

# Access to Health Care for Undocumented Migrants in Europe: The Key Role of Local and Regional Authorities

## SUMMARY

Regional and local authorities across Europe have varying competences in the field of health policy, both as policy makers as well as service providers. Whatever the division of competences, local and regional authorities deal with the realities of undocumented migrants living in and contributing to their communities, as well as their health needs.

This brief provides a number of examples – from Belgium, Germany, Italy, Spain, and Sweden - where local and regional authorities have used their capacities as policy makers or service providers, often in cooperation with civil society organisations, to increase the level of services provided to undocumented migrants in their localities, and tackle practical barriers to improve access.

Alongside conclusions, a number of recommendations are proposed, for policy makers at all levels of government, for service providers, and for the European Union, to achieve inclusive, accessible and efficient health systems across Europe.

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# INTRODUCTION

## Is undocumented migrants' right to health protected in Europe?

The right to health has been enshrined in numerous international and regional human rights treaties, and in many national constitutions, as a universal right guaranteed to all.<sup>1</sup> The ratification of these instruments by all EU member states obliges them – at all levels of government - to provide health care services to all without discrimination, regardless of residence status. However, laws, policies and practices in all EU member states deviate from these obligations to varying degrees. Indeed, in the majority of EU member states, undocumented migrants are only able to access emergency health care, and in some, even this is liable to charging after care.<sup>2</sup> In some, further health services are made available by law, but are not accessible in practice, due to contradictory laws requiring public officials to report undocumented migrants to the immigration authorities, as well as financial, administrative or other practical barriers.

## What impacts does this have?

The lack of access to health care services for undocumented migrants has widespread effects. For one, limited or lack of access to health care services is highly detrimental to both the mental and physical health of undocumented migrants. In turn, when undocumented migrants' health deteriorates and they are

### The Committee of the Regions on local and regional authorities' legal human rights obligations:

*"The Committee of the Regions notes that all the EU member states have ratified the European Convention for the Protection of Human Rights and Fundamental Freedoms and are therefore supposed to uphold, including at sub-national levels of government, the principle of respect for fundamental human rights and freedoms set out in that text...*

*...argues that the fundamental rights protected by the European Convention for the Protection of Human Rights and Fundamental Freedoms must be recognised for all individuals residing in any EU country, regardless of citizenship. This represents a basic standard of dignity and freedom accorded to individuals, whether or not they are EU citizens. Most of the articles in the EU's Charter on Fundamental Rights do apply to everyone, including third country nationals."*

Opinion of the Committee on the Regions, "Strategy for the effective implementation of the Charter of Fundamental Rights by the European Union", CIVEX-v-017, 12 October 2011

<sup>1</sup> See: Universal Declaration of Human Rights (Article 25), International Covenant on Economic, Social and Cultural Rights (ICESCR), (Article 12); International Convention on the Elimination of All Forms of Racial Discrimination (Article 5), International Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW) (Article 12); Convention on the Rights of the Child (CRC) (Article 24); the Charter of Fundamental rights of the European Union (Article 35), European Convention on Human Rights and Freedoms (Article 3, as interpreted by the European Court of Human Rights in the case of *Pretty v. UK*, where the court found that "the suffering which flows from naturally occurring illness, physical or mental, may be covered by Article 3, where it is, or risks being, exacerbated by treatment [...] for which the authorities can be held responsible.") and the European Social Charter (Article 13). Recent case-law found that by employing a dynamic interpretation of the Charter, its rights cannot exclude undocumented migrants if their human dignity is found to be directly impacted. See for example International Federation of Human Rights League (FIDH) v France (Complaint no. 14/2003), Defence for Children International (DCI) v The Netherlands (Complaint no. 47/2008); Defence for Children International (DCI) v Belgium (Complaint no. 69/2011), Médecins du Monde – International v. France (Complaint No. 67/2011).

<sup>2</sup> See for example: Fundamental Rights Agency (2011) *Fundamental rights of migrants in an irregular situation in the European Union*, Luxembourg: Publications Office of the European Union.

prevented from accessing necessary health services, it can have negative impacts on public health, including on the public health system. Providing health care through emergency care departments in hospitals, frequently the only place where undocumented migrants can access care, is extremely costly compared to primary and preventative care.<sup>3</sup> There are also further social costs, in terms of the impacts on families and communities, of having members in poor health. Restrictive health policies can have negative impacts on health professionals, whose commitments to medical ethics are contradicted by requirements to deny care to patients due to their residence status. In response, many health professionals and other service providers strive to ensure basic health services to undocumented migrants, many times working in difficult conditions. This response has also been increasingly common among regional and local authorities.

## How are local and regional authorities responding?

While laws regulating entitlements to access health care are often established at national level, regional and local authorities provide those services, with varying degrees of competence to diverge in how they do so.<sup>4</sup> In some EU member states, regional and local authorities have full competence over their policies regarding local social services, including health care, though they may be constrained by regulations on public finances. At the same time, they are also bound by international, regional and national human rights standards, and responsible for implementing effective services for their residents. Thus, local and regional authorities play a key role as policy makers and providers of services for undocumented migrants.

There are numerous examples from across Europe where local and regional authorities have utilised their autonomy to adopt inclusive policies for undocumented migrants, or found innovative ways to fill the gaps created by restrictive national policies and provide services better adapted to the needs of all their residents. Reacting to the realities of undocumented migrants and their families in their communities, many local and regional authorities, in partnership with civil society, have improved access to public services including education, health care, shelters and police services in law and practice on local level. Local and regional authorities have also been key advocates for improved legislation and policy at national level, regarding public services and measures to regularise the status of undocumented residents.

This brief presents some of these examples, including responses developed by local and regional authorities in the different national contexts of Belgium, Germany, Italy, Spain and Sweden, to ensure inclusive access to health care, irrespective of residence status.

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<sup>3</sup> See Fundamental Rights Agency (2011) *Migrants in an irregular situation: access to healthcare in 10 European Union Member States*, available at: [http://fra.europa.eu/fraWebsite/research/publications/publications\\_per\\_year/2011/pub\\_irregular-migrants-healthcare\\_en.htm](http://fra.europa.eu/fraWebsite/research/publications/publications_per_year/2011/pub_irregular-migrants-healthcare_en.htm).

<sup>4</sup> See the Committee of the Regions for detailed information on the division of competences between national, regional and local authorities (<http://extranet.cor.europa.eu/divisionpowers/countries/Pages/default.aspx>).

# BELGIUM

## National context

### **Division of Competences between the Central Government and Regional and Local Authorities**

Belgium is a federal state composed of three regions (made up of provinces and municipalities) and three (language) communities.

