

**Examining health care access for undocumented migrants: a comparative analysis of  
policies in the Netherlands and Belgium**

*Bachelor Thesis*

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## **Abstract**

This thesis examines health care access for undocumented migrants in the Netherlands and Belgium, comparing the policies of both countries in relation to the guidelines of the European Union, making use of the concepts the Implementation Gap, Cultural Competence in Health Care, and Human Rights Frameworks. The research employs a content analysis of mainly policy documents, policy papers and other relevant research. Utilizing ATLAS.ti for systematic coding and the analysis of these documents.

The key findings indicate that both countries aim to provide essential health care to the undocumented migrants, however the notable difference is the policy implementation and its framework. Where the Netherlands relies heavily on the CAK scheme to reimburse the money to the health care giver, Belgium relies heavily on governmental support as well as that of the NGOs. Both countries experience a gap between policy and reality, which underlines challenges such as fear of deportation, lack of knowledge on available resources and services, and financial constraints. The thesis highlights the need for more clear policies to ensure that these align with the

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## **Introduction**

In the Netherlands and Belgium, like many other European countries, undocumented migrants often face significant barriers to accessing health care, despite the principles of health equity and human rights. According to the latest estimates, between 23,000 and 58,000 undocumented migrants live in the Netherlands (Heijden et al., 2020). In Belgium, it is estimated that 112,000 people are living without a valid permit (Lyons, 2023). These populations are marginalized and often overlooked in health care policy discussions, leading to significant health disparities.

Existing literature highlights the impact of migration status on health outcomes, revealing inequalities in access to health care and utilization among undocumented and documented migrants (Nørredam, 2015; Vargas et al., 2012). Despite efforts to address these problems through policy reforms and initiatives, challenges persist. Studies underline the complexity of how legal, political, and social factors shape policies regarding health care for a vulnerable group like undocumented migrants. However, there are still gaps to be filled regarding health care access for undocumented migrants in the Netherlands and Belgium and its alignment with European Union (EU) guidelines.

Health care access is a fundamental human right, yet undocumented migrants often encounter significant obstacles when seeking medical attention. These barriers include fear of deportation, lack of knowledge about available services, language barriers, and the high cost of medical care (Czapka & Sagbakken, 2016). The marginalization of undocumented migrants within health care systems exacerbates their vulnerability and contributes to poor health outcomes. This issue is particularly pressing in the context of the EU, where there are

guidelines aimed at ensuring equitable health care access for all residents, regardless of their legal status.

Despite the existence of EU guidelines, there is a noticeable lack of alignment between national policies in the Netherlands and Belgium and these guidelines. The EU has established directives that emphasize the importance of providing health care to all individuals, including undocumented migrants, based on principles of human rights and health equity (European Parliament, 2013). However, the implementation of these directives varies significantly across member states, leading to inconsistent health care access for undocumented migrants.

This research seeks to fill this knowledge gap by conducting a content analysis of policy documents, policy papers, and other relevant literature. This content analysis, using secondary data and coding with the help of the software ATLAS.ti, aims to provide a deeper understanding of the formal frameworks and regulations and compare them to EU guidelines. The research will focus on identifying the specific policies in the Netherlands and Belgium that govern health care access for undocumented migrants and analysing how these policies align with or diverge from EU guidelines.

The knowledge gaps this research aims to fill include the lack of detailed understanding of specific policies that govern health care access for undocumented migrants. Existing studies often take a broader scope, overlooking policy implementation and the experiences of undocumented migrants. This research aims to provide insights into these policies and their comparison with EU guidelines. By focusing on the specific policies in the Netherlands and Belgium, this study will contribute to a more nuanced understanding of how national and EU-level policies interact and impact health care access for undocumented migrants.

To do this, the research aims to answer the following primary question: **How do the policies governing access to health care for undocumented migrants in the Netherlands and Belgium compare with each other, aligning them with the guidelines of the European Union?** This will be guided by three questions. First, *what are the policies in the Netherlands regarding access to health care for undocumented migrants?* This is to understand what the system looks like in the Netherlands. Second, *what are the policies in Belgium regarding access to health care for undocumented migrants?* To understand the Belgium system and to be able to compare it to that of the Netherlands. Last, *how do these policies differ to the EU guidelines regarding health care access for undocumented migrants?* Which will make it able to compare both the Netherlands and Belgium to the European Union guidelines.

