



*Health Care in*

# **NOWHERELAND**

*improving services for  
undocumented migrants in the EU*



## **TWO LANDSCAPES OF NOWHERELAND FACT SHEET POLICIES**



# TWO LANDSCAPES

Clustering of EU countries has been done according to the legal regulations governing undocumented migrants' (UDM) access to health care on a national level, from a human rights approach, and from a public health perspective.

In many cases, legal regulations are formulated in a way that leaves a lot of room for interpretation. For example, the part of the German "Asylbewerberleistungsgesetz" dealing with health care has been interpreted as including or excluding undocumented migrants, depending on the expert providing the opinion. A human rights perspective requires the necessary range of health care services to be assured, while a public health viewpoint includes an exploration of broader public health issues, such as the implications of infectious diseases, and the effectiveness and efficiency of services. This opens up different possibilities for grouping countries according to different interpretations and perspectives.

## LANDSCAPE 1:

### EMERGENCY CARE ONLY IS THE MINIMUM HEALTH CARE LEVEL TO ENSURE HUMAN RIGHTS ...

- No rights: the right to healthcare is restricted to an extent that makes emergency care inaccessible
- Minimum rights: the right to healthcare involves emergency care (or care referred to as immediate, urgent or similar) and is provided without discrimination, including to an undocumented migrant
- Rights: the access to care involves services beyond emergency care, such as primary care