Central and regional government: Public health is a shared responsibility of the federal government and the communities, with the communities responsible for ‘person-related matters’, including preventative health policy and social assistance. Both the federal government and the communities have legislative powers in the area of health.

Local government: The municipalities are responsible for the administration of social welfare, including the verification of whether undocumented migrants have the right to access health care, following the national regulations on social welfare centres.

## **National law on access to health care for undocumented migrants**

Under the Belgian national system, emergency care is theoretically provided free of charge to everyone, including undocumented migrants, without any administrative requirements.<sup>5</sup> Up to the age of six, all children have free access to preventative care (consultations and vaccinations) from the Office of Birth and Childhood (ONE) and Kind en Gezin centres, which are specific facilities with free and open consultations for every parent with young children (until the age of six), with or without health insurance coverage.

Undocumented migrants – both adults and children - are not allowed to access the health insurance system (Universal Medical Coverage – CMU) but are eligible for ‘*Urgent Medical Assistance*’ (AMU/DMH) free of charge.<sup>6</sup> Despite its name, the legal framework concerning AMU/DMH explicitly provides access to both preventative and curative care: all medical treatments covered by the basic national health insurance are covered. However, the reference to ‘urgent’ care causes confusion for many doctors who feel that a patient should need care that is fairly urgent, but not life-threatening, in order to qualify for assistance.

The procedure is managed by the local social welfare centres (CPAS/ OCMW).<sup>7</sup> In order to obtain AMU/DMH, an undocumented migrant must register with their local CPAS/ OCMW, who will provide the patient with a document or a medical card allowing access to the required care when several conditions have been met. It must be verified that the patient lives irregularly and is ‘destitute’ (below a certain economic threshold) in the municipality, and a medical certificate proving the urgent necessity of the care must be

<sup>5</sup> See: Act on emergency medical assistance of 8 July 1964.

<sup>6</sup> See: Royal Decree of 12 December 1996 on state medical assistance.

<sup>7</sup> See: Organic law organizing the Social Welfare Centres of 8 July 1976.

provided by a doctor.<sup>8</sup> This administrative procedure creates numerous practical barriers for undocumented migrants to receive the care they need. It is often difficult to prove habitual residence when a person is homeless. The standard practice to determine whether someone is destitute is a house visit by a social assistant, but if the person is staying with friends or family, the friends or family often refuse the visit, in fear of any potential negative consequences from their accommodation of an undocumented migrant.

Further, requiring medical certification of the urgency of the care before granting the patient the medical card to access the care both delays treatment and means that undocumented migrants are liable to pay the first consultation costs.

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## Examples of local responses – Overcoming administrative barriers

Each CPAS/ OCMW can determine its own procedures relating to AMU/DMH. This means that the procedures are complex, as each CPAS/OCMW has its own ‘urgent medical assistance certificate’ for doctors to complete and different criteria to decide whether or not someone is entitled to the care, is destitute, and has his or her habitual residence on its municipality’s territory.<sup>9</sup> The variation on local level exacerbates lack of awareness on the part of both health care providers and undocumented migrants about how the AMU/DMH system works and for how long health care services can be received.

At the same time, some municipalities have utilised their autonomy in this area to address the practical barriers erected by the national system and better facilitate health care for undocumented migrants.

- Rather than requiring certification every time a health service is needed, several CPAS/OCMW issue medical cards for longer periods, for a month or three months.
- An increasing number of CPAS/OCMW have also established agreements with doctors, primary care, sexual and reproductive health care, and mental health care centres, to limit refusals of care due to lack of awareness of the AMU/DMH system.
- Another good practice is to show flexibility concerning the required proof of identity (e.g. accepting documents without a photo).<sup>10</sup>
- Several initiatives address the issues around the first medical consultation (examples below).

<sup>8</sup> The CPAS/OCMW has to make a decision in thirty days as to whether to agree on paying medical assistance.

<sup>9</sup> For more information see: Doctors of the World International Network (2013) *Access to healthcare for vulnerable populations. Update of legislation in 10 European countries*, April 2013, p. 5, available at: <http://mdmneuroblog.files.wordpress.com/2014/01/legal-update-full-v06042013.pdf>.

<sup>10</sup> For more examples of practical barriers and ways to overcome them, see: Mémorandum « Aide Médicale Urgente (AMU) pour personnes en séjour illégal : Où le bât blesse-t-il? », Samenlevings opbouw Brussel, Médecins du Monde, Pigment vzw, Medimmigrant and JES Stadslabo, available at: [http://picum.org/picum.org/uploads/file/\\_memorandum\\_FR.pdf](http://picum.org/picum.org/uploads/file/_memorandum_FR.pdf).

### ▶ **Municipality of Molenbeek (Brussels)**

For a number of years, the CPAS/OCMW of Molenbeek, one of the 19 municipalities in the Brussels-Capital Region, has been arranging and paying for the first medical consultation, as soon as an undocumented migrant registers and requests medical assistance. The CPAS/OCMW settles the bill for the first consultation without requiring the administrative conditions to access AMU/DMH to be met. This considerably reduces administrative barriers and allows much quicker detection of serious illnesses.

It also set an example for other social welfare centres; a number of other CPAS/OCMW now also pay for the first medical consultation, for example, in the municipalities of Schaerbeek and St. Gilles, also in the region of Brussels-Capital.

### ▶ **City of Liege**

The CPAS/OCMW in Liège addresses the practical barriers and delays to undocumented migrants accessing the care they need by having a doctor on site who can deliver the medical certificate. This way the municipality both covers the costs of the first medical consultation and significantly speeds up diagnosis and treatment.

# GERMANY

## National context

### Division of Competences between the Central Government and Regional and Local Authorities

Responsibility for the health care system is shared between the federal government and Länder (states).

Central government: Germany has a national health insurance system legislated at national level.

Regional government: The ministries in each Land (state) are responsible for passing their own laws, supervising subordinate authorities, and financing investment in the hospital sector. The Länder are subdivided into administrative districts and local authorities (towns, municipalities, counties), all of which have numerous competencies in the health care system, from health promotion to hospital planning.

## National law on access to health care for undocumented migrants

According to the German Asylum Seekers Assistance Law<sup>11</sup>, undocumented migrants in Germany are – like asylum seekers - entitled to health care in case of acute illness and pain, and maternity care.

