

ACCESS TO HEALTH SERVICES FOR CHILDREN AND PREGNANT WOMEN WITH IRREGULAR STATUS: A SERIOUS INEQUALITY ISSUE THAT REQUIRES AN URGENT RESPONSE

Médecins du Monde (MDM) is present in 11 European countries. Through our national programmes, we meet the most vulnerable populations who face serious problems accessing health care. Many of these persons are undocumented migrants. Among other activities, we provide direct social and medical assistance and advocate for indiscriminate access to health care. The HUMA network, initiated by MDM and present in 14 EU Member States, aims to guarantee effective access to health care and prevention for undocumented migrants and asylum seekers, in particular for the most vulnerable - children and pregnant women. This should be on equal grounds as nationals with the same level of resources.

During the Expert Conference and the Ministerial Panel of 21-22 April 2010, the draft conclusions that the Spanish Presidency is preparing for the Council of Ministers of June will be discussed. **One of these conclusions proposes that children and pregnant women have universal access to health services irrespective of their residency status.**

In light of this, MDM and the HUMA network would like to share with the participants some facts and considerations on the importance that such a conclusion could have on the health of these most vulnerable groups.

ACCESS TO HEALTH SERVICES FOR CHILDREN AND UNDOCUMENTED PREGNANT WOMEN IS VERY POOR

Our different surveys and research on access to health care in Europe¹ indicate that, in many European countries, access to health care is not guaranteed for undocumented migrants or asylum seekers, either legally or in practice.

Access to health care for children and pregnant women, regardless of their administrative status, is a vital concern. Inadequate access to health care at an early age can have long lasting consequences, cause severe health crises and increase the risk of infant mortality. In addition, childhood health is closely related to women's sexual and reproductive health. Thus, ante and post natal care are essential to prevent or mitigate many long term disabilities and their associated costs.

Even if no country has openly stated that the violation of a child's right to health care is an inevitable consequence of irregular migration, **access to health care for children of undocumented migrants – even when they are unaccompanied - is problematic.** In Cyprus, they can only access health services if they pay the full cost of the care. In Sweden, only children having applied for asylum are entitled to receive health care. In many countries, unaccompanied children or children of undocumented migrants without documents are entitled to access health care services but it is limited either in law or in practice. In the Netherlands, they will only receive free of charge care that are deemed "medically necessary" by a doctor. In Germany, their legal entitlement to access to care is overridden by the fear of being arrested. Finally, in some countries, like in Greece, they are fully entitled to access health services but, in practice, there are very important barriers to this. Given children's high dependency, parents' difficulties in accessing health care also affect them negatively. Thus, it often happens that they do not effectively access health care even if they are entitled to due to their parents' lack of information, language and cultural barriers or their fear of being detained at health centres or in administrative settings.

Children of asylum seekers and unaccompanied minors who have applied for asylum are in a more favourable position since many countries provide them with the same level of health coverage as they do for the national population. Nonetheless, there are exceptions and many obstacles remain due, for instance, to failures of asylum systems which are incapable of guaranteeing the standards of protection established by international instruments or European directives.

¹ European Observatory on access to health care of Médecins du Monde 2007, (<http://www.medecinsdumonde.org/gb/Press/Press-kits/International/First-European-Observatory-o-access-to-Health-Care>); European Observatory on access to health care of Médecins du Monde 2009 (http://www.medecinsdumonde.org/fr/content/download/11128/119914/file/2eme_Rapport_Observatoire_europeen.pdf); HUMA, Access to health care for undocumented migrants and asylum seekers in ten EU countries. Legislation and practice, 2009 (http://www.medecinsdumonde.org/fr/content/download/11134/119960/file/Rapport_huma-network.pdf).



For undocumented pregnant women, access to health care is also problematic. In the United Kingdom, Germany, Sweden and Cyprus, undocumented pregnant women have to self-fund in full follow up care for their pregnancies. Confronted with this situation, some local authorities - per example in Sweden - have decided to bypass the law because the situation was found to be untenable. In Germany, pregnant women may apply for a *Duldung* (« temporary suspension of deportation ») during their pregnancy and take the risk of being expelled following the delivery. Overall less than half of the undocumented pregnant women interviewed in 11 EU countries for the latest 'European observatory on access to healthcare' survey² were having their pregnancies monitored. This was due to legal and practical barriers.

A HUMAN RIGHT TO PROTECT AND A PRIORITY FOR PUBLIC HEALTH POLICIES

The protection given by the Convention on the Rights of the Child to a child to access “the highest attainable standard of health and to facilities for the treatment of illness and rehabilitation of health” places an obligation on states to make every effort to ensure that **no child** is deprived of his or her right to access such health care services including “appropriate pre-natal and post-natal health care for mothers”³.

The existing discriminatory legal frameworks and the enormous barriers in practice reveal that many member states must still seriously commit to guaranteeing this standard of protection for children and undocumented pregnant women. This is not on charitable grounds but rather as part of their human rights to protection in compliance with constitutional and international obligations.

Luckily, some Member States are already taking these steps thus admitting that denying or restricting access to health services is an unjustified punishment on barrier to health, an ineffective measure in encouraging undocumented migrants to leave and a particularly unfair action towards children as they mostly do not choose their place of residence. They also seem to have understood, as experts increasingly stress, that public health policies that exclude part of the population are at risk of being totally ineffective.

THE NEED TO GUARANTEE UNIVERSAL ACCESS TO HEALTH CARE FOR CHILDREN AND UNDOCUMENTED PREGNANT WOMEN

Denying children or undocumented pregnant women access to health services, whether legally or in practice, is absolutely inadmissible and urgently requires the adoption of sound policies.

The Spanish Presidency's initiative recommending the recognition of universal access to health services to children and pregnant women irrespective of their residency status is a very important step forward and is consistent with its priority to work for the reduction of health inequalities⁴. This should only constitute the first step towards the recognition of universal access for everybody living within EU boundaries: There is a need for binding norms and active policies to enable effective access to health care and prevention for undocumented migrants and asylum seekers.

HUMA URGES THE EXPERTS TAKING PART IN THE MINISTERIAL PANEL OF 22 APRIL 2010 TO SUPPORT THE SPANISH PRESIDENCY'S CONCLUSION SURROUNDING THE NEED TO RECOGNISE UNIVERSAL ACCESS TO HEALTH SERVICES TO ALL CHILDREN AND PREGNANT WOMEN, REGARDLESS OF THEIR ADMINISTRATIVE STATUS.

² European Observatory on Access to health care of Médecins du Monde 2009, p. 86.

³ Article 24 of the Convention on the Rights of the Child, ratified by all EU Member States. Article 26 of the same convention specifies that “States Parties shall recognize the right to social security for every child (...)”.

⁴ According to the independent report commissioned by the Spanish Presidency of the EU, « Universal access to health services and high quality primary care for all children in all regions has proved to be efficient in reducing health inequalities » (*Hacia la Equidad en Salud: Monitorización de los determinantes sociales de la salud y reducción de las desigualdades en salud*, p. 36).