#### RIGHTS:

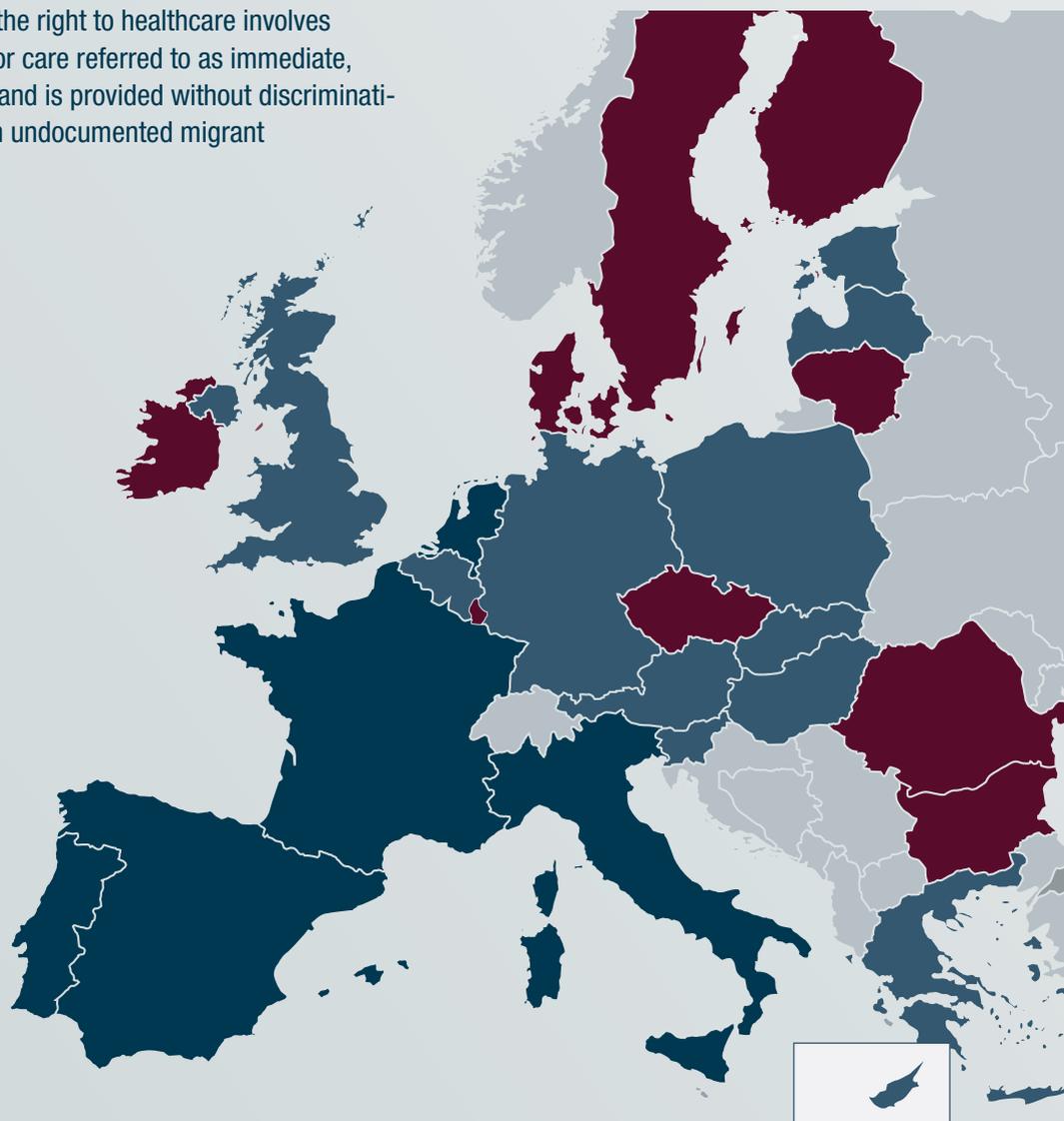
ES, FR, IT,  
NL, PT

#### MINIMUM RIGHTS:

AT, BE, CY,  
DE, DK, EE,  
EL, HU, LT,  
PL, SK, SI, UK

#### NO RIGHTS:

BG, CZ, FI,  
IE, LU, LV,  
MT, RO, SE



# OF NOWHERELAND

The NowHereland project presents two landscapes with two underlying rationales for clustering countries. Rationale 1 refers to a human rights perspective and is based on Article 13.2 of Council of Europe Resolution 1509 (2006) “Human Rights of Irregular Migrants”, where emergency health care is named as the minimum health care provision for UDM. It groups countries into those that grant rights / minimum rights / no rights. Rationale 2 is based on a public health perspective and assumes that access to emergency care alone is an inefficient way of providing health care, leading to high costs, poor outcomes, and increased public health risks through uncontrolled infectious diseases. From this perspective, providing emergency care only is not a satisfactory approach. Accordingly, countries are grouped into full access / partial access / no access, with countries granting emergency care only included in the “no access” group.