However, access to medical care for undocumented migrants is severely limited by the administrative procedures to access subsidised care and the German Residence Act, which requires all public bodies except educational institutions to notify the immigration or competent police authorities when they obtain information about someone without a valid residence permit.<sup>12</sup> This requirement does not apply to health care providers, including administrative staff within health care institutions, due to extended medical confidentiality.<sup>13</sup>

In cases of care provided by emergency hospital departments, the health care provider has to apply for reimbursement from the social welfare office (*Sozialämter*) after treatment. This extends medical confidentiality to the welfare office.<sup>14</sup>

However, any care that is not provided by emergency hospital departments, must be first approved by the social welfare office (*Sozialämter*). For treatment for acute illness and pain or maternity services from a doctor free of charge, the undocumented patient would have to obtain a health insurance certificate from

<sup>11</sup> See: Asylbewerberleistungsgesetz, § 1.5, § 4 and § 6.

<sup>12</sup> See: German Residence Act (Aufenthaltsgesetz), § 87.

<sup>13</sup> See: German Residence Act (Aufenthaltsgesetz), as amended by the General Administrative Provision of the Federal Department for the Interior, § 88.2 amending the German Residence Act, 2009 (Allgemeine Verwaltungsvorschrift des Bundesinnenministeriums zum Aufenthaltsgesetz).

<sup>14</sup> See also: Federal German Medical Association (2013) *Patientinnen und Patienten ohne legalen Aufenthaltsstatus in Krankenhaus und Praxis* (Patients without legal residence status in the hospital and the doctor's office), published jointly with Medibüro Berlin and Malteser Migranten Medizin, November 2013, available at: <http://www.bundesaeztekammer.de/page.asp?his=0.6.37.8822>.



the social welfare office. Hospitals are obliged to inform the welfare office of planned surgeries. In such cases, the welfare office has a duty to share undocumented patients' data with the relevant authorities, thus rendering undocumented migrants' entitlements to access non-emergency health care services meaningless.

These contradictory laws and regulations mean that undocumented migrants are only able to access emergency treatment free of charge and are at risk of denunciation and deportation when accessing all other health services, due to the social welfare offices' duty to report undocumented migrants in non-emergency care cases. Therefore, in practice, many health care providers treat undocumented migrants using their own resources, in order to provide undocumented migrants the services they are entitled to according to the German Asylum Seekers Assistance Law, and to uphold their professional ethical commitments.<sup>15</sup>

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## Examples of local responses - Cooperating with civil society to ensure access to health care for all

Recognising the need for undocumented migrants to access health services at the local level, several cities in Germany are taking measures to provide care, in cooperation with civil society, by setting up drop-in centres and providing specific services, such as vaccinations for children and care for pregnant women.

### ► **City of Frankfurt and Maisha e.V.**

The Department of Health of the City of Frankfurt (*Gesundheitsamt der Stadt Frankfurt*) agreed to work with the organisation Maisha,<sup>16</sup> an African women's NGO in the city, to provide medical consultations and treatment for undocumented migrants. The initiative is also supported by the Women's Department and the Department of Multicultural Affairs. The services are provided anonymously to address migrants' fears of being denounced or otherwise detected through accessing services. There are targeted services for undocumented women, including specific consultation times and information on sexual and reproductive health. The centre also provides social counselling, with the assistance of cultural mediators.

This initiative has become a benchmark of good practice in Germany, and several other major city administrations have implemented similar drop-in centres that have 'Humanitarian Consultation Hours' (*Humanitäre Sprechstunde*) providing medical consultations and basic treatment for undocumented migrants. The consultations are provided free of charge, and contributions towards medical treatment

<sup>15</sup> See: Statement of the Central Ethical Commission of the Federal German Medical Association (Zentrale Ethikkommission bei der Bundesärztekammer, ZEKO), May 2013, available at: <http://www.aerzteblatt.de/download/files/2013/04/down49039045.pdf>

<sup>16</sup> See: <http://www.maisha.org/>

costs are arranged according to the patient's means. The centres work in partnership with networks of specialist doctors, to refer patients with more serious health concerns.

### ▶ **City of Kiel and Medibüro Kiel**

The volunteer network Medibüro Kiel<sup>17</sup> offers a weekly consultation for undocumented migrants with health issues. They arrange appointments with doctors working free of charge and provide information about potential ways for regularisation of status where applicable. Support from the local and regional authorities has become a vital component of this service provision. At local level, the Health Authority of the City of Kiel, for instance, cooperates with Medibüro Kiel by providing childhood immunisations and medical care for pregnant women. At regional level, the federal government of the state of Schleswig-Holstein provided a budget of 200,000 euro in 2014, for the health care of undocumented migrants, though it has yet to be decided how that money can be used to those means. In the long term, they aim to introduce an anonymous health insurance certificate to ensure that undocumented migrants can see a doctor without fearing that their data is shared.

Medibüro Kiel works in a network of 32 Medibüros (Medical offices) and Medinetze (Medical networks)<sup>18</sup> which provide access to health care to undocumented migrants across Germany. Several of the offices, which are largely independent from each other in their operation at local and regional level, cooperate with their local and regional authorities to both meet the immediate medical needs of undocumented migrants, and work towards a more sustainable solution that integrates the provision of health care for undocumented migrants into the public health service.

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<sup>17</sup> See: <http://www.medibuero-kiel.de/>

<sup>18</sup> See: <http://medibueros.m-bient.com/>

# ITALY

## National context

### Division of Competences between the Central Government and Regional and Local Authorities

The Italian health care system has undergone a process of decentralisation since a constitutional amendment in 2001 conferred larger autonomy to the regions for organising health care services.

Central government: The national government is responsible for adopting general health care legislation, setting the general principles for the protection of health in the country.

Regional government: The regions have the power to issue concurrent legislation and regulations with autonomy.

## National law on access to health care for undocumented migrants

The national law that regulates migration in Italy guarantees health care to all migrants, irrespective of residence status.<sup>19</sup> By law, undocumented migrants are entitled to access urgent care (care that cannot be deferred without endangering the patient's life or damaging their health) and essential care, which can be both preventative and curative.<sup>20</sup> This care can be continuous; undocumented migrants in need of 'urgent' or 'essential' treatment will receive health care until the whole treatment and rehabilitation period has been completed. However, they are not entitled to register with a General Practitioner (GP), which is a major barrier to accessing primary and secondary care in practice, as secondary care provided in hospitals requires referral. All care for children is included, in line with the UN Convention on the Rights of the Child.

However, the situation varies greatly from region to region with some seeking to restrict access to health care through legal, administrative and practical barriers. In some regions, only care provided by an emergency department of a hospital is available.<sup>21</sup>

<sup>19</sup> National Immigration Law T.U. 286/98 (Legislative Decree No. 286/1998 *Testo unico delle disposizioni concernenti la disciplina dell'immigrazione e norme sulla condizione dello straniero* (25 July 1998)).

