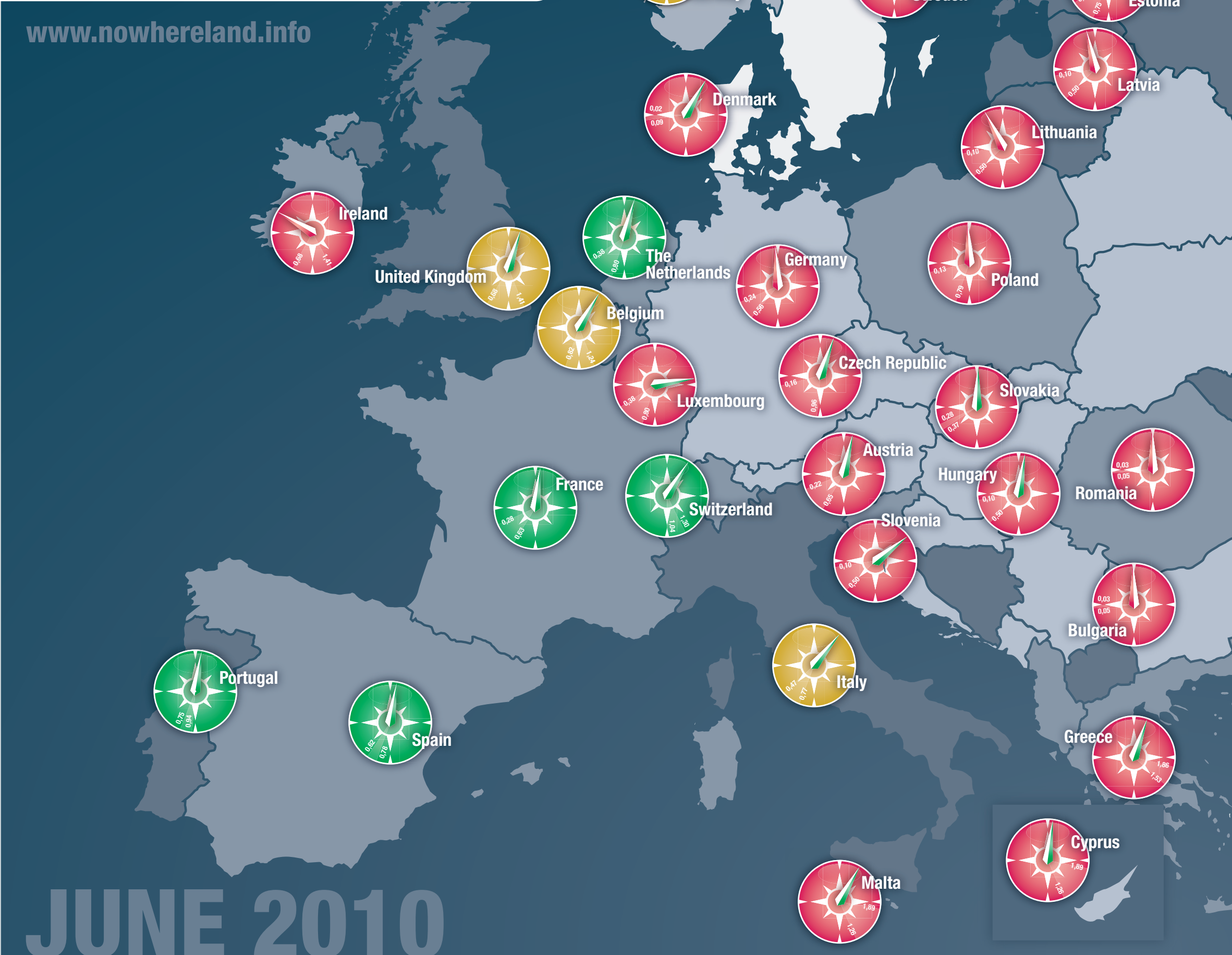




# Health Care in NOWHERELAND

improving services for  
undocumented migrants in the EU

[www.nowhereland.info](http://www.nowhereland.info)



## Entitlements for undocumented migrants to access health care



no access

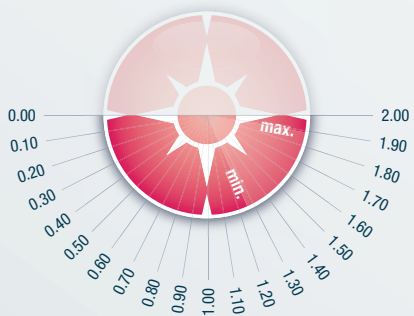


partial access



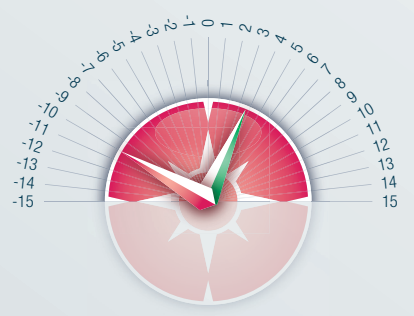
full access

## Estimated numbers of undocumented migrants in percent of total population (minimum and maximum estimation)



## Net migration rate:

difference of immigrants and emigrants  
divided per 1,000 inhabitants



## Gini index:

indicator for equality of distribution of income in a country  
(range from 0 = complete equality to 100 = complete inequality)



NowHereland at the Center for Health and Migration/DUK

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## ENTITLEMENTS FOR UNDOCUMENTED MIGRANTS TO ACCESS HEALTH CARE

Countries are divided into three categories, according to the range of entitlements they offer to undocumented migrants (UDM) in terms of access to health care: no access, partial access and full access

### NO ACCESS

#### COUNTRIES WHERE UDM HAVE NO ACCESS TO HEALTH CARE:

This category includes countries which provide access to emergency care, because

- a) emergency care is usually not linked to any kind of status
- b) from a public health and economic perspective providing access to emergency care only is an inefficient way of providing health care leading to high costs, poor outcomes, and increased public health risks through uncontrolled infectious diseases.

