MIG-DHL

Migrants Digital Health Literacy

Handbook

Module 3

Healthcare services

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This handbook for module 3 is a part of the MIG-DHL Program containing 6 learning modules in total, which has been developed within the Erasmus+ Strategic Partnership **MIG-DHL-Migrants Digital Health Literacy.**

The training contents at a glance:

MIG-DHL Programm

Module 1: What is Digital Health Literacy and its relevance

Module 2: Main health issues when landing in a new country

Module 3: Healthcare Services

Module 4: Turning Digitally Literate

Module 5: Exploring Digital Health Tools

Module 6: Being Active in the Digital Health Environment

You can find more information at the homepage: https://mig-dhl.eu/

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Content

Introduction 4

National Health System Organisation in Spain and Valencian Community 5

Rights and duties as patients in Spain and Valencian Community 8

National Health System Organisation in Germany 12

Health care for migrants in Germany 13

National Health System Organisation in Italy 15

National Health System Organisation in Greece 18

6.1 National Health Insurance **Σφάλμα! Δεν έχει οριστεί σελιδοδείκτης.**

6.2 Access to the Healthcare System **Σφάλμα! Δεν έχει οριστεί σελιδοδείκτης.**

Health care for migrants in Greece 21

References 23

Introduction

The following handbook belongs to the intellectual output 2 in the project MIG-DHL. This handbook covers all the six modules:

1.) What is Digital Health Literacy and its relevance?
2.) Main health issues when landing in a new country
3.) Healthcare Services
4.) Turning digitally literate
5.) Exploring digital health tools
6.) Being active in the digital environment

The handbook itself is addressed specifically to trainers and supporters (social workers, health professionals, etc.). The idea is to provide a deeper knowledge about the topics discussed in the training sessions, so the content of the training materials gets clearer to the trainer. Also, the trainer is prepared to answer questions, which are more detailed than the information given in the training materials. Therefore, this handbook provides a deeper knowledge and linkages to additional resources related to the content- primarily for the trainers, but of course also for all other people who would like to learn more about the topics.

The structure of the handbook is orientated on the structure of the training programme. Every module has a chapter around 6-8 pages.

This particular handbook contains information relating to **Module 3, Healthcare Services**. Therefore, here you will find the necessary theoretical information to support the contents and activities of DPTA_3.

Contract No. 2020-1-DE02-KA204-007679

1. National Health System Organisation in Spain and Valencian Community

In order to understand how the National Health System is formed, it is necessary to detail its main characteristics, i.e. decentralisation, the principle of universality, co-payment and the two levels of organisation that comprise it, as well as the current Spanish legislation on health in relation to the foreign population.

Decentralisation

The National Health System in Spain comprises the set of health services and benefits, for which the public authorities are responsible, in order to fulfil the right to health protection. The SNS is characterised by coordinating and integrating all health resources into a single system, extending its services to the entire population, providing comprehensive health care through health promotion, disease prevention, cure and rehabilitation, as well as financing obligations through the resources of public administrations and fees for the provision of certain services. The SNS is also characterised as a system whose management of health resources has been decentralised with the aim of ensuring that services and professionals have a greater capacity to respond to the needs of citizens. In this way, the state has transferred health competencies to the Autonomous Communities, which have delimited their territory in health areas (taking into account multiple factors: geographic, socioeconomic, demographic, labour, epidemiological...) which are responsible for the management of health centres and establishments, and the health services and programmes to be developed in their territorial demarcation. Likewise, each health area is divided into basic zones made up of health centres, hospitals and speciality centres.

Universality

In terms of healthcare, universality refers to guaranteeing the right to health protection and healthcare under equal conditions for all Spaniards and foreigners in the national territory, i.e. who are in the Spanish State. The universality of care refers to the improvement of both individual and collective health.

Co-payment

Co-payment refers to the financial contribution by the individual to the cost of a health service, such as a health service, treatments and medicines. It is a means of financing a health service.

