Policies on Health Care for Undocumented Migrants in EU27

Country Report

Slovak Republic

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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 method as well as a clustering of the states.

² For the report at hand, the persons to acknowledge are: Lubo Cano, Slovak Embassy Stockholm, Dr. Zora Brucháčová Ministry of Internal Affairs, Ing. E. Kissova, on Ministry of Health, and E. Nagy The Bureau of Border and Aliens Police (Ministry of Interior).
The General Migration Context

The Slovak Republic entered the European Union in 2004 and is situated on the border of the Schengen Area, as well as Russia and Belarus.

Historically, Slovakia has experienced emigration rather than immigration. Immigration was, until 1989, (Slovakia was then a part of Czechoslovakia) almost inappreciable and had no societal consequences. At the beginning of the 1990s, the situation changed radically. The exchange of persons between the Slovak and Czech Republics (separate republics as from 1993) decreased in favour of rising migration flows from and to other countries. During the past 15 years, Slovakia also experienced large-scale irregular immigration and asylum migration, legal immigration as well as the corresponding integration challenges. The accession to the EU has caused an intensification of immigration (Divinský 2008:6).

As stated, the accession of Slovakia to the EU intensified immigration. Between 2004 and 2007, the stock of migrants living, working or studying in the country increased by 86% and accounted for 41 214 persons, which then equalled 0.76% of the population; one of the lowest ratios in Europe. Citizens of the neighbouring countries, the Czech Republic, Poland, Ukraine and Hungary constitute the most numerous immigrant group. Their share has however decreased in favour of rising inflows of foreigners from some Asian countries (China, Vietnam and South Korea). Also, nationals from “old” EU countries (mostly from Germany, Austria, France, Italy and the UK) have been the fastest-growing immigrant group. Due to this development, the number of economic immigrants (especially highly skilled experts) has increased since 2004 (Divinský 2008).

Slovakia has undergone different stages in the quantitative development of irregular migration. During the first stage from 1993-1997, the phenomenon was minimal. From 1998 Slovakia became one of the favoured routes for the transit of irregular migrants from the east to the west. From 2001-2002 over 15 000 irregular migrants were apprehended each year. Since the accession to the EU in 2004, the flow of irregular migrants has decreased markedly. Slovakia is increasingly perceived by undocumented migrants as a destination country (Divinský 2008). Irregular migration has, in practice, officially been addressed in two phases; before the country’s accession to the EU and during the preparations for the country’s accession to the Schengen Zone (ibid.:2).

Slovakia had 905 asylum applications in 2008 (Eurostat 66/2009). The same year 445 decisions were issued (in the first and second instance) and the rate of recognition was 24% (90 in the first instance) (Eurostat 175/2009).
**Total Population and Migrant Population**

By 1 January 2010, the population in the Slovak Republic was 5 424 057 (Eurostat)\(^3\). By 1 January 2008, the number of foreign nationals was 41 000, which equalled 0.8 % of the population (Eurostat 94/2009). The main countries of origin were the Czech Republic (6 000, 14.6 %), Poland (4 000, 9.8 %) and Ukraine (3 700, 9.2 %) (ibid.).

In 2008, foreigners with registered legal residency totalled approximately 53 000 individuals.\(^4\) In the same year, 8 756 persons were registered for permanent residency and 7 594 of these cases involved persons from one of the 27 EU member states\(^5\), whilst 680 persons were granted citizenship.\(^6\)