The literature that will be used to answer the research questions is second hand literature, which mainly consists of policy documents such as the Dutch law and other research. It will be analysed through content analysis with the help of the program ATLAS.ti. Together with the theories and concepts, that include the Implementation Gap, Cultural Competence in Health Care, and the Human Rights Framework, the findings will be presented to answer the above mentioned research questions.

This study's findings will have significant implications for both policy and practice. Scientifically, this research will expand knowledge on how policy frameworks influence the health outcomes and well-being of marginalized groups, specifically undocumented migrants. Through analysis of policy documents, this research aims to uncover underlying patterns and power dynamics, advancing theoretical debates within these topics. Societally, this research promotes equity, human rights, and social inclusion. By highlighting the strengths and weaknesses of existing policies regarding health care access for undocumented migrants, it

can inform policy reforms and community interventions aiming to improve the situation. Addressing these social challenges encourages equity, inclusivity, and compassion.

In conclusion, this research aims to provide a comprehensive analysis of the policies governing health care access for undocumented migrants in the Netherlands and Belgium, comparing them to EU guidelines. By filling the existing knowledge gaps, this study will contribute to a better understanding of the challenges faced by undocumented migrants and provide evidence-based recommendations for policy improvements. This will be done by first discussing the theories that will be used to support the findings, the theories are ... Moving on to the methods, where the research design, method of data collection and method of data analysis will be discussed. Third, the analysis will be done, where the research questions are answered by analysing the selected documents. Last, the conclusion will be given in which the main research question will be answered, as well as a discussion about the insights and the practical implications of that.

## Theory

Undocumented migrants face unique challenges in accessing health care due to their marginalized status within society. To understand the complexities of this issue in Belgium and the Netherlands, it is essential to draw upon relevant theories and concepts, which in this case are Implementation Gap, Policy-Practice Discrepancy, Human Rights Framework, and Cultural Competence in Health Care. These concepts provide the framework to be able to analyse the health care access for undocumented migrants as well as its effectiveness. In the following section I will discuss their importance and relevance for these concepts regarding my thesis, offering a detailed explanation.

As this thesis will discuss the policies implemented by the Netherlands, Belgium, and the EU. It is of importance to know to what extent these policies are implemented. That is when the concept of *the Implementation Gap* is particularly useful. It refers to the difference between the policies designed by the EU, the Netherlands, and Belgium to provide health care to the undocumented migrants and what the actuality of these policies are in practice (Abdullah & Othman, 2019). Policy implementation is difficult to achieve as the policy addresses a social problem which involve different stakeholders, such as the government, institutions, and individuals. However, for the undocumented migrants to have access to health care it is important that the policies are implemented to such an extent that the undocumented migrants have access to the benefits that should come from this.

The implementation gap arises when policies are unclear, this is when they are leading to unintended outcomes. Additionally, an implementation gap also arises when there is a lack of coordination and communication between the different levels of governance. (Abdullah & Othman, 2019). In the Netherlands as well as Belgium, minimizing this gap is the key to ensuring the undocumented migrants have access to health care services. The EU would be able to influence this by providing clear goals that each member state must achieve,



pushing them to become more clear and reflecting on what would and would not work after the policy has been written.

Additionally, as the undocumented migrants have a totally different background, it is of importance to make sure that they get effective health care as well. *Cultural Competence in Health Care* (Campinha-Bacote, J., 1999) refers to the ability of health care providers to understand and effectively work with individuals from diverse cultural backgrounds. It involves having the knowledge, skills, and attitudes necessary to provide culturally sensitive care that respects patients' beliefs, values, and practices. Cultural competence in health care aims to reduce disparities in health outcomes and improve the quality of care for all patients, regardless of their cultural background.

Incorporating cultural competence in health care supports the goal of bridging the gap between policy and reality. When health care providers are culturally competent, an effective form of communication is given to the undocumented migrants, which enhances their trust and understanding. Which proceeds to lead to better health care and health outcomes, as well as a higher quality of care for this group. By addressing both the cultural and structural challenges of this side of health care, policymakers and health care providers can work together and ensure that the undocumented migrants receive the care they deserve.

Furthermore, it is essential to recognize that regardless of one's societal status, everyone should be able to have access to medical care, including undocumented migrants. *The Human Rights framework*, is a set of principles that highlight the importance of the right to health as a fundamental human right, as acknowledged in international agreements like the International Covenant on Economic, Social and Cultural Rights (ICESCR) (more information can be found in Appendix B). It emphasizes that access to healthcare should be considered a basic human right for everyone (UNICEF, 2019). Both the Belgian and Dutch

governments have pledged to uphold this right for all individuals, irrespective of their legal standing.