It is called a co-payment because it is complemented by another means of financing, such as taxes in the case of the public health system or a periodic payment in the case of private health insurance. The amount contributed by the patient differs between the active person and the pensioner. For medicines, the co-payment is 40% of the price of the medicine, with the exception of chronic diseases. Organisation of the health system: two levels of care The National Health System is made up of all the services of the 17 autonomous communities, which share basic characteristics, but with differences in their management and provision. Thus, in all the autonomous communities there are two levels of care: primary care, which forms the first level, characterised because it is the first contact that the patient has with the NHS, with great accessibility and technical resolution and where the most common health problems are treated through basic services, by means of the Health Centres. On the other hand, there is specialised care, which constitutes the second level, and has a concentration of more complex technology for the resolution of problems that could not be solved in primary care, i.e. they offer more specialised means to deal with more complex health issues and problems. They account for 70% of health spending and are carried out in hospitals and speciality centres.

In conclusion, with specific reference to the immigrant population, it is necessary for them to have the Individual Health Card known as the SIP card. This card is the document that allows access to the Spanish health system and guarantees the right to health care. In order to acquire this card, foreigners must have their own residence or have a rental contract, as this will allow them to obtain the census registration certificate necessary to obtain the Individual Health Card. In the case of not having an Individual Health Card, only foreigners in special situations will receive health care. Specifically, according to Royal Decree-Law 7/2018, of 27 July, on universal access to the National Health System, all foreigners with legal and habitual residence in Spain, and those who, without being registered or authorised as residents, meet the following requirements, are entitled to health protection and healthcare in Spain: they do not have to accredit the obligatory coverage of the healthcare service by another means; they cannot export the right to healthcare coverage from their country of origin or provenance; there is no third party obliged to pay. In the case of foreigners who are not registered or authorised as residents in Spain, the contribution percentage for outpatient pharmaceutical care is 40% of the retail price.

Contract No. 2020-1-DE02-KA204-007679

In July 2018, the Government approved Royal Decree-Law 7/2018 in order to "guarantee the universality of care, that is, to guarantee the right to health protection and health care, under the same conditions, to all persons who are in the Spanish State". This Decree substantially improved the situation of irregular migrants in terms of access to healthcare, given that the previous Royal Decree Law of 2012 only provided for free access to the National Health System for irregular migrants in very specific circumstances. With this, the Spanish state changed sides in the political and legal debate surrounding the issue of irregular migration and human rights. It shifted from a position focused on deterring the arrival of undocumented migrants by minimising their rights to a position according to which universal human rights act as a limit to the state's power of exclusion and which therefore advocates protective measures to alleviate the precarious situation of irregular migrants.

Indeed, the 2018 Decree-Law states that the protection of the right to health becomes even more important in the case of "particularly vulnerable groups threatened by social exclusion, such as the foreign population that is neither registered nor authorised to reside in Spain" (para. 1). Even though Decree-Law 7/2018 has strengthened the right to health of this vulnerable group, both the wording and the application of the law show several problems, which have been pointed out by different organisations such as Amnesty International and Médecins Sans Frontières through the REDER network.

Regarding the wording of the Decree-Law, although the Preamble states that the right to health in international human rights law does not admit any discrimination based on migration status (paragraph 3), there is symbolic discrimination in the text by not including irregular migrants in the article on "holders of the right to health protection and health care" (Article 3), but in a separate article entitled "health protection and health care for [irregular migrants]" (Article 3 ter). It would therefore be sensible to include the provisions of Article 3 ter in Article 3 to make it clear that undocumented migrants are entitled to the right to health and health care, just like nationals and migrants legally residing in Spain. In the implementation phase of the Decree-Law, REDER has identified three main problems. Firstly, in order to receive publicly funded health care, irregular migrants have to prove, among others, that they do not have the possibility to export the right to health coverage from their country of origin or provenance (Article 3 ter(2)(b)). However, many irregular migrants come from countries where the administrative and public health systems are weak, and either do not have the possibility to