<sup>20</sup> The concept of 'essential medical care', as defined by law, is both diagnostic and therapeutic, related to pathologies which are not dangerous in the immediate or short-term, but which could subsequently lead to serious damages and risks for the patient's health (complicanze, cronicizzazioni, o aggravamenti). So, it includes all kinds of essential care provided by hospitals or clinics (including maternity care and the treatment of contagious diseases such as tuberculosis and chronic diseases such as HIV/AIDS) and medicine that may be defined as 'essential' (Section II B of the Circular of the Ministry of Health No. 5 of 24 March 2000); National Immigration Law T.U. 286/98 (Legislative Decree No. 286/1998 *Testo unico delle disposizioni concernenti la disciplina dell'immigrazione e norme sulla condizione dello straniero* (25 July 1998)).

<sup>21</sup> PICUM (2007) *Access to Health Care for Undocumented Migrants in Europe*, Brussels: PICUM.

Further, across the country, undocumented children's entitlements to all care have been limited in practice, as most regions, until recently (see below), did not provide access to a paediatrician, limiting their access to continuous and specialist care.<sup>22</sup>

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## Examples of regional responses - Striving for high common standards and surpassing them

Some regional governments in Italy have surpassed the standards that have been established at national level, by providing more health services for all residents, regardless of status. For a number of years, the Regions of Puglia, Tuscany, Umbria and the Autonomous Province of Trento have been providing the possibility for undocumented children to have access to a paediatrician. They have also been providing access to a general practitioner for undocumented adults. In some regions these extended rights for undocumented migrants have been established in regional laws.<sup>23</sup>

### ▶ Region of Puglia

Recognising that a number of workers in the agricultural sector in Puglia are undocumented, the regional government has enacted measures to ensure inclusive health care services, beyond the minimum offered at national level.

In 2009, the regional government of Puglia introduced a law that grants undocumented migrants full access to health care services, as well as the right to choose a GP and a paediatrician for their children.<sup>24</sup> In February 2010, the Italian government contested this provision as unconstitutional, claiming it was beyond the competencies of the Puglia region to determine access to health care linked for migrants. However, the Constitutional Court found the claim was inadmissible.<sup>25</sup> Despite such positive advances, some problems around implementation in practice remain.<sup>26</sup>

<sup>22</sup> PICUM (2012) 'Building Strategies to Protect Children in an Irregular Migration Situation. Country Brief: Italy', available at: [http://picum.org/picum.org/uploads/publication/Italy%20Workshop%20Brief%20EN\\_3.pdf](http://picum.org/picum.org/uploads/publication/Italy%20Workshop%20Brief%20EN_3.pdf).

<sup>23</sup> For more information, see: Caritas Diocesana di Roma (2010), *La tutela della salute degli immigratini nelle politiche locali*, by Salvatore Geraci, Manila Bonciani and Barbara Martinelli, updated July 2010, available at: <http://www.caritasroma.it/wp-content/uploads/2010/09/DIRITTO ALLA SALUTE.pdf>.

<sup>24</sup> Regional Law 32/2009.

<sup>25</sup> Decision No. 229/2010 22 October 2010.

<sup>26</sup> PICUM (2013) "Guaranteeing Access to Health Care for Undocumented Migrants in Europe: What Role Can Local and Regional Authorities Play?", Report of the PICUM and Eurocities joint roundtable at the Committee of the Regions on 12 December 2012, available at: [http://picum.org/picum.org/uploads/publication/CoR%20Report%20Access%20to%20Healthcare%20EN\\_FR\\_IT\\_ES%202013.pdf](http://picum.org/picum.org/uploads/publication/CoR%20Report%20Access%20to%20Healthcare%20EN_FR_IT_ES%202013.pdf); PICUM (2012) 'Building Strategies to Protect Children in an Irregular Migration Situation. Country Brief: Italy', available at: [http://picum.org/picum.org/uploads/publication/Italy%20Workshop%20Brief%20EN\\_3.pdf](http://picum.org/picum.org/uploads/publication/Italy%20Workshop%20Brief%20EN_3.pdf).

## ▶ Region of Tuscany

In 2009, the regional government of Tuscany passed a law emphasising the human rights of all, regardless of status, and granting undocumented migrants equal access to health care and other forms of social assistance, such as access to homeless shelters and meals at municipal cafeterias.<sup>27</sup> The constitutionality of this legislation has also been challenged by the Italian government, on the basis that it surpasses the rights and liberties stipulated in the Italian Constitution and is discriminatory to Italian citizens. In this case, the Italian Constitutional Court again declared the Italian government's claim inadmissible and unfounded.<sup>28</sup> Despite such positive advances, some problems around implementation in practice remain.<sup>29</sup>

## ▶ State-Regions Permanent Conference Agreement

There have recently been efforts to ensure that the legislation on access to health care for migrants is applied equally throughout the country. On 20 December 2012, the Italian State-Regions Permanent Conference adopted an agreement for the implementation of good standards in access to health care for foreign nationals.<sup>30</sup> According to the agreement, undocumented children will have full access to health care through the national health insurance system, rather than through the administrative system for undocumented migrants.<sup>31</sup> Therefore, they will be assigned a paediatrician until the age of six, can continue to see a paediatrician or register with a General Practitioner (GP) until age 14, and can register with a GP thereafter, as is the system for national children. It also reiterates that access to health care for undocumented migrants must not imply any duty to report residence status to public authorities.

The State-Regions Permanent Conference agreement has been formally adopted by nine out of the 20 Italian regions and by the Autonomous Province of Trento.<sup>32</sup> Another two regions – Emilia Romagna and Lombardy – have not formally adopted the agreement, but have agreed to provide undocumented children access to a paediatrician.<sup>33</sup>

<sup>27</sup> Regional Law 29/2009.

<sup>28</sup> Decision No. 269/2010 22 July 2010

<sup>29</sup> Nuti S, Maciocco G, Barsanti S. (2012) *Immigrazione e salute. Percorsi di integrazione sociale*, Il Mulino, Bologna 2012.

<sup>30</sup> Indicazioni per la corretta applicazione della normativa per l'assistenza sanitaria alla popolazione straniera da parte delle Regioni e Province autonome, available at: [http://www.statoregioni.it/Documenti/DOC\\_038879\\_255%20csr%20-%205%20quater.pdf](http://www.statoregioni.it/Documenti/DOC_038879_255%20csr%20-%205%20quater.pdf).

