



Health for Undocumented Migrants  
and Asylum seekers

# **ACCESS TO HEALTH CARE FOR UNDOCUMENTED MIGRANTS AND ASYLUM SEEKERS**

LAW AND PRACTICE

**UNITED KINGDOM**

# UNITED KINGDOM

## HEALTH SYSTEM

Although funded centrally from national taxation, National Health Service (NHS) services in England, Northern Ireland, Scotland and Wales are managed separately. While some differences have emerged between these systems in recent years, they remain similar in most respects and continue to be referred to as belonging to a single, unified system<sup>1</sup>.

## LEGAL ENTITLEMENTS TO ACCESS HEALTH CARE

The National Health Service provides care which is free at the point of use, for anyone who is resident in the UK.

All residents in the UK, irrespective of their legal status, have free access to the following NHS services: i) services provided in an “accident and emergency department” (until the patient is admitted as an in-patient or an out-patient clinic, thus emergency treatment given elsewhere in the hospital) or walk-in centres in situation of emergency; ii) family planning; iii) services provided in the community where staff are not employed by a Trust (e.g. practice nurses); iv) treatment of certain communicable diseases, like tuberculosis (excluding HIV/AIDS where it is only the first diagnosis and connected counselling sessions that are free of charge); v) treatment given in or referred by sexually transmitted diseases clinics; and vi) compulsory psychiatric treatment.

To access NHS services (except for accident and emergency services), all residents must register with a General Practitioner (GP) within their residence area. GP’s provide primary care and are the gatekeepers to accessing secondary care.

Primary and secondary care is free of charge for nationals and **authorised residents (those who are “ordinarily resident”<sup>2</sup>)**. However, not all NHS services are free of charge. At the primary care level, there are statutory NHS charges for prescriptions, dental treatment, sight tests, optical vouchers, travel costs to NHS services, and wigs and fabrics support, unless the person qualifies for partial or full exemption according to age, income and health conditions criteria<sup>3</sup>.

1. Information provided in this country profile mainly refers to England.

2. The meaning of “ordinarily residence” has been determined by case law rather than legislation. Since April 2004, the definition of “ordinary residency” had been reduced to legal residency, mainly refugees, asylum seekers and “persons who have resided lawfully in the United Kingdom for the period of not less than one year immediately preceding the time when the services are provided unless this period of residence followed the grant of leave to enter the United Kingdom for the purpose of undergoing private medical treatment or the determination under the regulation 6A”. See Regulation 4 of the National Health Service (Charges to Overseas Visitors) Regulations 1989, as amended by Regulations 1991/438, 1994/1535, 2000/608, 2000/909, 2004/614 and 2006/3306 (hereinafter “the Regulations”).

3 See Department of Health, HC11 “Help with health costs”.

Treatment which is not deemed to be “immediately necessary” or “urgent” (“not immediately necessary but cannot wait until the patient returns to his/her country of origin”) can be denied until a deposit or payment for the treatment has been provided<sup>4</sup>.

**Asylum seekers, considered “ordinarily resident”**, are however entitled to access free health care on equal grounds as nationals. They have also the possibility to be exempted from payment of NHS charges under the same conditions as nationals<sup>5</sup>.

**Undocumented migrants** have access free of charge only to; i) primary care (if they manage to be included in the NHS patient list by a GP); ii) “immediately necessary treatment” given in an accident and emergency department or walk-in centre; iii) family planning; iv) treatment of certain communicable diseases (except HIV); and v) mental health for severe cases.

Before April 2004, anyone who has been living in the UK for one year even unlawfully was entitled to free NHS hospital treatment. Since April 2004, undocumented migrants are required to pay the full cost of any other hospital treatment or diagnosis including secondary care in out-patient department, in-patient care, ante and postnatal care, medicines and ARV treatment. The speed of access to the care excluding antenatal care is dependent on the clinician’s assessment on whether the treatment is “immediately necessary” or “urgent”. If the treatment is considered “non urgent” (“routine elective treatment that can wait until the patient returns home within a medically acceptable time), they will be refused access to treatment and investigation until they pay the full cost in advance<sup>6</sup>.

