Policies on Health Care for Undocumented Migrants in EU27

Country Report

Portugal

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Preface

Undocumented migrants gain increasing attention in the EU as a vulnerable group that is exposed to high health risks and challenges public health. In general, undocumented migrants face considerable barriers in accessing services. Health of undocumented migrants is highly at risk due to difficult living and working conditions often characterised by uncertainty, exploitation, and dependency. In a state-control logic, national regulations often severely restrict access to health care for undocumented migrants. At the same time, right to health care has been recognized as human right by various international instruments ratified by European Countries (PICUM 2007; Pace 2007). This opens a paradox for health care providers: if they give care, they may act against legal and financial regulations, if they don’t give care they violate human rights and exclude the most vulnerable. This paradox cannot be resolved on a practice level but has to be managed in a way neither human rights nor national regulations are violated.

The EU Project “Health Care in NowHereland” works on the issue of improving health care services for undocumented migrants. Experts from research and practice identify and assess contextualised models of good practice of health care for undocumented migrants. It builds upon compilations of

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

With its title, the project introduces the image of an invisible territory of Nowhere-land that is part of the European presence “here and now”. How health care is organised in NowHereland, what are policy frameworks that influence health care provision and who are the people that live and act in this NowHereland are central question raised.

| Health Care in NowHereland: |
| Improving Services for Undocumented Migrants in the EU |

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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

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 methodological considerations as well as a clustering of the states.

² For the report at hand, the person to acknowledge is: Sandra Silva, Research Assistant at Centre of Geographical Studies (CEG), Institute of Geography and Spatial Planning (IGOT), University of Lisbon and researcher for Mighealth.net in Portugal.
The General Migration Context

Portugal joined the EU in 1986 and is situated on the border of the Schengen Area.

Historically, Portugal has been a net emigration country since the 15th century, when the Portuguese began their period of international endeavour. Between the mid-19th century and the end of the 1950s, approximately two million Portuguese migrated to Brazil and the United States (Fonseca et al. with reference to Malheiros 2002). After World War II, the increase in labour demand in central and northern European countries, and the beginning of the wars in the Portuguese colonies in Africa, led many Portuguese nationals to migrate to other European countries. During the 1960s, and until the political revolution of 1974, more than 1.5 million Portuguese workers emigrated, mostly to take up low-skilled employment for minimal wages (Pita Barros and Medalho Pereira 2009).

Since the 1960s, and especially from 1974 onwards, Portugal began to receive migrants from the African Portuguese-Speaking Countries (PALOP), particularly Cape Verde. Throughout the 1980s, and due especially to Portugal's entry into the European Community in 1986, immigration intensified and widened to include labour migrants from Brazil and the Portuguese speaking African countries, including Cape Verde, Angola and Guiné-Bissau. During the 1990s, the immigrant population increased, with migration mainly from PALOP countries and Brazil, and the emergence of a new migratory wave from Eastern European and former USSR countries (Moldova, Romania, Russia and Ukraine). A number of immigrants also originated from various African countries. At the beginning of the 21st century, and due to the social, economic and political environments which facilitated and promoted the beginning of these migratory flows, Portugal may now be considered as not only a country of emigration, but also of immigration (ibid.)

According to both Statistics Portugal (Instituto Nacional de Estatística - INE) and the Aliens and Borders Service (Serviço de Estrangeiros e Fronteiras - SEF), in 2007 the documented foreign-born population in Portugal was 435,736 (Questionnaire Portugal, Sandra Silva), and this represented 4.1% of the Portuguese population. These numbers confirm a sustained growth in immigration since 2003 (except in 2005, when there was a slight decrease). An analysis, by nationality, showed that Brazilians and Cape Verdeans constituted the largest immigrant groups, each representing 15% of the documented foreign-born population in Portugal. There were also numerous Ukrainians (9%), Angolans (8%) and Guinea-Bissaus (5%), which corresponded to the third, fourth and fifth largest countries of origin respectively. Immigrants originating from Asia were significantly fewer.

in number; however, there has been a recent increase in the number of Chinese, Pakistani, Indian and Bangladeshi immigrants (Fonseca et al. 2009).