<sup>31</sup> Undocumented migrants must obtain an STP (*Stranieri Temporaneamente Presenti* – temporary residing foreigner) code to access health services. It identifies the patient to all health services, is anonymous and free. An STP code can be applied for at any time, without the person being unwell, is valid for six months and can be renewed. To obtain it, undocumented migrants must also apply for 'Indigence status' (stato di indigenza). Children are included on their parent's STP card.

<sup>32</sup> The following regions formally adopted the State-Regions Permanent Conference agreement: the region of Lazio (Decreto del Commissario ad acta n. U00077 of 8 March 2013); the region of Puglia (Deliberazione n. 987 of 21 May 2013); the region of Liguria (Deliberazione della Giunta Regionale n. 585 of 24 May 2013); the region of Campania (Delibera della Giunta Regionale n. 111 of 27 May 2013); the region of Calabria (Decreto del Presidente della Giunta Regionale n. 69 of 29 May 2013); the autonomous region of Friuli Venezia Giulia (Delibera n. 1147-2013 of 28 June 2013); the region of Basilicata (Deliberazione n. 529, 14 May 2013); the autonomous region of Sicily (Decree of 26 September 2013); the region of Abruzzo (Decreto n. 1 of 20 January 2014); and the autonomous province of Trento (Verbale di Deliberazione della Giunta Provinciale n. 576 of 28 March 2013). Links available at: <http://www.simmweb.it/index.php?id=397>

<sup>33</sup> Emilia Romagna: Circolare PG2014. 0017228 of 23 January 2014 and Lombardy: Circolare H12014. 002151 of 21 January 2014. See: information about the implementation of State-Regions Permanent Conference Agreement on the website of the Società Italiana Medicina delle Migrazioni (SIMM) at <http://www.simmweb.it/index.php?id=397>. Note that access to the national health insurance until age 14, and a paediatrician,

# SPAIN

## National context

### **Division of Competences between the Central Government and Regional and Local Authorities**

Central government: The central government is responsible for establishing basic conditions and general coordination of health matters.

Regional government: According to Spanish Constitutional Law, the autonomous regions (*Comunidades Autónomas*) have competence in matters of health, hygiene and social services. Therefore, the autonomous regions develop legislation in the area of health and hygiene and provide health care services, at least to the basic standards provided by national law.

The exclusion of undocumented migrants from the public health care system has caused discrepancies between the national government's policies and provision of health care in the autonomous regions across the country.

### **National law on access to health care for undocumented migrants**

Until 1 September 2012, the right to access free public health care in Spain was guaranteed to both Spanish citizens and those habitually residing in the country, irrespective of their residence status, in accordance with international human right standards.

However, a reform of the health care system<sup>34</sup>, approved on 20 April 2012 and in force since 1 September 2012, has significantly restructured the health care system by linking the right of access to health care services to the condition of being a Spanish citizen or of being registered with the Social Security department, a requirement which undocumented migrants are not able to meet due to their lack of a regular administrative status. The reform implies a significant breakdown of the universal health care model that had been implemented in Spain for over a decade, through the implementation of an insurance-based health care system. According to the reform, *'healthcare assistance in Spain, with charges*

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is currently implemented in practice in Puglia, Tuscany, Umbria, Lombardy, Emilia-Romagna, Sicily and the Autonomous Province of Trento. The other regions that have adopted the agreement have not yet allowed undocumented children to have access to a paediatrician for administrative reasons, since undocumented children rarely have the fiscal code required for obtaining the national health insurance.

<sup>34</sup> Royal Decree Act 16/2012 of 20 April 2012 on urgent measures to ensure the sustainability of the national healthcare system and improve the quality of its services.

to public funds, will be guaranteed to those who are duly insured',<sup>35</sup> whereas it was previously sufficient to be registered in the municipal register (*padrón*) to be able to access the health care system.<sup>36</sup>

The national law now only entitles undocumented migrants to receive free treatment in emergencies, and during pregnancy, delivery and postpartum. Undocumented children are still granted equal access to health care as national children. Difficulties in accessing these services in practice have been reported.<sup>37</sup>

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## Examples of regional responses - Maintaining and defending inclusive health services

Reactions to the 2012 reform of the health care system across the different autonomous regions have been very diverse.

Only one autonomous community, Castilla-La Mancha, is currently implementing the Royal Decree-Law in its entirety. Many have introduced complementary measures to widen access to public health care, creating special programs that provide access to additional health care services than those provided in the national law. In two autonomous communities, Andalusia and Asturias, equal access to services for undocumented migrants is provided. Some autonomous regions have also taken legal recourse to contest the constitutionality of the reform.

### ▶ Autonomous Community of Catalonia

A resolution adopted by the Parliament of Catalonia on 27 September 2012 explicitly recognised the need to guarantee equal access to public services for all persons registered in the region of Catalonia.<sup>38</sup> While services are not provided on an equal basis, the Government of Catalonia has adopted complementary regional provisions which allow undocumented migrants that have been registered within the municipal register for a period of at least three months to be provided with a special health card that grants access to primary health care services across the region (*Servicio Catalán de Salud - CatSalud*). Further specialist services are available after one year of residence through a separate procedure.<sup>39</sup> Despite these positive

<sup>35</sup> Article 1 of the Royal Decree modifies the content of Article 3 of the Law of Cohesion and Quality of the Health Care System 16/2003, which provided that "...all citizens and foreigners present in the country according to Article 12 of the Ley Orgánica 4/2000" (i.e. those who are duly registered as residents in the local municipality) have a right of access to health care. According to the new provision, "healthcare assistance in Spain, with charges to public funds, will be guaranteed to those who are duly insured". See also Royal Decree 1192/2012 which establishes who is considered as insured or a beneficiary of the National Health System, by law.

<sup>36</sup> In Spain, undocumented migrants can be registered in a municipal census (*padrón*), irrespective of their residence status.

<sup>37</sup> Médicos del Mundo España is monitoring cases of migrants being denied access to healthcare across the country as a consequence of the implementation of the Royal Decree 16/2012 on an ongoing basis. See: Médicos del Mundo España (2014) *Dos años de reforma sanitaria: más vidas humanas en riesgo*, April 2014, available at: <http://www.medicosdelmundo.org/derechoacurar/wp-content/uploads/2014/04/AF-IMPACTO-RDL-A4-baja-OK.pdf>.

<sup>38</sup> Resolution 742/IX of the Parliament of Catalonia on the government's general policy orientation.