Antenatal care is excluded from the clinician’s assessment because it is always recognised as ‘immediately necessary’ and will always be accessible. However, access to the services will be chargeable.

In April 2008, a High Court declared that refused asylum seekers have to be considered as “ordinarily resident” and thus entitled to secondary care<sup>7</sup>. However, this court ruling was appealed by the Department of Health and the Court of Appeal agreed that the latter was right and thus decided not to consider them as “ordinarily resident”<sup>8</sup>.

The Department of Health will soon issue guidelines governing access to secondary care for those not considered ordinarily resident.

In April 2004, the government also proposed an amendment to the health regulations which would restrict access to primary care for undocumented migrants. In the same year, the government initiated a broad public consultation on the amendment. While this proposal seems to have been abandoned by the government, a similar proposal may be introduced in the coming months, alongside another public consultation.

4. See Regulations 1-4 (“the Regulations”) and Chapter 3 of the Guidance to the NHS Trust Hospitals in England given by the Secretary of State for Health on Implementing the Overseas Visitors Hospital Charging Regulations of 21 April 2004 as updated in 2007 (hereinafter “the Guidance”).

5. See Regulation 4 (“the Regulations”); see also “the Guidance”. Although the recent judgement of the Supreme Court has not questioned the actual entitlements of asylum seekers to access health care, it has however stated that “The words are to be given their ordinary meaning. Asylum seekers are clearly resident” but “while they are here under sufferance pending investigation of their claim they are not, in my judgment, ordinarily resident here. Residence by grace and favour is not ordinary” (see point 61 of the judgment of the Supreme Court of Judicature - Court of Appeal (Civil Division) of 30 March 2009 [2009] EWCA Civ 225).

6. See Regulations 1-4 (“the Regulations”), Chapter 3 of “the Guidance” and points 63-78 of the judgment of 30 March 2009.

7. See ruling R(A) – v – *Secretary of State for Health (defendant) and West Middlesex University Hospital NHS Trust (interested party)*.

8. See judgement of the Court of Appeal (Civil Division) of 30 March 2009 [2009] EWCA Civ 225.

# ADULTS CARE

## EMERGENCY CARE

### NATIONALS/AUTHORISED RESIDENTS

**Entitlements:**

Access free of charge.

**Conditions:**

- ▶ Only in accident and emergency departments of hospitals or walk-in centre providing similar services to those of an accident and emergency department of a hospital (it is the location and not the type of treatment that is relevant to be free of charge or not).

### ASYLUM SEEKERS

**Entitlements:**

Same as nationals.

**Conditions:**

Same as nationals.

### UNDOCUMENTED MIGRANTS

**Entitlements:**

Same as nationals.

**Conditions:**

Same as nationals.

## PRIMARY AND SECONDARY (OUTPATIENT) HEALTH CARE

### NATIONALS/AUTHORISED RESIDENTS

**Entitlements:**

Access free of charge.

**Conditions:**

- ▶ To be included in a NHS patient list by a general practitioner<sup>9</sup> (in practice they are requested to provide name, address, date of birth, and telephone number). If the general practitioner does not do it, the local Primary Care Trust will assign the patient to a practice; and
- ▶ Previous authorisation by the general practitioner to access secondary care.

9. About the discretion of general practitioners to register patients in their catchment area as long as they do not discriminate, see Schedule 6 § 17 of the NHS (GMS Contracts) Regulations 2004.

## ASYLUM SEEKERS

### Entitlements:

Same as nationals.

### Conditions:

Same as nationals.

## UNDOCUMENTED MIGRANTS

### Entitlements:

Access free of charge ONLY for primary care.

No access free of charge for secondary care (payment of full cost).

### Conditions:

Same as nationals (it is on discretion of GPs to be included or not on the list).