In **AUSTRIA, CYPRUS, DENMARK, ESTONIA, GERMANY, GREECE, HUNGARY, LITHUANIA, POLAND, SLOVAK REPUBLIC** and **SLOVENIA** access to health care is limited to emergency care only.

In **BULGARIA, CZECH REPUBLIC, FINLAND, IRELAND, LATVIA, LUXEMBOURG, MALTA, ROMANIA** and **SWEDEN**, UDM are charged for emergency care.

### PARTIAL ACCESS

#### COUNTRIES WHERE UDM HAVE PARTIAL ACCESS TO HEALTH CARE:

These are countries with explicit entitlements for specific services (e.g. primary care, maternity care), and/or for specific groups (e.g. children, pregnant women).

**BELGIUM:** UDM may apply to the social welfare centres (CPAS/OCMW) for urgent medical assistance (AMU – Aide Médicale Urgente) free of charge. A broad range of medical services fall within this category, albeit with some (minor) exceptions, as in the case of some prosthetics and medications. Compulsory health insurance can be obtained for some specific groups of UDM (e.g. unaccompanied minors).

**ITALY:** UDM may be granted a so-called “STP code” (Straniero Temporaneamente Presente), an anonymous health card which is free of charge, valid for six months (renewable), which provides access to a wide range of health services. The form of health care provided under the STP code is defined as urgent and essential care. The card is issued by the local health unit (ASL - Azienda Sanitaria Locale). Services are provided free of charge if the UDM can show a self-certified ‘application for indigence status’. It should be noted that although the basic logic of access and provision of health care is the same all over Italy, regions deal with this common logic in different ways.

**UNITED KINGDOM:** Accident and emergency (A&E) departments provide immediately necessary treatment free of charge, whereas charges are made for secondary care (for in-patient care, ante- and postnatal care, medicines, etc.). Since general practitioners (GPs) involved in primary care have the right to choose to register any person on the NHS patient list regardless of their status, UDM accepted by a GP have access to primary care services free of charge.

**NORWAY:** UDM are entitled to emergency care and necessary health care provided by local health services. Furthermore, children up to the age of 18 and pregnant women are entitled to the same range of health services as nationals.

### FULL ACCESS

#### COUNTRIES WHERE UDM HAVE FULL ACCESS TO HEALTH CARE:

These are countries where UDM are legally entitled to access the same range of services as nationals of that country. For full access, UDM must be able to prove that they fulfil certain preconditions (e.g. by providing proof of identity/residence/indigence/minimum duration of stay).

**FRANCE:** A parallel administrative system, the AME (Aide Médicale d’Etat), enables UDM to have cost-free access to the same health care services as nationals. To be treated under the AME, UDM must provide documentation indicating that they have been living in France for at least three months, proof of identity and evidence of their lack of financial means. UDM who are not eligible for the AME are entitled to emergency care free of charge, as well as to screening for sexually transmitted diseases and HIV/AIDS and screening for and treatment of tuberculosis, as well as vaccinations, and family planning services.

**THE NETHERLANDS:** In January 2009, a special government fund was set up to provide for reimbursement of medical care costs for UDM. This new scheme differentiates between directly-accessible care (GPs, midwives, dentists, and hospital emergency departments) and care which is not accessible directly (in contracted hospitals). While UDM may theoretically go to any provider available for directly-accessible care, for care that is not directly accessible, only a limited number of hospitals (25 – one hospital per district) have a contract with the Health Insurance Board (CVZ - College voor Zorgverzekeringen) and are thus able to claim reimbursement. Depending on the kind of service, between 80% and 100% of care costs can be reimbursed to the service provider. In order to apply for reimbursement of these health care costs, service providers must prove that they have taken certain steps to claim the expenses of treatment from the UDM patient directly.

**PORTUGAL:** Full access for UDM is dependent on provision by the UDM of proof of residence in Portugal for more than 90 days and entitles them to temporary registration at a health centre. If UDM have been residing in Portugal for less than 90 days or fail to provide proof of residence, free access is possible only for a limited range of services (treatment of contagious diseases, maternity care, vaccinations and family planning); the full cost must be paid for other health care services. UDM may be charged for emergency care as well, although this type of care cannot be refused if the patient is unable to pay.

**SPAIN:** To have full access, UDM need to register at the local civil registry with a valid passport, proof of residence and declaration of indigence. Undocumented children under the age of 18 and pregnant women are entitled to full health care treatment under the same conditions as nationals even if they are not registered. For certain diseases (e.g. HIV and diabetes), some regions permit UDM to access essential treatments through a specific health care document (DAS – Documento de asistencia sanitaria) that does not require a valid passport.

**SWITZERLAND:** Any person living in Switzerland for longer than three months has both the right and the obligation to sign up for statutory health insurance. The Public Health Insurance Law obliges insurance companies offering compulsory health insurance to accept all applicants for the basic health insurance, irrespective of individual risk related to e.g., gender, solvency, or residence status and thus also to accept UDM. The basic package of benefits covers services provided in the event of sickness or accident, as well as maternity care. However, statutory health insurance is costly: the average total monthly cost of basic health insurance in 2009 was 262 CHF (185 EUR). Emergency care is free of charge.