The human rights framework will serve as a basis for evaluating whether policies are in line with the values of human dignity and equality when it comes to delivering healthcare services. By addressing the human rights and dignity, policymakers are able to ensure that healthcare policies are constructed in such a way that it respects the fundamental rights of all individuals, which includes undocumented migrants. The human rights framework advocates for holding the government accountable for commitments towards human rights.

In conclusion, the concepts of the Implementation Gap, Cultural Competence in Health Care, and the Human Rights Framework are crucial for understanding and addressing the challenges faced by the undocumented migrants who are trying to access the health care in the Netherlands and Belgium. The in-depth examination of these concepts is to provide the thesis with a complete analysis of the effectiveness of the policies and provide recommendations for improving the health care access for undocumented migrants.

## Methods

As undocumented migrants have significant barriers, they face in accessing health care in the Netherlands and Belgium, it is important to understand the method of research design, data collection and data analysis. These will be deployed to answer the main research question ...

To be able to understand the policies, barriers and other important information regarding health care access for undocumented migrants from both the Netherlands and Belgium, and the European Union, I will now first discuss the research design, then move on to the method of data collection and finish by discussing the method of data analysis.

### Research design

To answer the research question: **How do the policies governing access to health care for undocumented migrants in the Netherlands and Belgium compare with each other, aligning them with the guidelines of the European Union?** and the sub questions it would be appropriate to use the research design, content analysis. Content analysis will be used to analyse both the structure and discourse of texts (Haggarty, 1996), which in this instance involves closely analysing documents and texts from both countries and the EU to identify similarities, differences, and other underlying themes. In this case, when comparing policies of the Netherlands and Belgium as well as those from the EU, texts such as policy documents, policy papers, released statements, and other relevant research and papers are used.

This design fits well with the research questions as it allows for text such as policy documents, policy papers, released statements from the government, and other relevant research and papers to be carefully explored of the content and meaning which enables to uncover underlying themes, power dynamics, etc. Additionally, it facilitates a comparative

analysis of the policies regarding the access to health care for undocumented migrants, highlighting similarities, differences and shortcomings between the Netherlands and Belgium together with the EU guidelines.

Furthermore, the complexity of the health care systems and policies needs to be examined thoroughly and carefully, which content analysis facilitates. Besides that, content analysis permits flexibility, enabling exploration of the research question and its sub questions in multiple dimensions resulting in the ability to capture the multifaceted nature of the issue. All in all, content analysis is a flexible and reliable research process that enables exploration of the research question in multiple dimensions, by providing structure to compare and analyse complicated texts.

### **Method of data collection**

The data that is used for this research is secondary data which means that existing data is utilised for the research (Johnston, 2014). In this case, that mostly consists of policy documents, policy papers, released statements from the government, and other relevant research and papers. The texts that will help answer the questions focused on the national policies includes documents such as laws, regulations and government statements that outline the health care limitation and facilities for undocumented migrants in Belgium or the Netherlands. Where official government documents will provide a formal representation of the problem, policy paper and other reports supply additional context. And the texts concerning the sub question with the EU guidelines provides frameworks and recommendations guiding national policies regarding access to health care for undocumented migrants.

These varying texts are collected from various sources such as official government websites, academic databases, and from websites of relevant organisations such as WHO and

UNICEF. This is done by searching with terms such as ‘undocumented migrants’, ‘health care policies’, and this combined with each other or one of either country. Thereafter, the suitable documents and texts have been selected by their relevance to the research question and their potential to provide valuable information.

This data is appropriate for this context as it offers a comprehensive and authoritative source of information and by leveraging both policy documents and official documents, and other diverse sources, for the research formal insights is gained as well as a broader and deeper understanding of the complexities surrounding the problem. Additionally, the retrieval of this data is done from reputable sources ensuring the reliability and validity of the data. The most important data I have accessed are the laws of Belgium and the Netherlands, which are openly accessibly for everyone. As well as

### **Method of data analysis**

The method of data analysis that is used is content analysis. Content analysis allows for the collected data to be systematically and reliably analysed, so that patterns, themes, and relationships within the texts can be identified (Haggarty, 1996). This connects well with the research as it enables a structured analysis of the data and facilitated the identification of themes, trends, and patterns in health care policies and access for undocumented migrants. A way that this can be done is by coding, which is giving parts of text a certain word or cluster of words that summarises the context of the text (Saldana, 2016). A tool that helps with coding and is used is ATLAS.ti. ATLAS.ti is a software that stores, organises, and help with analysing the data, ensuring consistency and reliability throughout the coding process.