Another characteristic of contemporary immigration to Portugal is the presence of large numbers of undocumented migrants (Fonseca et al. 2009). A shift in irregular migration patterns has recently been observed (Dzhengozova 2009: 115), and is expressed as a “shift from the traditional individual movements of people coming from the PALOP countries with established social networks in Portugal to the structured illegal trafficking networks controlled in the sending countries and composed mainly of Eastern European immigrants” (Teixeira et al 2007: 282 cited in Dzhengozova 2009:115).

In 2008, 155 persons applied for asylum in Portugal (Eurostat 66/2009). Of these, 25 persons originated from Colombia, 25 from Sri Lanka and 20 from the Democratic Republic of Congo (ibid.). The same year, 105 decisions were issued (in the first and second instance) and the rate of recognition was 64.2 % (in the first instance) (Eurostat 175/2009).

Total Population and Migrant Population

By 1 January 2010, the population in Portugal was 10 636 888 (Eurostat). In 2008, the foreign-born population was 446 000 (Eurostat 94/2009), of which 70 100 were citizens of Brazil, 64 700 were citizens of Cape Verde and 39 600 were citizens of Ukraine (ibid.).

Estimated Number of Undocumented Migrants

Contemporary immigration to Portugal is characterised by the relatively high number of undocumented migrants. It is difficult to quantify the number of undocumented foreigners currently living in Portugal, however, according to the estimates of various institutions, it appears that tens of thousands of predominantly Brazilian immigrants are in irregular situations (Fonseca et al. 2009 with reference to Fonseca and Goracci 2007). According to Baldwin-Edwards & Kraler (2009:41), estimates of the actual figures involved range from 30 000 to 200 000 persons, or 1.1 % of Portugal’s population, which are comparatively high numbers in the EU context.

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Categories of Undocumented Migrants

In terms of categories of undocumented migrants, as in other countries, it is not possible to quantify the exact levels of undocumented migrants in Portugal. As regards the different pathways to becoming an undocumented migrant, the Regine Project makes it clear that the role of the asylum process in “producing” undocumented migrants is prominent (Baldwin-Edwards & Kraler 2009:41). It is assumed that the most important group of undocumented migrants consists of unlawfully staying persons (overstayers or persons with undocumented entrance), followed by those who are also unlawfully staying but are legally employed (Questionnaire Portugal).

Policies Regarding Undocumented Migrants

Regularization Practice, its Logic and Target Groups

In Portugal, five regularisation programs have been conducted to date, including three since 1997. Whilst regularisations prior to 2001 were not directly concerned with participation in the labour market, this has subsequently become a key prerequisite for regularisations (Dzhengozova 2009:115). The logic behind such thinking may be said to be related to economics, since “labour market needs” have been the predominant issue (ibid.). Furthermore, since 2001, combating informal employment has been the main motive behind subsequent regularisation programs and mechanisms (Response MAI, 2008:3). In terms of target groups, regularisation programs have targeted persons with regular or informal contracts or guarantees of employment (Dzhengozova 2009:116).

The majority of beneficiaries (67% ) of the regularisation in 1996 were predominantly from PALOP states (Esteves et al. 2003), with the principal countries of origin being Angola, Cape Verde, Guinea Bissau and Brazil. The regularisation in 2001 authorised approximately 170 000 permits, mostly to Ukrainians (63 500) and Brazilians (36 600) (Levinson 2005:3). Finally, in 2004 the regularisation involved workers originating predominantly from Ukraine, Romania, Cape Verde, Guinea Bissau and Moldavia (Dzhengozova 2009:115). In summary, where previously immigrants mostly originated from the PALOP countries, a shift has occurred, such that the majority now originate from Eastern Europe (via structured illegal trafficking networks controlled in the sending countries) (Teixeira et al 2007: 282 cited in Dzhengozova 2009:115).