**Estimated Number of Undocumented Migrants**

The number of undocumented migrants was estimated to be between 15 000 and 20 000 in 2007 (Divinský 2008). This is a comparatively low level in the European context (Baldwin-Edwards and Kraler 2009:41). According to the official Slovak statistics, there were approximately 2 200 illegal border crossings (persons apprehended). In 2007, this figure was 3 400, compared to 4 000 in 2005, thus it may be said that the trend is decreasing (in 2001 there were close to 16 000).\(^7\) (see also Reichel 2009). Most of the apprehended persons were from Moldova (308 men and 42 women), Georgia (196 men and 7 women), Pakistan (102 men) and Russia (67 men) and from various other countries (103 men and 22 women).\(^8\) The official statistics also reflect the number of “illegal residence by citizens” in 2008 as follows: Ukraine (574), Moldova (123), Pakistan (84), India (80), Russia (74), Afghanistan (64), Korea (55), Vietnam (43), Bangladesh (33) and China (31).\(^9\) Collectively, migrants staying illegally in the country are represented by persons from three main regions – former Soviet republics (Ukraine, Moldavia and Russia), some Asian countries (Vietnam, China, India and Pakistan) and the Balkans (Kosovo, Albania and Serbia). The absolute majority are employed, involved primarily in areas requiring low-skilled labour, including the building industry, manufacturing and agriculture (Ukrainians and

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\(^3\) Eurostat.  


Categories of Undocumented Migrants

In terms of pathways into irregularity, the most common is an irregular entry (involving half of the undocumented migrants). Nevertheless, the share of migrants having violated conditions for staying/working in the country has been growing. Between 2004 and 2007 it rose from 24% to 50%. This means that Slovakia is increasingly perceived by undocumented migrants as a destination country. However, the asylum process also plays quite an important role. Almost all asylum seekers in Slovakia were previously apprehended undocumented migrants; they enter under the guise of transiting and apply for asylum after apprehension as a means of legalising their stay. However, the majority of asylum applicants violate the asylum procedure after a time. They are then often apprehended whilst crossing the western Slovak border without permission and thus become irregular migrants again (Divinský 2008).

Policies Regarding Undocumented Migrants

Regularization Practice, its Logic and Target Groups

No regularisation of undocumented migrants has been carried out in Slovakia (Reichel 2009; Baldwin-Edwards and Kraler 2009:41).

There is a regularisation mechanism involving “tolerated stay” (since 2002), which was introduced to prevent illegal stays and aims at improving the applicants’ ability to verify their stay within a certain period (Reichel 2009:129).

Internal Control: Accommodation, Labour, Social Security and Education

Undocumented migrants do not access employment or the related social security, as this requires legal residency. Undocumented migrants work without work permits and consequently have no social insurance (Ministry of Health).

The topics accommodation and education are not covered due to lack of information.
Main Characteristics of the Health System

Financing, Services and Providers

The basis for the organisation, management and financing of the health care system is to be found in the Constitution of the Slovak Republic, which ensures universal coverage and access to health care free of charge. Health care is mainly financed through the statutory mandatory health insurance scheme, built on the principles of solidarity, non-profitability and plurality. Revenue is generated from earnings-based contributions with a ceiling on contributions. Three competing health insurance funds are responsible for collecting and pooling contributions and for purchasing health services for their members, whilst the largest fund, Všeobecná zdravotná poisťovňa a.s. is state-owned, covering approximately two thirds of the population. The remaining two funds are private insurance funds, Dôvera zdravotná poisťovňa a.s. and Union, zdravotná poisťovňa a.s. Between them, funds are transferred from the central government such as to provide cover for the unemployed. Since the beginning of 2007, co-payments (comparatively low fees) apply only to visits to an emergency department, outpatient prescription pharmaceuticals, transport to hospital, spa treatment and dental care. During the period from 2004 to 2006, co-payments were applied more extensively (Thomson et al. 2009:185).

Private voluntary health insurances play a very marginal role in the Slovakian health system. This was intended to play a complementary role, covering statutory co-payments, but the market has not experienced much development (Thomson et al. 2009:186). It is issued to those who are excluded from mandatory health insurance (without permanent residence and not employed in Slovakia, as well as those with permanent residence in Slovakia but health insurance abroad) (see below). Voluntary health insurance also covers services not covered by mandatory health insurance, such as the reimbursement of health care services provided abroad (Hlavačka et al. 2004: 47).