Coding is a multiple step process that begins by getting familiar with the textual data through reading and immersion, which will help develop a deeper understanding of the content and context (Saldana, 2016). Followed by systematically coding the data using a

combination of deductive and inductive coding. Deductive coding is with pre-divined codes whereas with inductive coding new codes emerge from the data itself (Saldana, 2016). A combination of coding ensures a comprehensive exploration of themes and concept while still being flexible to capture emerging patterns and insights. The codes will then be organised into categories and subcategories and ends with a second round of coding with the help of these newfound categories (Saldana, 2016).

Once the coding process is completed, that data is analysed to identify themes, patterns, and anything else that comes up, which can be found in table 1. It involves comparing and contrasting the health care policies for undocumented migrants in the Netherlands and Belgium after they have been analysed individually and comparing this to the guidelines of the EU. ATLAS.ti is the tool that helps analysing the data.

**Table 1**

*Coding scheme*

CODES DIVIDED BY COUNTRY	CODES PER THEME
<b>BELGIUM</b>	Policies
	Barriers
	Implementation
	Available
<b>NETHERLANDS</b>	Financial
	Policies
	Barriers
	Implementation
<b>EUROPEAN UNION</b>	Available
	Financial
	Guidelines
	Barriers

*Note, here the main coding themes can be found that are used in Atlas, which are separated between the three main groups as to keep an easy overview of the differences between them.*

To conclude, this thesis aims to provide a detailed understanding of the policies affecting the health care access for undocumented migrants in the Netherlands and Belgium. With as research design content analysis, the policies are systematically compared between the nations and the EU. This is done by analysing second hand data, primarily policy documents and other research via ATLAS.ti making use of a coding scheme.

### **Findings**

In the following section I will discuss the legal framework of the Netherlands, Belgium, and the European Union and how these compares. This analysis will also be done for the types of health care services that are available, the financial aspects, ethical and human rights, and challenges and barriers. Undocumented migrants in the Netherlands and Belgium are individuals residing in the country without legal authorization. This group includes failed asylum seekers, those who have overstayed their visas, and others who have entered the country without appropriate documentation (*Asielzoekers En Ongedocumenteerde Vreemdelingen*, 2022). Despite their legal status, both the Dutch and Belgian government recognizes the need to provide health care services to this population under specific conditions.

The Netherlands is a country known for its comprehensive health care system, and it is facing the challenge of providing adequate health care to undocumented migrants. Despite their irregular status, the Dutch health care system aims to offer necessary medical care to all residents, including undocumented migrants, albeit within certain limitations (Hintjens et al., 2018). Likewise, Belgium faces significant challenges in providing health care to undocumented migrants. Despite their status and the challenges that comes with this, the

Belgian health care system aims to ensure that undocumented migrants have access to necessary medical services (Roberfroid, D., et al., 2015). This section provides an in-depth analysis of the policies and practices that govern health care access for undocumented migrants in the Netherlands and Belgium and compare this to each other as well as the European Union Guidelines.

The main findings are that while there is a small difference in the legal framework, both the Netherlands and Belgium rely on both the government and NGOs and other organisations to finance medical care for undocumented migrants. Additionally, it is in the Netherlands a little bit easier to get access to primary care as opposed to Belgium, however both are in line with the regulations given by the European Union. I will further go into these findings in the following section.

### **Legal Framework and Policy Overview**

The Dutch health care system is based on principles of universality and accessibility, however undocumented migrants face apparent barriers due to their legal status. The policies regarding health care access for undocumented migrants are guided by several laws and regulations. First is the *Health Insurance Act (Zorgverzekeringswet)*, this act states “Artikel 2: Degene die ingevolge de Wet langdurige zorg en de daarop gebaseerde regelgeving van rechtswege verzekerd is, is verplicht zich krachtens een zorgverzekering te verzekeren of te laten verzekeren tegen het in artikel 10 bedoelde risico.” [*Article 2: Any person who is insured by operation of law under the Long-term Care Act and the regulations based thereon is obliged to take out or be insured under a health insurance policy against the risk referred to in article 10*] (Zorgverzekeringswet, 2024). Which means that in the Netherlands all residents are required to have health insurance, including undocumented migrants.