6 Response MAI, PT - questionnaire filled in by the Portuguese Ministry of Interior and administration, Department for International Relations and Cooperation, Aliens and Border Service, February 2008.
Internal Control: Accommodation, Labour, Social Security and Education

In Portugal, undocumented migrants may not sign contracts of accommodation nor access employment or the related social security. This is due to the fact that in many cases, undocumented migrants are legally employed, but are not registered for social security and employers do not provide discounts (as a result of the informal economy) (Questionnaire Portugal). Undocumented children may obtain education to a certain degree. In terms of the Constitution of the Portuguese Republic, every child ("mineurs" less than 18 years old) is explicitly permitted to attend and be enrolled in schools, and children of undocumented parents are explicitly included in this provision (European Commission 2004:33). To enable access to education for undocumented children, there is a national registry of foreign undocumented children, managed by the High Commission for Immigration and Intercultural Dialogue I.P. (ACIDI, I.P) (Fonseca et al. 2009 with reference to Decree no. 67/2004 of 25 March).³

Main Characteristics of the Health System

Financing, Services and Providers

The Portuguese health system (as part of the general welfare system) is primarily funded through taxation. The Portuguese National Health Service (NHS), established in 1979, establishes the right of all citizens to health protection; a guaranteed universal right to healthcare (mostly free at the point of delivery) through the NHS, with access to the NHS for all citizens, regardless of economic or social background. In the Portuguese Constitution, the NHS is defined as “universal, comprehensive and approximately free of charge” (Pita Barros & de Almeida Simões: xv). The NHS is mainly financed through general taxation, approximately 60% of which comes from indirect taxes. In addition, public and private health sub-systems, covering 16% of the population, are partly financed through employment-based contributions (1.5% of gross earnings), whilst almost 90% of their financing derives from the state budget (Pita Barros & de Almeida Simões 2007:26; Thomson et al. 2009:179). The sub-systems may be understood as being historical remnants of the pre-NHS social welfare system, which still persists in the form of health insurance schemes where membership is based on professional or occupational categories. These are often referred to as health “subsystems” (subsistemas) (ibid.). Private health insurances play a supplementary role and cover approximately 10% of the population (Thomson et al. 2009:178). Collectively, the Health Services in Portugal are comprised of three co-existing systems: the National Health Services, composed of all public entities providing healthcare (specifically hospitals and health centres), private health insurance schemes and public and private health sub-systems, which include several professional sectors which function autonomously or through agreements with the NHS (Fonseca et al. 2009).

³ The former High Commissioner for Immigration and Ethnic Minorities (ACIME).
As previously stated, all residents of Portugal are covered by the National Health System (NHS), which provides a comprehensive range of services which are largely free at the point of delivery. The NHS predominantly provides direct acute hospital care, general practice and maternity and child care, whilst treatment is accessible at local dispensaries and public hospitals. The NHS does not cover dental care. As a result of NHS shortages, approximately 60% of specialist consultations occur in the private sector (see below). Cost sharing is applied to most health services in the public and private sectors, but exemptions or reduced rates cover a significant share of the population. Cost sharing for inpatient stays and outpatient surgery was introduced in 2007. Public and private health “sub-systems” providing additional benefits are financed through employer and employee contributions, and account for approximately 9% of total health expenditure (Thomson et al. 2009:178).

In theory, there are no services explicitly excluded from NHS coverage (Pita Barros & de Almeida Simões 2007:43).

Healthcare delivery is based on both public and private providers (and in some cases, a combination of the two). Public provision is to be found predominantly in primary care and hospital care, with a gatekeeping system in place for the former (Pita Barros & de Almeida Simões 2007:xiii). Access is generally limited to members of a specific profession and their families (ibid.:26). Thus, services are mainly provided by state driven bodies, whilst a significant share is also provided by private, for-profit organisations, and to a lesser degree, by non-profit organisations. The NHS predominantly provides direct acute hospital care, general practice and maternity and child care. Specialist and dental consultations, diagnostic services, renal dialysis and physiotherapy treatments are usually provided in the private sector (Pita Barros & de Almeida Simões 2007:43). Diagnostic services, renal dialysis and physiotherapy treatments are typically performed in terms of contractual arrangements with the NHS. Most dental care is paid for out of pocket, as are many specialist consultations in private ambulatory care.

**Basis of Entitlement**

The Portuguese NHS establishes the right of all citizens to health protection; a guaranteed universal right to healthcare (Pita Barros & de Almeida Simões 2007:xv). This universal right to healthcare is provided for in the Portuguese Constitution (especially Articles 13°, 15° and 64°). However, entitlement must be said to be based on legal residency, since all residents in the country are covered by the NHS.