<sup>39</sup> See: Instrucción 10/2012 of 1 September 2012, available at: [http://www.bcn.cat/novaciudadania/pdf/ca/salut/tramits/InformatiuSanitat\\_es.pdf](http://www.bcn.cat/novaciudadania/pdf/ca/salut/tramits/InformatiuSanitat_es.pdf). The length of the residence will be determined in accordance with the local municipal census (*padrón*), where undocumented migrants can duly

advances in policy, implementation remains a key challenges, as numerous administrative barriers remain for undocumented migrants to access free health care services in practice.<sup>40</sup>

### ▶ **Autonomous Community of Andalusia**

The regional government of Andalusia and the Secretary General of Public Health of the region have expressed their reluctance to exclude undocumented migrants from the health care system, as this would be in breach of basic human rights and public health principles and would imply a significant increase of costs for the overall health care system.<sup>41</sup>

Access to health care services is currently guaranteed equally to all in practice,<sup>42</sup> as the local health care services still provide everyone with a temporary social security number, irrespective of residence status. In August 2013, the regional government adopted a legislative text that guarantees, at regional level, access to free health care for all migrants, irrespective of their residence status.<sup>43</sup> Nevertheless, lack of information and awareness of undocumented migrants' entitlements to access health care, particularly among staff at regional health centres, continues to present barrier to access in practice.<sup>44</sup>

### ▶ **Legal challenges regarding constitutionality**

Constitutional claims have been filed by six autonomous regions challenging both the form and substance of the 2012 Royal Decree. The regional governments of Andalusia, Asturias, the Basque Country, the Canary Islands, Catalonia and Navarra claim that the provisions of the Royal Decree are in breach of regional competencies and of the fundamental rights established in the Spanish Constitution.<sup>45</sup> The claims have been found admissible, and will be treated by the Court collectively.

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register. For more information, see also: Médicos del Mundo, *Dos años de reforma sanitaria: más vidas humanas en riesgo*, p. 49, available at: <http://www.medicosdelmundo.org/derechoacurar/wp-content/uploads/2014/04/AF-IMPACTO-RDL-A4-baja-OK.pdf>.

<sup>40</sup> See: Médicos del Mundo España (2014) *Dos años de reforma sanitaria: más vidas humanas en riesgo*, April 2014, available at: <http://www.medicosdelmundo.org/derechoacurar/wp-content/uploads/2014/04/AF-IMPACTO-RDL-A4-baja-OK.pdf>.

<sup>41</sup> Josefa Ruiz Fernández, Secretary General of Public Health, Social inclusion and Quality of life of the autonomous region of Andalusia speaking at the PICUM and Eurocities joint roundtable "Guaranteeing Access to Health Care for Undocumented Migrants in Europe: What Role Can Local and Regional Authorities Play?" at the Committee of the Regions on 12 December 2012. Event report available at: [http://picum.org/picum.org/uploads/publication/CoR%20Report%20Access%20to%20Healthcare%20EN\\_FR\\_IT\\_ES%202013.pdf](http://picum.org/picum.org/uploads/publication/CoR%20Report%20Access%20to%20Healthcare%20EN_FR_IT_ES%202013.pdf).

<sup>42</sup> Note that Andalusia was the first autonomous region to start providing health care services to every person living in the Community, in 1999.

<sup>43</sup> See: Instrucciones sobre el reconocimiento del derecho a la asistencia sanitaria en centros del Sistema Sanitario Público de Andalucía a personas extranjeras en situación administrativa irregular y sin recursos, August 2013. For more information see: [http://www.juntadeandalucia.es/salud/sites/csalud/contenidos/Informacion\\_General/c\\_2\\_c\\_4\\_prestaciones\\_sanitarias/quien\\_tiene\\_derecho\\_y\\_como\\_se\\_accede](http://www.juntadeandalucia.es/salud/sites/csalud/contenidos/Informacion_General/c_2_c_4_prestaciones_sanitarias/quien_tiene_derecho_y_como_se_accede).

<sup>44</sup> See: Médicos del Mundo España (2014) *Dos años de reforma sanitaria: más vidas humanas en riesgo*, April 2014, available at: <http://www.medicosdelmundo.org/derechoacurar/wp-content/uploads/2014/04/AF-IMPACTO-RDL-A4-baja-OK.pdf>.

<sup>45</sup> See: Recurso de inconstitucionalidad n.º 4585-2012 (Andalusia); n.º 4530-2012 (Asturias); n.º 419-2013 (the Basque Country); n.º 433-2013 (the Canary Islands); n.º 414-2013 (Catalonia); n.º 4123-2012 (Navarra).



# SWEDEN

## National context

### Division of Competences between the Central Government and Regional and Local Authorities

Central government: In Sweden, the central government holds exclusive legislative powers.

Regional and local government: The regions, counties and municipalities cannot develop legislation. Nonetheless, they enjoy important taxing powers, and counties and regions are considered competent in the field of public health, including health care and medical services. Municipalities hold mandatory administrative powers in the area of health protection.

### National law on access to health care for undocumented migrants

While undocumented migrants' access to health care was not mentioned in Swedish law until 2008, step by step the legal regulations have improved. According to the Swedish law on Health and Medical Care for Asylum Seekers and Others of 2008<sup>46</sup> and the recent law on health and medical care for certain foreigners living in Sweden without necessary permits in 2013,<sup>47</sup> entitlements to access health care are directly linked to the patient's administrative status.

From 2008 to 2013, undocumented migrants over 18 years of age had the right (through the above-mentioned 2008 law) to receive emergency care only and were required to pay the full costs for receiving the care (after treatment). As an example, a pregnant undocumented woman would have been expected to pay a fee of around €5,000 in order to give birth in a public hospital. Access to health services was equally restricted for undocumented children, unless they were refused asylum seekers; this group of undocumented children have been entitled to access to same level of care as regularly residing (and national) children since 1 July 2000.<sup>48</sup>

The Swedish Government introduced significant reforms to the health care system, which entered into force on 1 July 2013. According to the new law, undocumented adults are entitled to access acute care and health care *'that cannot be postponed'*, including dental care, maternity care, contraceptive counselling, abortion, and related medicines, for a small charge (5 Euro). This is the same level of care provided to asylum seekers.

<sup>46</sup> Health and Medical Care for Asylum Seekers and Others Act (*Lag om hälso- och sjukvård åt asylsökande m. fl.* SFS 2008:344).

<sup>47</sup> Law on health and medical care for certain foreigners living in Sweden without necessary permits (*Lag om hälso- och sjukvård till vissa utlänningar som vistas i Sverige utan nödvändiga tillstånd 2013:407*) (<http://rkrattsdb.gov.se/SFSdoc/13/130407.pdf>).