collect the necessary documents to prove this or would have to return to their country of origin to obtain them. This requirement is particularly problematic considering that, prior to 2018, some Autonomous Communities such as Madrid already provided for free access to healthcare for undocumented migrants without imposing such conditions on them, so the Decree has made it more difficult for them to access healthcare, contrary to its objective. The second and third problems relate to Article 3b (3). On the one hand, this article provides that the Autonomous Communities shall establish the procedure for issuing the health card allowing undocumented foreigners to prove their right to free access to health care. This has led to a very fragmented territorial situation, with 17 autonomous health systems establishing different administrative requirements. While centralising the competence to issue such cards does not seem feasible from a constitutional point of view, this article could add that "the equitable application of the Royal Decree-Law will be achieved by coordinating practices through the Interregional Council of the National Health Service".

On the other hand, paragraph 3 of Article 3 ter excludes as a general rule, foreigners in a temporary stay situation (i.e. those who are allowed to stay in the country for 90 days, as well as students) from free access to health care. Thus, this group of foreigners would have to remain illegally in the country after the expiry of their authorisation in order to access publicly funded health services. This has led to confusion, as some Communities are requiring migrants who entered the country irregularly to prove that they have resided in Spain for more than 90 days, even though this condition does not apply to them. Therefore, the provision concerning foreigners with a residence permit - which aims to prevent "health tourism" - should be included in a separate article, in order to clarify the distinction between these two groups of foreigners.

2. Rights and duties as patients in Spain and Valencian Community

General Health Law 14/1986

<u>Article 9</u>

The public authorities shall inform users of the services of the public health system, or those linked to it, of their rights and duties.

Article 10

Everyone has the following rights with respect to the different public health administrations:

Respect for their personality, human dignity and privacy without being discriminated against for reasons of race, social, sex, moral, economic, ideological, political or trade union reasons.

Information on the health services to which they may have access and on the requirements necessary for their use.

Confidentiality of all information related to their process and to their stay in public and private health institutions that collaborate with the public system.

To be informed of whether the prognostic, diagnostic and therapeutic procedures applied to them may be used for teaching or research purposes, which under no circumstances may entail any additional danger to their health. In all cases, the prior written authorisation of the patient and the acceptance of the doctor and the management of the corresponding health centre shall be essential.

To be given, in comprehensible terms, complete and continuous information, verbal and written, about his/her process, including diagnosis, prognosis and treatment alternatives, to him/her and to his/her family or close relatives.

To have a free choice among the options presented to him/her by the doctor responsible for his/her case, with the prior written consent of the user being required for any intervention to be carried out, except in the following cases:

- When non-intervention entails a risk to public health.
- When he/she is not capable of making decisions, in which case, the right shall correspond to his/her relatives or persons close to him/her.
- When the urgency does not permit delay because of the risk of irreversible injury or danger of death.

To be assigned a doctor, whose name will be made known to you, who will be your main interlocutor with the care team. In case of absence, another member of the team will assume this responsibility.

To be issued with a certificate accrediting their state of health, when this is required by law or regulation.

To refuse treatment, except in the cases indicated in section 6; for this purpose, they must request voluntary discharge, under the terms indicated in section 4 of the following article.

To participate, through community institutions, in healthcare activities, under the terms established in this Act and in the provisions that develop it.

To have a written record of their entire process. At the end of the user's stay in a hospital Institution, the patient, family member or person close to him/her shall receive his/her Discharge Report.

To use the channels for complaints and suggestions within the established deadlines. In either case, he/she shall receive a written reply within the time limits established by regulations.

To choose the doctor and other qualified healthcare professionals in accordance with the conditions contemplated in this Law, in the provisions issued for its development and in those that regulate healthcare work in Health Centres.

To obtain the medicines and health products deemed necessary to promote, preserve or restore their health, under the terms established by regulation by the State Administration.

Respecting the particular economic regime of each health service, the rights contemplated in sections 1, 3, 4, 5, 6, 7, 9 and 11 of this article shall also be exercised with respect to private health services.

