



POLICY BRIEF

Health Care for Undocumented Migrants in the EU: Concepts and Cases

Co-funded by the European Commission, the Office of the Portuguese High Commissioner for Health and the International Organization for Migration (IOM), the “Assisting Migrants and Communities (AMAC): Analysis of Social Determinants of Health and Health Inequalities” IOM-managed project provides a platform for dialogue on migration health priorities and fosters engagement from policy-makers at all levels to tackle health inequalities in Europe.



Further information is available at:
www.migrant-health-europe.org

This policy brief is based on the background paper ‘Health Care for Undocumented Migrants in the EU: Concepts and Cases’ elaborated within the framework of the AMAC project: www.migrant-health-europe.org/background-papers

Opinions expressed in this brief are those of the authors and do not necessarily reflect the views of the European Commission or the Office of the Portuguese High Commissioner.

Migration and its implications for health have become important issues in the discussion of European and national health policies. On a conceptual level, health care provision for undocumented migrants can be described as management of a paradox with different strategies at the policy and practice level.

Why this topic?

Undocumented migrants gain increasing attention in the EU as a vulnerable group exposed to high health hazards. Health of undocumented migrants is highly at risk due to difficult living and working conditions often characterised by uncertainty, exploitation, and dependency. On the other hand, undocumented migrants face considerable barriers in accessing health services.

In a state-control logic, national regulations often severely restrict access to health care for undocumented migrants. At the same time, the right to health care has been recognized as a human right by various international instruments ratified by European countries. This creates a paradoxical framework for policy and practice where national regulations contradict human rights mandates.

Topic in context

An estimated 1-4% of the overall population in Europe are undocumented migrants (PPR 2007). Due to the current economic crisis it is likely that the share of irregular migrants among the total immigrant population will increase (Clandestino project, 2008). The routes to becoming undocumented are diverse; roughly they can be outlined as endogenous –legal entry into a country and fall out of the legal status e.g. from overstaying or not leaving when ordered– and exogenous –e.g. when crossing borders undetected– (SOPEMI, 1989).

Access to health care for undocumented migrants in Europe lies within national competence; regulations are heterogeneous and sometimes confusing. Services

range from provision of health care for undocumented migrants on a payment basis only (e.g. in Austria) to regulations offering full access to health care (e.g. in Spain and Portugal). Main access points for undocumented migrants are emergency care units and clinics established and run by NGOs. In general, NGOs take over an important role in providing health care and giving support to navigate through the system.

Barriers to access healthcare exist not only due to legal status but due to lack of interpreters/mediators and lack of information on the system. The combination of higher health risks due to hazardous living and working conditions faced by undocumented migrants and poorer access to health care threatens the health of this specifically vulnerable group as well as that of the regular population.

A policy overview of all EU Member States’ regulations as well as Switzerland’s and a collection of model services will be provided in a report within the EU project “Health Care in NowHereland” (www.nowhereland.info).





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Good Practices

NGO: AMBER-MED (Austria)

Since 2004, AMBER-MED, a joint project of the refugee service of Diakonie Austria and the Austrian Red Cross, provides outpatient treatment, social counseling and medication for people without insurance coverage in Vienna. The services offered are free of charge and anonymous and include among other general medicine, gynecological examinations, pediatric care and diabetes care. In 2008, 754 patients, for the most part asylum seekers, refugees and homeless people, made use of AMBER-MED's services. The existence of this organization is mainly made possible by the volunteering doctors, nurses and interpreters as well as through the support of a large network of medical specialists and institutes. AMBER-MED is financed through donations, subsidies from the Federal Ministry of Health and the Fund for Social Affairs in Vienna, as well as the Vienna Health Insurance.

<http://amber.diakonie.at/>

Dedicated service: Centre for the Health of the Foreign Family (Centro per la salute della famiglia straniera, Italy)

This health care centre within the Local Health Authority of Reggio Emilia is providing outpatient care and medical treatment for undocumented migrants and for foreign nationals lacking registration in the National Health System. Provided services include gynecological examinations and counseling, prenatal care, pediatric care, a TBC surgery and cultural mediation. The centre keeps statistics on its patients and shares its database with the Caritas surgery "Querce di Mamre". In 2007, the centre received 3.189 patients, 53,7% of these approached the centre for the first time. <http://www.ausl.re.it/Home/DettaglioLuogo.aspx?ID=849>

Management of a paradox

Access to health care is defined as a fundamental human right irrespective of legal status or financial capital. This should protect particularly socio-economically disadvantaged and vulnerable groups from extreme disadvantages. All EU Member States recognise this human right. At the same time, national regulations relate access to health care to a certain documented status and –along with this– the inclusion to a certain group: the insured, the citizens or the applicants for refugee status.

This opens a paradox situation with contradictory demands: if health care providers give care, they may act against legal and financial regulations; if they do not give care, they violate human rights and exclude the most vulnerable.

From empirical examples from EU Member States, central strategies for the management of this paradox can be identified:

- **Functional ignorance** as a policy strategy to neglect the demand for policy development, with structural compensation to open a paradox-free room for action: e.g. care is provided by services designed for vulnerable groups, which by default may include migrants.
- **Partial acceptance** as a policy strategy to turn an intangible phenomenon into an administrable (and statistically ascertained) one: dedicated services for migrant care be it public or private/associative (NGOs), mostly publicly funded.
- **Informal solidarity** as an individual strategy to respect humanitarian values without violating state-control-demands: health professionals

'turning a blind eye' on the legal or financial status of migrants before admission to care or interpreting emergency care in a flexible manner.

Recommendations

- **Acknowledgement of the paradox of the situation:** In EU Member States, mainstream services are not yet in a position to give services to undocumented migrants on a regular basis. Parallel structures set up by NGOs and informal solidarity of individuals take over a decisive part of health care provision for undocumented migrants under conditions of functional ignorance and/or partial acceptance. These parallel structures seem to be necessary for the management of a paradoxical framework of conflicting demands. It is important to acknowledge this paradox to understand emerging strategies and decide the best policies and practices to deal with this situation.
- **Analysis of policies and practices to identify the best strategies:** With an increasing public attention to the matter, the lack of knowledge on the topic of migration and health becomes visible. There is no backed information on the extent of undocumented migration, on the specific health problems of undocumented migrants and their strategies to cope, and no shared experience of health care providers on how to cope with the situation. It is an important step forward to map existing policies and practices of health care for undocumented migrants in Europe. Doing so, it may become easier to conceive how the space opened up by conflicting policy demands can be filled with regulated practices in accordance with human rights. These practices need not be as undocumented as their customers. See more on www.nowhereland.info.