Health Care in
NOWHERELAND
improving services for undocumented migrants in the EU

HEALTH CARE FOR UNDOCUMENTED MIGRANTS
FACT SHEET PRACTICES

Practices of health care provision for undocumented migrants (UDM) are characterised by three main contextual elements:

CONFLICTING DEMANDS BETWEEN HUMAN RIGHTS AND NATIONAL REGULATIONS

The contradiction between a ratified fundamental right to health care irrespective of legal status on the one hand, and rights linked to citizenship and/or health insurance systems on the other means that health care providers face a paradoxical situation. This is most often the case for health providers in countries which have no legal entitlement to access in place.

THE DEGREE OF RIGIDITY OF REGULATIONS

For example, a national regulation might restrict access to health care for UDM to "emergency and urgent care". Whereas the definition of emergency care is rigid, since it is provided only in life-threatening situations, the definition of urgent care is open to broader interpretation. The more space for interpretation, the more uncertainty there is, putting a strain on service providers, yet at the same time allowing for more flexible decision-making.

THE PARTICULAR NATURE OF THEIR CLIENTELE

A clientele where invisibility is a central strategy for survival, health literacy is limited and expectations are influenced by their experiences with systems in their country of origin, and conditions of their everyday life are a major threat to their health.

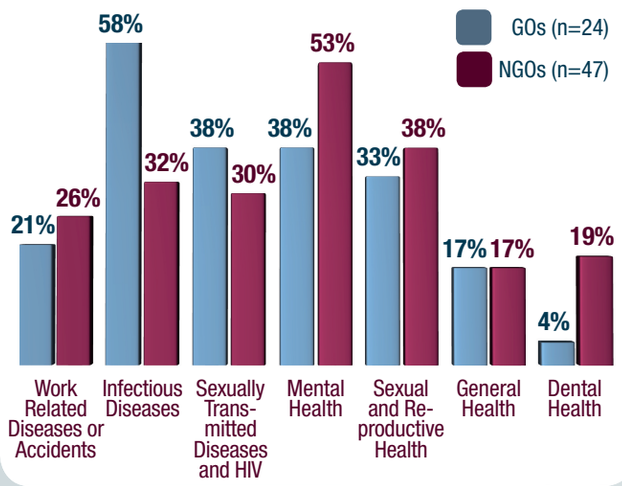
Collecting evidence on practices

Collecting data about health care practices has been a challenge. In many cases, practices prefer to stay as invisible as their clients: sometimes because they already attract many people and are close to capacity in terms of space and resources, and often because their official target group is different (e.g. homeless people, people with no health insurance, etc.) and they fear loss of funding if they speak openly about the fact that they also serve UDM. The outcome of one year of intensive research, using a number of different channels such as international experts, hospitals and NGO networks, is a collection of 71 practice models from 12 countries (AT, BE, FR, DE, EL, HU, IT, NL, PT, ES, SE and CH) representing the logic of no access, partial access and full access in terms of levels of entitlement to health care, including 24 governmental organizations (GOs) and 47 non-governmental organizations (NGOs).

A comparative analysis of 71 practice models shows that:

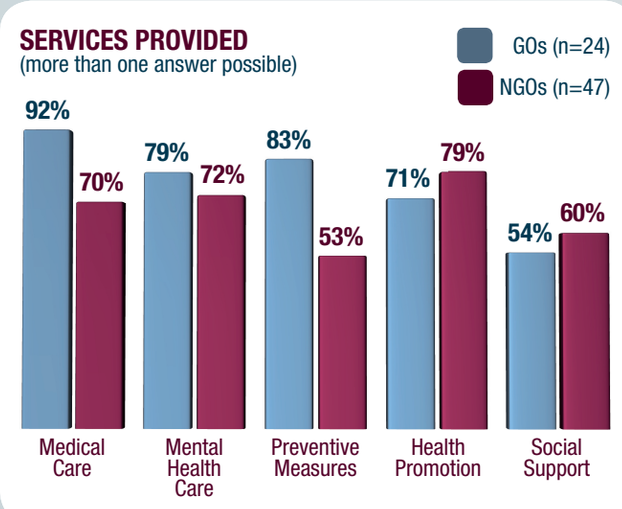
Health care services providers, whether GOs or NGOs, find that mental health care and infectious diseases care are the most common health care needs of their UDM clients. A third big issue is sexual health, with GOs focusing on sexually transmitted diseases and HIV, and NGOs observing the need for reproductive health care, followed by work-related health problems.