All residents are required to obtain a National Health Service card (health card) in order to have access to health centres and medical treatment. The process of obtaining this card is the same for all persons. An example of the process is as follows: if a Portuguese national changes his address, he is required to register in the local health centre, and that requires a declaration, signed by the local municipality and two witnesses, confirming that he lives in the relevant council district (Fonseca et al. 2009).
Special Requirements for Migrants

In Portugal, foreign citizens are guaranteed the right to be attended in a National Health Service health centre or hospital, regardless of their nationality, economic means or legal status. Their conditions of access are defined in Dispatch 25 360/2001 of 16 November, issued by the Ministry of Health. Documented foreign citizens are required to obtain a health card (i.e. an equivalent document, see below) from their local health centre, for which proof of a legal stay is required. The process of obtaining this card may imply, for a variety of reasons, difficulties for migrants (Fonseca et al. 2009; Questionnaire Portugal). As previously stated, in order to obtain the national healthcare card, foreign nationals, including undocumented migrants, must prove (with two witnesses) that they have resided in the country for at least 90 days, but are not covered 100%, although exemptions are possible for persons without the means to pay (Médecins du Monde 2007:11).

Difference Sensitivity

In Portugal, there are no national multicultural health programs exclusively targeting immigrants or minority ethnic groups. Such persons may use the same services which are available to all citizens (this, in itself, is often considered a “best practice” contribution towards the integration of immigrants into Portuguese society). Initiatives exclusively oriented towards immigrants and ethnic minorities are usually sponsored by NGOs, and target local areas. For example, mental health consultations, which were launched by the Miguel Bombarda Hospital in partnership with several immigrants’ associations and with the Clinical Unit of the Institute of Hygiene and Tropical Medicine, were only implemented in Lisbon (Fonseca et al. 2009).

Some adaptive structures to undocumented migrants in Portugal may be found, such as mediation and translation services, translated information materials and health services adapted to migrant specificities (for example, meals in hospitals). There are no standardised procedures. One concrete example of an intervention, is the establishing, by the High Commission for Immigration and Intercultural Dialogue (ACIDI, I.P), of a STT – Telephone Translation Service, in 2006. STT targets immigrants who do not speak Portuguese, as well as Portuguese citizens who need to communicate with immigrants. All public and private institutions may use this service. The participating translators or mediators speak one or more languages, and also provide access to information made available by the SOS Immigration Phoneline and other bodies falling under the ACIDI or I.P. There are also brochures and flyers published in different languages, which provide information on the health services and various health issues (Fonseca et al. 2009).
Health Care for Undocumented Migrants

Relevant Laws and Regulations
The Portuguese Constitution establishes the right to healthcare for undocumented migrants. However, the entitlement is also referred to in specific legislation, such as Dispatch 25 360/2001 of 16 November, which is intended to provide clarity and determine the extent of access of foreign citizens to health services and facilities of the National Health Service. A further example is Decree no. 67/2004 of 25 March, which creates a national register of foreign minors who are illegally in the country, in order to assure their right to health and education. In addition, Information Circular no. 14/DSPCS of 2 April 2002, regulates the access of foreign citizens not in possession of residence permits or work visas to the NHS. Also, Information Circular no. 48/DSPCS of 30 October 2002, regulates the healthcare provided to foreign citizens residing in Portugal, and Information Circular no. 65/DSPCS of 26 November 2004, regulates the access of immigrant minors to healthcare. The aforementioned were issued by the General Directorate of Health to clarify issues on the access of documented and undocumented foreign citizens to the NHS, and function as regulations and guidelines for fair practices in the health services (Fonseca et al. 2009). The Constitution, as well as the above legislation, provide for children’s right to healthcare on equal terms as those applying to Portuguese nationals, and undocumented children are also included.