Article 11

Citizens shall have the following obligations towards the institutions and bodies of the health system:

To comply with the general prescriptions of a sanitary nature common to the entire population, as well as the specific prescriptions determined by the Health Services.

To take care of the facilities and collaborate in maintaining the habitability of the Health Institutions.

Take responsibility for the appropriate use of the benefits offered by the health system, fundamentally with regard to the use of services, sick leave or permanent disability procedures and therapeutic and social benefits.

Sign the voluntary discharge document in cases of non-acceptance of treatment. If they refuse to do so, the Management of the corresponding Health Centre, at the proposal of the doctor in charge of the case, may discharge them.

3. National Health System Organisation in Germany

At the national level, the German Federal Ministry of Health is responsible for the health care system and each federal state also has its own Ministry of Health. On the one hand, the health ministries of the federal states are implementation instruments of the federal level, but they have numerous other powers. Around 83 million citizens receive medical care in Germany. For this purpose, they have access to a network of, among others, about 1,900 hospitals, about 150,000 doctors, and about 28,000 psychotherapists working in outpatient care, as well as almost 19,500 pharmacies.

Health care in Germany is based on five fundamental principles:

Compulsory insurance for all citizens

Depending on income, insurance is provided in the so-called statutory health insurance or in a private health insurance.

Contribution financing

Both forms of insurance are financed by contributions paid by their members based on their income. Children and spouses who have no or only a low income of their own are co-insured in the statutory insurance as family members and do not have to pay an independent contribution.

Solidarity principle

All members of the statutory insurance system jointly bear the costs arising from illnesses of the individual members. Everyone with statutory insurance has the same entitlement to medical care - regardless of income and health insurance contributions. Therefore, the healthy stand up for the sick, the rich for the poor and singles for families. Part of this solidarity is that employed people continue to receive their wages when they fall ill. For the first six weeks, the employer continues to pay the full amount. Those who are ill for longer receive a so-called sickness benefit from their health insurance fund, which is equivalent to 70 per cent of the gross wage.

Benefit in kind principle

People with statutory health insurance receive medical treatment without having to pay for it in advance. Doctors, clinics and pharmacies bill the health insurance funds directly for therapies and medicines. The insured are thus entitled to treatment that is largely free of charge.

Self-governance principle

The German state sets the framework conditions and tasks for medical care. It issues laws and ordinances for this purpose. Nevertheless, exactly how the system is then organised and designed, and above all which medical treatments, operations, therapies and medicines are financed by the health insurance funds and which are not, is decided within the health system. This joint self-administration in the health system is undertaken jointly by the representatives of doctors, dentists and psychotherapists, hospitals, health insurance funds, and insured persons.

4. Health care for migrants in Germany

Health care in Germany is based on medical insurance. When you seek asylum in Germany, you do not have medical insurance at first. Government agencies therefore ensure your health care. These include, for example, the social services department (Sozialamt) or the public health service (Gesundheitsamt). Health care includes treatment by a doctor or dentist as well as any necessary vaccinations and medically indicated preventive examinations. Government agencies collaborate with all health care facilities.

One is treated by a doctor if:

He/she is acutely ill

He/she is suffering pain

She is pregnant

Dental treatment Toothache and acute diseases in the mouth are treated.

Particularly vulnerable persons

Children, expecting mothers, victims of torture and violence as well as people with disabilities, for example, are considered particularly vulnerable. Their needs will be given particular consideration in the provision of health care. Important: Please keep all health care

Contract No. 2020-1-DE02-KA204-007679

documents you receive in a safe place! These include for example, the vaccination record (Impfausweis) and the maternity record (Mutterpass). These documents contain important information that may be required for further visits to the doctor or stays in hospital.

Medical treatment vouchers and electronic health care card

Depending on the federal state you are in, you will receive either a medical treatment voucher (Behandlungsschein) or an electronic health care card (Gesundheitskarte).