MOST COMMON HEALTH CARE NEEDS OF UDM CLIENTELE
(more than one answer possible)

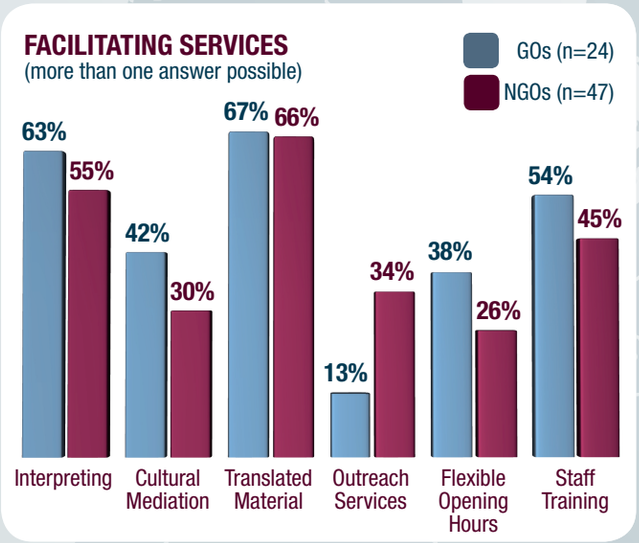


The main services provided by both GOs and NGOs are general care and diagnostic services, and emergency care in the case of GOs and care for women and children in the case of NGOs. Mental health care, including psychiatric care and psychological support, is provided by about three quarters of these organisations, including both NGOs and GOs.

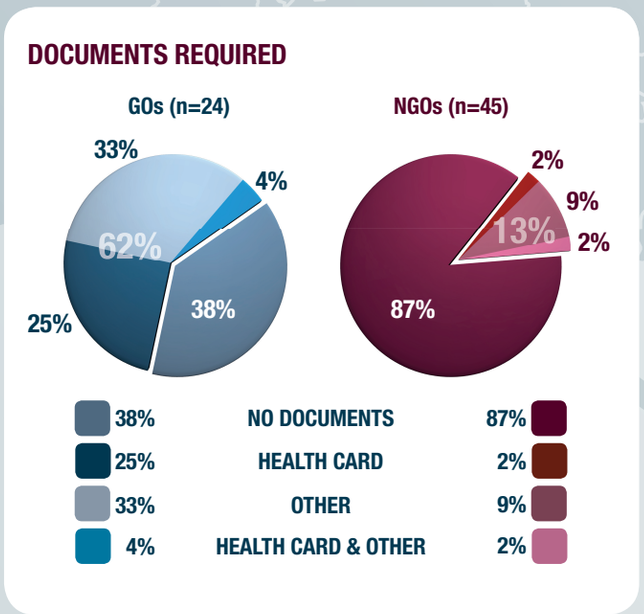
SERVICES PROVIDED
(more than one answer possible)



When it comes to support health care services, GOs provide more structures for facilitating communication. Although translated information is available equally from GOs and NGOs (67% and 66%, respectively), GOs provide a higher level of interpreting services and cultural mediation than NGOs.



Overall, about 55% of total organizations report increasing numbers of UDM clients. Decreasing tendencies are reported by 13% of GOs but no NGOs. This may be because NGOs are easier to access: only 13% of NGOs request documents compared to 62% of the GOs.



In-depth assessments of selected practice models

In-depth assessments were conducted at four practice models that • represent different types of services: mainstream services, dedicated public health services and NGOs, • are located in different countries and work within different policy contexts regarding entitlements to access health care for UDM and • are willing to share their experiences and to take part in discussions.

Reports are available at www.nowhereland.info/?i_ca_id=418

"I´M NOT AN ENEMY OF THE IMMIGRATION AUTHORITIES"

MALTESER MIGRANTEN MEDIZIN (MMM), BERLIN

Country: ***Germany***
Policy context: ***Minimum Rights / No Access***
Type of organisation: ***NGO***

MMM was founded by Malteser Germany, a Catholic charitable organization, in 2001 and provides primary health care for people without medical insurance, including UDM. Services include basic care, gynecological, pediatric, dental, orthopedic and neurological care, psychological treatment and physical therapy. A total of 15 staff (7 health care professionals and 8 administrative staff) work at the MMM on a volunteer basis. In 2009, MMM treated about 5,600 patients, 69% of which were UDM. Health care in general is provided free of charge; in case of expensive treatments patients are asked for financial contribution.

