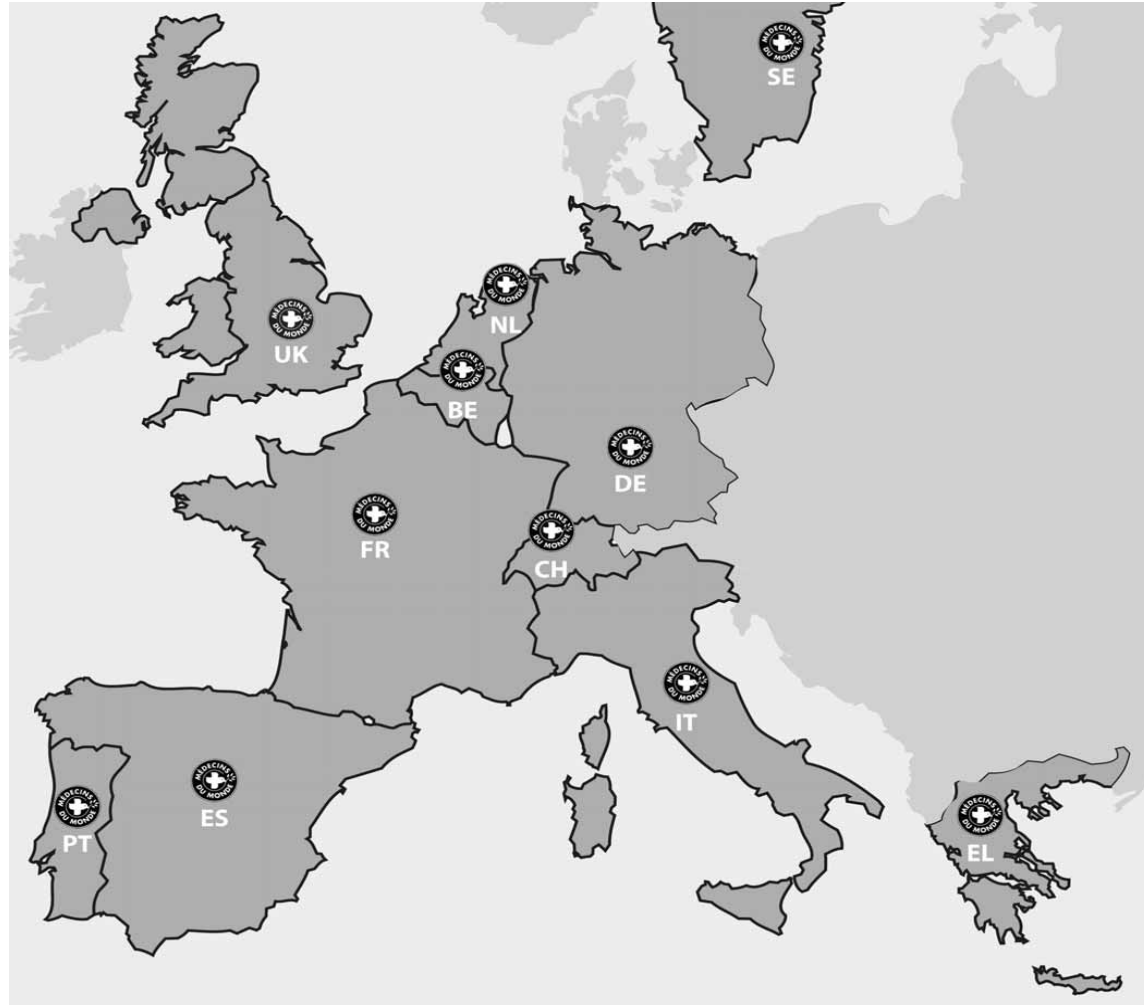


# Access to health care: a right not respected in Europe



# Doctors of the World (MdM) in Europe



Enquiry 2008: 1218 persons - 31 towns - 11 countries

# Testimonies

- “My sister was pregnant. We went to the hospital 20 days before she gave birth to a boy. They said that she did not have the right to any medical care because we are undocumented and we had to pay.”  
O. Albanian, Roma, in Greece for a year.
- Just after the family was denied asylum, the school nurse took a test that showed “maybe” he has TBC. The school doctor sent the 14 years old boy to the children Hospital in Stockholm (Astrid Lindgrens) for an X-ray of the lungs. They were refused care. The school doctor called the hospital – they were refused a 2<sup>nd</sup> time. The 3<sup>rd</sup> time the headmaster called the doctor in charge and told him the Swedish rules concerning health care to former asylum seekers children. Then they took an x-ray. The mother had to pay a 3 month treatment. Nobody checked the boy after that.  
Bolivian family, 2.5 years in Sweden.

