Policies on Health Care for Undocumented Migrants in EU27

Country Report

Bulgaria

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April 2010
# Table of Contents

Preface ........................................................................................................................................................................ 3
Introduction.................................................................................................................................................................... 4
The General Migration Context ....................................................................................................................................... 4
  Total Population and Migrant Population .................................................................................................................. 6
  Estimated Number of Undocumented Migrants .................................................................................................... 6
  Categories of Undocumented Migrants .................................................................................................................. 6
Policies Regarding Undocumented Migrants ............................................................................................................... 7
  Regularization Practice, its Logic and Target Groups .............................................................................................. 7
  Internal Control: Accommodation, Labour, Social Security and Education ............................................................ 7
Main Characteristics of the Health System .................................................................................................................. 7
  Financing, Services and Providers ......................................................................................................................... 7
  Basis of Entitlement ................................................................................................................................................. 8
  Special Requirements for Migrants ....................................................................................................................... 8
  Difference Sensitivity ............................................................................................................................................ 9
Health Care for Undocumented Migrants .................................................................................................................. 9
  Relevant Laws and Regulations ............................................................................................................................. 9
  Access to Different Types of Health Care ................................................................................................................ 9
  Costs of Care .......................................................................................................................................................... 10
  Specific Entitlements ............................................................................................................................................ 10
  Regional and Local Variations ............................................................................................................................. 10
  Obstacles to Implementation .................................................................................................................................. 10
  Obligation to Report ............................................................................................................................................ 10
Providers and Actors ................................................................................................................................................ 10
  Providers of Health Care ...................................................................................................................................... 10
  Advocacy Groups and Campaigns on Rights ....................................................................................................... 10
  Political Agenda .................................................................................................................................................. 10
  International Contacts ........................................................................................................................................ 10
Bibliography ............................................................................................................................................................... 11
Preface

Undocumented migrants have gained increasing attention in the EU as a vulnerable group which is exposed to high health risks and which poses a challenge to public health. In general, undocumented migrants face considerable barriers in accessing services. The health of undocumented migrants is at great risk due to difficult living and working conditions, often characterised by uncertainty, exploitation and dependency. National regulations often severely restrict access to healthcare for undocumented migrants. At the same time, the right to healthcare has been recognised as a human right by various international instruments ratified by various European Countries (PICUM 2007; Pace 2007). This presents a paradox for healthcare providers; if they provide care, they may act against legal and financial regulations; if they don't provide care, they violate human rights and exclude the most vulnerable persons. This paradox cannot be resolved at a practical level, but must be managed such that neither human rights nor national regulations are violated.

The EU Project, “Health Care in NowHereland”, works on the issue of improving healthcare services for undocumented migrants. Experts within research and the field identify and assess contextualised models of good practice within healthcare for undocumented migrants. This builds upon compilations of

- policies in the EU 27 at national level
- practices of healthcare for undocumented migrants at regional and local level
- experiences from NGOs and other advocacy groups from their work with undocumented migrants

As per its title, the project introduces the image of an invisible territory of NowHereland which is part of the European presence, “here and now”. How healthcare is organised in NowHereland, which policy frameworks influence healthcare provision and who the people are that live and act in this NowHereland are the central questions raised.

**Healthcare in NowHereland: Improving services for undocumented migrants in the EU**

*Project funded by* DG Sanco, Austrian Federal Ministry of Science and Research, Fonds Gesundes Österreich

*Running time:* January 2008 – December 2010

*Partners:*
- Centre for Health and Migration at the Danube University, Krems (AT) (main coordinator)
- Platform for International Cooperation on Undocumented Migrants (BE)
- Azienda Unità Sanitaria Locale di Reggio Emilia (IT)
- Centre for Research and Studies in Sociology (PT)
- Malmö Institute for Studies of Migration, Diversity and Welfare (SE)
- University of Brighton (UK)
Introduction

This report is written within the framework of the research project, NowHereland - Health Care in NowHereland – Improving Services for Undocumented Migrants in the EU, and one of its work packages. The focus of this work package – policy compilation – was to collect data on policy approaches regarding access to health care for undocumented migrants in the EU member states, to deliver 27 Country Reports and to offer a clustering of the states. A descriptive approach has been applied. In order to contextualise health care access, certain other themes are covered, such as the main characteristics of the various health systems, aspects of policies regarding undocumented migrants and the general context of migration.\(^1\)

The term used in this project is thus, “undocumented migrants”, which may be defined as third-country nationals without a required permit authorising them to regularly stay in the EU member states. The type of entry (e.g. legal or illegal border crossing) is thus not considered to be relevant. There are many routes to becoming undocumented; the category includes those who have been unsuccessful in the asylum procedures or violated the terms of their visas. The group does not include EU citizens from new member states, nor migrants who are within the asylum seeking process, unless they have exhausted the asylum process and are thus considered to be rejected asylum seekers.