## HOSPITALISATION (INPATIENT CARE)

## NATIONALS/AUTHORISED RESIDENTS

### Entitlements:

Access free of charge.

### Conditions:

- ▶ To be included in a NHS patient list by a general practitioner; and
- ▶ Previous authorisation by the general practitioner or through the recommendation of a doctor in emergency care.

## ASYLUM SEEKERS

### Entitlements:

Same as nationals.

### Conditions:

Same as nationals.

## UNDOCUMENTED MIGRANTS

### Entitlements

NO access free of charge (payment of full cost).

## ANTE AND POST NATAL CARE

### NATIONALS/AUTHORISED RESIDENTS

**Entitlements:**

Access free of charge (hospital antenatal clinics and/or midwives in the community).

**Conditions:**

No particular conditions required.

### ASYLUM SEEKERS

**Entitlements:**

Same as nationals.

**Conditions:**

Same as nationals.

### UNDOCUMENTED MIGRANTS

**Entitlements:**

No access free of charge in hospitals (but care is provided free of charge by midwives in the community).

**Conditions:**

- Care provided by hospital antenatal clinics:
  - ▶ Payment of full cost.
- Care provided by midwives in the community:
  - ▶ To be included in a NHS patient list by a general practitioner.

10. Patients who have to pay for more than 5 prescription items in four months or 14 items in twelve months can reduce their cost by buying a pre-payment certificate (PPC).

11. People who: are aged 60 or over; are under 16 (or 18 if they are in full-time education); are pregnant women or women who had a baby in the previous 12 months and have a valid exemption certificate; have a listed medical condition and a valid exemption certificate; have continuing physical disability that prevent them from going out on their own; are an NHS in-patient; are getting certain income support; are entitled to NHS tax credit exemption; have a valid HC2 certificate; or are a war pensioner. See HC11 "Help with health costs".

# ADULTS TREATMENT

## MEDICINES

### NATIONALS/AUTHORISED RESIDENTS

**Entitlements:**

Access co-paid (payment a statutory charge).

**Conditions:**

- ▶ Pay the prescription (a flat-rate fee of 7.30 €)<sup>10</sup> unless exempted<sup>11</sup>. No payment requested for medicines given in hospitals and walk-in centres, contraception treatments and treatment of certain communicable diseases (except HIV).

## ASYLUM SEEKERS

### Entitlements:

Same as nationals.

### Conditions:

Same as nationals.

## UNDOCUMENTED MIGRANTS

### Entitlements:

Same as nationals.

### Conditions:

Same as nationals (however they are unlikely to get prescriptions of specialised drugs due to entitlements).

## HIV SCREENING

### NATIONALS/AUTHORISED RESIDENTS

#### Entitlements:

Screening anonymous and free of charge in designated clinics.

#### Conditions:

No particular conditions required.

### ASYLUM SEEKERS

#### Entitlements:

Same as nationals.

#### Conditions:

Same as nationals.

### UNDOCUMENTED MIGRANTS

#### Entitlements:

Same as nationals.

#### Conditions:

Same as nationals.

## HIV TREATMENT

### NATIONALS/AUTHORISED RESIDENTS

#### Entitlements:

Access free of charge.

**Conditions:**

- ▶ To be included in a NHS patient list by a general practitioner; and
- ▶ Previous authorisation by the general practitioner or through the recommendation of a doctor in emergency care. Treatment is monitored by the general practitioner and a HIV specialist.

**ASYLUM SEEKERS****Entitlements:**

Same as nationals.

**Conditions:**

Same as nationals.

**UNDOCUMENTED MIGRANTS****Entitlements:**

No access free of charge (payment of full cost).

**TREATMENT OF OTHER INFECTIOUS DISEASES****NATIONALS/AUTHORISED RESIDENTS****Entitlements:**

Access free of charge for 35 diseases<sup>12</sup>.

