Includ-EU

Regional and local expertise, exchange and engagement for enhanced social cohesion in Europe.

Access to healthcare

The project is funded by the Asylum, Migration and Integration Fund of the European Union

IOM UN MIGRATION

AER Assembly of European Regions

Generalitat de Catalunya
Departament d'Igualtat i Feminismes

GEMEENTE TILBURG

REGION OF CRETE
ΠΕΡΙΦΕΡΕΙΑ ΚΡΗΤΗΣ

anci toscana

This project is funded by the AMIF fund of the European Union

---

This briefing was funded by the European Union's Asylum, Migration and Integration Fund.

The content of this briefing represents the views of the author only and is his/her sole responsibility. The European Commission does not accept any responsibility for use that may be made of the information it contains.

Publisher: International Organization for Migration (IOM)
IOM Coordination Office for the Mediterranean
Casale Strozzi Superiore
Via L.G. Faravelli snc 00195, Rome
Phone: +39 06 44 23 14 28
Email: iomrome@iom.int
Website: www.italy.iom.int

This publication was issued without formal editing by IOM.
This publication was issued without IOM Publications Unit (PUB) approval.
This publication was issued without official translation by TRS Unit.

Cover photo: www.pexels.com / freestocks.org

TABLE OF CONTENTS

TABLE OF CONTENTS

Introduction

Includ-EU project description

The goal of Includ-EU is to contribute to building more inclusive and cohesive European societies by enhancing transnational knowledge sharing, cooperation, and partnerships between local and regional authorities in Greece, Italy, the Netherlands, Romania, Slovenia, and Spain.

Includ-EU capitalizes on the diversity of local expertise and approaches as well as existing policy and practice in the field of integration. Funded by the Asylum, Migration and Integration Fund of the European Union, the project focuses on:

a) improving knowledge and capacities to facilitate the integration of Third Country Nationals (TCNs);
b) implementing and assessing pilot projects that promote the integration of TCNs at the regional and local level;
c) establishing an informal network of regions and local authorities with different levels of expertise.

Aim of the briefing

One of Includ-EU's specific objectives is to enhance local and regional actors' knowledge and capacities to implement innovative integration measures, including through the analysis of existing good practices and the formulation of thematic policy recommendations.

In line with this, the aim of this briefing is to present the state of TCNs' access to healthcare in Greece, Italy, the Netherlands, Romania, Slovenia, and Spain, focusing on possible implications for broader inclusion. It also examines existing good practices contributing towards fulfilling TCNs' rights to health in the European Union (EU).

This briefing is the result of a collaborative mapping process of successful multi-stakeholder, multi-level, and public-private partnerships in different dimensions of TCNs' inclusion in the Includ-EU target countries, in line with the new Action Plan on Integration and Inclusion 2021-27.

Access to healthcare services in the Action Plan on Integration and Inclusion

While the responsibility for integration policies lies primarily with the Member States, the EU has established a large variety of measures to incentivise and support national, regional, and local authorities as well as civil society in their efforts to promote integration. In this framework, the Action Plan sets integration policy priorities, proposes concrete actions, provides guidance, and delineates funding opportunities to translate policy into practice.

The Action Plan acknowledges that limited or difficult access to healthcare services can significantly hamper social inclusion in all areas. For this reason, the European Commission aims at supporting Member States in improving access to health services for all migrants in the EU. Specific objectives include making available information on rights regarding mainstream healthcare services, including mental healthcare, prenatal and post-natal healthcare; encouraging Member States to provide intercultural and diversity management training to healthcare professionals; tackling discrimination, and designing culturally sensitive services.

The right to health in international law

The right to health is a **universal human right** recognised by the Universal Declaration of Human rights and protected by international and regional human rights treaties. Among these, the 1966 International Covenant on Economic, Social and Cultural Rights recognises 'the right of everyone to enjoy the highest attainable standard of physical and mental health' (Art. 12).

The detailed General Comments to the Covenant adopted by the United Nations Committee on Economic, Social and Cultural Rights (CESCR) establish that State parties, including all EU Member States, must ensure that the right to health is respected.

Importantly, the CESCR refers explicitly to asylum seekers, refugees, and irregular migrants stating that their right to health should be protected and fulfilled under the Covenant based on the **principle of non-discrimination**. This means that the right to health applies to everyone 'including non-nationals, such as refugees, asylum seekers, stateless persons, migrant workers and victims of international trafficking, regardless of legal status and documentation.'

According to international law, therefore, states have **a duty to guarantee access to health services on a non-discriminatory basis** and provide equal and timely medical attention through **preventive, curative, and rehabilitative care**; regular screenings; appropriate treatment, including mental health care; and essential drugs.

Relatedly, the CESCR clarifies that this involves also respect of the **right to social security**, meaning that 'non-nationals should be able to access non-contributory schemes for income support, affordable access to health care and family support.' The CESCR also states that 'refugees, stateless persons and asylum seekers, and other disadvantaged and marginalised individuals and groups, should enjoy equal treatment in **access to non-contributory social security schemes**, including reasonable access to health care and family support, consistent with international standards.'.

Access to health and care should be granted also through **digital tools and services** to improve prevention, diagnosis, treatment, and monitoring. While digital health has the potential to improve the overall efficiency and accessibility of the health sector, it comes with a new set of challenges. **Unequal access to digital technologies and poor intercultural digital communication** risk becoming barriers to health access. For this reason, the **EU's Digital Strategy** includes health as one of the key sectors where it is crucial to ensure digital technologies improve everyone's livelihood.

The duty of states to fulfil the right to health of all migrants also informs the global sustainable development agenda. The **2030 Agenda for Sustainable Development** states at Goal 3 that guaranteeing '**good health and well-being**' through **universal health coverage** is crucial to tackle widening inequalities, rapid urbanisation, climate change, and global health challenges.