All the reports draw upon various sources, including research reports, official reports and reports from non-governmental organisations. Statistical information was obtained from official websites and from secondary sources identified in the reports. As regards legislation, primary sources were consulted, together with the previously mentioned reports. One salient source of this project was information obtained via a questionnaire sent to recognised experts in the member states.\(^2\)

The General Migration Context

Bulgaria became a member of the European Union in 2007, and has not yet joined the Schengen Agreement.

\(^1\) Information regarding the project and all 27 Country Reports can be found at [http://www.nowhereland.info/](http://www.nowhereland.info/). Here, an Introduction can also be found which outlines the theoretical framework and method as well as a clustering of the states.

\(^2\) For the report at hand, the person to acknowledge is: Antoaneta Sabeva, Consultant, Programme for Legal Defence of Refugees and Migrants Refugee Protection Office, Bulgarian Helsinki Committee and researcher for Mighealth.net in Bulgaria.
Bulgaria had limited emigration and immigration before 1989, only becoming part of the global migratory system in the early 1990s (Dzhengozova 2009:25). Its geographical position as a land-bridge to Asia and the Middle East affects the flow of immigrants.

Consequently, immigration involves mainly migrants from the Near and Middle East, Afghanistan, China, and persons from the former Yugoslav and Soviet Republics. The major migrant groups include Syrians, Lebanese, Iraqis, Kurds, and Afghans – they are not new to Bulgaria, as there was migration from these countries in the 1960s and 1970s. For Russians, Armenians, Ukrainians and such, Bulgaria is also an option for migration (ibid. with reference to Zhelyazkova et al. 2007). Since Bulgaria became an EU member state in 2007, it has shared borders with the EU. This has resulted in stronger and more repressive immigration policies, justified in the name of concerns for security and combating illegal activities (Dzhengozova 2009:25 with reference to Lewis & Daskalova 2008).

In the period 1 January 1993 to 31 January 2010, persons granted refugee status in Bulgaria came from the following countries: Afghanistan (5 569), Iraq (4 180), Armenia (1 772), Iran (848), Serbia and Montenegro (773), stateless persons (765), Nigeria (493), Algeria (405), Turkey (373) and Bangladesh (297). In 2008 Bulgaria received 745 asylum applications, mainly from citizens of Iraq (350) and Armenia (70) (Eurostat 66/2009). The same year, 700 decisions were issued and the rate of recognition was 43.8% in the first instance (305 in total) (Eurostat 175/2009).

A working group was established in 2008 by the government under the auspices of the Ministry of Labour and Social Policy, including representatives of all interested ministries, agencies and NGOs, to provide a comprehensive approach to issues related to migration. The concept of migration policy has been approved by the government, its main idea being to attract foreigners of Bulgarian origin to contribute to the economy of the country, and lays down a quota principle in the recruitment of foreign labour (Sabeva 2009:5).

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**Total Population and Migrant Population**

By 1 January 2010 the population in Bulgaria 7,576,751 (Eurostat).\(^6\) In 2008, the foreign-born population was 24,000, which equalled 0.3% of the population (Eurostat 94/2009). The most numerous non-nationals, by country of citizenship, in Bulgaria in 2008 were from Russia (9,000), Ukraine (2,200) and Greece (1,600) (ibid.).

**Estimated Number of Undocumented Migrants**

There are no estimates or data available, but the number of undocumented migrants is assumed to be low (Baldwin-Edwards & Kraler 2009:41).

Some estimates suggest that 10-15% of migrants in Bulgaria are residing illegally, and these estimates are said to be conservative (Dzhengozova 2009:25). The irregular migrants enter mainly from the Bulgarian-Turkish border and from Greece. Based on data with respect to border violations from 2006, the dominant groups of irregular migrants are from Afghanistan, Turkey and Moldova (ibid.:26).