## LANDSCAPE 2:

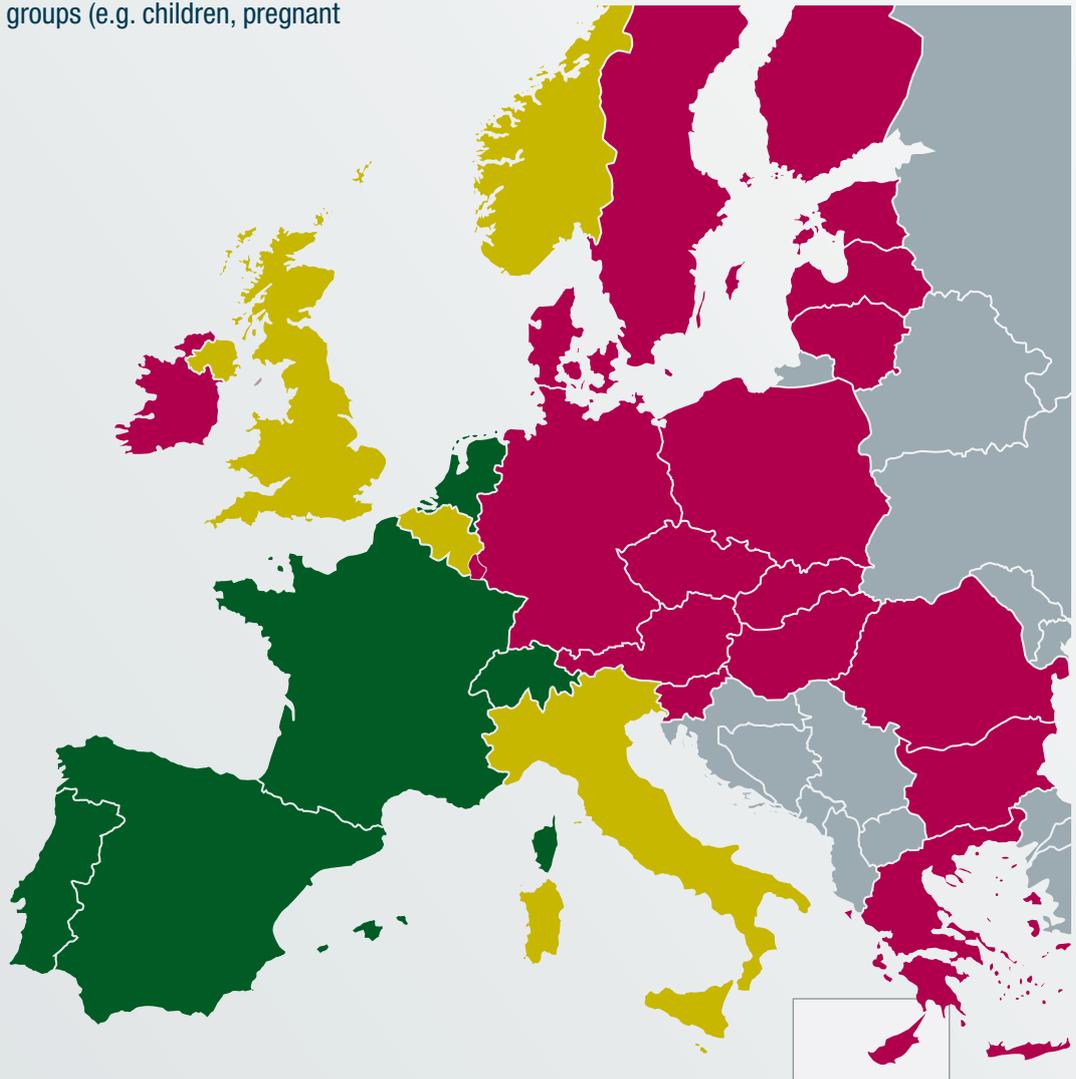
### ... BUT IS THE MOST INEFFICIENT WAY OF PROVIDING HEALTH CARE

- No access: includes countries which grant access to emergency care only
- Partial access: countries with explicit entitlements for specific services (e.g. primary care, maternity care), and/or for specific groups (e.g. children, pregnant women)
- Full access: countries where UDM are entitled to access the same range of services as nationals of that country as long as they meet certain pre-conditions (e.g. can provide proof of identity/residence, etc.)

**FULL ACCESS:**  
ES, FR, NL,  
PT, CH

**PARTIAL ACCESS:**  
BE, IT,  
UK, NO

**NO ACCESS:**  
AT, BG, CY, CZ,  
DE, DK, EE, EL,  
FI, HU, IE, LT,  
LU, LV, MT, PL,  
RO, SE, SK, SI





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 entitled “Health Care in NowHereland” has produced the first ever compilation of the policies and regulations in force in the EU 27, Norway and Switzerland, a database which provides examples of related practices, and provides insights into the ‘daily lives’ of UDM and their struggle to access healthcare services. Research shows that many EU countries continue to remain in a state of “functional ignorance” ignoring the fact that UDM are being denied a fundamental human right. Non-governmental organizations play a significant role in providing services for UDM and assisting them to obtain access to health care. In this, they are supported by the solidarity of health care professionals and auxiliary staff, most of whom provide their services on a volunteer (i.e. cost-free) basis.



## IMPRINT

© 2010 Ursula Karl-Trummer, Carin Björngren Cuadra, Sonja Novak-Zezula



NowHereland at the Center for Health and Migration/DUK



Malmö Institute for Studies of Migration, Diversity and Welfare

## A PROJECT FUNDED BY



DG Sanco



Fonds Gesundes Österreich



Austrian Federal Ministry of Science and Research

Sole responsibility lies with the authors. The European Agency is not responsible for any use that may be made of this information.

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=368](http://www.nowhereland.info/?i_ca_id=368)