In the same spirit, the EU has recognised that protecting the right to health is crucial to reduce the number of people at risk of poverty and social exclusion. In its Action Plan to deliver on the European Pillar of Social

Rights, the EU has proposed headline targets for 2030 including on improving occupational safety and health, taking action against discrimination, eliminating barriers faced by people with disability in accessing health services, and developing sustainable long-term care

The state of TCNs' access to health services in Includ-EU countries

Access to health under conditions of non-discrimination and universality is a fundamental right of every person. TCNs, especially those without regular status, encounter numerous and persistent obstacles in accessing healthcare services.

In fact, in a flagship report, the WHO has shown evidence in support of the theory that **migration is a social determinant of health**. This means that being a migrant may result in 'unfair and avoidable difference in health status seen within and between countries' (WHO 2018, 1). For this reason, it is paramount to ensure that national public health is adequately equipped to meet the health needs of the growing number of international migrants worldwide.

More specifically, the most significant barriers to health and care access are linked to communication, financial problems, and legal and administrative hurdles.

As for communication, the **lack of adequate intercultural and linguistic mediation** in healthcare provision makes the doctor-patient relationship complex and often ineffective, especially in relation to preventive medicine.

At the same time, as a result of inadequate mediation services, both TCNs and healthcare staff are not informed about legal entitlements, resulting in the **migrants' health needs going unmet**.

The limited availability of mental health professionals with specific expertise in treating migrants and/or culturally sensitive approaches **amplifies the mental health problems** affecting the migrant population, specifically those linked to uncertainty about resident status, loss of identity, financial pressures, family separation, integration obligations, social isolation and, more recently, COVID-19.

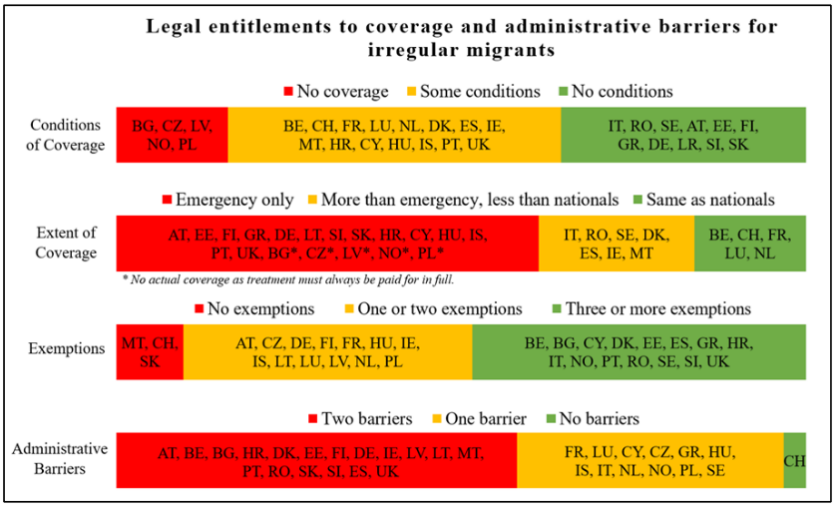
One of the side effects of poor intercultural mediation and lack of information is a general increase in **distrust in the health services, poor knowledge of health-related rights**, and, particularly for irregular migrants, **greater fear of being reported** to police authorities. Significantly, this fear exists also in national contexts where confidentiality is guaranteed by law.

Other obstacles affecting TCNs' good health are **financial** and linked to high healthcare costs, with some countries lacking universal free health coverage or requesting a fee for certain services.

Procedural and administrative requirements seriously hamper effective and timely care for TCNs, particularly for those without a regular resident status. In most countries, it is very difficult for TCNs to navigate administrative procedures, register to the relevant national health service, request reimbursement for treatment, and access medical services outside their working hours.

A critical issue is the lack of access or limited health insurance depending on residence status. The IOM regional initiative EQUI-HEALTH analysed the legal entitlements to health services, coverage, and administrative barriers affecting **irregular migrants** in the European Economic Area (Figure 1 below). These

obstacles risk becoming unsurmountable for particularly vulnerable groups, like undocumented migrant women.[1]



Source: *IOM, 2016. EQUI_HEALTH. Recommendations on Access to Health Services for Migrants in an Irregular Situation: an Expert Consensus.* Brussels: IOM

Impact of COVID-19 on TCNs' access to healthcare

The COVID-19 pandemic has brought to the fore **deep-seated social inequalities** affecting TCNs and highlighted the importance of facilitating their access to healthcare services.

The main challenges for TCNs' health access that emerged during the COVID-19 pandemic **existed well before the emergency** and became even more apparent:[2]

- **high barriers to accessing the COVID-19 vaccine**, with around 4 million undocumented migrants in Europe who have remained unvaccinated;[3]

[1] A country's score for legal entitlements is based on the conditions for inclusion in a system of coverage, the basket of services covered, and the exemptions from restrictions which are available for 'vulnerable groups' or conditions regarded as a threat to public health. The score for administrative barriers relates to demands for documents that are difficult for migrants to produce, or to discretionary judgements by medical or administrative staff. The report 'Recommendations on access to health services for migrants in an irregular situation: an expert consensus' can be accessed here link.

[2] For a comprehensive overview of the factors listed here, see WHO, 2022. *Refugee and Migrant Health*. Available at https://www.who.int/news-room/fact-sheets/detail/refugee-and-migrant-health; Lebano A. et al., 2020. "Migrants' and refugees' health status and healthcare in Europe: a scoping literature review," *BMC Public Health* (20)1039. Available at https://bmcpublichealth.biomedcentral.com/articles/10.1186/s12889-020-08749-8.

[3] Data as of September 2021, https://www.thebureauinvestigates.com/stories/2021-09-01/red-tape-keeping-covid-vaccine-out-of-reach-for-nearly-4m-undocumented-migrants-across-europe. See also https://www.lighthousereports.nl/investigation/vaccinating-europes-undocumented-a-policy-scorecard/.