**Categories of Undocumented Migrants**

Many of the undocumented migrants have expired residency documents (i.e. are “overstayers”) (Dzhengozova 2009:25). In addition, in the Bulgarian context the asylum process plays a role in “producing” undocumented migrants (Baldwin-Edwards & Kraler 2009:41). This is related to the fact that there is no restriction in respect of the length of time between submission and registration of applications, resulting in tremendous hardships for asylum seekers as many are obliged to remain indefinitely without legal recourse to basic rights whilst awaiting ‘registration’ of their applications. This implies that there is no legal basis for distinguishing between asylum seekers and undocumented migrants. Asylum applicants may have to wait months before the procedure to grant asylum begins, and may thus spend long periods detained without any legal status in the country, and thus have no access to the labour market, livelihood support or medical care (Dzhengozova 2009:25).

The Ministry of the Interior (Migration directorate) has the right to arrest undocumented migrants and to issue an expulsion order. Usually in such cases, an order for compulsory placement in a special centre for temporary accommodation of foreigners in *Busmantsi Detention Centre* (SDVNCH) is issued as a measure to ensure the expulsion.

\(^6\) Eurostat.  
The Bulgarian government has been criticised for the lack of a statutory time limit with respect to the detention of undocumented immigrants, which occasionally could continue for years. Following amendments to the Law on Aliens in 2009, the maximum period for which aliens may be detained is now 6 months (Sabeva 2009:6).

Policies Regarding Undocumented Migrants

Regularization Practice, its Logic and Target Groups
No regularisation programs have been implemented in Bulgaria (Dzhengozova 2009), and in addition, there are no regularisation mechanisms (ibid.).

Internal Control: Accommodation, Labour, Social Security and Education
This topic is not covered.

Main Characteristics of the Health System

Financing, Services and Providers
A statutory health insurance scheme was established in Bulgaria in 1998. The current system of health care financing is a mixed system. Health care is financed from compulsory and voluntary health insurance (VHI) contributions, taxes, and formal and informal cost-sharing (Georgieva et al. 2007). The compulsory health insurance system is represented by the National Health Insurance Fund, and covers 92% of the population. Contributions are payroll-based (split between the employer and employee). Central and local government budgets cover contributions for unemployed and low-income persons, pensioners, students and civil servants. Roma and permanently unemployed individuals are excluded from the statutory health insurance scheme. (Thomson et al. 2009: 118). Private health insurance plays a very small complementary role, and out-of-pocket payments are now the main single contribution mechanism for health care. Cost sharing applies to outpatient prescription pharmaceuticals (with exemptions for treatment of chronic illnesses), doctor visits, diagnostics and inpatient care. Patients with specific illnesses, children, unemployed and other low-income people are exempt from these charges. Informal payments have been identified as a problem (Georgieva et al. 2007).

The compulsory health insurance guarantees a basic, broadly defined benefits package to the insured population, and is defined by the National Framework Contract (valid for one year). Health care is free of charge at the point of delivery. The voluntary insurances provide complementary health coverage as well as services covered within the basic benefits package (Georgieva et al. 2007). The benefits package includes services such as
health care for chronic diseases, medical and dental prevention and promotion, emergency medical care, outpatient medical and dental diagnostics and treatment, hospital diagnostics and treatment, maternal and infant health care, medical rehabilitation, care for the elderly, palliative health care, surveillance, home visits and consultations and transportation to services for medically eligible patients (ibid.:49). Emergency care services cover all persons (Georgieva et al. 2007:xviii).

There are four main categories of health facilities in Bulgaria: hospitals, dispensaries, outpatient health facilities, sanatoria and other health establishments (such as emergency care centres, hospices, homes for children’s social and medical care, hygiene and epidemiological inspectorates, and national and regional health centres) (Georgieva et al. 2007:82). Primary health care is provided by general practitioners in private practice, group practice and/or in outpatient departments, and patients have free choice of GP and inpatient facilities. General practitioners act as gatekeepers to specialised and hospital care (Georgieva et al. 2007). Hospital care in Bulgaria is provided by public and private health establishments, which are divided into multi-disciplinary (with at least four specialised wards) and specialised hospitals, depending on treatment duration. National multi-disciplinary and specialised hospitals are state owned trading corporations, whilst inter-regional and regional hospitals are joint-stock companies (ibid.:107). Also, a number of NGOs are active in the health sector, targeting persons such as the blind, deaf and disabled, as well as those with multiple sclerosis, diabetes and cancer. There are other organisations dealing with patients’ rights, but they do not have a meaningful influence on health care policy (ibid:23). Emergency care is provided at specific Regional Centres for Emergency Care (ibid.).

