother and baby at serious risk. They face serious problems accessing prenatal care and childbirth even in countries where this is available in theory, in practice many are afraid to go to the doctor and postpone check-ups often as late as 6-8 months into the pregnancy. Undocumented women also have difficulties in accessing abortion and some must resort to precarious methods of pregnancy termination.

### UNDOCUMENTED CHILDREN

Undocumented children are very often not entitled to adequate health care services or they do not access these services, even if entitled. Even in countries where these children have sufficient entitlements for health care services, they do not receive adequate preventive care, such as regular medical check-ups like other children and therefore health problems are often detected too late.

## MAIN OBSTACLES TO ACCESSING HEALTH CARE

### FEAR OF BEING REPORTED

The fear that their irregular status is discovered and they would be reported to the migration authorities while seeking medical help represents one of the most important factors preventing access to health care.

### LACK OF INFORMATION

Lack of knowledge about entitlements and their rights in the health care system may lead to a situation where undocumented migrants do not access care even if entitled

### LACK OF LEGAL ENTITLEMENTS

Without clear entitlements stipulated in law it is very difficult for undocumented migrants to claim their fundamental right to health care.

### COST OF HEALTH CARE SERVICES

In many countries all health care or in others all or some services beyond emergency treatment are available only against full payment by the undocumented patient, which renders health care inaccessible in practice.

### DISCRIMINATORY ATTITUDES

Unfavourable and discriminatory attitudes from professionals working in the mainstream health care system were also noted as a significant reason for undocumented migrants to avoid seeking health care.

## RECOMMENDATIONS

### 1. PROVIDE ACCESS TO HEALTH CARE SERVICES FOR ALL

Extend public health insurance to UDM or create a separate fund. Excluding undocumented migrants from health care services endangers their life and well-being and serves to further entrench the alienation of undocumented migrants from the mainstream of society.

### 2. PROMOTE AWARENESS OF UNDOCUMENTED MIGRANTS AND THEIR RIGHT TO HEALTH CARE

Awareness raising amongst health care workers regarding the needs and entitlements of undocumented migrants is urgently needed.

### 3. PROVIDE SUFFICIENT SUPPORT FOR NGOS PROVIDING SERVICES FOR UNDOCUMENTED MIGRANTS

Although NGOs should play a complementary role in health care provision, the NGOs that do offer services to the migrant population should receive sufficient funding in order to function effectively.

### 4. MORE ATTENTION TO THE MENTAL HEALTH OF UNDOCUMENTED MIGRANTS

Outpatient counselling and psychotherapy should be made available to all migrants in need of mental health support.

### 5. DISASSOCIATE MIGRATION CONTROL FROM HEALTH CARE PROVISION

Government health policies should be determined by the health care needs of persons and focus on how these needs could be met in the most efficient and economic way. Immigration status should not override health care needs when assessing health care policy.

### 6. INCREASE PROVISION OF TRANSLATION SERVICES AND CULTURAL MEDIATORS IN HOSPITALS

The language barrier may discourage UDM from trying to access health care until their condition becomes very serious and it could increase the danger of misdiagnosis.