- **poor access to adequate conditions for the prevention of COVID-19 infections** due to poor sanitary and living conditions (high density in improvised settlements, reception or detention centres, homeless shelters), resulting in the inability to self-isolate and maintain physical distancing;
- pre-existing inequalities linked to **limited human and financial resources** in national health systems and poor infrastructure, especially in small cities and rural areas;
- **pre-existing barriers to access to healthcare**, including those linked to legal status, discrimination, xenophobia, lack of inclusive health systems and policies, distrust towards public health authorities;
- **limited access to accurate information** on prevention measures and/or **appropriate translation and cultural mediation services**. The severity of misinformation and absence of migrant-specific information was exacerbated by the urgent developments related to the COVID-19 pandemic;
- **deteriorating mental health conditions** due to prolonged periods of confinement, travel bans, heightened job insecurity, uncertainty, and delays in status determination procedures for migrants and asylum seekers, home schooling, language barriers, family tensions, concern about family members in country of origin. Symptoms of so-called **'Corona stress'** include physical complaints, as well as psychological concerns such as a withdrawal from society, lack of motivation to participate, bad mood, and inability to stick to daily routines (Prins 2020);
- **lack of suitable psychosocial support**. Healthcare systems in most Includ-EU countries have been unable to meet the increased demand for psychosocial support and, at the same time, provide the related translation and intercultural mediation services;
- increased **income insecurity** resulting in the inability to cover basic medical expenses.

Mitigation measures

Most mitigating measures in Includ-EU countries addressed TCNs' difficulties in obtaining reliable and timely information on preventive measures and medical services at the height of the sanitary emergency. At the same time, though, they were meant to tackle pre-existing problems in healthcare access and **could provide a basis for long-term, structural reforms to public health systems**. This is the case, for example, for attempts to improve intercultural mediation and communication, and mainstream diversity management into the public health and care sector.

In **Spain**, many regional governments set up phone lines to assist immigrants through translators in multiples languages and circulated leaflets with COVID-19 information in a variety of languages. Similarly, in **Slovenia**, multilingual information materials were disseminated through relevant public authorities, nongovernmental organisations (NGOs), and other stakeholders. In **Romania**, the National Institute of Public Health (NIPH) and the Ministry of Health made available a national hotline, the Green Line (*Tel Verde*) to provide qualified public health advice.

In **Italy**, almost all regions took steps to inform the migrant population on the measures to prevent and respond to COVID-19 with the circulation of targeted messages, most of them published on the Region's website, together with free-toll numbers to call in case of suspected infection, available in at least 2 languages (Italian and English). The Emilia Romagna Region, for instance, published a list of services offered by municipalities and associations in different languages. Another good example was the Valle d'Aosta Region whose website features a guide

on prevention and response to the virus in Italian, Albanian, Arabic, Chinese, English, French and Spanish.

In **the Netherlands**, the Corona Helpdesk for Resident Permit Holders (*Corona Helpdesk Voor Statushouders*) helps Tigrinya and Arabic speaking migrant communities access the latest information related to the COVID-19 pandemic. The helpdesk is staffed by a volunteer crew of native Tigrinya and Arabic speakers that is available to explain the latest government-imposed measures and address any questions and concerns associated with the pandemic. Additionally, a Facebook page is available where the Helpdesk shares information and where migrants can receive general and specific information, free of charge and anonymously. Volunteers are expected to use digital mediums to answer questions and refer migrants to services and information providers as needed.

In addition to remote advice for health service users, other initiatives **targeted health professionals**. In **the Netherlands**, Parnassia Groep, Pharos and Arq National Psychotrauma Centre developed the guide "An eye for diversity during the Corona pandemic", providing advice and practical tips to professionals who are responsible for the welfare of migrants. The guide is supplemented by short films with medical professionals outlining specific concerns regarding the migrants' mental health. In addition, the Dutch Partnership Sexual Violence (*Partnerschap Seksueel Geweld*) hosted consultations with more than 20 national experts on the implications of the pandemic on domestic violence and child abuse, in which IOM participated as an expert on the concerns within migrant communities.

Ad-hoc legal provisions helped preventing even greater difficulties in obtaining medical assistance during the pandemic. In **Italy**, the government extended all residence permits[4] and other key documents, such as, for example, health cards. This allowed TCNs with expiring (or just expired) residence permits to be considered regular on the territory, and so enjoy access to the national health system. The same extension was guaranteed also to the permanency in reception centres for the asylum seekers and the international protection holders due to leave the facilities.

In addition to national and local authorities, **a wide range of organisations, including International Organizations, NGOs, and the civil society** have implemented programs and activities to support and protect migrants in the context of the COVID-19 pandemic, based on WHO's document "Interim guidance for refugee and migrant health in relation to COVID-19 in the WHO European Region". In this guide, there are recommendations on the production and diffusion of messages in different languages that could contribute to the behavioural changes necessary to contain the pandemic, to increase the knowledge of migrant communities and their access to national health initiatives, to include them in the preventive strategies and in identifying appropriate communication methodologies.

Access to healthcare during humanitarian crises: the influx of people fleeing Ukraine

Russia's attack on Ukraine has caused an **unprecedented humanitarian crisis**. To offer quick and effective protection to those fleeing Ukraine, the European Commission has urged the activation of the **Temporary Protection Directive**. Under the Directive, Ukrainian citizens and non-

[4] Art.103 in the law n27 of the 24th of April 2020.

Ukrainian citizens who are unable to return to their country of origin will receive immediate protection, including protection of residency rights, access to the labour market, access to housing, social welfare assistance, medical or other assistance, and means of subsistence (European Commission, 2022).

Under the temporary protection framework, people fleeing the war in Ukraine have **access to the public healthcare system in the host Member State** upon receiving a temporary residence permit. If fully ensured under the national health system of the host state, people arriving from Ukraine are **also entitled to the European Health Insurance Card** that gives right to medical treatment in case of a temporary stay in another member state.[5]

In the initial phases of the humanitarian response, the **national health systems of the EU countries most affected by the inflows of people fleeing the war in Ukraine** had to adjust to meet their needs and address **physical exhaustion, distress, dehydration and cold** in a timely manner. In addition, the living and travel conditions of people fleeing the war in Ukraine raised concerns as to the possibility of **increased exposure to COVID-19**. Other significant issues in medical assistance where the **unavailability of medical records** for patients with complex conditions and the high demand for cultural mediators, interpreters, and translators.