# Legal obstacles

- All countries do provide « access to healthcare » for undocumented migrants under the condition that they have to pay (in most countries) integrally all costs. This is in reality strictly impossible as UD migrants do not have enough money.
- In **5 of the 11 countries, laws provide part of the costs** for UD migrants who cannot pay through individual health coverage (Belgium, France, Italy, Portugal and Spain).
- In **Netherlands and UK, it depends on the health professional**. In NL s/he has to decide whether the patients has money or not (instead of working on the diagnosis in 10mn...). In UK the GP decides or not to include the patient for primary care. For secondary care = « immediately necessary care should be provided but ... paid for.
- In **4 countries Germany, Greece, Sweden and Switzerland**, access to healthcare is more or less restricted to **emergency care** with little to no access at all for frequent or chronic pathologies.
- Even in countries where laws exist administrative barriers, complexity of the system, costs, care denial, fear of being denounced, ignorance of laws and rights limit considerably access to healthcare.

# European citizens with no money nor health insurance

- European citizens now need to “have sufficient resources for themselves and their family members not to become a burden on the social assistance system of the host Member State during their period of residence and have comprehensive sickness insurance cover in the host Member State”. Otherwise they lose their right to remain in European countries since the 2004 European Directive on free movement within the Union (2004/38/CE, April 29th 2004, art. 7).
- In Belgium and France specific laws for undocumented migrants do now concern also European citizens. In other countries like Germany, Netherlands or Italy, poor Europeans have to pay full cost: [what about Sweden ?](#).

# Housing and working conditions are particularly unfavourable

- 52.4% of people surveyed live in insecure accommodation.
- 34.0% consider that these housing conditions are dangerous or harmful for their health and/or their children's health.
- Half of those interviewed (51.3%) have a regular or occasional activity to earn a living, often at night (22%) and over 10 hours a day (37%)
  - Cleaning (23%), services for individuals (20%), construction industry (15%), hotel and restaurant services (9%), prostitution (11%).



FRANCE, Calais 2006



GRECE, Patras 2008

# Reasons for migration

The findings dispel the myth of migrants going to Europe wanting to take advantage of the health and welfare systems. Reasons were:

- to earn a living (56%).
- political, religious, ethnic, sexual orientation reasons or to escape from war (26%) = should get asylum
- Only 6% of people cited health as one of their reasons for coming to Europe. However, on the day of the survey 15.7% of people were suffering from a chronic health problem that they knew about before they left their country
- Where access to healthcare is the easiest (Spain) only 4.2% cite health as a reason for migration. In countries like Greece or Sweden where no access is provided, they are 8% ...

## 18- Reasons for leaving country of origin, by survey country\* (%)

	BE	EL	ES	FR	IT	NL	SE	UK	Total
For economic reasons, to earn a living	46,4	55,9	76,4	51,3	92,9	36,3	27,2	38,0	55,7
For political, religious, ethnic or sexual orientation reasons or to escape from war	34,8	22,0	9,3	21,6	7,1	44,1	54,4	46,3	26,1
To join or follow someone	12,5	11,0	4,6	15,1	4,0	3,9	6,8	10,2	8,9
Because of family conflict	11,6	5,1	5,6	9,5	12,1	4,9	9,7	8,3	7,9
To ensure the future of their children	6,3	11,0	11,6	4,5	1,0	9,8	5,8	4,6	6,8
For health reasons	6,3	8,5	4,2	10,1	1,0	4,9	7,8	3,7	6,1
To study	4,5	1,7	6,0	4,5	3,0	3,9	6,8	2,8	4,2
Other reason	18,8	3,4	8,3	15,1	0,0	11,8	11,7	12	11,2

