Policies on Health Care for Undocumented Migrants in EU27

Country Report

Slovenia

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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

The General Migration Context

Slovenia became an independent state in 1991 and was accepted into the European Union in 2004. In terms of the Schengen Agreement, Slovenia is located on the border of the Schengen area (at the border to Croatia).

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: Jelka Zorn, Senior Lecture, Faculty of Social Work, University of Ljubljana.
Slovenia has experienced a net migration into the country for the past 50 years. In the period 1999-2004, the average annual net migration was around 1.3 persons per 1,000 inhabitants. Following its entry into the EU, Slovenia recorded an increased net migration (Statistical Office of the republic of Slovenia). At the beginning of 1990, Slovenia experienced a refugee migration due to the war in Yugoslavia. In concrete numbers, 70,000 refugees came from Bosnia, Herzegovina and Croatia, and approximately 4,000 came from Kosovo. These refugees were granted temporary protection. The majority returned home whilst some obtained permanent residence (Reichel 2009:134).

The net migration in the first two years after joining the EU, as compared to the years prior thereto, saw a more than twofold increase, whilst in 2007 and 2008 the increase was more than sixfold. In 2008, the population of Slovenia increased due to immigration by 18,584 or by 9.2 persons per 1,000 inhabitants, with the net migration thus positive for the ninth consecutive year. In 2009, Slovenia received 23,920 immigrants and in mid-2009 every eighth person in Slovenia was born abroad (Statistical Office of the Republic of Slovenia).

Since joining the EU, Slovenia has remained tied to migration from the countries established on the territory of the former Yugoslavia. People immigrated to Slovenia primarily for economic reasons and most of them were labour migrants. Most of the migrants (almost 65%) who came in 2005-2007 found employment within the year of immigration. The proportion of persons in employment born abroad is slightly higher than the proportion of persons in employment born in Slovenia. In terms of the latest available data, at the end of 2006, among the working-age population in Slovenia (age 15-64) who were born abroad, 58.9% were persons in employment, whilst amongst those born in Slovenia, the proportion of persons in employment was 56.6% (ibid.).

The "distribution" of migrants is regionally uneven. In mid-2009, the highest share of the population born abroad was recorded in the Obalno-kraška region (approximately 23.8% of the population in the region) and the lowest in the Koroška region (5.9%) (ibid.).

**Total Population and Migrant Population**

By 1 January 2010, the population in Slovenia was 2,054,119 (Eurostat). As at 31 December 2008, the number of foreign nationals was 70,723. By 1 January 2008, the

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number of foreign nationals was 69,000, which equals 3.4% of the total population (Eurostat 94/2009). The main countries of origin were Bosnia and Herzegovina (32,500 or 47.3%), Serbia (13,800 or 20.1%) and FYR of Macedonia (7,400 or 10.9%) (ibid.).

In 2008, Slovenia received 260 asylum applications (Eurostat 66/2009), with the majority of applicants coming from Serbia. The same year, 260 decisions were issued, with the rate of recognition 2.5% (in the first and second instance) and 5% (in the first instance) (Eurostat 175/2009).

**Estimated Number of Undocumented Migrants**

In terms of irregular migration, Slovenia is generally a transit country (Reichel 2009:132), meaning it is not the final destination of the irregular migrants. There are no known estimates on illegal residents, however, the numbers are considered to be very low. The reason is likely to be that it is hard to make a living in Slovenia without being registered (Reichel 2009:132).

To give an impression of the magnitude of the irregular migration, in 2006, 1,100 persons were sent to Centers for foreigners (before deportation). In 2007, 2,500 illegal border crossings were reported and the year before, 2006, approximately 4,000. The main part (77%) crossed at the border of Croatia. According to the official statistics, these were mostly Serbian and Albanian nationals (ibid.).

In Slovenia, there is a special group with respect to legal residency, including persons from the former Yugoslavian countries who had to apply for citizenship in 1991 when Slovenia became independent. However, for different reasons, some did not apply (e.g., lack of information or due to a perceived Slovenian identity) (Zorn 2009). As a result, they were erased from population registers in 1992 and are consequently called "erased" persons. In total this involved 25,671 individuals. Due to different processes, such as naturalisation, the granting of permanent residence, emigration or bereavement, in 2004 these "erased" persons numbered approximately 18,000 (Reichel 2009:133 with reference to Zorn). There are still some persons in this situation (ibid. with reference to UNHCR). The exact figure is not known, but in 2006 was estimated to be 4,000 (ibid.).