At the same time, the humanitarian crisis inside Ukraine has made access to **essential healthcare, nutrition, safe drinking water, sanitation and hygiene** difficult or impossible for conflict-affected populations, while health infrastructure have been severely damaged or destroyed in large parts of the country.

Looking ahead, the long-term challenges will be to ensure that Ukrainians, both those residing abroad and the internally displaced, can **resume complex therapies** for conditions like cancer, diabetes, heart, or kidney diseases, and that **medical infrastructures** can be made operational in the post-conflict phase.

[5] For a comprehensive overview, see the EU Solidarity Platform – Section on Healthcare, available at https://eu-solidarity-ukraine.ec.europa.eu/information-people-fleeing-war-ukraine/fleeing-ukraine-healthcare_en.

Access to healthcare in Includ-EU countries

The following section focuses on the state of TCNs' access to healthcare in the six Includ-EU countries, including the main barriers at the local, regional, and national level.

Greece

Greece's healthcare system is highly centralised and based on a mix of public and private healthcare services. After the 2009 financial crisis, the role of voluntary initiatives, NGOs and informal health care networks increased significantly. This happened in response to the needs of the large portion of the population that lost insurance coverage and access to public health care, primarily due to prolonged unemployment or inability to pay contributions.

In this context, TCNs' access to the health care system continues to be problematic. According to IASC Interim Guidance (2020), TCNs are considered vulnerable populations and are largely dependent on Greek authorities, local networks, NGOs, and civil society for humanitarian assistance. The Ministry of Migration and Asylum, along with its relevant Asylum Service and RIS (Reception and Identification Service), is responsible to provide TCNs with all the relevant information on access to healthcare, particularly since the outbreak of the COVID-19 pandemic.

In reception centres and camps, health management of newly arrived TCNs is affected by legal, communication, linguistic, and cultural barriers. In this respect, a recent law introduced the distribution of a Temporary Healthcare and Social Insurance Number for Alien Citizens (PAAYPA, Law 4636, O.G. 55.2/01.11.2019), which has contributed to assessing existing challenges in remote healthcare access.

Italy

All TCNs legally resident in Italy and registered with the National Health Service (SSN) are guaranteed parity of treatment and equal rights in terms of access to healthcare. However, the provision of and access to health services is heterogeneous, particularly across regions, with inequalities affecting the most vulnerable groups.

The Consolidated Law on Immigration ('*Testo Unico per l'Immigrazione*', TUI) sets the rules for medical assistance of TCNs with (art. 34) and without (art. 35) regular residency status. Importantly, the TUI aims at the full inclusion of migrants with irregular status, granting them not only emergency care, but also essential, continuous care and access to preventive medicine programmes. This includes also provisions stating the health services' obligation not to report migrants without legal resident status who require medical assistance, as a way to safeguard both individual and public health.

The application of TUI health provisions varies across regions due to the administrative decentralisation of healthcare provision, especially regarding services for irregular migrants. In the regions where the regional health system is weaker, services provided by voluntary associations or non-profit organisations step in to fill the gaps.

TCNs have full access to public healthcare upon registering to the SSN. Migrants with irregular status cannot register and, instead, are assigned an individual regional access code with the acronym STP (Foreigner Temporarily Present) recognised throughout the country, renewable for a period of six months. The STP grants access to pre-natal and maternity care; medical coverage for minors; vaccinations; prophylaxis, diagnosis and treatment of infectious diseases.

The Netherlands

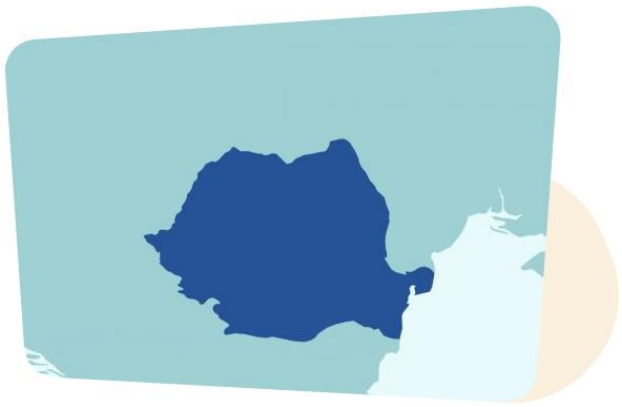
According to the 2006 Heath Insurance Act, all residents of the Netherlands are entitled to a comprehensive basic health insurance package. Possession of a private healthcare insurance plan is mandatory, and subsidies are available to low-income earners, to ensure that residents can uphold their obligation to possess at least a basic insurance policy. Alternatively, the 'municipality policy' is a health insurance policy affiliated with the municipality for low-income earners. During their stay in an asylum centre, the provision and funding for basic health and dental care for asylum seekers is facilitated by the Central Agency for the Reception of Asylum Seekers (COA), and a private health insurance plan is not needed as the costs are covered. Upon receipt of a residence permit and relocation to their home in the municipality; asylum seekers, refugees, and family reunification beneficiaries are required to register with a general practitioner (GP) in their neighbourhood and are entitled to basic healthcare, dental care, mental healthcare, pre-natal care, hospital care and emergency care, amongst other services.

The Dutch model of healthcare places GPs as gatekeepers to specialised care. Prior to visiting a specialist, patients must first receive a referral from their GP. Consequently, the workload of GPs in the Netherlands is immense and the language barriers significant. Many migrants struggle with the lack of time and attention that GPs can allocate per patient. This is a concern particularly for those who require an interpreter. While GPs are provided with free phone interpreter services, it takes time and paperwork to benefit from this service.

Cultural barriers are also significant. While organisations such as Pharos, KIS and Rutgers provide support to medical professionals regarding intercultural competences, issues of capacity in addressing migrants' specific needs still persist. In addition, some resistance from professionals to take extra steps to tailor their support toward migrants is still evident. These cultural barriers are of particular concern when health concerns touch upon sensitive topics, or topics that are stigmatised in certain communities, such as sexual health, mental health and family planning.[6]

[6] Based on discussions with professionals and migrants in the IOM PROTECT project.