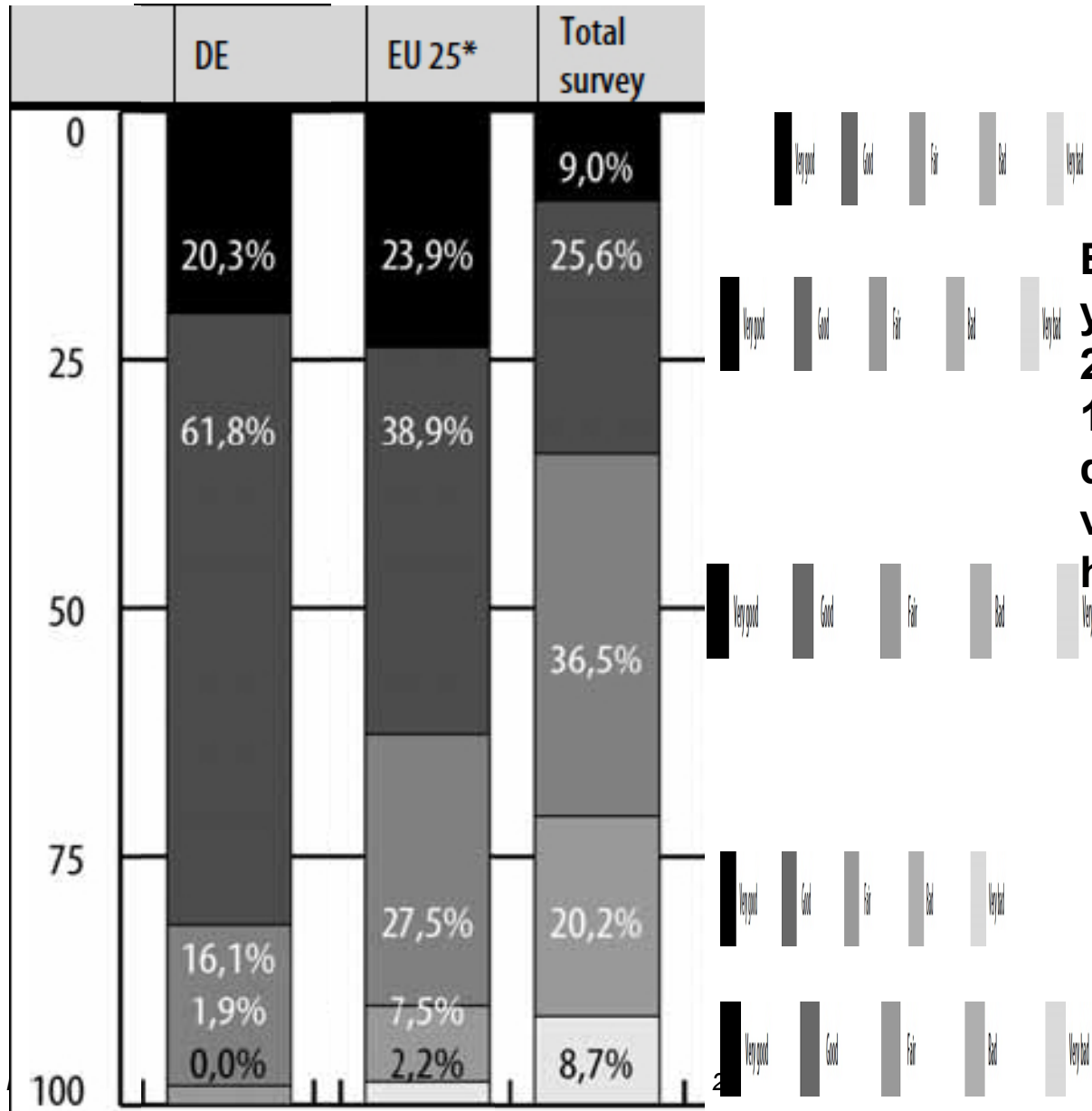
\*Since each person can cite several reasons for migrating, the percentage totals in the columns are above 100.

It was non-EU Europeans (e.g. from Albania, Ukraine) who most commonly gave health as one of their reasons for migration.