HELP IN NAVIGATING ONE'S WAY AROUND THE SYSTEM

SALUD Y FAMILIA, BARCELONA

Country: ***Spain***
Policy context: ***Rights / Full Access***
Type of organisation: ***NGO***

Salud y familia is a private, non-profit association which works together with public authorities and other NGOs. Salud y familia does not provide health care as such, but rather, it facilitates access to mainstream health care and helps clients to navigate their way around the system, and informs health care organisations about regulations in place.

PUBLIC-PRIVATE PARTNERSHIP

CENTRO PER LA FAMIGLIA STRANIERA (CSFS)
& THEIR PARTNER CARITAS,
REGGIO EMILIA

Country: ***Italy***
Policy context: ***Rights / Partial Access***
Type of organisation: ***Dedicated Public Health Service and NGO***

The CSFS is run by the local health authority (Azienda Unità Sanitaria Locale - AUSL) of Reggio Emilia, providing outpatient care and medical treatment, including gynaecological examinations and counselling, prenatal care, pediatric care, a TB surgery and cultural mediation services. Services for specific target groups are offered on a project basis, e.g., psychosocial support and health care for prostitutes or badanti. The centre keeps precise statistics on its patients, which is made possible through the STP code, which permits the identification of patients and the keeping of patient records, while at the same time preserving patients' anonymity. The CSFS shares its database with the Caritas's "Querce di Mamre" medical practice which offers specialist care in 11 areas: dental care, general care, woman and child care, surgical services, neurology, urology, cardiology, ophthalmology, orthopaedics, ear-nose and throat specialist, dermatology.

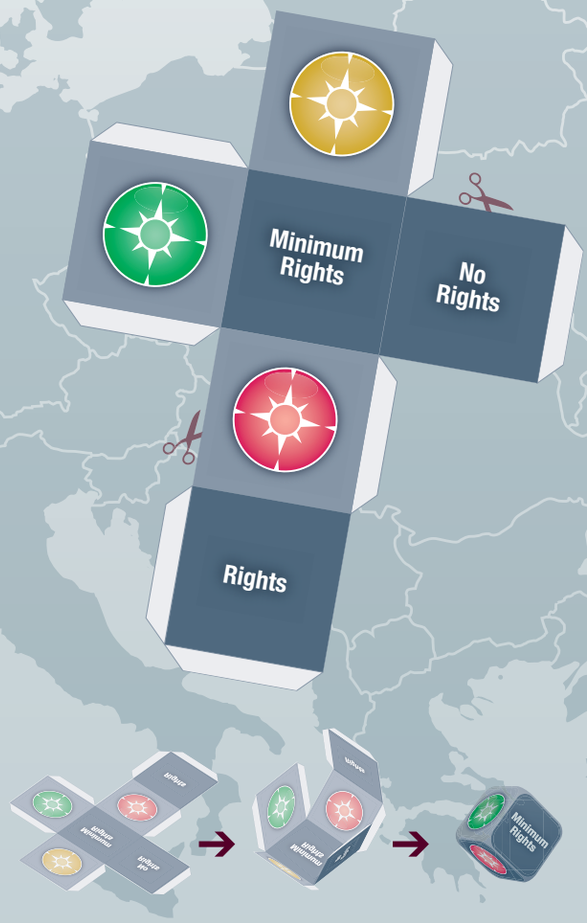
MARIA!

MARIA VAN DEN MUIJSENBERGH,
NIJMEGEN

Country: ***The Netherlands***
Policy context: ***Rights / Full Access***
Type of organisation: ***General Practitioner***

Maria van den Muijsenbergh has been running her medical practice since 1994. As general practitioner (GP) she provides general care including vaccinations, health screening, infectious diseases control, emergency care, pediatric care, mother and child care, diagnostic services and surgeries. In addition, Dr. van den Muijsenbergh advises her patients on health promotion, psychiatric care and psychological support. Although GPs are guaranteed reimbursement of at least 80% of the UDM treatment costs, Dr. van den Muijsenbergh is the only GP in Nijmegen who serves UDM.

Undocumented migrants (UDM) gain increasing attention in the EU as a vulnerable group exposed to high health risks with estimated numbers ranging from1.9 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.



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For further information see:
http://www.nowhereland.info/?i_ca_id=418