Basis of Entitlement

The basis of entitlement is legal residency, and this is also understood as meaning citizenship. In accordance with the Health Insurance Act, health care is provided to all Bulgarian citizens, Bulgarian citizens who are also citizens of another country but permanently living in Bulgaria, foreign citizens or individuals without citizenship but with a long-term residence permit, and individuals with refugee or humanitarian status or those granted the right of asylum (Georgieva et al. 2007:47). Ethnic minorities, such as Roma and the permanently unemployed are excluded from the system (ibid.:36). 7

Special Requirements for Migrants

Special requirements for migrants are related to legal residency, which establishes an entitlement to health care equal to that of Bulgarian citizens. Other categories of migrants

7 Other relevant legislation includes the 1999 Health Care Establishment Act, the National Framework Contract and the 2004 Health Act. These normative documents regulate the rights of citizens within the general health care process, their autonomy and the right to choose their physicians and health institution (Georgieva et al. 2007:25).
(except refugees and asylum seekers) are not included in the health insurance system and are required to pay for treatment.

With respect to asylum seekers, their right to health care is regulated by The Law on Asylum and Refugee, Section II, Rights and Obligations of Aliens Seeking Protection During The Procedure, Article 29 (Amended, SG No. 52 of 2007) (1), in terms of which, “aliens shall have the right to: (4) health insurance, accessible medical care and free use of medical services under the terms and following the procedure applicable to Bulgarian nationals.”

Health insurance of foreigners with refugee and humanitarian status who are included in the National Program for Integration of Refugees in the Republic of Bulgaria (2008-2010) is also paid for by the state, for a period of up to one year (Sabeva 2009).

### Difference Sensitivity

This topic is not covered.

## Health Care for Undocumented Migrants

### Relevant Laws and Regulations

There is no specific legislation regarding access to health care for undocumented migrants, and as such the current level of access to health care is to be deduced from the general legal framework. The Law on Health Care from 2004 (amended several times, recently in 2008), Article 99(1) and Article 100 (1) regulates access to emergency care, and provides that all medical treatment facilities are required to provide emergency medical procedures free of charge regardless of a patient's citizenship, address or social security status. If a facility refuses to provide emergency care to an individual in a life-threatening condition, a fine may be imposed on the staff and their medical licences may be revoked for a period of time (Georgieva et al. 2007:109). However, foreign residents not enrolled in any insurance schemes pay for emergency services according to the hospital rates (ibid.).

### Access to Different Types of Health Care

Undocumented migrants access emergency care in accordance with The Law on Health Care.

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Costs of Care
Foreign residents not enrolled in any insurance schemes pay for emergency services according to the hospital rates (Georgieva et al. 2007:109). This is understood to be the full costs.

Specific Entitlements
There are no specific entitlements in terms of identified groups or diseases in relation to undocumented migrants.

Regional and Local Variations
There are no local or regional variations in entitlements to care in terms of legislation.

Obstacles to Implementation
This topic is not relevant.

Obligation to Report
This topic is not covered.

Providers and Actors

Providers of Health Care
Emergency care is provided at special Regional Emergency Centres which may be found throughout the country.

Advocacy Groups and Campaigns on Rights
As regards advocacy groups, there has previously been an attempt to submit a subscription list for the regularisation of undocumented migrants, but this action was unsuccessful. There have not been any campaigns with respect to the right to health care (Questionnaire Bulgaria).

Political Agenda
Generally, refugees, migration, and undocumented migrants in particular are not political topics. Information surrounding the issue appears in the newspapers only when there is some form of scandal involved, such as the hunger strike in Busmantsi Detention Centre (Questionnaire Bulgaria).

International Contacts
This topic is not covered as information was not obtained.
Bibliography


