

AVERROES Network

The Averroes network gathers Medecins du Monde (MDM) associations in ten European Union countries (Belgium, France, Germany, Greece, Italy, Netherlands, Portugal, Spain, Sweden, United Kingdom) and the Skop platform from Malta.

EU action to reduce health inequalities - Questions for consultations

Undocumented migrants and asylum seekers are among the most vulnerable groups and are therefore target populations for MDM and the Averroes project, co-financed by DG SANCO.

Averroes network's main goal is to contribute to improving the health of undocumented migrants and asylum seekers through reducing inequalities in the accessibility of health care.

In the framework of studying the disparity in health between some ethnic and migrant groups and the general population, the Averroes network felt inspired to contribute to the consultation on 'EU action to reduce health inequalities' reading the 'Council Conclusions on Common values and principles in European Union health systems.'*¹ *In this document, the Council of the European Union "invites the European Commission to ensure that common values and principles contained in the Statement are respected when drafting specific proposals concerning health services."

These overarching values include: universality, access to high-quality care, equity and solidarity. As the 'Statement on common values and principles' put it: These values "have been widely accepted in the work of the different EU institutions. Together they constitute a set of values that are shared across Europe. Universality means that no-one is barred access to health care; solidarity is closely linked to the financial arrangement of our national health systems and the need to ensure accessibility to all; equity relates to equal access according to need, regardless of ethnicity, gender, age, social status or ability to pay."

In order to be consistent with the very basic principle of universality, the administrative status of migrants – whether undocumented or not - should not determine the level of access to health care. This is currently not the case in the legislative frameworks of most European countries. The European legislation on asylum and immigration also does not provide for equality with nationals and authorised residents in terms of access to health care.

In order to document the different levels of access to health care in Europe, the Averroes network will issue an expert report comparing the legislation and practices in 12 countries in June 2009, and a second report in March 2010 will cover 19 countries. These reports will explain the differences in entitlement between undocumented migrants

¹ OJEU, 22 June 2006, C 146/1

and asylum seekers, and nationals, as well as the differences between adults and children throughout each country.

The matter of asylum seekers should also be considered in the framework of this consultation, as national legislations often provide less entitlement to health care for asylum seekers.

On general data:

1. What do you think will be the trends regarding health inequalities (e.g. between socio-economic groups)? Are they increasing or decreasing?

There is a growing tendency in Europe to restrict access to health care for undocumented migrants in order to reinforce the link between access to health services and immigration control policies. However, this link does not seem to be successful. Denying undocumented migrants access to health care is supposed to incite them to leave the country, but it does not.

Such policies not only undermine fundamental human rights, but they also overburden migrant communities who may already be marginalized and living in precarious situations.² This predicament is illustrated by some of the main findings of the MDM 'European observatory on access to health care' June 2007 report.

The economic crisis is likely to increase health care inequalities suffered by migrants. In many EU countries, entitlement to health care is linked to one's residence status, which in turn is determined by one's work situation.

2. What kind of indicators do you think would be necessary to better monitor the extent of health inequalities in the EU?

A very clear indicator is legal entitlement to health care. Averroes network's legal reports will help to shed some light on this issue.

Beyond that, regarding further indicators that would be necessary to better monitor the extent of health inequalities in the EU, we would like to refer to MDM's European Observatory on Access to Health Care, June 2007 report.³

Many EU Member States health systems have great difficulties to monitor health inequalities of undocumented migrants, as these persons often are not, or believe they are not, legally entitled to access to health care or will not dare to seek health care out of fear of being reported to the authorities. Other obstacles also prevent undocumented migrants from seeking the health care they need, such as lack of information (among undocumented migrants, health professionals and

² See Picum, [Access to health care for undocumented migrants in Europe](#), p.7.

³ <http://www.mdm-international.org/IMG/pdf/rapportobservatoireenglish.pdf>; questionnaire pages 68 to 70.

administrative staff), administrative barriers, improper implementation or incorrect interpretation of legal entitlement, etc.

