Policies on Health Care for Undocumented Migrants in EU27

Country Report

Latvia

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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.

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

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- 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

Latvia entered the European Union in 2004 and is situated at the border of the Schengen area and bordered by Russia and Belarus.

1 Information regarding the project and all 27 Country Reports can be found at 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 In the case of Latvia, information was obtained by The Embassy of Latvia and the Ministry of Health, Latvia.
Immigration to Latvia is a relatively new issue on the country’s political agenda. Since 1991, when Latvia was independent and in the wake of the EU accession, emigration and labour shortages were on the agenda, as Latvia had a negative net migration. The main long-term migratory flows were to and from CIS countries (e.g. the Russian Federation, Ukraine and Belarus), with which the local people maintained family relations and acquaintances and experienced no language difficulties. Another relevant topic in relation to migration involves the status of 1.1 million Russian-speaking residents who were sent to Latvia during the Soviet era. Latvia adopted a restrictive migration policy in the 1990s (Ruspini 2009:76).

Immigrants in Latvia include persons that have arrived in the country after 1990. The migration statistics from 2005 show that 1 886 persons immigrated that year. They came from the Russian Federation (15%), Lithuania (14%), Germany (10%), Estonia (7%), Great Britain (7%), USA (6%), Ukraine (4%), Finland (4%), Sweden (4%), and Israel (3%), (figures are presented without decimals). Generally, migrants receive residence permits due to family reunifications or employment.

The same year, 2 450 individuals emigrated. They went to the Russian Federation (31.2%), Germany (10.2%), Great Britain (6.8%), USA (5.8%), Ukraine (4.6%), Belarus (4.2%), Lithuania (4.2%), Ireland (3.4%) and Estonia (3%). The shortage of labour created by the emigration of Latvians to the West is encouraging immigration to Latvia (Ruspini 2009:76).

In 2008, 55 persons applied for asylum in Latvia (Eurostat 66/2009). Amongst them, 15 came from Georgia and 10 from Afghanistan (ibid.). The same year, 25 decisions were issued (in the first and second instance) and the rate of recognition was 25.0 % (in the first instance) (Eurostat 175/2009).

**Total Population and Migrant Population**

By 1 January 2010, the population in Latvia was 2 248 961 (Eurostat)³. In 2008, the foreign-born population was 415 000 (Eurostat 94/2009). Of these, 28 500 were Russian citizens, 3 400 were Lithuanian and 2 600 were Ukrainian (ibid.). There is a large group of recognized non-citizens (371 700) (ibid.). Recent foreign immigrants represent 1.6 per cent (reference from 2008) of the population in Latvia. This is partially a result of restrictive migration policies that were adopted in the 1990s (Ruspini 2009).

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³ Eurostat.

Estimated Number of Undocumented Migrants

There are no specific estimates of the number of undocumented migrants in Latvia, but these are assumed by the International Organisation of Migration in Latvia to be low (numbering in the dozens) in relation to the size of the population, (Baldwin-Edwards & Kraler 2009:41; Ruspini 2009:77). Migrants try to enter Latvia mainly via the Ukraine and Lithuania. However, Latvia is used as a transit route, despite lack of transport infrastructures and tight control systems, to other destinations, primarily in Western and Northern Europe.

Categories of Undocumented Migrants

The main pathway into an irregular stay in Latvia is via irregular entry. Furthermore, the asylum process does not play a role in "producing" undocumented migrants (Baldwin-Edwards & Kraler 2009:41).

In this context it is relevant that the level of illegal employment among third country nationals in Latvia is insignificant (whilst the level of hidden employment and informal trade is rather high) (Ruspini 2009:77).

Policies Regarding Undocumented migrants

Regularization Practice, its Logic and Target Groups

Latvia has not implemented regularisation programs (Baldwin-Edwards & Kraler 2009; Ruspini 2009:78). Regularisations are thus examined and decided only on a case-by-case basis and on humanitarian grounds in terms of the Immigration Law. Since 2005, approximately 30 permits have been issued (Ruspini 2009:78).

Internal Control: Accommodation, Labour, Social Security and Education

Accommodation is not covered.

To work in Latvia and have access to work-related social security benefits requires a legal stay (i.e. legal residency, working permit etc). 4

Undocumented children can get education and this can be considered to be implicit as there is no impediment to the enrolment of children who do not have legal residency status in the country (European Commission 2004:33).

4 Further information on this topic can be found on the webpage of the Ministry of Welfare: http://www.lm.gov.lv/text/1422 (20-01-2010).
Main Characteristics of the Health System

Financing, Services and Providers

The Latvian health care system is in the process of consolidating new structures and institutional arrangements, involving a process of decentralization of health care delivery, administration and financing, full or partial privatization of some kinds of provider institutions and the establishment of independent primary care practices (Tragakes et al. 2008:xvii). Latvia has a tax-funded “social insurance” system, with a purchaser–provider split. Statutory health services are financed mainly by the central government through tax revenues. Tax revenue allocated by Parliament for health-related purposes, flows from the Ministry of Finance through the Treasury to the Health Payment Center (HPC), a state-run organization under the control of the Ministry of Health, which acts as a “pooler” of health funds. The HPC contracts with a variety of service providers under the statutory system (ibid.). Additional financing sources include direct payments by patients. Out-of-pocket payments are the largest single contribution mechanism (Thomson et al. 2009). A third source of financing consists of private (voluntary) contributions for insurance schemes offered to employers to cover user charges, services that are not financed by the State (complementary insurance), or additional benefits such as faster access (supplementary insurance) (Tragakes et al. 2008; Thomson et al. 2009). (Updated via the questionnaire).