<sup>48</sup> This decision was laid down in a financial agreement between the State and the county councils, and formally recognised by the law in 2008 (2008:344).

In addition, the new law stipulates that county councils may offer undocumented migrants wider health coverage, up to the level of citizens. The new law grants access to health care to all undocumented children (including those that have not claimed asylum) on the same level as regularly residing and national children.<sup>49</sup>

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## Examples of regional responses - Providing essential services and driving policy change

The exclusion of undocumented migrants from health services in Sweden has forced, and is still forcing, health care professionals and local authorities to deal with the ethical, humanitarian and medical necessity of providing health care to all those in need.<sup>50</sup>

The NGO Rosengrenska – a network of volunteer doctors, nurses and others – has been providing essential care to undocumented migrants, asylum seekers and refugees since 1998, through a telephone helpline and volunteer clinic in the City of Gothenburg. Since 2008 this clinic has operated in cooperation with the Swedish Red Cross. The Swedish Red Cross and Doctors of the World have also been providing health services for a number of years in Stockholm, and there are voluntary networks working in six cities in Sweden altogether.

As well as meeting the immediate health needs of undocumented migrants in Sweden, the goal of Rosengrenska is not to exist; the volunteer doctors have driven the advocacy on the national level for policy change. A report<sup>51</sup> published by Médecins Sans Frontières in 2005 was pivotal in bringing international attention to the exclusion of undocumented migrants from health care in Sweden. International attention was increased following the visit of the former UN Special Rapporteur on the right to health, Mr Paul Hunt, who asserted in his report to the UN Human Rights Council in February 2007 that the exclusion of vulnerable social groups, including undocumented migrants, in Swedish law is not consistent with human rights. The *Right to Health Care Initiative* was launched shortly afterwards and more than 65 organisations have joined the call for an inclusive health care system that would guarantee undocumented migrants access to health care on the same basis as Swedish nationals and residents.<sup>52</sup>

At the same time, several local and regional actors in the mainstream health service also adopted more favourable policies for granting health care for undocumented migrants.

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<sup>49</sup> The law specifies that 'counties should provide undocumented children with the same level of care as provided to residents in the county' (Article 6) as regularly residing migrants receive the same level of care as nationals.

<sup>50</sup> In September 2011, the Swedish Government released a report addressing this issue. For more information see: *Vård efter behov och på lika villkor – en mänsklig rättighet*, Statens Offentliga Utredningar, Stockholm 2011, available at: <http://www.regeringen.se/content/1/c6/16/98/15/1ce2f996.pdf>. A summary in English is available at pp. 31 to 47 of the report.

<sup>51</sup> Médecins Sans Frontières (2005) *Experiences of Gömda in Sweden: Exclusion from health care for immigrants living without legal status*, available at: <http://www.lakareutangranser.se/sites/www.lakareutangranser.se/files/attachments/reportgomdaswedenen.pdf>.

<sup>52</sup> The Right to Health Care Initiative adopted in 2010 a common standpoint on asylum seekers and undocumented migrants, available at: <http://www.vardforpapperslosa.se>.

### ▶ **Sahlgrenska Hospital, Gothenburg**

The largest hospital of Sweden, Sahlgrenska in the city of Gothenburg, already began providing services to the level of care ‘that cannot be postponed’ for undocumented migrants in 2006. It also adopted clear ethical and practical guidelines for health care professionals and established an ethics forum to promote the implementation of the guidelines within the hospital. These guidelines spread throughout the country and subsequently many regions adopted similar guidelines. However, there has not been any recent oversight of the implementation of the guidelines.

### ▶ **Skåne, Västra Götaland, Södermanlands and Västmanlands County Councils**

With the practice of Sahlgrenska Hospital demonstrating the possibilities for providing health care for undocumented migrants, several county councils decided to widen the health coverage for undocumented migrants in their regions, and began to provide different levels of health services. The first were Skåne in February 2008 and Västra Götaland in May 2008.

In 2012, two county councils - Södermanlands and Västmanlands - increased their health care provision to provide all undocumented migrants the same level of care as citizens.

The mobilisation of civil society, report of the UN Special Rapporteur on the Right to Health, and the positive practices at local level, brought attention to the challenges that arise from undocumented migrants’ exclusion from health care services in Sweden and urged the government to reconsider its position.<sup>53</sup> The government commissioned a public enquiry, which recommended, based on extensive research, that all residents are provided equal access to health care. This report, published in 2011, provided the basis for the health care reform in 2013.

As the reform did not fully follow the recommendations of the enquiry, only providing ‘care that cannot be postponed’ rather than equal access for adults, efforts continue to reform the law. For example, 22 organisations of health professionals published an “Opinion of the Health-Care Professions regarding the concept of ‘treatment that cannot be deferred’”, which challenges the concept as medically and ethically inappropriate, in November 2013. Subsequently, 23 health professional organisations issued a public statement to the same effect, in June 2014.<sup>54</sup> Problems with the implementation of the current law also remain in practice.<sup>55</sup>

<sup>53</sup> See: Ds 2012:36, Health Care for People who reside in Sweden without Permission (*Hälsa- och sjukvård till personer som vistas i Sverige utan tillstånd*).

<sup>54</sup> Opinion (in Swedish): <http://www.swenurse.se/Global/Aktuellt%20och%20press/VardprofKonsensus131120.pdf>; Statement (in Swedish) <http://www.vardforpapperslosa.se/files/vardforpapperslosa/UndertecknatAnsta140616.pdf>

<sup>55</sup> Médecins du Monde (2014) *Access to healthcare for the most vulnerable: In a Europe in social crisis. Focus on pregnant women and children*, May 2014, available at: <http://mdmeuroblog.files.wordpress.com/2014/08/mdm-access-to-healthcare-europe-2014-def.pdf>.

