Legislative, administrative, financial and bureaucratic barriers

The problem

Beyond the health care system, wider legal and policy frameworks govern asylum and influence access to health care and who is responsible for care. Where refugees are legally recognized and adequate health services exist, the legal status of an individual is the most important factor determining access to health care. However, access to appropriate healthcare across EU is very varied and is overwhelmingly shaped by legal frameworks and the regulation of the migration process, which in turn lead to a number of administrative procedures that have to be respected to guarantee access to care. Refugees are formally owed protection, including access to health services, from their first country of registration for asylum. In practice, however, administrative barriers and the time taken to process documents and applications increase the frequency of situations where refugees have no effective health care coverage (Bradby, Humphris, Newall, & Phillimore, 2015). At any one time an individual may be lodging an application, awaiting a decision, awaiting an appeal, or may have been refused asylum (Taylor, 2009). As a consequence, legal entitlement does not guarantee access to health care and social insurance-based systems are particularly problematic for asylum seekers and refugees, since registration is more complex than in tax-funded systems (Bradby et al., 2015).

Evidence on the barrier

Legal status has been identified by our literature review and focus group results as the single most important factor directly impacting access to health and social services (Bradby et al., 2015; Campbell, Klei, Hodges, Fisman, & Kitto, 2014; Mei Lan et al., 2015). A major problem in sourcing evidence is related to the wide variation in the definition and identification of refugees and asylum seekers used throughout Europe. What is meant by asylum seeker and refugee shifts, and the changing meanings have important implications to the access to health care. Two groups of migrants are particularly at risk: those individuals situated between legal positions who find themselves in the transitioning process from an asylum seeker to a refugee; and those “failed asylum seekers”, who are awaiting deportation or who have appealed the decision and have made a fresh claim.

Affordability is a second important barrier to accessing health care for those who have not obtained full protection. Inability to pay for medical consultation, pharmaceuticals, transportation to appointments and other health-related costs, including contraception, have been highlighted as major barriers to accessing health care (Hadgkiss & Renzaho, 2014). Even for those who have gained full protection, the effect of poverty and scarce economic resources on broader health concerns was reported in some studies, highlighting that for new refugees health *per se* may not be felt as an immediate priority (McKeary & Newbold, 2010).

The delivery of health care services to asylum-seekers and refugees is seriously hampered by the complexity of administrative procedures that have to be executed to guarantee access to care. Different procedures have to be followed depending on the status of the asylum-seeker: as long as she/he has not been registered as an asylum-seeker (e.g. because she/he does not intend to stay in the country she/he is in at that moment) is considered to be an undocumented migrant. This implies that specific rules apply, which differ from one member state to another, which in turn leads to a number of administrative procedures that have to be respected to guarantee access to care.

Even for those who have refugee status, administrative and bureaucratic procedures continue to hamper access health care. Administrative procedures – such as a waiting period imposed by health insurance organizations – may lead to the person being without health insurance for a relatively long period, rendering access to care difficult because of financial thresholds. Complexity and the lengthy forms required to obtain

exemption fees, unfamiliar procedures, such as contacting GP surgeries to make appointments, have also been identified as barriers to health services even for those with refugee status (Joels, 2008). For example, difficulties accessing health and social care could simply stem from not having a stable home address, in some countries without an address, persons without asylum are denied health care and treatment since residential information is required for GP registration (Mei Lan et al., 2015).

Furthermore, in some countries access to secondary care is only free available in case of an emergency, if treatment is life-saving or immediately necessary (Bradby et al., 2015; Joels, 2008). Therefore, people who have been refused asylum or are awaiting recognition may be left at an impasse with no right to treatment and no means to pay (e.g.: asylum seekers that are accommodated in centres for asylum seekers, refugees in arrival centres, people placed in detention centres awaiting deportation or in the process of identification, migrants with permission to stay who are released from detention centres because they cannot be deported and undocumented migrants). All the above listed groups of migrants/refugees may be excluded from the regular system of health care coverage and may only be entitled to emergency health care.

Nevertheless, the interpretation of emergency health care can be quite arbitrary, since the extent of services provided is often based on the individual decision of the health care worker treating the patient. There is insufficient knowledge among medical doctors, nurses and social workers of the different administrative statutes of refugees and asylum seekers and what the relevant health care rights actually are. As a result, patients may not receive the care to which they are entitled. Furthermore, it has emerged that these rules may be unclear and in some countries change frequently. When legal and administrative procedures are not respected, this may have far reaching consequences for the health care institution, which may not receive reimbursement from the state for the services delivered.

Finally, lack of knowledge of entitlement to health care services and information of available services are important barriers also for those who have been awarded refugee status and are entitled to primary and secondary care (Joels, 2008). Fear of detection or deportation may discourage access to health services for those refugees who do not or cannot declare themselves to the statutory authority, as in the case of migrants who are unable to claim asylum and, therefore, are not entitled to health care(Bradby et al., 2015).

Measures to address barriers

UNHCR suggests (UNHCR, 2011) that the most effective way to improve access to services is the removal of legal restrictions and of any discriminatory directives or practices that impede access to health. The first step to improve the situation is the creation of a consistent, shared labelling system for asylum seekers and refugees in all European countries, as this will simplify progress on ensuring access to appropriate and equitable health care for this group (Bradby et al., 2015).

At a local level it is important to promote an effective legal environment, health managers need to analyse the relevant laws and directives in their country, and work out the practical implementation of these laws in terms of health service access and provision. Furthermore, the full costs that refugees pay for health services should be analysed including costs of transport, consultations, investigations and medications including long term prescriptions for chronic diseases. On the base of this analysis health managers and decision makers should examine and decide upon the various financing options needed to support refugees who have to pay user fees for primary and emergency services, and for specialised care (UNHCR, 2011).

Other important measures are to make health professionals aware of legislation affecting people seeking asylum and to prepare them to ensure appropriate health care is provided for all those seeking asylum. On the side of the refugees, proactive and facilitative programmes should be developed with the aim of informing people seeking asylum of their healthcare entitlements.

Successful example

Responsibility for administrative, interpreting, and financing issues taken from health care staff by management
(Austria)

Service/department in charge of the measure
Hospital directors / hospital management / outpatient department

Description of the measure
In Vienna, during the 2015/16, refugee movement, many children were treated at the outpatient department of the St Anna Kinderspital. Many of them had not yet applied for, nor received asylum seeker status. They could not, therefore, present a health card, which in Austria would entitle them to access public health services. In these particular cases, staff members were permitted to deviate from the defined administrative procedures. The hospital directors set a rule that "the patient comes first". If the patient could not show the right documents/health card, staff should copy whatever documents were available and treat the patient. Interpreting services were available. Subsequent to treatment, financial issues were dealt with by the management. In order to provide medicine for these patients, a "refugee pharmacy depot" was implemented, providing around 25 drugs for the most common infantile health problems. Documentation of drug provision was done with a simple list to avoid additional bureaucracy.

Expected outcomes:
To create a working situation for medical and nursery staff where they are not hindered in their medical work by bureaucratic issues

Achieved outcomes:
Achieved outcomes: refugee children without asylum seeker status were able to receive medical treatment and could be provided with drugs. Medical and nursery staff could provide professional treatment without being responsible for additional administrative procedures. Treating these vulnerable patients was seen as a joint challenge.

Resources needed for implementation:
management decision, adapted administrative procedures

Source: *Interview and focus groups report*

References to know more:

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