**Conditions:**

- ▶ To be included in a NHS patient list by a general practitioner; and
- ▶ Previous authorisation by the general practitioner or through the recommendation of a doctor in emergency care.

However, some treatment is available through designated sexual health clinics.

**ASYLUM SEEKERS****Entitlements:**

Same as nationals.

**Conditions:**

Same as nationals.

**UNDOCUMENTED MIGRANTS****Entitlements:**

Same as nationals.

**Conditions:**

Same as nationals.

12. For the list of diseases, see [www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH\\_4080313](http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_4080313).

# CHILDREN

## NATIONALS/AUTHORISED RESIDENTS

### Entitlements:

Access free of charge to all types of health care. Children under age 16 (or under 18, if they are in full-time education), are exempted from paying medicine prescriptions, dental treatment, optical vouchers, NHS travel costs, and wigs and fabric supports.

Vaccination: No vaccination is compulsory. Some are recommended<sup>13</sup>.

### Conditions:

- ▶ To be included in a NHS patient list by a general practitioner and usually have parents also registered on the same list.

## ASYLUM SEEKERS' CHILDREN

### Entitlements:

Same as nationals.

### Conditions:

Same as nationals.

## UNACCOMPANIED ASYLUM SEEKING CHILDREN

### Entitlements:

Same as nationals.

### Conditions:

- ▶ To be included in a NHS patient list by a general practitioner.

## UNACCOMPANIED (MIGRANT) CHILDREN

### Entitlements:

Same as nationals until the age of 18 since they are granted either asylum or a discretionary leave.

### Conditions:

Same as nationals (they always apply for asylum).

## CHILDREN OF UNDOCUMENTED MIGRANTS

### Entitlements:

Access free of charge ONLY to primary care (if they manage to be included in the NHS patient list by a general practitioner), emergency or immediately necessary medical treatment given in an accident and emergency department or walk-in centre, treatment of certain communicable diseases (except HIV) and mental health for severe cases.

No access free of charge for a any other hospital treatment or diagnosis including secondary care in out-patient department, in-patient care, ante and postnatal care, medicines and ARV treatment (payment of full cost).

13. For the list of recommended vaccinations, see [www.netdoctor.co.uk/health\\_advice/facts/childhoodvaccinations.htm](http://www.netdoctor.co.uk/health_advice/facts/childhoodvaccinations.htm).

**Conditions:**

- ▶ To be included in a NHS patient list by a general practitioner and usually have parents also registered on the same list.

# DETENTION CENTRES

## ADULTS

Access to physical and mental health care free of charge only if care is provided by the detention centre's health care team (otherwise they will have to pay for it). The health care team will respect medical confidentiality, will pay special attention to recognise medical conditions and the cultural sensitivity and will ensure to receive all medical records relating to detained persons. All detained persons shall be entitled, if they so wish, to be examined only by a registered medical practitioner of the same sex.

Every detained person shall be given a physical and mental examination by the medical practitioner upon consent (unless requested by a custody officer for public health reasons) within 24 hours of his admission to the detention centre.

The medical practitioner shall report to the manager (who will report to the Secretary of State) on the case of any detained person whose health is likely to be injuriously affected by continued detention or any conditions of detention, including victims of torture<sup>14</sup>.

## CHILDREN

They can be retained in "immigration removal centres" if accompanied by their families<sup>15</sup>. Same access to health care as adults.

# TRANSFER OR ACCESS TO INFORMATION BY THE AUTHORITIES

**Transfer or access to information about administrative status:** The duty of confidentiality is a legal obligation that is derived from case law; a

14. See points 33-37 of the Statutory Instrument 2001 No. 238, The Detention Centre Rules 2001.

15. Unaccompanied children and pregnant women (except in exceptional circumstances) cannot be detained. See point 11 of the Statutory Instrument 2001 No. 238.

requirement established within professional codes of conduct; and must be included within NHS employment contracts as a specific requirement linked to disciplinary procedures. Information that can identify individual patients must not be used or disclosed for purposes other than health-care without the individual's explicit consent, some other legal basis, or where there is a robust public interest or legal justification to do so for instance in order to prevent and support detection, investigation and punishment of serious crime<sup>16</sup>.