However, due to the fact that undocumented migrants do not have a valid residence permit, they are generally unable to obtain health insurance. Nevertheless, undocumented migrants can access essential medical services, although the specifics of these services can vary. To compensate for the undocumented migrants not having health insurance, the Netherlands makes use of *the CAK Scheme (Regeling Onverzekerbare Vreemdelingen, n.d.)*, which is a scheme managed by the Central Administration Office (CAK) and reimburses health care providers for the costs of providing essential medical care to uninsured migrants, including undocumented migrants, see Appendix A. The scheme ensures that health care providers do not bear the financial burden of treating undocumented patients. Additionally, *the Medical Care for Asylum Seekers (Medische Zorg voor Asielzoekers)* (Ministerie van Algemene Zaken, 2024), is a policy framework that provides health care services to asylum seekers, including those whose asylum applications are pending or have been rejected. It is administered by the Central Agency for the Reception of Asylum Seekers (COA). And last, The Royal Dutch Medical Association (KNMG) has issued guidelines to ensure that medical professionals provide necessary care to undocumented migrants, emphasizing their ethical duty to treat patients regardless of their legal status, these are called *the KNMG Guidelines* (KNMG, 2024).

In Belgium, the policies regarding health care access for undocumented migrants are guided by several laws and regulations designed to ensure that necessary medical care is accessible to all residents, regardless of their legal status. Established by the Public Centre for Social Welfare (CPAS/OCMW), *Urgent Medical Aid (Aide Médicale Urgente - AMU)* provides financial coverage for necessary medical care for undocumented migrants (VREEMDELINGENRECHT & INTERNATIONAAL FAMILIERECHT, 2024). It covers a broad range of health services deemed urgent and essential, which is to be determined by the attending physician. However, three things that always are considered as non-urgent medical

assistance is cost of food, clothing, and housing. Secondly, *Law on Patient Rights (Patients' Rights, 2023)*, ensures that all patients, including undocumented migrants, have the right to respectful and equitable treatment. It emphasizes the principles of human dignity and non-discrimination in the provision of health care services. *Federal Public Service (FPS) Health, Food Chain Safety, and Environment*, is an agency that oversees the implementation of health policies, including those affecting undocumented migrants (*Patients' Rights, 2023*). It works in conjunction with regional health authorities to ensure consistent application of health care regulations.

These regulations are influenced by the framework of the EU regarding access to health care for undocumented migrants. Accordingly, Directive 2013/33/EU states (n.d.) Article 19: health care, "Member States shall ensure that applicants receive the necessary health care which shall include, at least, emergency care and essential treatment of illnesses and of serious mental disorders." Which establishes the standards for the reception of health care. Additionally, from article 11 of the Charter by the European Committee of Social Rights, without discrimination, which includes the undocumented migrants, everyone must be ensured of access to health care (Council of Europe Portal, 2023). With the ideal being that everyone has a fair opportunity to achieve their best health potential.

To summarize, both the Dutch and Belgian health care systems aim to provide medical care to undocumented migrants. However, their approach and mechanism for this differ in structure and implementation. Both countries do align with the guidelines of the EU, by ensuring access to necessary health care for undocumented migrants.

### **Types of Health Care Services Available**

Undocumented migrants in the Netherlands are entitled to a range of health care services, primarily focused on essential and emergency care (Hintjens et al., 2018). *Primary*

*care* is one of these services where undocumented migrants can access primary care services from general practitioners. General practitioners play a crucial role in providing initial medical assessments, treatments, and referrals to specialized care if needed. Another service that undocumented migrants are entitled to receive is *Emergency medical care (Healthcare Entitlements of Migrants in an Irregular Situation in the EU-28, 2021)*, which is defined as care that cannot be postponed without serious consequences for the patient's health. This includes urgent treatments in hospitals and emergency rooms.

In Belgium undocumented migrants are also entitled to a variety of health care services under the AMU program, which focuses on providing essential and urgent care. These services include primary care, emergency care, maternity and childcare, specialist care, and mental health services (VREEMDELINGENRECHT & INTERNATIONAAL FAMILIERECHT, 2024). General practitioners provide *primary care services*, including initial medical assessments, treatments, and referrals to specialists, when necessary, which is similar to the Netherlands. Undocumented migrants can access general practitioners through CPAS/OCMW or NGOs. For *emergency care*, hospitals are required to provide emergency medical care to all individuals, which includes undocumented migrants.