# Health status

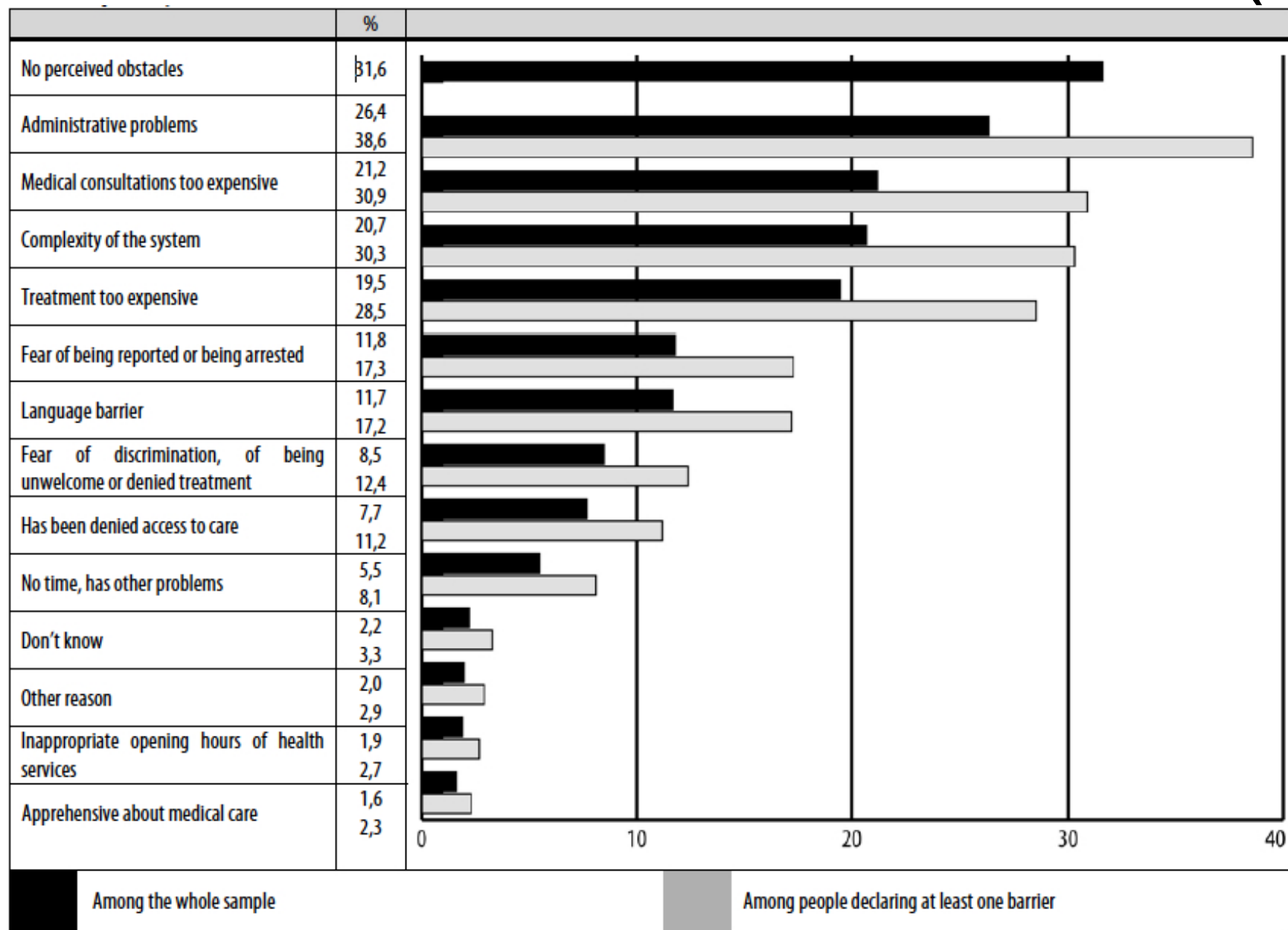
- 30% a third (34% of men and 23% of women) perceive their health as “bad” or “very bad” (16 times more than in general population in Germany) .
- Only 20% of the respondents have no health problem (even though MDM is a medical structure)
- 32% of people surveyed are affected by at least one chronic health problem (they have no more follow up than other patients)
- 15,7% of people are suffering from a chronic health problem that they knew about before they left their country  
(especially citizens from Europe and Maghreb): high blood pressure and diabetis = less than 12% of known health problems. No Hiv + knew about it before leaving.