## NON EXPULSION FOR MEDICAL REASONS

### RESIDENCE PERMIT FOR MEDICAL REASONS: "DISCRETIONARY LEAVE ON ARTICLE 3 MEDICAL GROUNDS"<sup>17</sup>

#### WHO ?

- ▶ Rejected asylum seekers who are severely ill ("asylum cases") or other severely ill undocumented migrants (non-asylum or non-protection cases).

#### CONDITIONS:

- ▶ For asylum-cases: The person must not qualify for refugee status or Humanitarian Protection.
- ▶ For non-asylum cases: The person must not qualify for other residence permit under the Immigration Rules.
- ▶ Removal would amount to inhumane or degrading treatment owing to the acute suffering which would be caused because of that person's medical condition. Neither an enforced nor voluntary return is possible without material prejudice to the right protected.
- ▶ Only in truly exceptional cases involving extreme circumstances. The extremely high threshold of Article 3 of the European Convention on Human Rights is met according to national and European case-law. The fact that the applicant is suffering from a distressing medical condition (e.g. a condition which involves a limited life expectancy or affecting their mental health), may not, in itself, be sufficient to meet this threshold. Discretionary Leave should not be granted if the claimant could avoid the risk of acute suffering by leaving the UK voluntarily.
- ▶ Unlike access to treatment in the country of origin<sup>18</sup>.
- ▶ The asylum cases where a grant of Discretionary Leave is proposed must be referred by caseworkers to a senior caseworker for approval.

16. The definition of serious crime is not entirely clear. Murder, manslaughter, rape, treason, kidnapping, child abuse or other cases where individuals have suffered serious harm may all warrant breaching confidentiality. Serious harm to the security of the state or to public order and crimes that involve substantial financial gain or loss will also generally fall within this category. In contrast, theft, fraud, or damage to property where loss or damage is less substantial would generally not warrant breach of confidence. See Department of Health, "Confidentiality: NHS Code of Practice", November 2003.

17. See Article 3(1)(b) of the Immigration Act of 1971; See Asylum Policy Unit (APU) Notices "Applications raising article 3 medical grounds" of 20 October 2003, "Exceptional Leave, Humanitarian Protection and Discretionary Leave" of 1 April 2003 and "Humanitarian protection and Discretionary Leave" and Asylum Policy Instruction "Discretionary Leave".

18. Information on the availability of treatment in the country of origin should be obtained from CIPU and from NCC5 of the Managed Migration Directorate (the CMU dealing with all non-asylum applications for LTR on the basis of HIV infection or other life-threatening medical conditions).

**DURATION:**

Three years unless there are clear reasons for granting a shorter period<sup>19</sup>. Extensions can be granted. After completing six<sup>20</sup> years' leave, they will be eligible to apply for ILR/settlement.

**ACCESS TO HEALTH CARE:**

Same as other authorised residents.

## RESIDENCE PERMIT FOR MEDICAL REASONS: "LEAVE OUTSIDE THE RULES"<sup>21</sup>

**WHO ?**

Severely ill undocumented migrants.

**CONDITIONS:**

- ▶ The person must not qualify for leave under the Immigration Rules, the Humanitarian Protection or Discretionary Leave criteria.
- ▶ It will be necessary to consider granting this leave in mainly non-asylum and non-protection cases only in two circumstances: i) where someone does not qualify under one of the immigration policy concessions; or ii) for reasons that are particularly compelling circumstances. "Particularly compelling circumstances" cases should be rare, and only for genuinely compassionate and circumstantial reasons or where it is deemed absolutely necessary to allow someone to enter/remain in the UK, when there is no other available option.
- ▶ It is a discretionary decision by the Secretary of State or an immigration officer. All proposed grants should be referred to and agreed to by a Senior Case Worker/Inspector.