Romania



The legal act governing the Romanian health system is the Law no. 95/2006 on Health Care Reform. The Romanian health system is centralised. The national government holds responsibility for the overall coordination of the health system while regions provide medical assistance at local level.

Foreign citizens residing in Romania, including TCNs and stateless persons, have access to health services and may benefit from medical insurance under the same conditions as for Romanian citizens. Once the residence permit is issued by the General Inspectorate for Immigration, all TCNs may register with the health insurance system and pay the contribution to the health fund to have free access to medical services. If employed, the employer will pay the monthly contribution, along with other social insurance contributions. If the person is not employed and does not have a monthly income, they can obtain a reduced fee.

In specific cases, residents can be insured without contributing to the national health fund: minors; students or young adults with no income up to the age of 26; spouses and parents who do not have an income and are supported by a person who is already insured in the Romanian health system; persons with disabilities with no income; persons suffering from medical conditions that are included in the national health programs, until that medical condition is cured, if they do not have an income; pregnant women and young mothers who do not have any revenue or have a revenue below national minimum wage.

It is also important to note that if a person has not paid the mandatory health insurance, she/he can receive a free package of medical services that is established under the framework contract: medical/surgical emergencies, medical conditions that have an epidemic potential, and those listed in the National Immunisation Program, monitoring the evolution of pregnancy and post-natal for women, family planning services.

Slovenia

Healthcare in Slovenia is organised primarily through the Health Insurance Institute (Slovene: *Zavod za zdravstveno zavarovanje Slovenije*) which provides health coverage to all Slovenian citizens and non-citizens with permanent residence in Slovenia. This public health model is financed through a mandatory insurance program with contributions paid by both employers and employees. However, the national insurance scheme does not cover all medical costs (except for children's healthcare). Thus, the majority of citizens and long-term residents purchase additional coverage from one of three private insurance companies. Those holding a temporary residence permit can have access to public healthcare, but only if they are employed in Slovenia or are insured as a family member of a person employed there.

Groups which are not covered by the statutory system have access to emergency healthcare services only, while costs of other non-urgent medical care must be covered by the patients themselves.

TCNs without a regular residence permit are excluded from the national healthcare system and pro-bono clinics seek to provide basic healthcare to make up for the gap in medical services. Asylum seekers are entitled to emergency medical and dental aid, emergency treatment and emergency rescue transportation. Before lodging an asylum claim, all asylum seekers undergo an entry medical preventive examination and registration. Vulnerable asylum seekers can request an expanded scope of medical services, including psychological support, subject to the decision of a special commission. Women also have the right to contraception, reproductive healthcare, and termination of pregnancy. Children and adolescents aged up to 18 years and students below the age of 26 who are enrolled in school are entitled to the same scope of medical services as Slovenian citizens.

Refugees and beneficiaries of subsidiary protection are entitled to the health insurance in the framework of the national healthcare system, but face significant language barriers when accessing care. To address these barriers, NGOs provide interpretation and translation services for certain languages, although these are not always available, particularly outside bigger towns, most notably Ljubljana and Maribor.

Spain

The Royal Decree-Law 7/2018, approved by the Spanish Government in July 2018, guarantees the universality of the right to health protection and health care, under the same conditions, to all persons in the Spanish State. This Decree represents a substantial improvement in TCNs' healthcare access, particularly for those irregularly present on Spanish territory. Contrary to the current provision, the previous Royal Decree Law of 2012 provided for free access to the National Health System for immigrants without regular status only in very specific circumstances. Access to medical services has now been widened for all groups of TCNs, including those with no regular residence permit.

Ensuring TCNs' access to healthcare

In a **context of widespread disparities** in access to health further worsened by the pandemic, it is crucial to find concrete solutions at the national and local level to **uphold the right to health** of all TCNs, including the most vulnerable ones.

The following overview of successful practices recently developed in Includ-EU countries suggests that it is possible to improve TCN's access to medical services by strengthening **intercultural mediation services, material and technical support** to health service providers, and **coordination** between different governance levels.

These actions can be **effective** in promoting access to healthcare if accompanied by interventions that **advocate for all migrants' full access to medical services, regardless of legal status**.

1. Intercultural mediation

As a result of cultural and language gaps, migrant communities are often at a disadvantage when it comes to accessing health care. The inaccessibility of medical systems leads to unmet health needs, a general tendency to recur to emergency departments instead of preventive medicine, and low performance for health systems.

For this reason, the first step towards filling the existing gaps in health access is making sure that all TCNs, including the most vulnerable ones, become an active part of the healthcare system of the country where they live. This happens if TCNs are **fully empowered** to access the medical support they need and if health services are delivered in a way that is **sensitive to cultural differences**.

1 © Thirdman / pexels.com

The examples that follow promote mutual understanding between health professionals and TCN service users through **formal structures providing for the presence**

of cultural mediators. The project "Migrant-friendly hospitals" in the Italian province of Reggio Emilia has allowed intercultural mediation to become part of the overall organisational policy of provincial healthcare. Migrant ambassadors in the Netherlands and intercultural mediators in Slovenia, for example, fill the gaps between service providers and migrant communities thanks to their own personal experiences, their own professional backgrounds in healthcare/social work/interpretation, and their knowledge of local policy and procedures.

Good practices at a glance

Migrant-Friendly Hospitals – Italy

Implementing actor(s): Local Health Authority of Reggio Emilia (*AUSL RE-Azienda Unità Sanitaria Locale di Reggio Emilia*)

This project aimed at improving the quality of care and access to medical services in the hospitals of the Reggio Emilia Province by improving the level and reach of intercultural mediation services. The project consisted in the production of information material in various languages, the introduction of intercultural mediation services in hospitals and primary healthcare services, capacity building activities on intercultural competencies for the health service personnel, information session for migrants regarding their rights and the available health services. The activities contributed also to increasing effective collaboration between patients and healthcare professionals.