Dispatch 25 360/2001 of 16 November applies to contagious diseases, and provides that foreign nationals may be exempted from paying for healthcare in situations which jeopardise public health. Furthermore, Information Circular no. 48/DSPCS of 30 October 2002 provides that those situations which jeopardise public health include the infectious diseases listed in the CID X (International Classification of Diseases, 10th revision), known as the List of Compulsorily Notifiable Diseases, and is defined by Order No. 1071/98 of 31 December 1998, and was amended by Order No. 258/2005 of 16 March 2005 such as to include HIV, and was prepared in accordance with the code of the tenth revision of the International Classification of Diseases.

Access to Different Types of Health Care
Undocumented migrants’ entitlements, within the framework of the NHS in Portugal, depend upon the time they have been residing in the country, with the exception of children and in case of certain specified diseases (see below, Specific Entitlement). Entitlement to universal healthcare involves obtaining the equivalent of a health card (see below). The basic requirement for undocumented migrants is a stay of 90 days. However, if the relevant authority does not officially recognise that an undocumented migrant has been living in a specific district for more than 90 days, the migrant will only be entitled to access emergency care in public hospitals upon payment of the full cost of treatment. Nonetheless, emergency care may not be refused if the patient lacks the means to pay for such. In addition, the law stipulates that the economic situation of the patient should always be taken into account by the authorities when charging for any expenses incurred.
Nonetheless, many administrative obstacles ultimately prevent undocumented migrants from enjoying the exemption (PICUM 2007:72 with further reference to Circular Information from Alto Comissariado para a Imigração e Minorias Étnicas (ACIME), see also HUMA Network 2009).

Those undocumented migrants able to prove that their residence in Portugal exceeds 90 days, may obtain a document equivalent to the health card, called “temporary registration” (inscrição esporádica). The document may be obtained upon presentation of two witness statements, by locally registered residents, confirming the undocumented migrant’s residence in the neighborhood. The witnesses may be private individuals or persons working in a commercial establishment, such as a hostel or a shop. The law also provides for the possibility for undocumented migrants themselves to make a signed declaration with respect to their residence, but according to Portuguese NGOs, this provision is rarely followed in practice (PICUM 2007:73, see also HUMA Network 2009).

Undocumented migrants in possession of the “temporary registration” have access to healthcare, medication and medical tests upon presentation thereof. However, upon obtaining the “temporary registration”, undocumented migrants must register as patients of a health centre in their geographical area, and if possible, also register with a family doctor. As its name indicates, the “temporary registration” has very limited validity (see below, Obstacles). In most cases, in practice, any time undocumented migrants require medical treatment, they are required to be registered. This implies that they will continuously have to strive to overcome recurring administrative barriers in order to successfully access health care.

It should be noted that the National Health Programs which are being implemented, such as the National Program of Immunisation (involving free vaccines to children and young people) or the National Program to Promote Oral Health (involving the provision of dental examinations for all pregnant women), provide equal access to foreign citizens, regardless of their legal status (Fonseca et al. 2009 with reference to ACIDI, 2008: 34).

Costs of Care

Emergency care for undocumented migrants without a health card (i.e. temporary registration) is required to be paid for in full at public hospitals. Nonetheless, emergency care cannot be refused if the patient lacks the means to pay for such. In addition, the law stipulates that the economic situation of the patient should always be taken into account by the authorities when charging for the expenses incurred. However, many administrative obstacles ultimately prevent undocumented migrants from enjoying this exemption (PICUM 2007:72). As regards primary care, undocumented migrants are charged a fee, as is the case in respect of Portuguese citizens, with exceptions in respect of the following care applying: diseases requiring mandatory notification (such as tuberculosis, HIV/AIDS and sexually transmitted diseases), maternity care, vaccination and family planning (PICUM 2007:72). If undocumented migrants cannot pay the fees, they may apply to the Social Security services
or to the local borough councils (Juntas de Freguesia) for a document certifying their precarious economic situation (PICUM 2007:73; Médecins du Monde 2009).

**Specific Entitlements**

As regards entitlement, and the fact that undocumented migrants residing in Portugal for less than 90 days must pay for all their care, it should be noted that this is not the case if the person's condition poses a threat to public health. Salient examples of such conditions include contagious diseases such as tuberculosis, HIV and STI. Furthermore, all residents, regardless of their status (which implies undocumented migrants), have access to HIV screening and anti-retroviral treatments (Médecins du Monde 2007:11). This also implies undocumented migrants residing in Portugal for less than 90 days. The relevant legislation is Dispatch 25 360/2001 of 16 November, Information Circular no. 48/DSPCS of 30 October 2002, Order No. 1071/98 of 31 December 1998, as amended by Order No. 258/2005 of 16 March 2005 (The List of Compulsorily Notifiable Diseases).