**DURATION:**

Indefinite or limited duration with possibility of extension. The specific period will depend on the individual circumstances of the case and only for the necessary duration of stay required. Indefinite leaves only because the particular compelling circumstances of the individual case are such that it is almost certain that there will be no change in circumstances within five years.

**ACCESS TO HEALTH CARE:**

Same as other authorised residents.

19. Examples may include where the applicant is undergoing a course of treatment of a finite duration or is awaiting surgery, after which Article 3 barriers may no longer apply. In addition, where it is considered that return would be possible within six months of the date of decision it will normally be appropriate to refuse the claim outright, not to grant a period of Discretionary Leave, and to defer any removal until such time as it is possible.

20. In excluded cases (whenever there are serious reasons for considering that the applicant has committed a crime against peace; he/she constitutes a danger to the community, etc) he/she must complete ten years before being eligible to apply for settlement. See APU Notices "Applications raising article 3 medical grounds", "Discretionary Leave" and "Humanitarian Protection".

21. See Immigration Directories' Instructions "Chapter 1 Section 14 Leave Outside the Rules (LOTR)", April 2006.

# IN PRACTICE

## THE VISION OF MDM UNITED KINGDOM REGARDING THE SITUATION IN PRACTICE

### Access to health care for undocumented migrants - adults:

Access to primary care is at the discretion of the general practitioner (family doctor) so all undocumented migrants should be able to register and access free healthcare. However, general practitioners (GP) can refuse to register someone at their own discretion or on the basis of catchment area, but they must not discriminate on the grounds of race, gender, social class, age, religion, sexual orientation, appearance, disability or medical condition when they refuse. If documents are not statutorily required for registration, we have found in practice that some GP surgeries will ask for proof of address or will ask for proof of ID or for proof of legal residency. Each GP surgery will have its own criteria on what documents they ask for and how many documents as required. Some GP surgeries do not require any documentation and will therefore not be aware of someone's immigration status.

Access to secondary care is through primary care, but there are clear regulations on who can access free secondary care. In practice, some hospitals will not identify undocumented migrants because they have been registered with a general practitioner for a long period of time. They can refuse undocumented migrants if they find that they are meant to be charged but they cannot pay.

A number of patients have been charged when they have attempted to access antenatal care services. Some hospitals will focus their attention on undocumented migrants in certain departments such as antenatal care. Antenatal services cannot be refused but the patient can be charged. The Overseas Payment Officer will interview the patient for charging and may intimidate the patient so that they are reluctant to return for further care.

Furthermore, some hospitals may notice that someone has recently registered with a general practitioner (family doctor). Therefore they may interview that person in order to inquire as to whether this person is an overseas visitor and potentially chargeable. They may deny them further treatment until they pay. The practice also shows that the policy of hospitals is not uniform. Some hospitals check the immigration status of migrants more than others.

Finally, patients who end up accessing emergency services can be charged for any care they receive if they have become an inpatient (admitted for further tests and care). There have been a few cases where undocumented migrants have been denied access to the emergency services because the health has not been deemed an emergency.

### Access to health care for asylum seekers - adults:

Access to primary care and secondary care is free and they should not be refused any care. In practice, general practitioner surgeries will refuse to register asylum seekers until they bring in their passport, and some others will refuse to register

them if they are not in stable and secure accommodation with documents to prove they are a resident at that address. Furthermore, some health services do not provide interpreting services, so this makes it very difficult for someone to get the help they need.

### Access to health care in detention centres<sup>22</sup>:

Official figures state that about 30,000 people are detained each year. There is no limit on how long a person may be held in detention and in some cases detention can be for years at a time. A large proportion of those held in detention does not have legal representation, and are not entitled to legal aid. Further cuts in legal aid are likely in autumn 2007.