The project was implemented by the Local Health Authority of Reggio Emilia (AUSL RE). The implementation of the activities involved top management levels of Emilia Romagna Region, as well as Hospital Directors, Local Health Department coordinators and health staff representatives, reaching all levels in a capillary way.

The involvement of managers and decision makers was fundamental in ensuring continuity and effectiveness and it also facilitated interinstitutional collaboration among institutions, service providers, and policy makers. Thanks to these elements, the initiative has become part of the overall AUSL RE organisational policy.

As part of the project, each local hospital established an ad hoc steering committee composed of management representatives (nurses, doctors, administrative staff), community representatives and essential service staff representatives (social workers, primary healthcare staff). All health districts also initiated local coordination groups to facilitate the project's implementation.

The project also saw the creation of a dedicated service for irregular migrants, the Centre for migrant family health (CSFS), in collaboration with Caritas, to promote a prompt referral mechanism in case of specialist care needs.

Intercultural mediation at the local level - Slovenia

Implementing actor(s): Municipality Jesenice, Adult Education Centre Jesenice

The Municipality of Jesenice and the local Adult Education Centre have been co-implementing an intercultural mediation project to improve migrants' access to local medical services, many of whom are Albanian. Specifically, the municipality has hired an intercultural mediator who assists all public institutions and organisations, including Jesenice Hospital and Medical Centre, the Centre for Social Work, and the local pharmacy.

The mediator assists the Medical Centre Jesenice whenever Albanian migrants are scheduled for a medical check or when needed - e.g., during childbirth or an emergency intervention at the Jesenice Hospital.

Importantly, the project contributes to developing trust between public institutions and migrants through intercultural training and encourages residents with a migration background to take up the role of mentors for newcomers.

The programme has been implemented for 3 years now and, therefore, it has become a long-term activity. The assistance of intercultural mediator is sponsored by the Municipality of Jesenice.

Pharos Migrant Ambassador model - the Netherlands

Implementing actor(s): Pharos

The Pharos '*Sleutelpersonen'* (Migrant ambassadors) model sees volunteers with migrant background selected and trained to bridge the service gap between healthcare service providers and migrant communities in the Netherlands.

Pharos is the national expert centre for addressing health inequalities in the Netherlands and has provided scientific knowledge and practical care to professionals as well as beneficiaries for over 30 years. Through their association with Pharos, migrant ambassadors strengthen the relationship between Dutch professionals and migrant beneficiaries, with the support of a well-regarded, established, professional institution.

The migrant ambassadors are a pool of individuals who have fulfilled most or all of their integration obligations and have a solid understanding of the Dutch healthcare system. Their familiarity with Dutch culture and society ensures that migrant ambassadors are equipped to provide support both to Dutch service providers and migrant communities. Their expertise allows them to facilitate relationship building, liaison, group discussions, information dissemination, cultural sensitivity trainings, data collection and awareness raising. This can range from practical support in the form of accompanying a newly arrived refugee on a doctor's visit, to an advisory role in municipalities' development of integration policies. Requests for support may be ad hoc, or more structural.

Since its inception in 2016, over 180 migrant ambassadors have joined the initiative and completed the training. In October, 2020, the pool of active migrant ambassadors consisted of 143 persons active across the Netherlands covering 34 languages and areas of specialisation as wide as healthcare in migrant communities, palliative care, sexual violence, female genital mutilation.

Between 2018-2020, together with Pharos, *Rutgers and Arq National Psychotrauma Center*, IOM led the PROTECT project. Through PROTECT, 13 migrant ambassadors were trained to provide information and referral to migrants across the Netherlands on the topic of sexual and gender-based

violence. As a bridge-building function, migrant ambassadors also collected key information about patterns of violence, gaps in service and recommendations which were conveyed to service providers for the improvement of services to migrants affected by violence. Over 750 migrants in the Netherlands received information, support and counselling from a migrant ambassador through the IOM PROTECT project.

2. Material and technical support

2 © Tima Miroshnichenko / pexels.com

Lack of capacity and adequate material and technical resources continue to hamper timely access to healthcare for TCNs. This is particularly the case for asylum seekers and international protection holders hosted in often overcrowded reception facilities, and for those who face specific challenges, like unaccompanied migrant children; torture, violence, and FGM survivors; and LGBTIQ+ migrant population.

Governmental and non-governmental organisations have been active in providing necessary material and technical support to **facilitate access** to medical services, **encourage** the **coordination** of local public and private actors and, ultimately, **enhance the beneficiaries' quality of life**.

Examples include the promotion of a single health assessment tool by IOM; regional guidelines for public healthcare providers on what specific services they should offer to address the needs of asylum seekers; a public-private partnership to establish a clinic for forced migrants in Italy; the medicine donation system set up by the non-profit organisation GIVMED in Greece, aiming at reducing public healthcare costs while making available costly medications; and specialised eye care provided in reception facilities by *Cione Ruta de la Luz Foundation* in Spain.

Good practices at a glance

Consolidation of the use of the Personal Health Record - Croatia, Greece, Italy and Slovenia

Implementing actor(s): International Organization for Migration (IOM), in partnership with national authorities in targeted EU countries

The project 'Re-Health2 - Implementation of the Personal Health Record as a tool for integration of refugees in EU health systems' had the overall objective to contribute to the integration of newly-arrived migrants and refugees, including those to be relocated, in the EU Member States' health systems through the use of the Electronic Personal Health Record (E-PHR).

The PHR is a universal EU tool for health assessments that aims at improving the continuity of care, making medical records available to health professionals within and from reception to destination countries, and facilitating data collection to better understand and meet migrants' and refugees' health needs as also through supporting and fostering use of and capacity-building of health mediators. Ultimately, the project contributed to the EU Digital Strategy by demonstrating the feasibility and limitations of such a system.

In line with the priorities and actions set out under the EU Public Health Work Programme 2017 to implement the Third Programme of the Union's action in the field of health (2014-2020), the project's action followed an initial piloting phase of the PHR within the Re-Health project in Croatia, Greece, Italy and Slovenia.

The Re-Health2 project was implemented by the IOM Migration Health Division, Brussels Regional Office, in cooperation with national authorities.