Undocumented children may access public healthcare on equal grounds as children with Portuguese citizenship and documented children. In order to guarantee access to healthcare and education for undocumented children, there is a national registry of foreign undocumented children, managed by the High Commission for Immigration and Intercultural Dialogue (ACIDI, I.P) (Fonseca et al. 2009 with reference to Decree-law no. 67/2004, 25th March).

**Regional and Local Variations**

In Portugal, there cannot be said to exist regional or local variations with respect to the entitlement to care. The competence to make decisions involving entitlements and the delivery of care is found at the national level. However, given the administrative obstacles and counteracting interventions, it is fair to conclude that there are variations in terms of the implementation of healthcare.

**Obstacles to Implementation**

In practice, access to healthcare varies greatly amongst the immigrant population in Portugal, and depends to some extent on the legal status, length of stay in the country and on the immigrant's nationality (Fonseca et al. 2009 with reference to Freitas, 2003; Gonçalves et al., 2003; Fonseca et al., 2005). The barriers inhibiting access to the National Health Service and to the use of health services are very often the result of lack of information on the part of health professionals, especially among administrative personnel, as well as the multiple and different interpretations of the law on the part of service providers. Despite the fact that access to the National Health Service in Portugal is universal in legal terms, evidence suggests that a lack of awareness regarding entitlements, and occasionally, even discriminatory attitudes on the part of health professionals, continue to act as barriers (ibid.). Fear has also been identified as an obstacle by NGOs. Although patient information is not passed on to the police, undocumented migrants are often afraid to seek treatment because they fear the contrary (Médecins du Monde 2009:11).
The practical enjoyment of legal entitlements in Portugal depends, to a great extent, on overcoming the complicated bureaucracy, as well as the administrative procedures required to obtain the necessary documentation. Nonetheless, given the limited and unbalanced human resource structures of the NHS, even those undocumented migrants in possession of such documentation may face serious difficulties in effectively accessing healthcare in Portugal, especially at hospitals. These difficulties are common to all NHS users, including Portuguese nationals. Emergency rooms are often overcrowded and waiting lists, especially for visits to family doctors, are extensive (PICUM 2007:73). Moreover, as many Portuguese actors have clearly expressed, the legislation with respect to undocumented migrants’ entitlements to healthcare is highly ambiguous. This has led to the progressive development of a wide and complex set of implementation norms and informative notes, which are very difficult to understand. Even the denial of emergency care may occasionally occur (ibid.).

In summary, PICUM categorises Portugal as a country with a somewhat wide coverage in terms of healthcare services, but whose legislation is rather restrictive, ambiguous and plagued by a high degree of uncertainty (PICUM 2007:8).

**Obligation to Report**

There is no obligation on healthcare staff to report undocumented migrants to authorities (Questionnaire Portugal).

