



THE PORTUGUESE HEALTH REGULATION AUTHORITY

Title: Access to Health Care by Immigrants

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Executive summary

The Portuguese Health Regulation Authority (ERS) conducted a study aimed at evaluating the access to health care by immigrants in Portugal, under the remit set forth in numbers 2 and 3 of article 5.º of the Decree-Law n.º 126/2014, of August 22nd.

The study includes five chapters. After the first introductory chapter which highlights the aims of this study, the second chapter is dedicated to the current situation of migration in Europe as well as the evolution of migration flows to Portugal. A description of the demand for health care by the immigrant population is given using information from international organizations such as the World Health Organization (WHO), the International Organization for Migration (IOM) and the Organisation for Economic Co-operation and Development (OECD), among others, and academic articles that characterize the demand for health care as well as the possible barriers to access to health care for the immigrant population based on questionnaire surveys.

It was found that there is still a lack of data on the accessibility and use of health services by immigrants, which limits the knowledge about the multiple determinants of utilization of health services, and barriers to access to these services. It was also concluded that there is the need to pay specific attention to newcomers and immigrants in an irregular situation, since these are the subgroups of the immigrant population most affected by the difficulties and lack of information to access health care. Furthermore, barriers on the demand and supply sides should be clearly identified in order to tackle inequities in access and use of services by the immigrant population, as well as special attention to the current socio-economic context, cultural factors and gender-based inequalities is needed. And lastly, public authorities should promote

information to the immigrant population on the rights to health care and the requirements for exercising such rights.

Chapter 3 is devoted to the various national and international sources of legislation and norms which set the universality of the right to health protection and frame the access to health care by foreigners. The different nationalities and circumstances of those who decide to leave their country of origin circumscribe different factual and legal frameworks of the right to health protection awarded to foreign nationals. Hereupon, four cases are presented separately, namely the cases of 1) citizens of the European Union (EU), citizens of the European Economic Area (EEA) and Switzerland (who reside permanently or temporarily in Portugal) and workers from EU institutions, 2) third-country national citizens covered by a bilateral agreement, 3) third-country national citizens not covered by a bilateral agreement (which may also be in Portugal in an irregular situation), and finally, 4) national citizens of a third country under the refugee or asylum status.

The fourth chapter presents the views of several institutions which play an important role on the process of access to health care by foreigners, namely the Regional Health Administrations (ARS), the Central Administration of the Health System (ACSS) and the High Commissioner for Migrations (ACM). The chapter ends with a critical appraisal of procedures that are in place given the legal and regulatory framework. Indeed, the confrontation between the legislative provisions and the reality described by ARS, ACSS and ACM, shows that important barriers practical to access to health care by the foreign citizen exist. These are related not only to language and cultural differences and socio-economic difficulties, but also to barriers based on information systems' constraints and administrative procedures to referencing service users and to prescribe drugs within the NHS. Specifically for undocumented migrants, computer systems do not allow for referrals to specialized care, or even prescription of diagnostic tests and drugs.

The fifth and final chapter is devoted to the main conclusions of the analysis undertaken in the study. As evidenced, there is no effective knowledge of the reality of health care utilization by foreigners, whether in regard to their identity, nationality and origin, or the care provided and the monetary values charged. Naturally, this lack of knowledge limits the ability to design public policies that could promote better access to health care by immigrants.