3. If you think monitoring and reporting need improvement in this area, what kind of monitoring tools should be used?

*The first step to be taken in order to make monitoring and reporting by EU Member States' health systems possible is to legally entitle undocumented migrants and asylum seekers to receive health care under the same conditions as nationals. **Until then, monitoring and reporting health inequalities suffered by undocumented migrants will be quite difficult and biased, as only a small fraction of undocumented patients will reach EU health systems.***

Member States should also put a clear ban (and the EU should encourage Member States to put a ban) on health professionals and associated staff reporting to the authorities whenever they encounter somebody whom they know or suspect holds no residence permit. Member States should also communicate (and the EU should encourage them to communicate) clearly regarding this ban, especially in countries in which there was previously no ban to report.

On scope of level of EU action / subsidiarity:

1. Do you think action at EU level could make a difference in addressing health inequalities? Why?

Action at EU level not only could make a difference, but it is also very much needed.

Each Member State on their own seems to be trying to keep undocumented migrants' level of access to health care, both from a legal point of view and in practice, as low as that of other Member States. This attitude constitutes a serious violation of the fundamental right to health and has serious consequences on public health, as well as on health inequalities. Additionally, over the past several years, legal entitlement to health care has been reduced in many countries.

Giving access to health care to undocumented migrants, and to a lesser extent to asylum seekers, is seen by Member States as a pull factor and denying access to health care as a push factor⁴. Some studies have shown that these perceptions are simply not true⁵. It is important to stress that these perceptions are not only in relation to the undocumented migrants' countries of origin, but also between Member States.

⁴ This is not only true of access to health care, but also of other basic social rights.

⁵ See for instance 'Rapport Landelijke Commissie Medische Aspecten van het Vreemdelingenbeleid', March 2004, [Ministerie van Volksgezondheid, Welzijn en Sport](#)).

2. How should relevant stakeholders be supported and engaged at EU level in tackling health inequalities?

- *Relevant stakeholders, especially policy makers, should have a clear view of the consequences of denying undocumented migrants access to health care from a public health perspective. **The absence of or insufficient access to health care and more specifically prevention care (especially vaccination) for a particular group of persons within a society can pose a serious threat to public health. No public health policy can be efficient if it disregards some of the most vulnerable groups.** Early diagnosis and early treatment, with regard to contagious diseases, can reduce the risk of transmission and aggravation.*

- *Relevant stakeholders, especially policy makers, should have a clear understanding of the consequences of denying undocumented migrants access to prevention care and primary and secondary health care in financial terms. **Access to primary health care and prevention programmes assists in the reduction of morbidity and is a factor of considerable cost reduction and rationalisation in terms of public health policies.** Furthermore, (undocumented) migrants do not make an abusive use of health systems; in fact, they seek health care significantly less than nationals.*

*Relevant stakeholders should have a clear view and good understanding of what the right to health entails⁵ and of the overarching values of EU Member States' health systems. **EU Member States are under the obligation to respect the right to health by, inter alia, refraining from denying or limiting equal access for all persons, including prisoners or detainees, minorities, asylum seekers and illegal immigrants, to preventive, curative and palliative health services.**⁶*

3. Should there be a common commitment at the EU level to reduce health inequalities, for example by committing to common milestones and reduction targets? If yes, what do you think these milestones or targets should be? (What variables? What extent?) ?

Yes. These milestones should be:

⁶ *On the right to health, see United Nations Committee on Economic, Social and Cultural Rights' General comment (14) on article 12 of the International Covenant on Economic, Social and Cultural Rights: "[...] 18. The Covenant proscribes any discrimination in access to health care and underlying determinants of health, as well as to means and entitlements for their procurement, on the grounds of race, colour, sex, language, religion, political or other opinion, national or social origin, property, birth, physical or mental disability, health status (including HIV/AIDS), sexual orientation and civil, political, social or other status, which has the intention or effect of nullifying or impairing the equal enjoyment or exercise of the right to health.*

*[...]34. States are under the obligation to respect the right to health by, inter alia, refraining from denying or limiting equal access for all persons, including prisoners or detainees, minorities, **asylum seekers and illegal immigrants, to preventive, curative and palliative health services(...).**"*