Regional Resolution for uniform health procedures targeting vulnerable groups - Italy

Implementing actor(s): Lazio Region

In Italy, the Region Lazio's Resolution 590 of 2018 contain "Indications and procedures for the reception and health protection of applicants for international protection".

With this Resolution, Lazio Region not only acknowledges important national policy documents on this matter, but also provides local public health providers (ASL) and reception centres' operators with precise and uniform indications on how to take charge of asylum seekers and address their needs. The Resolution makes specific reference to those in a vulnerable condition, such as unaccompanied migrant children, victims of violence and torture, and persons with specific care and assistance needs.

A public-private partnership for a forced migrant health clinic - Italy

Implementing actor(s): ASL Roma 1, in partnership with Jesuit Refugee Service

SaMiFo - Forced Migrant Health (*Salute Migranti Forzati*) is a regional clinic for the care of asylum seekers and international protection holders located in Rome, Italy. Established in 2006 through a memorandum of understanding between the local public healthcare provider (*ASL Roma 1*) and the Jesuit Refugee Service's *Astalli Centre* (*Centro Astalli*), the clinic represents a consolidated reality of collaboration between public healthcare workers and private social workers and specialised mediators.

Activities include guidance, outpatient clinics for general medicine, psychology, psychiatry, forensic medicine, gynaecology and obstetrics, and orthopaedics.

Medicines for all - Greece

Implementing actor(s): GIVMED

GIVMED is a non-profit organisation aiming at facilitating access to medicines for all in Greece. According to GIVMED, every year medicine worth one billion euro end up in the trash with avoidable costs for the environment and public health.

Filling a gap collection and management of household medicines, GIVMED's MEDforNGOs programmes aims at organising donations of unused drug stocks to charitable bodies. Through a software developed for this purpose, charitable entities may register their medication needs and the medicine surplus that they wish to donate. GIVMED then coordinates the donation process. Information on available medicines is published also on the MEDforU mobile app through which users can access information on social pharmacies and prescriptions in Greek, English, Arabic, Farsi and French.

Improving visual health - Spain

Implementing actor(s): Cione Ruta de la Luz Foundation, in partnership with IOM

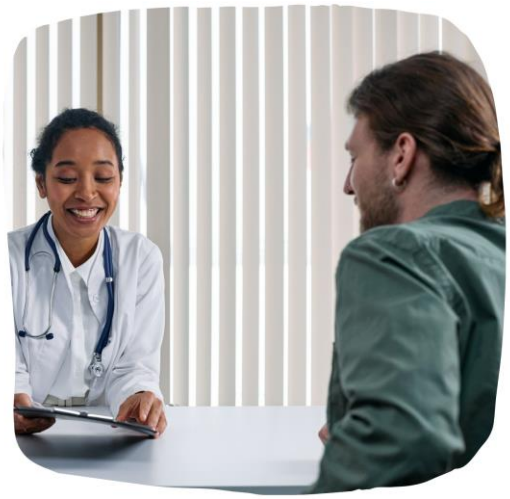
The aim of this project is to improve the visual health of migrants sheltered in the emergency reception centre of Las Canteras in Tenerife, Spain.

The project is based on a cooperation agreement between IOM and *Cione Ruta de la Luz Foundation*. Specifically, IOM currently supports the management of *Las Canteras* emergency reception facility in Tenerife. *Cione Ruta de la Luz Foundation*'s objective is to improve the visual health of the most vulnerable groups through projects at the national and international level. In *Las Canteras*, it is responsible for providing optical care advice and prescription glasses.

In the framework of the project's activities, the Foundation has delivered more than 600 pairs of glasses with different prescriptions and IOM team has organised talks within the centre on visual hygiene and the importance of eye care.

3. Coordination among health service providers

The lack of an integrated approach to medical service provision among public and non-profit actors involved in TCN's inclusion hampers effective healthcare access for vulnerable groups. To tackle this issue, the following examples have developed **operational and capacity building support** to public health service providers in both **reception facilities and mainstream healthcare services**.



3 © Cottonbro / pexels.com

For example, the "SPRINT" – Interdisciplinary System for the Protection of mental health of asylum seekers and refugees in Italy - has facilitated the activation of a capacity-building and supervision system connecting reception centres and the regional public health system in the Region of Tuscany. In addition to improving access to mental care, this project has contributed to activating a regional referral system between reception facilities and mainstream mental health services.
The Public Heath Contingency Plan for Migrants in Sicily represents a multi-level and multi-stakeholder coordinated approach to health services in the context of migration management.

Good practices at a glance

"SPRINT" – Interdisciplinary System for the Protection of mental health of asylum seekers and refugees in Tuscany - Italy

Implementing actor(s): Tuscany Region, AUSLs of the Region (North-West, Centre, South-East), Centro di Salute Globale

The project has promoted the activation of a support and supervision system for reception centres' and Regional Health System's (SSR) personnel through an integrated operational structure in the Region of Tuscany.

This support system consists of a regional team and three mobile multidisciplinary units including experts in anthropology, cultural mediation, and ethno-psychiatry. Its goals is to help local public

health agencies to devise appropriate and effective mental treatment and to improve referral among services in the region.

The project was successful in defining a regional mental health strategy targeting asylum seekers, refugees, migrants, and unaccompanied migrant children, based on a multidisciplinary and multicultural approach involving both the public and the private sector. Moreover, the project contributed to the creation of a support and supervision system bridging the coordination gaps between reception centres and the regional health system.

The project included policy design and capacity building activities which contributes to its sustainability. It was led by the Region of Tuscany and involved the local health agencies (AUSLs) and the Centre for Comprehensive Health ('*Centro di Salute Globale*').

Public Heath Contingency Plan for Migrants in Sicily - Italy

Implementing actor(s): Regional Health Authority of Sicily; Local Health Authorities of Sicily (ASPs); WHO European Region; MoH; USMAF; Italian Red Cross; Emergency; MSF

The Public Health Contingency Plan of the Region of Sicily defines the operational guidelines to coordinate public health actors in the response to migration flows, from rescue at sea to disembarkation and reception.