Normally, a medical treatment voucher is valid only for a short time. You will receive this voucher from one of the government agencies (e.g. social services department – Sozialamt) if you are ill. You must present this medical treatment voucher to the doctor. If the doctor prescribes medication or wants to have you admitted to a hospital, the relevant government agency must approve this in advance.

In a few federal states, asylum seekers are given an electronic health care card (Gesundheitskarte) by a government agency or health insurance provider.

This electronic health care card replaces the medical treatment voucher. With this card you can consult doctors directly without first obtaining confirmation from government agencies (e.g. social services). The health care card must be kept in a safe place.

Contract No. 2020-1-DE02-KA204-007679

5. National Health System Organisation in Italy

The Italian law on health care for the foreign population

The Italian Constitution recognises the right to health as a fundamental right of the individual and an interest of the community.

The principle of protection is set out in Article 32 of the Constitution, which states that 'the Republic shall protect health as a fundamental right of the individual and in the interest of the community, and shall guarantee free health care to the indigent'.

It follows from this key principle that the right to health is not limited to citizens or residents, but is extended to all persons present on the national territory, regardless of their status and condition of residence and even when they do not have the necessary economic resources.

Health care for foreign citizens in Italy is regulated by a number of national regulations and conditioned by local policies. Access to the Italian Public Health System for foreign citizens present on the national territory is guaranteed at a regulatory level by Law no. 286/1998, the Consolidated Act on Immigration (T.U.IMM).

It is important to emphasise that the same text also provides for access to healthcare for foreigners who are in the country illegally. The Consolidation Act was a turning point because it directly influenced subsequent national health plans and gave significant input to regional and local policies, which, in everyday reality, are actually the protagonists of the actual healthcare provision to migrants.

Organization of the Italian Public Health System

The Italian Public Health System (SSN) defines, at the central level, health intervention and guidelines that are targeted to ensure all the sanitarian services.

The health service is divided into different levels of responsibility and governance: central level - the State is responsible for ensuring that all citizens have the right to health through the definition of the Essential Levels of Care (LEA); regional level - the Regions have direct responsibility for the implementation of governance and spending to achieve the country's health objectives.

Contract No. 2020-1-DE02-KA204-007679

The regions have exclusive competence in regulating and organising services and activities, through the Local Health Agencies (ASL).

The Asl are the first level, through wich the single individual, families and the community can contact the SSN, thus rendering easier health care at the places where people live and work and therefore being a first element of a continuous flow of health protection.

Below are the procedures for access to healthcare for foreign nationals in cases where they are legally resident and in cases where they are not.

Access to social, health and care services for legally resident foreigners

In the case of foreigners regularly residing in Italy, for work, family or political asylum reasons, access to treatment is provided through registration with the National Health Service.

Registration with the SSN for legally residing foreign citizens ensures that they are treated equally and have full equality of rights and duties with Italian citizens. Registration with the SSN enables them to obtain a health card indicating their general doctor (and paediatrician for minors), outpatient and specialist care, and hospital admissions.

Registration does not lapse when the residence permit is renewed.

Access to social and health care services for foreigners who are not legally resident

In the case of non-EU foreign nationals who are not in compliance with the rules on residence, the provision of healthcare is guaranteed by the issue of a card containing an individual STP (*Stranieri temporaneamente presenti*-STP) code.

The STP code can be issued by Health Authorities, Hospitals and Treatment Institutes. It is issued upon presentation by the applicant of a document containing his/her personal details. Even in the absence of an identification document, a self-declaration of the immigrant's personal details is sufficient.

The code can be issued at the time of the first provision of care or even in advance, to facilitate access to care.

The code is valid for six months, throughout the national territory, and is renewable indefinitely, as long as the person's irregularity with regard to the rules of residence remains.

Contract No. 2020-1-DE02-KA204-007679

The organisation of health services, as far as it is the responsibility of the Regions, can also be carried out in collaboration with volunteer organisations with specific experience: in these cases, direct access to services for immigrants is provided, without the need for booking. It is important to emphasise that in no case does access to healthcare facilities by a foreigner who is not in compliance with the rules on residence lead to a report to the authorities, except in cases where a report is compulsory, on equal terms with an Italian citizen.