For both the Netherlands and Belgium special consideration is given to the pregnant women and children among the undocumented migrant population. *Maternity care*, including prenatal and postnatal services, are provided, and children are entitled to regular health checks and vaccinations (*Regeling Onverzekerbare Vreemdelingen*, n.d.) (VVOG, n.d.). Health care services that are more restricted for both the Netherlands and Belgium are specialist care and mental health services. *Specialist care* typically requires a referral from a general practitioner, additionally the availability of specialist services depends on the severity and urgency of the medical condition (*Regeling Onverzekerbare Vreemdelingen*, n.d.). As for *mental health care* (Vollebregt et al., 2022), it is available but limited. Undocumented

migrants can receive psychological support and treatment for severe mental health conditions through specific programs and organizations, however most of the undocumented migrants are not aware of these programs or organizations.

While the European Union offers guidelines the states themselves are responsible for how they fill those in. For both the Netherlands and Belgium they offer emergency health care and primary care has a limited availability. Special services such as special and mental health care are even harder to get, especially because most of the time a referral is needed.

### **Financial Aspects and Reimbursement**

As previously discusses, undocumented migrants are not likely to have a health care insurance, which results in the costs having to be covered through reimbursement schemes like the CAK or absorbed by health care providers and charitable organizations. In the Netherlands, *The CAK Reimbursement Scheme* is in place, where health care providers can claim reimbursement for costs incurred while treating uninsured and undocumented migrants through the CAK scheme (*Regeling Onverzekerbare Vreemdelingen*, n.d.). This ensures that providers are compensated for their services, maintaining the financial sustainability of health care practices. Additionally, some municipalities in the Netherlands offer *municipal supports* (Justitie en veiligheid, 2023), they have specific programs to support health care access for undocumented migrants. These programs may include funding for health care services, information dissemination, and coordination with local health care providers.

In Belgium, the financial aspects of providing health care to undocumented migrants are also managed through government funding and reimbursement schemes. Health care providers can claim reimbursement for the costs of treating undocumented migrants through the AMU program administered by *CPAS/OCMW (VREEMDELINGENRECHT & INTERNATIONAAL FAMILIERECHT*, 2024). This ensures that providers are compensated

for their services (AMU / DMH, 2020). Additionally, both federal and regional governments allocate funds to support the health care needs of undocumented migrants (Roberfroid et al., 2015). This funding covers a broad range of health services, from primary care to specialist treatments.

Besides, for both the Netherlands and Belgium there are non-governmental organizations (NGOs) and charitable organizations which are essential in meeting the healthcare needs of undocumented migrants. For the Netherlands het Rode Kruis (Het Nederlandse Rode Kruis, 2023 ) can play a significant role in supplementing the health care needs of undocumented migrants, where for Belgium PICUM plays a big role (PICUM, n.d.). Often free or low-cost medical services are offered, as well as that they provide medications, and offer health education.

The European Union also offers support through various funding mechanisms. The Asylum, Migration and Integration Fund (AMIF) supports the implementation of the EU approach to asylum and migration and makes sure that it proceeds swiftly. This also includes funding for asylum seekers and undocumented migrants. Additionally, the European Union trusts the member states to implement it in their own health insurance schemes or reimbursement plans.

In this case, the European Union offers not much support and relies on the countries making their own financial support to be able to afford helping undocumented migrants. Both the Netherlands and Belgium do this in a similar way, which is relying on both governmental funding and reimbursement, and NGOs and other organisations.

### **Ethical and Human Rights Considerations**

The obligation of providing health care to undocumented migrants raises important ethical and human rights considerations. Both the Belgian and Dutch government and health

care providers operate under several guiding principles that emphasize on the importance of accessible and non-discriminatory health care. These principles are a necessity in ensuring that the most vulnerable members of the society, including undocumented migrants, receive the medical care they need despite their legal status.

Firstly, *The right to health* (Backman et al., 2008) is a fundamental human right recognized by international treaties and conventions, including the International Covenant on Economic, Social and Cultural Rights (ICESCR). Belgium and the Netherlands are committed to upholding this right for all individuals, regardless of their legal status. This reflects that they both agree with the broader consensus of access to health care being a basic human right and must be protected.

In practice, this means that health care providers are obligated to treat all patients equally and without discrimination. This is reflected in the guidelines issued by the World Medical Association's International Code of Medical Ethics and other professional bodies. They underscore that medical professionals have the duty to provide care to patients solely based on their needs, without considering their background, which includes their legal status and any other non-medical factor. This ensures that undocumented migrants receive the same standard of care as other patients.