# Perceived health



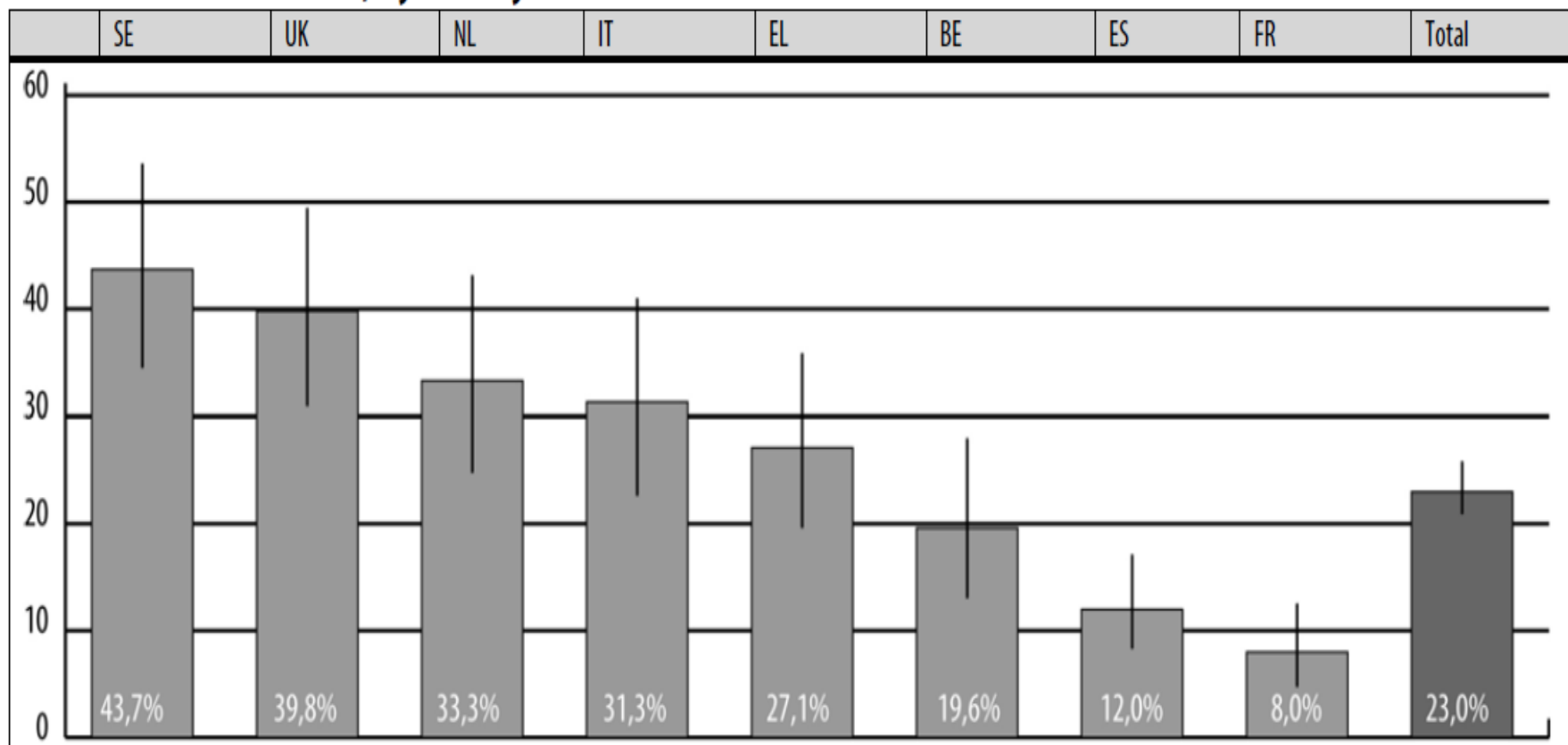
**Even among the youngest (18-25) 27% of men and 12% of women declared a bad or very bad health status**

# Barriers in access to healthcare (1)



# Barriers in access to healthcare (2)

84- Proportion of respondents citing fear of being reported, arrested, discriminated against or refused healthcare as a barrier to healthcare, by country