## CONCLUSIONS

- 1** Nearly all European Union member states restrict access to health care services to different degrees for undocumented migrants through regulations on migration and health at national level. Such policies are detrimental to individual, community and public health, the functioning of public health care systems and social cohesion, and contrary to medical ethics and legal human rights obligations.
- 2** Practically, on the local level, it is counterproductive for several reasons to exclude a certain group of the population from preventative and primary health services: due to the increasing burden on emergency health services at much greater costs to public health systems; as well as the undermining of progress towards general and local public health objectives, including reducing health inequalities, restricting the spread of infectious diseases, and reducing neonatal and infant morbidity and mortality rates. It also puts enormous strain on health professionals committed to provide care on the basis of need by their professional ethics, which can place additional strain on health systems.
- 3** On the other hand, providing non-discriminatory access to health services is beneficial for public health objectives, can reduce expenditure and administrative burdens, promote the welfare of health professionals and social cohesion, and improve fulfilment of legal human rights obligations and safeguarding duties for vulnerable and at risk populations.
- 4** While migration policies are usually the exclusive competence of national governments, regional and local authorities across Europe have varying competences in the field of health policy, as policy makers and service providers. Whatever the division of competences, local and regional authorities deal with the realities of undocumented migrants living in and contributing to their communities, as well as their health needs.
- 5** There are numerous examples from countries across Europe of local and regional authorities using their capacities as policy makers or service providers, often in cooperation with civil society organisations, to increase the level of services provided to undocumented migrants in their localities, and tackle practical barriers to improve access.
- 6** Examples provided in this brief illustrate ways in which local and regional authorities have developed more inclusive policies for the provision of health care services to undocumented migrants beyond the level provided at national level. Examples have also shown how local and regional authorities without legislative competence have chosen to implement health services in their region/ locality in a manner better suited to their residents, by funding NGO-led health centres or using other innovative means to circumvent inappropriate legislation on national level (e.g. providing anonymous services).

- 7 Such measures can also be a key component in the reform of legislation and policy on national level, not only countering political claims that the provision of services to undocumented migrants would not be possible, but also demonstrating the benefits of inclusion. The successes and challenges of such measures at local and regional level provide a strong basis for better regulation at national level to ensure the appropriate financial and administrative environment for local and regional authorities to provide services, and to increase consistency and efficiency in service provision on a national level.

## RECOMMENDATIONS

PICUM advises the adoption and implementation at local, national and European levels of the following key recommendations:

### For policy makers at national, regional and local levels

- 1 Reform legislation and policy that denies or limits access to health services on the basis of residence status.

Health care should be provided on the basis of need, regardless of residence status. Proactive regulations and policy measures are required to remove administrative barriers to accessing services, including discriminatory refusal of treatment and requirements for documents that irregular residents are unable to provide.

- 2 Clearly detach service provision from immigration control.

In line with the guidelines issued by the European Union Fundamental Rights Agency (FRA) in *Apprehension of migrants in an irregular situation – fundamental rights considerations*<sup>56</sup>, policy makers should establish a firewall between health care services and immigration control policies and should not impose a duty upon health care providers (including related administration) to denounce undocumented migrants. The applicability of medical confidentiality, including the prohibition of sharing personal data for the purposes of migration control, should be clearly established in law, policy and practice so it is not undermined by direct or indirect reporting mechanisms.

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<sup>56</sup> Fundamental Rights Agency (2012) *Apprehension of migrants in an irregular situation – fundamental rights considerations*, available at: [http://fra.europa.eu/sites/default/files/document-on-apprehensions\\_1.pdf](http://fra.europa.eu/sites/default/files/document-on-apprehensions_1.pdf).

## For service providers at regional and local levels

- 3 Implement proactive measures, in partnership with civil society, to improve access to health services for undocumented migrants in the region or locality.

Local and regional authorities should consult civil society, develop and implement locally relevant measures to improve access to health care for all residents in their communities, including through the evaluation and adaptation of the numerous good practices from regional and local authorities across Europe, in the provision of clinical services, medicines, information and training, including those included in this brief. To promote consistency between local, regional and national levels to a high common standard, local and regional authorities are encouraged to work collaboratively with other local and regional authorities, and advocate for appropriate reforms in the legal and financial framework at national level for inclusive provision of services at local level.

## To the European Union

- 4 Promote an evidence-based policy dialogue and exchange of good practices, and ensure coherence with health objectives in all EU policies relevant for undocumented migrants.

Inclusive and efficient health care provision for undocumented migrants in all EU member states across the European Union is necessary to achieve public health objectives, and can be better achieved through cooperation at European level.

- The European Council has recognized the need for universal access to services on a number of occasions.<sup>57</sup> The European Council should provide a forum for the exchange of promising practices and evidence-based policy dialogue on the impacts and modalities of developing universal health coverage, in particular measures to appropriately ensure the inclusion of undocumented migrants and other uninsured groups.
- The European Commission should ensure undocumented migrants are explicitly addressed in the work of DG SANCO, and systematically assess and address the impacts of policies across relevant sectors on the health of migrants, explicitly including undocumented migrants.<sup>58</sup>

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<sup>57</sup> Informal meeting of the EPSCO Council, Athens, 28-29 April 2014 (see the Greek Presidency of the Council of the European Union's press release 30 April 2014: <http://gr2014.eu/news/press-releases/economic-crisis-migration-and-e-health-discussed-informal-meeting-eu-health>); The Vilnius Declaration: Call for Action. Sustainable Health Systems for Inclusive Growth, Lithuanian Presidency of the Council of the European Union, 20 November 2013; European Council Conclusions, on Equity and Health in All Policies: Solidarity in Health of 8 June 2010, European Council Conclusions on Common values and principles in European Union Health Systems of 22 June 2006.

<sup>58</sup> The Treaty on the Functioning of the European Union stipulates that "A high level of human health protection shall be ensured in the definition and implementation of all Union policies and activities" (Article 168). This means that impacts on health must be considered and addressed in the development and implementation of EU policies in other areas.

- The European Parliament should build on adopted resolutions,<sup>59</sup> to further promote access to health care for undocumented migrants by mainstreaming migrants' health concerns through the Parliament's legislative and non-legislative actions. The European Parliament can also make an important contribution to evidence-based policy dialogue by developing the evidence base on the impacts of including and excluding undocumented migrants and other vulnerable groups from health coverage, as well as promising practices.

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<sup>59</sup> European Parliament resolution on undocumented women migrants in the European Union of 4 February 2014; European Parliament resolution 'Impact of the crisis on access to care for vulnerable groups' of 4 July 2013; European Parliament Resolution on "Reducing health inequalities in the EU" of 8 March 2011.


**The Platform for International Cooperation on Undocumented Migrants (PICUM)** was founded in 2001 as an initiative of grassroots organisations. Now representing a network of more than 160 organisations and 180 individual advocates working with undocumented migrants in more than 33 countries, primarily in Europe as well as in other world regions, PICUM has built a comprehensive evidence base regarding the gap between international human rights law and the policies and practices existing at national level.


With over ten years of evidence, experience and expertise on undocumented migrants, PICUM promotes recognition of their fundamental rights, providing an essential link between local realities and the debates at policy level.

If you would like to discuss the provision of health care to undocumented migrants, the recommendations or examples provided in this brief, please do not hesitate to contact us.

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