The Plan clarifies the roles and responsibilities of the main national, regional, and local stakeholders involved to strengthen the organisational aspects, ensure efficient management and timely response to vulnerable groups arriving in the region.

Sicily's Regional Health Authority developed the Plan in collaboration with WHO European Region with the goal of improving the health sector's role in providing health care for migrants.

The contingency plan is an inter-sectorial intervention, which operates through the action of different agencies and professional profiles. The actors involved in the implementation of the Plan are representatives of national authorities (Ministry of Health, Sicily's Regional and Local Health Authorities, USMAF) and non-profit organisations (Italian Red Cross, Emergency, MSF). Their collaboration is detailed in the Plan's operational guidelines. Interventions target the main health services for migrants, with special consideration given to gender- and age-sensitive health services.

Includ-EU's contribution to inclusive healthcare

The pilot project implemented in the framework of Includ-EU aims at **making health services more inclusive** and at **enhancing knowledge about specific migrants' health needs**.

The initiative, implemented by the Region of Crete (Greece) pursues the following objectives, in collaboration with the Health Region and the Greek national health authorities:

- implementing the **Electronic Personal Health Record** (e-PHR), building on the knowledge and experience from other regions;
- **training** health staff on the use of the e-PHR;
- providing **health promotion materials** and **intercultural mediation services** (i.e. interpretation and mediation support) to ensure common understanding between beneficiaries and health promoters;
- establishing **Info Help Desks** to enhance information provision for migrants at local level in Crete, starting by assessing the prevalent needs and gaps in service provision together with all relevant stakeholders.

The e-PHR is an EU tool to improve health needs assessment and continuity of care. Through the e-PHR implementation across the region, this pilot initiative contributes to collecting and making available **accurate information about refugees' and migrants' health needs**, ensuring that migrant health **assessment records** are available at transit and destination countries. This will also strengthen national and cross-border **disease surveillance and response capacities**.

The **Regional Observatory for Social Inclusion** of the Region of Crete is the Department in charge of the pilot project implementation. In particular, the Regional Observatory is responsible for:

- monitoring and coordinating the objectives contained in the Regional Strategy for Social Inclusion (PESKE);
- addressing local needs for social protection, welfare, and solidarity policies;
- mapping poverty and social exclusion;
- promoting evidence-based policy making in the field of social policy in Greece, both at national and regional level.

Conclusions

The COVID-19 pandemic has exposed and worsened existing **structural inequalities** in the fulfilment of the right to health for TCNs.

In Includ-EU countries, adequate and timely care continues to be out of reach for many refugees and migrants, particularly for those without regular status. In addition to being in violation of a fundamental human right, the persistence of inadequate standards of care hampers integration and inclusion with far-reaching effects on TCNs' employment and education prospects as well as on the wellbeing and safety of society as a whole.

Against this background, it is crucial to promote practices that improve respect for the right to health by strengthening **intercultural mediation services**, providing **material and technical support** to health service providers, and ensure greater **coordination across governance levels**.

To deliver equitable access to healthcare, these actions should be promoted together with corresponding efforts from national and local authorities to **overcome administrative barriers and discrimination in healthcare access on grounds of legal status**, and **ensure affordable healthcare for all.**

More specifically, the overview of promising practices in Includ-EU countries suggests that national health systems should **adopt people-centred, age-, gender- disability- and culturally sensitive, non-discriminatory strategies to address the health needs of all users in a continuous way**. Specifically, the following initiatives should be prioritised:

- ⇒ **Strengthen intercultural and linguistic mediation services in public health systems**: the first step towards effective and timely access to healthcare is ensuring smooth and non-discriminatory communication between healthcare staff and TCNs' service users, including torture and violence survivors, unaccompanied migrant children, people with disabilities, and LGBTIQ+. Mediators can have a pivotal role in liaising between service providers and migrant communities within and beyond the healthcare sector, promoting inclusion and participation in society.
- ⇒ **Improve communication about health rights and entitlements:** local and national authorities as well as NGOs and non-profit organisations should raise awareness about rights, entitlements and health-related risks through public information campaigns, helplines, social media, mobile apps, and up-to-speed digital tools providing information in different languages. The COVID-19 pandemic has shown that it is important to ensure that information on healthcare is accurate, evidence-based, and sensitive to intercultural dynamics.

- ⇒ **Provide material and technical assistance to public and non-profit medical service providers**, particularly in reception facilities where living conditions are less favourable and quality health services difficult to access.
- ⇒ **Promote coordination among public health institutions, private service providers, and other stakeholders at the local, regional, and national level:** local, regional and national authorities should set up coordination mechanisms and venues to deliver adequate, timely and continuous access to health services to all TCNs in collaboration with other public and private service provider.
- ⇒ **Include migrant populations in the overall planning and programming of healthcare services beyond contingency planning:** to ensure the timely and effective delivery of health services, it is important to ensure that migrants' organizations and representatives are involved in a structural and systematic manner within local, regional and nation-wide coordination mechanisms.

Bibliography

- European Commission, 2022. *Ukraine: Commission proposes temporary protection for people fleeing war in Ukraine and guidelines for border checks*. Available at https://ec.europa.eu/commission/presscorner/detail/en/ip_22_1469. Accessed 4 July 2022.
- Prins, E. 2020. Coronastress bij vluchtelingen; blijf bellen. Zorg + Welzijn. Available at https://www.zorgwelzijn.nl/coronastress-bij-vluchtelingen-blijf-bellen/. Accessed 4 July 2022.
- WHO, 2018. Report on the health of refugees and migrants in the WHO European Region. No PUBLIC HEALTH without REFUGEE and MIGRANT HEALTH. WHO Regional Office for Europe: Copenhagen. Available at https://www.inmp.it/pubblicazioni/WHO-INMP_Health_Refugees_Summary.pdf. Accessed 4 July 2022.

Includ-EU

Access to healthcare

The project is funded by the Asylum, Migration and Integration Fund of the European Union

This project is funded by the AMIF fund of the European Union