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Equal access to health care

Committee Opinion¹

Committee on Migration, Refugees and Displaced Persons

Rapporteur: Mr Mikael CEDERBRATT, Sweden, Group of the European People's Party

A. Conclusions of the committee

1. The Committee on Migration, Refugees and Displaced Persons supports the report prepared by the Committee on Social Affairs, Health and Sustainable Development and congratulates its rapporteur, Mr Jean-Louis Lorrain, on his synthesis of this large and difficult subject of equal access to health care.
2. The committee recalls that the origin of this report was the merging of two motions, including one on guaranteed access to health care for migrants/foreign nationals. It is particularly pleased to see how the rapporteur has been sensitive to the issue of migrants in his report. In these circumstances, the committee wishes to limit itself to four amendments.

B. Proposed amendments to the draft resolution

Amendment A (to the draft resolution)

In the draft resolution, paragraph 3, after the words "The Assembly notes that inequalities in access to care," add the words ", including mental health care,".

Amendment B (to the draft resolution)

In the draft resolution, paragraph 3, after the words "as well as Roma," insert the word "refugees,".

Amendment C (to the draft resolution)

In the draft resolution, paragraph 3, after the words "especially those in an irregular situation," add the words "persons in detention,".

Amendment D (to the draft resolution)

In the draft resolution, after paragraph 6.3, insert the following sub-paragraph:

"ensure that pregnant women and children, as a particularly vulnerable group, have full access to health care and social protection, irrespective of their status;"

1. Reference to committee: [Doc. 12504](#) and [Doc. 12512](#), Reference 3753 of 11 April 2011. Reporting committee: Committee on Social Affairs, Health and Sustainable Development. See [Doc. 13225](#). Opinion approved by the committee on 25 June 2013.



C. Explanatory memorandum by Mr Cederbratt, rapporteur for opinion

1. The report presented by our colleague Mr Jean-Louis Lorrain tackles a large subject and synthesises very well the main issues to be addressed. He takes fully into account that there were two motions which created the basis for the report, including one on guaranteed access to health care for migrants/foreign nationals.

2. In his report, he has tackled many of the problems that migrants, refugees and asylum seekers face in having access to health care, including the problematic issue of certain health care officials being put under pressure to denunciate irregular migrants who seek health care (so-called putting a “firewall” on reporting obligations).

1. Access to health care for pregnant women and children (Amendment D)

3. One difficult but important issue that the rapporteur touches on at the end of his report is that of access to health care for pregnant women and children. He cites problems in Greece, which the Committee on Migration was also made aware of: namely new born children being held in hospitals until payment of charges have been made. This has reportedly been a particular problem for undocumented women, following the birth of their children. However, the issue for undocumented pregnant women and children goes well beyond this example and in many countries these women have numerous problems accessing pre and post-natal health care.

4. Our societies today may be facing all sorts of economic and other issues, but if we cannot guarantee health care to pregnant women and the safety of their children during and following pregnancy, there is a problem with our society and our humanity. The United Nations Convention on the Rights of the Child states clearly in Article 24 that States Parties must recognise the right of the child to “the enjoyment of the highest attainable standards of health” and must “ensure that no child is deprived of his or her right of access to such health care services” and this includes (in 24.2.d) “pre-natal and post-natal health care for mothers”.

5. Doctors of the World have undertaken a study of 16 countries to show the level of access to health care for undocumented pregnant women and children in these countries, the results of which are shown in the table below.²

Group 1	Group 2	Group 3
Countries where the rights of undocumented children and pregnant women are nearly identical to nationals, sometimes with some differences in terms of conditions of access	Countries where certain rights for undocumented children and pregnant women are guaranteed, but there is discrimination against one or both of these groups	Countries without rights for undocumented children and pregnant women, except in rare circumstances, such as an emergency
Belgium, France, Italy, Malta, Portugal, Romania, Spain	Czech Republic, Greece, Netherlands, Slovenia and United Kingdom	Cyprus, Germany, Poland and Sweden ³

6. The problems these women and children face include issues such as fear of reporting if they seek medical care or enter a hospital, the problem of financing the care, communicating with health officials and, knowing their rights. These are some of the standard concerns, but different groups and sub-groups may have other specific problems. For example, asylum seekers in the United Kingdom may face particular problems as they are often moved around the country, sometimes several times, uprooting them from family and friends and their midwives and care. Some countries suspend the removal of migrant women in an irregular situation for a specific period of time but this does not give them the right to health care.⁴ Some countries provide treatment only in emergency situations, but even this raises questions as to what amounts to an emergency.

2. This table is taken from “Preventing Undocumented Pregnant Women and Children from Accessing Health Care: Fostering Health Inequalities in Europe”, a Report of a public hearing organised in Brussels on 8 December 2010 and initiated by: in the European Parliament, the Group of the Progressive Alliance of Socialists and Democrats, the Greens, the European United Left/Nordic Green Left and also by a network of NGOs including the European Anti-Poverty Network, European Women’s Lobby, Doctors of the World and the Platform for International Cooperation on Undocumented Migrants.

3. As from 1 July 2013, changes will be introduced into the law in Sweden so that children and pregnant women will have access to health care on an almost identical basis as nationals.

7. I am aware that this issue may appear to be relatively small, but it is one which the Assembly should take a position on and express itself clearly. Furthermore, it is an issue to which member States should pay immediate attention, even during a period of economic austerity.

2. Health-care needs of detainees and refugees (Amendment B and C)

8. Health care in immigration detention is an issue that the Committee on Migration, Refugees and Population has had to deal with on numerous occasions in different member States. It is one that I have been confronted with on several visits to detention centres in France, Greece and Italy, and it is also an issue I have experience of in my own country Sweden, where I previously worked as a police officer.

9. Persons in detention are particularly vulnerable, whether they are in prison or whether they are migrants in detention centres. I am therefore proposing to mention them as a particular vulnerable group amongst the other vulnerable groups highlighted in paragraph 3 of the draft resolution.

10. In the same context, refugees arrive after having suffered persecution. They may have both physical and mental health care needs as a result of what they have suffered. Furthermore, they may have undertaken long, arduous and dangerous journeys to reach their country of asylum. As such, they are also a vulnerable group which should be mentioned.

3. Mental health (Amendment A)

11. As I mentioned above, many refugees, but also irregular migrants, caught up in long dangerous journeys, may arrive with pronounced mental health problems. These may be exacerbated for children. Furthermore, migrants living in the host society may have problems accessing mental health care for a range of different reasons, including problems of communication, understanding what is available, cultural sensitivity, etc. In a new report from the United Nations Special Rapporteur on the right of everyone to the enjoyment of the highest attainable standard of physical and mental health,⁵ the rapporteur recommends that States “ensure access to mental-health facilities, goods and services, including social support groups and family reunification programmes, for all migrant workers – including irregular and returnee migrant workers”.

12. Mental health care issues are important for the whole population and are particularly important for vulnerable groups such as migrants, refugees and asylum seekers. I am thus proposing a general reference to mental health care in paragraph 3 of the draft resolution.

4. This, for example, is the case in Germany, Greece and Italy: see Report of the European Union Agency for Fundamental Rights, 2011, “Migrants in an irregular situation: access to healthcare in 10 European Union Member States”, p. 25.

5. Anand Grover, United Nations, General Assembly, 15 May 2013, A/HRC/23/41, page 23.IV.e.