# They need medical treatment

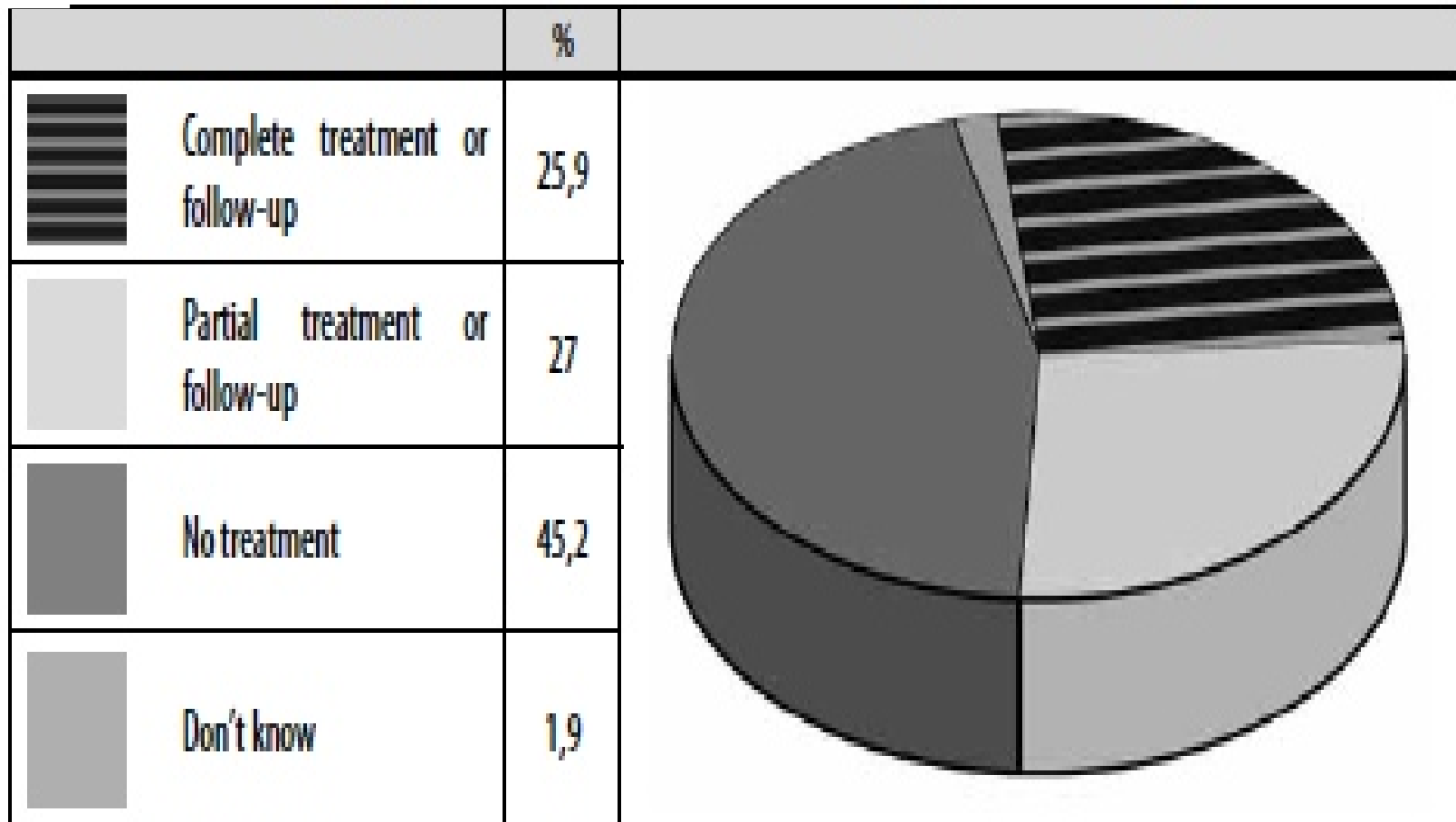
- Only 8%= health problem for which treatment is optional
- 65% = health problem for which treatment is considered by the doctors as preferable, necessary (29%) or indispensable (21%)
- 16% of the population present with a vital prognosis that is possibly, probably or certainly bad unless they receive treatment

# Lack of treatment

- Of the 1,371 health problems identified in the survey population, only 26% were comprehensively treated or monitored. 72% only received partial treatment or no follow up at all (45%) !
- 34% of health problems with necessary treatment have no follow up at all !
- Less than half of pregnant women (55) did have antenatal care

# An inadequate medical follow-up

Breakdown by type of treatment or follow-up (% of health problems observed)



Medecins du monde demands :  
equal access to preventive  
healthcare and treatment for  
everyone living in Europe  
without any discrimination on  
immigration status or financial  
means

- Health policy must remain completely independent from immigration policy.
- Strict ban on any kind of denunciation or arrest of undocumented migrants in access to healthcare.
- Immediate action in all European countries to ensure that children (under 18) and pregnant women are able to access preventive healthcare, treatment and appropriate antenatal monitoring.
- Protection for seriously ill foreign nationals who cannot effectively access care in their country of origin. They should not be deported. A residence permit should be granted.

- Non access to health care for such vulnerable people who have suffered before arrival in Europe and are now suffering in our countries is an offense to human rights, medical ethics and public health principles.

# Thanks

- to the 1,218 undocumented migrants in 11 countries who agreed to take part in our survey
- to the 100 **survey investigators** (volunteers and staff) who led this enquiry in the field
- To the **readers** for paying attention to these snapshots of lives. **Together, let's fight to ensure that the fundamental rights** which today are denied these children, women and men **finally become a daily reality...**