6. National Health System Organisation in Greece

The National Health System in Greece is characterized as a mixed system providing healthcare services through a network of public providers and contracted private healthcare providers for primary, hospital and ambulatory care. Public health care services are provided for free or at low-cost, for residents who financially contribute to the social security system. After 2011, general population health care coverage was undertaken by a single entity namely the National Organization for the Provision of Health Services (EOPYY) which covers the insured (employees and pensioners) and their dependent family members. Public healthcare system provided through the services of EOPYY includes:

- National Hospitals (National Healthcare System-ESY)
- ESY Healthcare Centers
- Local Healthcare Units
- EOPPY-contracted freelance physicians

Private healthcare services include freelance physicians, clinics and diagnostic laboratories.

Since 2014, the responsibility for public primary/ambulatory care provision lies with the National Primary Healthcare Networks (PEDYs) coordinated by the Regional Health Authorities (YPEs). Overall, the responsibility of the National Health System lies with the Greek Ministry of Health, which is responsible for ensuring the general objectives and fundamental principles of ESY, such as free and equitable access to quality health services for all citizens.

6.1 National Health Insurance

In general, patient choice refers to the choice of insurer, the choice of provider and the choice of treatment. In Greece, individuals do not have choice of insurer as social health insurance, is compulsory for all the employed population which is insured under EOPYY. There is though a large degree of choice concerning health providers. Patients can receive services at any PEDY primary health care unit (and their contracted providers) or at outpatient departments of public hospitals that provide ambulatory care.

Patient choice

Type of choice	Is it available?
Choices around coverage	
Choice of being covered or not opting out	No
Choice of public or private coverage	No
Choice of purchasing organization	No
Choice of provider	
Choice of primary care practitioner	Yes
Direct access to specialists	Yes
Choice of hospital	Yes
Choice to have treatment abroad	Under certain conditions
Choice of treatment	
Participation in treatment decisions	Yes
Right to informed consent	Yes
Right to request a second opinion	Yes
Right to information about alternative treatment options	Yes

EOPPY controls a unified health insurance fund and purchases funded health services delivered by the National Health System. Additionally, EOPPY contracts with private health services, mostly for the delivery of primary and outpatient care alongside with diagnostic services.

The responsible institute for Greek National Health Insurance is the Single Social Security Entity (EFKA), where all employees pay their contributions for social insurance (including health insurance). Health insurance is for employees, pensioners and their dependent family members.

To access National Health Insurance services, you have to issue a **social security card** with an individual unique number (known as AMKA), or a **temporary social security number** (known as PAAYPA) for asylum seekers (which also allows them to work). Thereby, the following free services are offered by the Public Healthcare System to those owning AMKA or PAAYPA:

- Healthcare services in the field of preventive medicine for health promotion and prevention
- Clinical examinations, screening, provision of medicine/treatment

- Dental healthcare
- Provision of non-hospital medical treatment for chronic diseases
- Rehabilitation services, such as physiotherapy, speech therapy, occupational therapy, psychotherapy and special education
- Medical transport via floating, aerial or motor vehicles of the ambulance services
- Provision of medicinal products in certain cases
- Inclusion in dialysis treatment for late-stage nephropathy patients

User charges for publicly provided health services

Health service	Type of user charge in place
Primary care/GPs	• **No user charge** (limit on service volume of 20 consultations per day, 50 consultations per week and 200 consultations per month) • **Fee for service** (for afternoon outpatient visits, i.e. private clinics) from €16 to €72, depending on physician's location and qualification
Outpatient specialist visit	• **No user charge** • **Fee for service** (for afternoon outpatient visits, i.e. private clinics) from €16 to €72, depending on physician's location and qualification
Outpatient prescription drugs	• **Co-insurance**, typically 25% of cost-participation rate • **Co-payment**, €1 per prescription • **Extra OOP** to cover difference between retail price and reference price for reimbursed medicine
Medical devices	• **Co-insurance**, typically 25% of cost-participation rate (if the amount of the statutory purchase receipt is below the predetermined, the insured is compensated up to the amount paid)
Inpatient stay	• **No user charge** • **Co-insurance** of 30%of total cost in contracted private clinics (except from members of the SHI fund OGA, whose contribution is set to 50%)
Dental care	• **Co-payment** (difference between the reimbursed price by SHI to contracted dentist and the actual market price)
Diagnostic and laboratory tests	• **Co-insurance** rate of 15% in contracted centres