On top of that, medical professionals are required to maintain patient *confidentiality* (*Patients' Rights*, 2023). Health care givers are required to protect the patient's privacy and personal information, which is particularly important for undocumented migrants, who fear that seeking care means that their information will be shared with immigration authorities, leading to detention or deportation. By ensuring that the patient information stays confidential, it helps build trust and encourages undocumented migrants to seek care without

fear of their information being shared with immigration authorities. This would be the basis of the patient-professional relationship and effective health care.

Furthermore, health care providers have *a humanitarian duty* to provide care to those in need, which is rooted in the principles of medical ethics, where it needs to be prioritized to alleviate the suffering, regardless of their personal circumstances (Broussard et al., 2019). This duty is particularly relevant in the context of undocumented migrants, who are among the most vulnerable members of society. Many undocumented migrants live under dangerous conditions with limited access to their basic needs, such as food and shelter. Their status is often found in health problems, making it even more important for them to have good health care access.

In conclusion, providing health care in the Netherlands and Belgium involve complex ethical considerations. With both countries committing to upholding the right to health for all individuals, including undocumented migrants, this has to be done through a legal framework and ethical guidelines that put an emphasis on non-discrimination, patient confidentiality, and the humanitarian duty to provide care.

### **Reality: Challenges and Barriers**

In the following section, challenges and shortcomings will be discussed for both the Netherlands and Belgium faced by undocumented migrants that want to have access to health care. Undocumented migrants in the Netherlands and Belgium encounter varying obstacles in accessing health care, which can be personal fears as well as systematic barriers. A primary barrier that undocumented migrants encounter is the fear that accessing medical care will expose them to authorities that lead to deportation. Which despite policies in place to protect patient confidentiality has happened in the past. This results in many individuals avoiding or

delaying seeking necessary medical care, which often results in worsening of their condition until it becomes so severe that it requires emergency intervention (Hintjens et al., 2020).

Many undocumented migrants come from diverse backgrounds, which can be a reason why they are not able to speak either English, Dutch or French fluently. While effective communication is crucial in health care, such language differences can have a severe negative impact on the process of getting the right medical care. As health care providers are often low on time and resources, they may not always have the time to make use of a translation service. Which leads to misunderstanding about the medical condition, treatment, and other instructions (Vollebregt et al., 2022).

Be that as it may, another significant challenge is that many undocumented migrants are unaware of their rights to health care and the services available to them (Dorn et al., 2011). They are unaware that even though they are not legally in a country they still have access to certain health care services. This lack of information is compounded by the complexity of the health care systems and navigating these require a level of knowledge and understanding that they might not possess. Leaving the undocumented migrants uncertain of where to go and what services are available to them. This lack of information can prevent them from seeking timely medical attention.

Additionally, while some costs are reimbursed, undocumented migrants may still face out-of-pocket expenses for certain treatments and medications. These costs can be very high, especially with the limited financial resources they probably face. This financial burden can influence the decision of the undocumented migrants to see medical care or not, which results in untreated health conditions (Hintjens et al., 2020).

In both the Netherlands and Belgium undocumented migrants face the same challenges, they are scared of going to get medical care in the chance that they are found by



authorities and are deported. As well as, them having a language barrier with the care giver making it difficult to be provided by quality health care and high costs that they are not able to afford. On the other side, it might be that they are not even aware of the services available to them, as it is complex and might not be easy to get a hold of.

## Conclusion

In this last section I will discuss the main findings, by answering the main research question, with the help of the sub questions. As well as discuss what knowledge gap this research fills, as well as already existing research and suggestions for future research. Additionally, the findings have significant practical implications for policymakers and other stakeholders that will be discussed.

This research aimed to explore the framework of access to health care for undocumented migrants in the Netherlands and Belgium compared to each other and in regard with the guidelines of the European Union. The primary research question was, **how do the policies governing access to health care for undocumented migrants in the Netherlands and Belgium compare with each other and align with the guidelines of the European Union?** With the help of the sub questions; *what are the policies in the Netherlands regarding access to health care for undocumented migrants? What are the policies in Belgium regarding access to health care for undocumented migrants? How do these policies differ to the EU guidelines regarding health care access for undocumented migrants?* The main question can be answered.