**Categories of Undocumented Migrants**

In addition to the "erased" persons mentioned above, there are two kinds of undocumented migrants in Slovenia. The first and most important group consists of persons living unlawfully in Slovenia who have not been deported after having their asylum applications rejected. The second important group consists of persons also living unlawfully in Slovenia, after undocumented entrance into the country (Questionnaire Slovenia). Nevertheless, the asylum process is not considered to play a significant role in "producing" undocumented migrants and the numbers of undocumented migrants are to be considered as being low (Baldwin-Edwards & Kraler 2009:41).
Policies Regarding Undocumented Migrants

Regularization Practice, its Logic and Target Groups
There has never been any regularisation program in Slovenia (Baldwin-Edwards and Kraler 2009:41). The government’s position can be described as being very strict. Regularisation programs are not considered appropriate instruments as they are perceived as being a possible "pull-factor". Furthermore, combating irregular migration was given priority during Slovenia's presidency of the EU (Reichel 2009:133). Punishment for illegal migration is considered as being better than regularisation. There have however been measures taken to regularise the "erased" persons from the former Yugoslavia (Reichel 2009:135).

Internal Control: Accommodation, Labour, Social Security and Education
As mentioned above, it is hard to make a living in Slovenia without being registered (Reichel 2009:132). This is due to the control of migration, in this case implicit internal control that also impacts upon undocumented migrants. When it comes to daily life, an undocumented migrant cannot sign a contract of accommodation. Neither can he or she have access to employment nor the related social security. Nevertheless, the right to education, at least to a certain degree (primary level) can be considered to be implicit as there is no impediment to the enrolment of children who do not have legal residency status in Slovenia (European Commission 2004:33). This refers to primary education which is compulsory for every child, even if they are undocumented or in detention (Questionnaire Slovenia).

Main Characteristics of the Health System

Financing, Services and Providers
The health insurance system of Slovenia is based on the Bismarckian social insurance model. It dates back to the end of the 19th century when a compulsory accident insurance system was first introduced. Since 1992, the system has been based on a single insurer for statutory health insurance, which is fully regulated by national legislation and administered by a state driven agency, Health Insurance Institute of Slovenia (HIIS) The system is regulated by the Health Care and Health Insurance Act of 1992 (Albreht et al. 2009:37).

The health care system is funded by compulsory health insurance, state revenues, voluntary insurances and out-of-pocket payments. Compulsory health insurance contributions constitute the major source of health care financing in Slovenia, representing 67.1% of total health expenditure in 2006. As the health insurance system is mandatory, coverage is virtually universal. 98.5% of the population is covered, either as contributing members or as their dependants. Contributions are related to earnings from employment, although coverage is also provided for non-earning spouses and children of the contributing
Another source of funding is general national- and municipal-level taxation (5.2% of total health expenditure in 2006) which mainly covers capital investments in hospital care and health centres, facilities owned by the Ministry of Health or municipalities, national health programmes and medical education and research. Voluntary health insurance contributions and household out-of-pocket spending represent private sources of funds and accounted for 27.8% of total health care expenditure in 2006 (ibid.:39). As regards the gradual reduction of health financing by public entities, by the end of 2007 almost 1.5 million people subscribed to voluntary complementary health insurance, to cover patient co-payments.

There are 21 categories of insured. The main categories are employees (also civil servants) with income-based contributions. Other categories include pensioners, farmers and craftsmen as well as the self-employed who contribute to specific schemes. The State and municipalities pay contributions for some categories (such as individuals without income, prisoners and war veterans) (Albreht et al. 2009:49).

The Slovenian health care system provides universal and comprehensive health care access. The Health Care and Health Insurance Act of 1992 defines a benefits package of health services to the insured population and includes the coverage of primary, secondary and tertiary services, pharmaceuticals, medical devices, sick leave exceeding 30 days and the costs of travel to health facilities. The benefit package covers a full range of benefits (including dental care and the diagnosis and treatment of infectious diseases, including HIV infection), some of which are subject so co-payment (Albreht et al. 2009:51).

Emergency care is also provided to persons without insurance (at Emergency Centres) in terms of article 7 of the Health Care and Health Insurance Act, which provides that no person can be turned away. For those who cannot access insurance, health centres have been established for persons without such in Ljubljana (in 2002) and Marobor. The users of this service might be referred to medical specialists. In such cases, their treatment is covered by the Ministry for Health’s budget (Questionnaire Slovenia).

There are both public and private providers. The health care system is built around countrywide family medicine-centred primary care, with specially trained doctors and nurses and free choice for the patients. Primary care is provided by public primary health care centres (including emergency medical aid and general practice), health stations and an increasing number of private GPs who participate in the public health care network and are reimbursed by the HIIS (Albreht et al. 2009:xxi).