## Health Care in **NOWHERELAND**

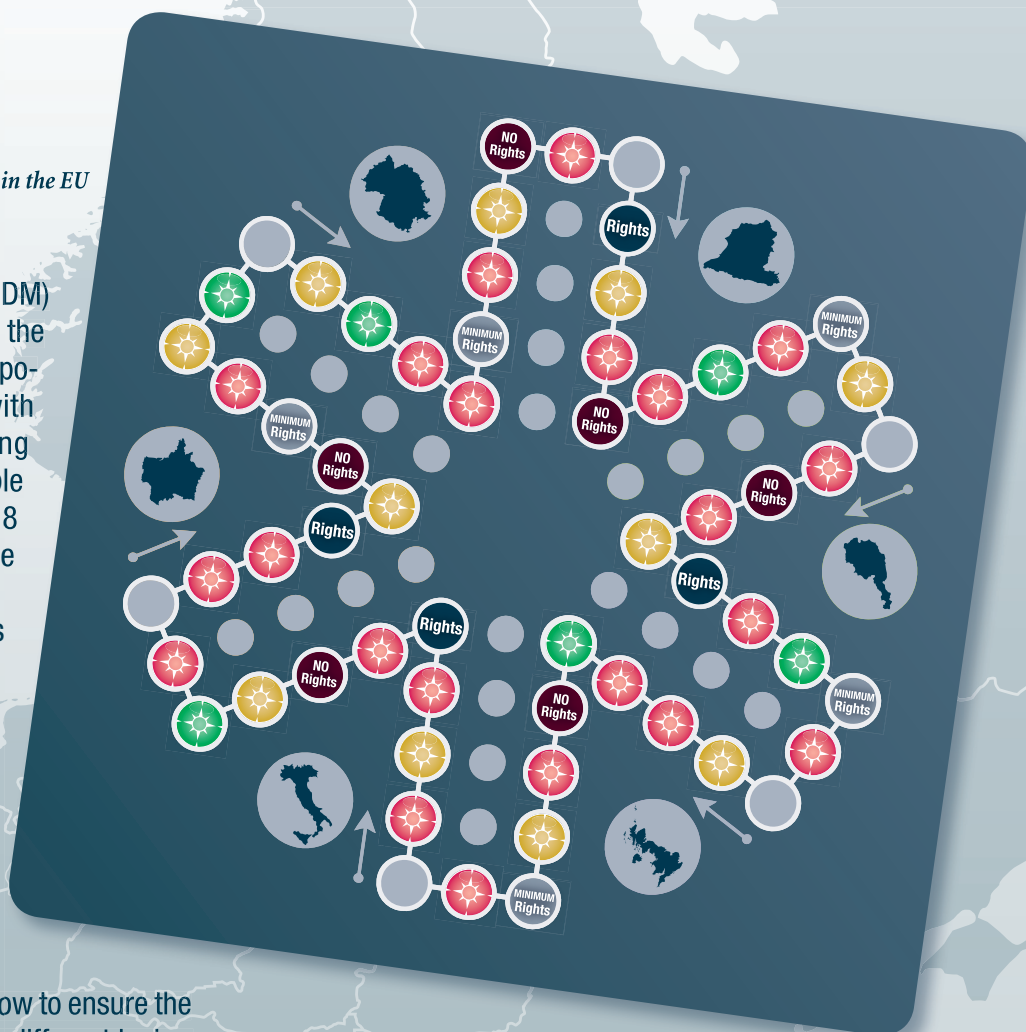
*improving services for  
undocumented migrants in the EU*

Undocumented migrants (UDM) gain increasing attention in the EU as a vulnerable group exposed to high health risks with estimated numbers ranging from 1.9 to 3.8 million people residing in the EU in 2008 (representing 7-13 % of the foreign population).

While all EU member states have ratified the human right to health care, heterogeneous national public health policies open up different frameworks for health care provision which in many cases severely restrict entitlements for UDM to access health care. Accordingly, practice models how to ensure the human right to health follow different logics.

The European project “Health Care in NowHereland” provides the first compilation of policies and regulations in the EU 27, Norway and Switzerland, along with a database compiling examples for related practices, providing insights into “life stories” of undocumented migrants in their struggle to get access to fundamental rights.

Results show that many EU countries remain in a state of “functional ignorance” ignoring the fact that UDM are denied a fundamental human right. NGOs play a significant role for service provision and assisting UDM to get access to health care, supported by the solidarity of health care professionals who mostly work as volunteers.



### IMPRINT

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This fact sheet was written within the framework of the EU project entitled “Health Care in NowHereland” and forms part of the “Policy Compilation and EU Landscape” work package. The aim of this work package was to collect data on policy approaches regarding access to health care for undocumented migrants (UDM) in the EU Member States. This fact sheet provides a concise overview of the main findings detailed in country reports, the summary report, a policy matrix and related reference guides for the 27 EU Member States, Norway and Switzerland.

For further information see:

[http://www.nowhereland.info/?i\\_ca\\_id=356](http://www.nowhereland.info/?i_ca_id=356)