**Providers and Actors**

*Providers of Health Care*

The providers of care for undocumented migrants in Portugal may be found among general hospitals and emergency units, as well as general practitioners in the mainstream system or private sector, and among non-profit organisations (Questionnaire Portugal). However, the general picture in Portugal is that society plays a significant role in providing care for undocumented migrants (PICUM 2007:75). One example of such is the medical support unit, GAMI (Gabinete de Apoio Médico para Imigrantes) of the Jesuit Refugee Service in Lisbon, where volunteer doctors provide healthcare free of charge. The unit provides basic healthcare and medicine and/or refers patients to two specialist doctors within the unit’s network (a gynaecologist and a dentist) (ibid:77). A similar initiative has been put in effect by the Centro Padre Alves Correia (CEPAC), which has maintained a health unit to treat undocumented migrants since 2005 (ibid.). Presently, the Holy House of Mercy of Lisbon, a social solidarity institution, also attends to undocumented immigrants through Mobile Units and Proximity Health Units. As regards community public health interventions, these include the introduction of mobile health units to persons in needy areas, such that medical care might reach out to those excluded from access to healthcare (by virtue of economic, behavioural, bureaucratic, legal, or other reasons). This kind of initiative has been adopted by diverse organisations, either individually (for example, by the General Directorate of
Health / Regional Health Administration, the Holy House of Mercy of Lisbon and PROSAUDESC – The Association for the Promotion of Health, Environment and Social and Cultural Development) or in partnership (Médecins du Monde Portugal - MdM-P, in partnership with Prosaudesc, the Association of United Cape Verdeans, Programa Escolhas and Amadora Health Centre) (Questionnaire Portugal with reference to Fonseca et al. 2009). Another relevant project in Lisbon is the outreach project, “Noite Saudavel”, which has the objective of improving access to primary healthcare and reducing the transmission of sexually transmitted infections amongst the homeless. The team consists of outreach workers, a nurse and a social worker (Médecins du Monde 2009). There is also the project, “Saude pa nos Bairro”, which is based in three health districts and has the objective of improving access to mainstream health services and improving access to HIV testing and treatment for migrants (Médecins du Monde 2009).

Providers of care for undocumented migrants may be found in the main cities throughout the country (Questionnaire Portugal). Coordination occurs in various ways, as partnerships can be found. According to a European Observatory report, the Health Service (NHS) works with nongovernmental organisations (NGOs) within the field of healthcare for undocumented migrants, due to both the NGOs’ greater knowledge regarding the social, economic and cultural context of irregular immigrants and the absence of the official constraints associated with governmental institutions (Pita Barros & de Almeida Simões 2007:2).

**Advocacy Groups and Campaigns**

As a supplement to the general legislation, and with the goal of promoting awareness among NHS professionals and users, the General Directorate of Health regularly publishes circulars and flyers, including: Information Circular no. 14/DSPCS of 2 April 2002, on the access of foreign citizens without permanence or residence permits or work visas to the NHS, Information Circular no. 48/DSPCS of 30 October 2002, on the healthcare provided to foreign citizens residing in Portugal, and Information Circular no. 65/DSPCS of 26 November 2004, on the access of immigrant minors to healthcare. These serve as regulations and guidelines for fair practices in the health services (Fonseca et al. 2009).

Several partnerships have also been established (public-private, between associations, public and private agencies and EU programmes, etc.) which have been essential in disseminating information on the conditions of access to medical services and the prevention and treatment of diseases such as HIV/AIDS, tuberculosis and sexually transmitted diseases. These kinds of initiatives have been adopted by a variety of organisations, either individually (for example, by the General Directorate of Health / Regional Health Administration, the Holy House of Mercy of Lisbon and PROSAUDESC, The Association for the Promotion of Health, Environment and Social and Cultural Development;) or in partnership (Médecins du Monde Portugal, MdM-P, in partnership with Prosaudesc, the Association of United Cape Verdeans, Programa Escolhas and Amadora Health Centre) (Fonseca et al. 2009). The “Guide for Immigrant Health” and “The Health Passport of Immigrants” are two initiatives which target the immigrant population
with the goal of raising awareness of the conventional health services available and the institutions responsible for providing these services. These have been developed through partnerships between the Lisbon council, immigrant associations, the Holy House of Mercy of Lisbon, SCML, and the High Commissioner for Immigration and Intercultural Dialogue, ACIDI, I.P. (Questionnaire Portugal).

**Political Agenda**

In Portugal, there is an ongoing debate regarding irregular migration which is closely linked to clandestine work and the informal economy (Dzhengozova 2009:118) as well as human trafficking (Questionnaire Portugal). In terms of groups, the discussion involves both undocumented migrants in general as well as women and, more specifically, children. There is a parallel discussion amongst health workers involving the same groups, covering topics such as mental health, maternal and child health and infectious diseases (ibid.). In Portugal, healthcare for undocumented migrants is approached from different perspectives, including a cost-oriented approach and a public health oriented approach (ibid.).

**International Contacts**

Actors in the field of healthcare for undocumented migrants in Portugal have international contacts. Established organisations, such as Médicos del Mundo and Médicos Sin Fronteras are active, which implies international contacts.

**Bibliography**


