## Undocumented migrants: often denied the human right to medical care

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*At the European Health Forum Gastein, a platform known as PICUM raised awareness of the precarious situation of undocumented third-country nationals and the barriers to medical care they face. In Europe, open access to health care is still far from being a reality for everyone.*

**Bad Hofgastein, 2 October 2014** – Undocumented migrants, in other words third-country nationals without valid residency permits in the destination country, are often denied the human right to medical care even within the European Union or this right is recognized only to a very limited extent. Lilana Keith from the Platform for International Cooperation on Undocumented Migrants (PICUM) emphasised this situation at the European Health Forum Gastein (EHFG) and thereby raised awareness of the often precarious health situation faced by people without regular residence status. Keith: “Undocumented migrants requiring medical care face legal, structural and practical barriers in most EU countries. On top of a highly restrictive legal landscape complex administrative procedures, refusal of treatments due to discrimination or lack of awareness and risks of being reported to the authorities and deported often become unsurmountable obstacles to accessing even the limited care provided by law.”

**Up to four million undocumented migrants in Europe**

According to estimates in the research project “Clandestino”, there were 1.9 to 3.8 million people living as third-country nationals without valid residence papers in the 27 EU member states in 2009. That means an estimation that between seven and thirteen per cent of all non-EU citizens and between 0.4 and 0.8 of the total population are undocumented migrants.

A study of the EU Fundamental Rights Agency FRA found that in 19 out of the 27 EU member states in 2011, undocumented migrants were only entitled to emergency care, and in 11 of these, undocumented patients would be charged the full costs for even this treatments. Data from Médecins du Monde (MdM) clinics in 10 European countries showed that 65 per cent of the undocumented migrants accessing MdM clinics had no health coverage at that time, so could only get medical services if they covered the full costs. Two thirds (66 per cent) of all pregnant women without valid residency had no access to prenatal examinations and care.

**Contrary to public health**

Lilana Keith: “Migrants without regular residence often only access medical care if they are seriously ill because of the legal and practical barriers they face. This situation is contrary to the principles and objectives of public health, medical ethics and social cohesion based on solidarity and equality. In addition it burdens the front line service institutions that strive to provide necessary services despite the limitations, and ultimately incurs additional costs for the health care system in administration and when patients must access expensive emergency services.”

**More health services available in several countries**

Several European countries do provide free access to further medical services. In some cases, this is only specific health services such as screening and treatment for contagious diseases. In others, it extends to primary care, and in some cases secondary care, on near equal levels with nationals. In the UK, for instance, undocumented migrants have access to basic medical care, emergency medical care and care for transmittable diseases. However, discussions on massively restricting this access are currently underway. Portugal offers undocumented third-country nationals free access to the entire national health care system, but only after a stay of at least 90 days. France, Belgium, the Netherlands and Italy are among the countries with the most extensive free access also for undocumented migrants.

**Sweden is improving access**

Lilana Keith: “Despite the negative political and economic climate across Europe, there are a number of positive developments that indicate medical care for people without residency is not only necessary for respect of human rights and individual and public health, but beneficial socially and economically.” For instance, until recently, undocumented migrants in Sweden had to cover the full costs to be able to receive medical services, including emergency medical services (after care). This meant, for example, that a pregnant woman without regular residency would be charged about 5,000 euros for having her child born, without complications, in a public hospital. A reform that went into effect in 2013 now grants undocumented migrants access to non-deferrable health care services, including dental and prenatal care, contraception counselling and sexual medical services.”

In Spain, individual regional administrations are fighting against a legal situation that has become more restrictive on national level. Until September 2012, undocumented migrants had nearly the same access to the health care system as everyone habitually residing in the country, but since then access has been limited to emergencies and care for pregnant women and children. But only one autonomous community, Castile-La-Mancha, is currently implementing the national legislation in its entirety. Others have introduced complementary measures to widen access to public health care. In two, Andalusia and Asturias, equal access to services is provided.

Lilana Keith: “Improving access to medical care for undocumented migrants remains an urgent task in Europe. There are plenty of good practices to build on – it is time for health policies that are both just and pragmatic.”

“Electing Health – The Europe We Want” is the motto for this year’s EHFG. Around 600 participants from more than 50 countries are attending the most important health policy conference in the EU to exchange view on key issues affecting European health systems. The future direction of European health policy is the key topic on the conference agenda.

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