The basis for determining the health care benefits covered by health insurance is provided for in Article 40 of the Constitution of Slovakia, which reads as follows: “Every person shall have the right to protect his or her health. Through health insurance, citizens shall have the right to free health care and medical equipment for disabilities under the terms to be provided by law”. There are six Health Acts, which were approved by the Parliament in the autumn of 2004. The statutory health insurance scheme covers all residents for a

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10 Information obtained from the Ministry of Health.

comprehensive defined package. This is further regulated by Law 576/2004 on Health Care. 12

Outpatient care comprises primary care (general practitioners for adults, general practitioners for children and juveniles, and dentists) specialised outpatient care, joint examinational and therapeutical units (e.g. biochemical laboratories and x-rays), pharmacies, policlinics and home care agencies. Where hospitalisation is required, a referral by a general practitioner is requested. If immediate hospitalisation is required the general practitioner’s referral is not required. (Ministry of Health)

Health care in the Slovak Republic is provided by public and private health care providers. Private bodies generally conclude contracts with the health insurance companies. However, there are some providers who do not have contracts with health insurance companies. Many hospitals and institutes were transferred to municipalities and are under mixed ownership (Ministry of Health).

The Act 576/2004 on Health Care states that all persons have the right to choose the provider of health care (except asylum seekers). Primary care and many specialties are mainly provided by private practitioners. Non-state providers are issued licences delegated at the regional level.

New types of health care facilities have been introduced, including day-care facilities and nursing care homes. Inpatient care includes hospitals and specialised institutes (e.g. cardiological, oncological, and psychiatric). Community care services include long-term inpatient care, day care centres and social services for the chronically ill, the elderly and other groups with special needs such as the mentally ill, mentally handicapped and physically handicapped (Ministry of Health).

**Basis of Entitlement**

The basis of entitlement to health care is affiliation to insurance.

**Special Requirements for Migrants**

According to Act 580/2004 on Health Insurance and Act 95/2002 on Insurance, the state pays a health insurance, including to foreigners seized within the Slovak Republic and to persons who have been granted refugee status (Questionnaire, 2).

12 Act No. 576/2004 Coll. of 22 September 2004 On healthcare, healthcare-related services and on the amendment and supplementing of certain laws

For persons temporarily staying in the country, a European Health Insurance Card (EHIC) is required to be presented, or the certificate provisionally replacing it (Ministry of Health).

As regards asylum seekers, they are entitled to urgent health care, paid for by the state. Furthermore, the applicant is obliged to cover expenses relating to care if his/her financial and proprietary circumstances are such that it is possible to request at least a partial payment. Asylum seekers receive a certificate of authorisation to provide health care, and are obliged to report the loss thereof. This is regulated by 480/2002 Coll. Act as of 20 June 2002, on Asylum and Amendment of Some Acts (chapter 1, section 22 (5) on care, section 23, on requesting to cover costs and chapter 2, section 26 (c) on obligations). This legislation was elaborated on by experts from the Ministry of Internal Affairs.

**Difference Sensitivity**

There are no specified adaptive structures to migrants found in health care, however in practice, and in the case of legal migrants, health care is provided similarly as to all citizens of the Slovak Republic.

**Health Care for Undocumented Migrants**

**Relevant Laws and Regulations**

There is no specific legislation regarding access to health care for undocumented migrants. Within the general legal framework the following legislation is relevant:

Act No 576/2004, para. 11 on Healthcare and Healthcare Related Services and Act No 580/2004 of Health Insurance, in terms of which any person located within Slovak Republic territory, even if such is not contributing towards the relevant health insurance, shall be

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13 As regards care, chapter 1, section 22 (5) states the following: “The Ministry shall pay for an urgent health care on behalf of an applicant, who does not have a public insurance; if based on individual examination of the applicant's health condition there are determined special needs for provision of health care, the Ministry shall also cover the costs of such health care in cases worth special attention. The Ministry shall ensure adequate health care to minor asylum seekers, who are victims of abuse, neglect, exploitation, torture or a cruel, inhuman and degrading treatment, or who have suffered from consequences of an armed conflict. For the purposes of provision of health care under this Paragraph, the Ministry shall provide the applicant with a document confirming authorisation to provide health care”. Available at [http://ec.europa.eu/ewsi/UDRW/images/items/doc_1321_794040471.pdf](http://ec.europa.eu/ewsi/UDRW/images/items/doc_1321_794040471.pdf) (18-02-2010).
given immediate medical care at the healthcare provider’s request and upon approval by the largest health insurance company this will be paid by the Ministry of Health.\textsuperscript{14}