Medical services for those in detention are very restricted; they lack the range of expertise required for the medical conditions detainees suffer and in Medical Justice's experience the care provided is frequently inadequate, neglectful and even abusive. The Home Office, with whom ultimate responsibility lies, did not employ any doctor to give advice on healthcare in immigration detention until the intervention of "Medical Justice", a British organisation challenging medical abuse in immigration detention centres in the United Kingdom.

Operation of seven out of the ten "removal centres" is sub-contracted by the Home Office to private profit-making companies such as "Global Solutions Ltd" or "Serco Ltd". They in turn may sub-contract healthcare to a second private profit making company. The other three "removal centres" are converted criminal prisons, run by the Prison Service and healthcare responsibility lies with the National Health Service.

In opinion of "Medical Justice", the health needs of detainees are not met and detention itself is profoundly damaging to their health status. In addition, detention of torture survivors, children, and those with physical or mental ill health is unjustifiable, contrary to the Home Office's own policy, and should cease.

At present the medical services in detention centres rarely have the capacity or expertise to deal with the wide range of serious mental and physical conditions presented by detainees. The consequences for those individuals can be grave. Detainees are commonly suffering from anxiety, depression, post traumatic stress disorder and serious mental illnesses which can be perpetuated or exacerbated by detention. In some cases, infectious diseases, like tuberculosis or HIV-AIDS, have been undiagnosed until "Medical Justice" doctors have intervened. Many detainees from sub-Saharan Africa suffer from HIV/AIDS and are in dire need of anti-retroviral treatment.

The doctors of "Medical Justice" are frequently involved in diagnosing the medical needs of detainees, which have often not been identified. They are also successfully encouraging the Home Office to adopt a policy of providing vaccinations and prophylaxis against malaria to young children prior to removing them from Sub-Saharan Africa and other risk areas<sup>23</sup>.

22. This section has been written by the NGO Medical Justice [www.medicaljustice.org.uk](http://www.medicaljustice.org.uk)

23. See Medical Justice, *Beyond Comprehension and Decency: A Report on Medical Abuse in Immigration Detention*, July 2007.

**Médecins du Monde - UK**  
*Medical Justice (on detention centres)*

The first report of the HUMA network, available on [www.huma-network.org](http://www.huma-network.org), seeks to provide an updated overview of the different systems regulating access to health care for undocumented migrants and asylum seekers in ten Member States (Belgium, France, Germany, Italy, Malta, the Netherlands, Portugal, Spain, Sweden and the UK) and show the existing discriminations in regards to legal entitlements.

It also deals more specifically with health care entitlements for individuals confined in detention centres and the residence permits or other mechanisms established by national legislations to protect seriously ill undocumented migrants and asylum seekers who cannot effectively access treatments in their home countries against deportation.

In 2011, the HUMA network will publish an updated version of this report covering the situation in nine additional countries: Austria, Czech Republic, Cyprus, Finland, Greece, Hungary, Poland, Romania and Slovenia.



«The views expressed in this publication are the sole responsibility of the author and do not necessarily reflect the views of the Executive Agency for Health and Consumers (EAHC). Neither the EAHC nor any person acting on behalf of the EAHC is responsible for the use, which might be made of this». «This publication arises from the project HUMA network which has received funding from the European Union, in the framework of the Public Health Programme 2003-2008.»

## THE HUMA NETWORK

The HUMA network's general objective is to promote access to health care on equal grounds as nationals for undocumented migrants and asylum seekers within the European Union.

It is an advocacy network active at national and European level.

It is for now constituted by 12 European NGOs, including the delegations and offices of Médecins du Monde in Europe, and a coordination team based in Paris, Brussels and Madrid.

The HUMA network's members develop activities related to health and migration and in particular, targeting undocumented migrants and asylum seekers. They also lead advocacy programs and campaigns at national and European level and contribute to the expertise and data collection of the network.

Médecins du Monde France leads the whole project together with Médecins du Monde Spain and Médecins du Monde Belgium.

For more about the project and its activities, see HUMA network website: [www.huma-network.org](http://www.huma-network.org)

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