6.2 Access to the Healthcare System

Access to the public healthcare system is free when provided by the public healthcare institutions. Anyone owning a AMKA/PAAYPA number can access the public health care system in order to arrange an appointment. The Emergency Departments are accessible to anyone (regardless of their social security status).

Access to the private healthcare system has additional costs, depending on the services provided.

7. Health care for migrants in Greece

The Greek National Health System legislation concerning migrants/refugees is constantly changing following the needs of the continuously increasing numbers of migrants and refugees arriving in Greece.

In Greece, everyone who is granted international protection status has the right to freely access primary, secondary and tertiary health care. However, in the case of an emergency, which requires immediate and urgent medical attention, all people regardless of their social security or legal status, have the right to access the Emergency Departments of hospitals.

For asylum seekers: In 2020 through the joint decision of the Ministries of Immigration and Asylum, Education and Religions, Health, State and Labor and Social Affairs, a new Foreigner's Temporary Insurance and Health Coverage Number (PAAYPA) was introduced, replacing the previous Social Security Number (AMKA). PAAYPA is issued to asylum seekers together with their asylum seeker's card. Additionally, the holder of PAAYPA has the right of access the labor market, according to articles 53 and 55 of law 4636/2019 (A'169). The PAAYPA is deactivated if the asylum application is rejected. Health care for those issuing a PAAYPA includes free of charge access to necessary health, pharmaceutical and hospital care, including necessary psychiatric care where appropriate. More specifically, PAAYPA owners can access:

a) clinical and medical examinations in public hospitals, health centers or regional medical centers

b) medication provided upon prescription - although problems concerning the purchase of medication with PAAYPA have been reported.

c) hospital assistance in public hospitals

For non-asylum seekers: Regarding people who are not asylum seekers and they have not been granted international protection, therefore they cannot issue PAAYPA, Article 33 of Law 4368/2016 provides free access to public health services, under the following provisions. The Article 33 of Law 4368/2016 provides free access to public medical and nursing services to people without social insurance (without AMKA or PAAYPA) and with vulnerabilities (pregnant

women, children, chronically disabled, mentally ill, prisoners), who are entitled to the Alien Health Care Card (KYPA).

Moreover, according to the joint ministerial decision 2981/2021, undocumented people and stateless people in Greece without social insurance number (AMKA or PAAYPA) are able to obtain a provisional social security number (PAMKA). PAMKA solely offers access to the National COVID-19 Vaccination Program, in terms of scheduling a vaccination date, completing the vaccination dosage and issuing a certificate of vaccination.

For migrant/refugees with residence permit: As stated above, the PAAYPA is active for as long as the international asylum seeker card is activated. When a residence permit is granted, the PAAYPA is deactivated and is converted to AMKA within approximately one month. When acquiring an AMKA, migrants/refugees with residence permit have the same rights and access to services as the permanent residents of Greece.

In addition, a number of Non-governmental organizations (NGOs) and municipality organizations are also involved in the provision of direct health care to migrants/refugees (e.g. health services offered by Doctors without Borders, Doctors of the world) by establishing healthcare units to reach these populations. Some of these organizations, such as the Médecins du Monde, Médecins sans Frontières, Praksis, the Red Cross, and the United Nations Children's Fund, are very active and influential among society, political parties and the Government, managing to attract quite significant funding and donations. They usually allocate their resources to primary/ambulatory and preventive health and welfare services programmes as well as to financing health and welfare units, hostels or hospital departments for special groups of patients.

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