Act No. 480/2002 Coll. on Asylum and Act No. 48/2002 Coll. On Residence of Foreign Nationals, in terms of which undocumented migrants have the right to basic health care (in terms of §11 Act 576/2004) if they are detained by members of the Bureau for Border and Foreigner Police and placed in the Police Unit for Foreigners. In cases of need they also have the right to specialised care in hospital. The expenses of this health care are paid by the Ministry of Interior Affairs from its own budget (Questionnaire, 2).

**Access to Different Types of Health Care**

Undocumented migrants are entitled to receive immediate medical care according to Law. 576/2004 on Health Care and Health Care Related Services, Act No 580/2004 Coll. of Health Insurance.

Health care beyond "immediate care", such as primary and secondary care, is accessible by undocumented migrants if they purchase a medical insurance, which then entitles them to health care in its entirety (Questionnaire, 1).

In terms of Act No. 480/2002 Coll. on Asylum and Act No. 48/2002 Coll. On Residence of Foreign Nationals, undocumented migrants have, if they are detained in the Police Unit for Foreigners, the right to primary and secondary care (Questionnaire, 2).

**Costs of Care**

Immediate medical care is free of charge if there is no health insurance and the state covers the cost. Additional care is expected to be fully paid if the person is not insured (by a voluntary insurance at their own expense) (Act No 576/2004 and Act No 580/2004). Patients are asked for valid health insurance cards and identity cards. In most cases, undocumented migrants have no valid insurance cards (or are not commercially insured) and are thus asked by health care providers to pay for health care services over and above emergency or immediate care. According to expert opinions, the majority (90-95%) of undocumented migrants residing in Slovakia are economically active and have sufficient resources to pay the costs of care (Ministry of Health).

\textsuperscript{14} Act No 576/2004, para. 11, Rights and obligations of persons in the process of healthcare provision, states that (1) each person is entitled to the healthcare provision and (2) [...] In line with the principle of equal treatment [...] discrimination due to gender, religion or faith, marital and family status, colour of skin, language, political and other opinions, activities in the trade unions, national or social origin, health disability, age, property, family line or another status, is forbidden.
Health care provided in connection with being detained is free of charge. The expenses of health care are then paid by the Ministry of Interior Affairs from its own budget (Ministry of Health).

**Specific Entitlements**

There are no specific entitlements in terms of identified groups. However, contagious diseases are provided for in terms of the Health Acts (Questionnaire, 2 with no official reference).

**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 as there is no specific legislation regarding access to health care for undocumented migrants.

**Obligation to Report**

Health care staff are not obliged to report undocumented migrants to the police or other authorities. However, such occurs indirectly, since healthcare providers must ask the largest health insurance company for the report to receive reimbursement for services rendered from the Ministry of Health in cases where immediate medical care was provided (Questionnaire, 1). In addition, staff occasionally report to authorities as they mistakenly believe that they are required to do so (Questionnaire, 2).

**Providers and Actors**

**Providers of Health Care**

Providers of care are found among hospitals (emergency units) (Questionnaire, 1). Furthermore, health care is also provided by general practitioners in the mainstream system or hospitals in general (Questionnaire, 2).

Providers can be found all over the country. In terms of cooperation, those who encounter undocumented migrants are not coordinated (Questionnaire, 1).

**Advocacy Groups and Campaigns**

There are no advocacy groups for undocumented migrants active in Slovakia (Questionnaire, 2).
Political Agenda

Migration is an issue of growing importance in Slovakia (Questionnaire, 2). Despite this, irregular migration is not dealt with within individual political parties. Occasionally it is dealt with in the media, and then mostly negatively (Divinský 2008).

International Contacts

The actors in the field of health care for undocumented migrants do not currently have international contacts (Questionnaire, 1).

Bibliography