As out-of-pocket payments constitute a barrier to health care, some measures have been implemented in this respect. From October 2009, patients and households with a specified low level of income (and property, stocks etc.) are exempted from patient fees in respect of visits to general practitioners, specialists, hospitalization, diagnostics, stays in “hospital hotels” and care provided at home. An annual cost limit for medical products was also introduced (Questionnaire Latvia).

The publicly financed health system covers all residents for a wide range of health services and Latvia has never had a list of specific services that are included within the budget-funded services, apart from a positive list of pharmaceuticals. The system of benefits is based on both implicit and explicit principles (Tragakes et al. 2008). That which is excluded includes adult dental care and surgical treatment for conditions that are not life-threatening, such as plastic surgery, homeopathic treatment, sexology treatment and sex changes, etc. (Thomson et al. 2009).

Providers contracting with the HPC may be public or private; they tend to be predominantly private in the case of primary care, whilst being predominantly public in the case of secondary care, with ownership concentrated mainly at the local government level. Providers are exclusively public in the case of tertiary care, with ownership concentrated at the state level. The bulk of services at the primary care level are provided by primary care practitioners (most of whom are GPs) who work independently, either as self-employed individuals or as private sector agents. In the first instance, the clinic is owned by the local government (Tragakes et al. 2008). Patients have free choice of primary care providers, but
must be referred for specialist care to receive state funded health care services. (Thomson et al. 2009).

**Basis of Entitlement**

The basis of entitlement to health care is legal residency. In terms of the Constitution of Latvia, para. 111, “The State shall protect human health and guarantee a basic level of medical assistance for everyone”. Universal population coverage is also ensured by the Medical Treatment Law (2009) which states that, “Everyone has the right to receive emergency medical care in accordance with procedures prescribed by the Cabinet” (para. 16). Furthermore, “The amount of medical assistance guaranteed by the State in accordance with the procedures prescribed by the Cabinet shall be provided to citizens of Latvia, non-citizens of Latvia, foreign nationals who have a permanent residence permit, citizens of the EU, EEC and Switzerland who reside in Latvia for the purpose of employment and their family members, refugees and persons to whom have been granted alternative status, as well as to persons detained, arrested and sentenced with deprivation of liberty” (para. 17). (Tragakes et al. 2008).

**Special Requirements for Migrants**

The European Health Insurance Card is required from EU member state nationals (Tragakes et al. 2008). Migrants must obtain permanent residence permits or the status of refugees or some other alternative status to qualify for the right to receive health care services covered by the state budget.

**Difference Sensitivity**

In Latvia, there are no adaptive structures for migrants in health care (Questionnaire Latvia).

**Health Care for Undocumented Migrants**

**Relevant Laws and Regulations**

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

The Constitution of Latvia, para. 111, which states that the State shall protect human health and guarantee a basic level of medical assistance for all.

The Medical Treatment Law (2009), para. 16 and 17, which identifies all persons’ right to receive emergency medical care in accordance with procedures prescribed by the Cabinet, as well as to whom this is free of charge.
**Access to Different Types of Health Care**

Undocumented migrants have access to emergency care in terms of the Constitution (para. 11) and the Medical Treatment Law (2009), para. 16. However, they are not authorized to receive the emergency care funded by the State budget.

In practice, emergency health care will be provided if a person seeks care. Once the emergency health stage is completed and it is discovered that a person is undocumented, he/she will be required to cover all the expenses arising from the services provided (Questionnaire Latvia).

Access to primary care and anything beyond emergency care is available only for insured persons or if persons pay out-of-pocket for such services. In principle, an undocumented migrant can purchase private insurance.

**Costs of Care**

Persons who are not included under article 17 of the Medical Treatment Law are obliged to pay for health care services. From this, it follows that undocumented migrants are expected to pay the full cost of health care, either personally or through a private insurance or private donation.

**Specific Entitlements**

There are no specific entitlements in terms of identified groups or diseases.

**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**

Health care staff are not obliged to report undocumented migrants to the police or other authorities (Questionnaire Latvia).

**Providers and Actors**

**Providers of Health Care**

In principle, every person can receive health care services in any general or specialised medical treatment institution (Questionnaire Latvia). No specific providers of health care for undocumented migrants have been identified.
Undocumented migrants can receive health care services (upon full payment) in any health care institution within the mainstream system. These institutions can be found all over the country.

*Advocacy Groups and Campaigns on Rights*

There are no advocacy groups for undocumented migrants active in Latvia (Questionnaire Latvia).

*Political Agenda*

Undocumented migrants are not a salient topic on the political agenda (Questionnaire Latvia).

*International Contacts*

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

**Bibliography**


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