Specialised outpatient services at the secondary care level are provided by hospitals (or polyclinics), spas and private facilities, while 75% of specialist services are provided by hospitals, either as inpatient or outpatient care. Access to secondary care requires referral by the patient’s personal physician (GP or paediatrician). Clinics and specialised institutes provide more complex health services at the tertiary care level. Specialised ambulatory
medical services are provided at the polyclinics affiliated with hospitals, or in community health centres that have a contract with a clinical specialist or consultant. Since the introduction of private health care in Slovenia, these services are also carried out at private offices where specialists practise either in terms of a contract with the HIIS or without a contract. There are also a few purely private health care providers, offering specialist care and diagnostic services, but most have a contract with the HIIS (Albreht et al. 2009:113).

**Basis of Entitlement**

In Slovenia there are different dimensions to the population’s rights to receive health care. The first right is expressed in the constitutional duty of the state to develop conditions and incentives for the individuals and the second refers to employers (working environment etc.). The third dimension refers to compulsory health insurance. The basis of entitlement to health care can thus be said to be legal residency in combination with affiliation to the statutory health insurance (Albrecht et al. 2002:25). Still, the uninsured are entitled to urgent health care.

**Special Requirements for Migrants**

As insurance is regulated through residency, a migrant must have a legal status in Slovenia so as to be able to get/pay insurance. The required affiliation to insurance is demonstrated by a special health card provided by the administration (Questionnaire Slovenia).

Compulsory health insurance coverage is provided to citizens of almost all EU countries through arrangements governed by EC Regulation EEC No. 1408/71 and bilateral conventions (Albreht et al. 2009:37).

**Difference Sensitivity**

Adaptive structures, of any kind, to migrants in health care cannot be said to exist in Slovenia (Questionnaire Slovenia).

**Health Care for Undocumented Migrants**

**Relevant Laws and Regulations**

There is no specific legislation regarding health care for undocumented migrants as such. However, in terms of the Health Care and Health Insurance Act of 1992 (Official Gazette of the Republic of Slovenia No. /99), the Asylum Act (Official Gazette of the Republic of Slovenia No. 61/99) and the Aliens Act (Official Gazette of the Republic of Slovenia No. 14/99), there must be a fund for providing urgent health care for individuals of unknown residence (Albreht et al. 2009:37). This applies to undocumented migrants and also entitles anybody to urgent care.
Access to Different Types of Health Care

Article 7 of the Health Care and Health Insurance Act provides that undocumented migrants have the right to urgent care without having to fulfil any special requirements. In terms of this, eligibility is implied by the regulations relating to persons who can not access an insurance. The Health Centres for Persons Without Health Insurance in Ljubljana and Maribor offer general medical examinations and they can also refer a person to a medical specialist. In practice, undocumented migrants’ access might be obstructed due to reluctance on the part of staff to take patients without a health card, i.e. health insurance (Questionnaire Slovenia).

Costs of care

Emergency care is provided free of charge at the point of delivery, with the costs being covered by the state (the Ministry for Health).

Specific Entitlements

As regards the right to health care of undocumented migrants, there are no specific entitlements on the basis of identified groups, diseases or conditions.

Regional and Local Variations

In Slovenia, health care entitlements are not classified in terms of legal entitlements. However, the Health Centres for persons without Health Insurance are located in two cities, with access varying accordingly at the local level (Questionnaire Slovenia).

Obstacles to Implementation

This topic is not relevant as there is no specific legislation. Nevertheless, mistrust, fear and suspicion with respect to accessing services might exist among undocumented migrants and constitute an obstacle to the accessing of emergency care (Questionnaire Slovenia).

Obligation to Report

In Slovenia, there is no obligation to report undocumented migrants to authorities (Questionnaire Slovenia).

Providers and Actors

Providers of Health Care

The health care, i.e. emergency care to undocumented migrants, is provided by the hospital emergency units and the Health Centres for Persons without Health Insurance in Ljubljana and Maribor.
The providers of health care for undocumented migrants are located in two main cities (Ljubljana and Marobor).

Issues regarding the coordination and international contacts on the part of providers are not covered.

**Advocacy Groups and Campaigns on Rights**

No information campaigns on the right to health care for undocumented migrants have been identified in Slovenia (Questionnaire Slovenia).

**Political Agenda**

There is an ongoing discussion regarding illegal migration. However, the discussion has a general scope and does not relate specifically to health care, but instead relates to asylum seeking. It is an important political issue in public discourse (Reichel 2009:133). Since 2003, border control was publicly discussed, together with how to increase border activities (as part of an obligation towards other EU Member States) (ibid.:135).

**Bibliography**