- *The directive laying down minimum standards for the reception of asylum seekers, currently being revised, provides that “[asylum seekers] receive health care under the same conditions as nationals;”*
 - *The overarching values of EU health systems’ (e.g. universality and equity) are respected: there are no more links between the level of access to health care and the administrative status of migrants;*
 - *There is a ban on health professionals to report (suspected) undocumented migrants to authorities.*
4. What would be the right tools to ensure that common goals are achieved on national and EU level (reporting, benchmarking, OMC, etc)?
- *Reporting on the national legal frameworks seems to be the most logical tool.*
 - *Reporting on the content and implementation, at national level, of EU immigration and asylum legal provisions regarding access to health care.*

Possible actions and impacts:

1. Given the current economic situation can you think of any immediate action that the EU or Member States could take to avoid an increase of health inequalities in the short term?

Member States should put a clear ban (and the EU should encourage Member States to put a ban) on health professionals and associated staff reporting to the authorities whenever they encounter somebody whom they know or suspect has no residence permit; and to (encourage them to) communicate clearly regarding this ban, especially in countries in which there was previously no ban to report.

Member States should modify their legislation where needed, in order to allow undocumented migrants and asylum seekers to have access to health care under the same conditions as nationals.

2. What, in your opinion, are other areas that EU and Member States should be encouraged to focus on to achieve a reduction of health inequalities?

Another area in which EU and Member States should be encouraged to focus on is the reception conditions of asylum seekers. According to current EU minimum standards, asylum seekers are only entitled to access to ‘emergency care and essential treatment of illness.’ The minimum standards for the reception of asylum seekers, including their access to health care, are currently being revised by the Parliament and the Council, following Commission proposal 2008(815). MDM has suggested that “Member States shall ensure that applicants receive health care, including mental health care, under the same conditions as nationals”. This suggestion has been tabled as an amendment by numerous MEPs from various political parties, including the rapporteur for this proposal.

3. What could be possible actions in other EU policy areas on health inequalities and what could be their impact?

Increased visibility and attention should be given to the social exclusion and particular vulnerability of undocumented migrants. As the Commission states in its 2003 Communication on immigration, integration and employment, “While policies to combat illegal immigration must remain vigorous, integration policies cannot be fully successful unless the issues arising from the presence of this group of people are adequately and reasonably addressed. [...]It should be remembered that illegal immigrants are protected by universal human rights standards and should enjoy some basic rights.”

4. To what extent do you think is the improvement of research capacities advantages for fighting health inequalities? Can you name any concrete examples?

Public health consequences of denying undocumented migrants and asylum seekers equal access to preventive, curative and palliative health services might not be sufficiently documented to convince policy makers to give them access under the same conditions as nationals.

This might also be true of the financial consequences of denying undocumented migrants and asylum seekers equal access to preventive, curative and palliative health services. It is not completely clear to what extent giving undocumented migrants full access to health care and prevention care from the start is more cost-effective than letting them depend on emergency services.

Finally, access to health care as a pull factor, and denying access to health care as a push factor, might also not be documented thoroughly enough to convince policy makers that this is essentially a myth.⁷

Summary

- ***The lack or insufficient access to health care and more specifically prevention care, especially vaccination, for a particular group of persons within a society can pose a risk to public health. No public health policy can be efficient if it denies health care access to some of the most vulnerable groups.***
- ***Access to primary health care and preventive health services aids in reducing morbidity and is a factor of considerable cost reduction and rationalisation in terms of public health policies.***
- ***EU Member States are under the obligation to respect the right to health by, inter alia, refraining from denying or limiting equal access for all persons,***

⁷ However, some extensive reports have been published on this issue (e.g. ‘Rapport Landelijke Commissie Medische Aspecten van het Vreemdelingenbeleid’, March 2004, [Ministerie van Volksgezondheid, Welzijn en Sport](#)).

including asylum seekers and illegal immigrants, to preventive, curative and palliative health services.

- *For the above reasons, Member States should legally entitle undocumented migrants and asylum seekers to receive health care under the same conditions as nationals.*
- *Until then, monitoring, reporting and fighting health inequalities suffered by undocumented migrants and asylum seekers will be quite difficult and biased as only a small fraction of those persons will reach EU Member States' health systems.*

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