The Netherlands has an established legal framework that aims to provide health care to undocumented migrants, with the help of the government and NGOs. This is the same for Belgium, except the specifics, such as the involved NGOs, differ. In the Netherlands the people that do not have the mandatory health insurance, which includes the undocumented migrants, the CAK scheme is there to provide the health care giver with a reimbursement when essential medical care is provided. In Belgium this is done via the Urgent Medical Aid program, which is administered by the Public Centre of Social Welfare and it covers the finance for necessary medical care for undocumented migrants. Both countries policies are influenced by the EU directives, in particular the Directive 2013/33/EU, which states that

every member state is to ensure that all individuals receive necessary health care, which includes emergency care and preventive care.

In both countries the types of health care services that are available for undocumented migrants are the same. They have access to primary care and emergency care, although the availability and accessibility varies between the two countries. In the Netherlands seeing a general practitioner is easier for undocumented migrants than for them in Belgium. However, in both countries a referral is needed to seek specialist health services, making the access to these specialist health care services, including mental health care, more restricted and limited.

Both the Netherlands and Belgium adhere to the international human rights framework, which emphasizes that the right to health is a fundamental human right. In both countries the health care providers are ethically obligated to treat all patients equally, regardless of their societal background and maintaining patient confidentiality, by not tipping off the authorities.

However, in reality it seems that undocumented migrants face numerous challenges while trying to access health care in both the Netherlands and Belgium. While the policies and legal frameworks adhere to the EU directives and are both comparable, the implementation gap seems too big, as undocumented migrants face barriers that keep them from being able to access health care. This for both countries the fear of deportation, a language barrier with the health care giver, a lack of awareness about the available services and right, and financial limitations. It seems that the Cultural Competence in Health Care is lower than expected as the cultural difference prevents undocumented migrants going to general practitioners as they might not keep the cultural difference in mind. These barriers prevent undocumented migrants from timely getting medical care, furthering the symptoms till it is too late and the need emergency intervention.

## Discussion

The research that is done in this thesis attributes to the existing body of knowledge by focussing on specific policies that belong to either the Netherlands or Belgium and providing it with the understanding of how these national policies interact with those of the EU level and how this impacts the health care access for the undocumented migrants. It highlights how easy it is to get an implementation gap as a result, even though the EU-level, the higher level, directives are met. Which makes it clear that it is important to formulate clear, consistent, well-implemented policies suitable for every level in regard to access to health care. Existing research has shown the barrier faced by undocumented migrants when accessing health care (Nørredam, 2015; Vargas et al., 2012). This research builds on these previous studies by comparing the Netherlands and Belgium and offering a deeper insight of the similarities and differences in their approach. Additionally, it aligns with existing literature, emphasizing the importance of cultural competence in health care (Campinha-Bacote, 1999) and the ethical obligation to provide all patients, even undocumented migrants, with equal health care (Ford & Airhihenbuwa, 2010).

For future research, the lived experiences of undocumented migrants in accessing health care could be explored. This would provide qualitative insights into the challenges and barriers they face and the effectiveness of the policies that are in place, due to the lack of time and contact this was unfortunately not possible to do in this research. Additionally, future research that involves comparing more EU countries could offer a broader perspective on how national policies differ from each other while aligning it with the EU guidelines and explore the difference on the health care access for undocumented migrants. Last, research that explores the effectiveness of the outreach programs that inform the undocumented migrants about their rights, options, and available services could provide some insight for policy improvement and its effectiveness.

## Practical Implementations

Some policy recommendations that can be done, resulting from this research is to increase the efforts in informing the undocumented migrants about their rights and available services to health care, through outreach programs and multilingual sources. This could be done for example through local governments, NGOs, and other organizations. Secondly, the policy proving confidentiality could be reinforced, as to ensure that health care providers do not share the information of undocumented migrants with immigration authorities. This would reduce the fear of deportation, which builds trust between them and the health care providers, resulting in the undocumented migrants going to find health care earlier. Third, with an increased funding for reimbursement programs of the Netherlands or Belgium a financial sustainability would be maintained, which would improve the access to health care for undocumented migrants. Last, a training to general practitioners could be provided that teaches them cultural competence. This would focus on giving culturally appropriate care that respects the beliefs and values of the patient.

To implement these policies, stakeholders need to come together and collaborate. The NGOs play a crucial role in bridging the gap between undocumented migrants and the available services, which would be really helpful to be able to discuss with the government. Health care providers should also collaborate with both the government and NGOs and provide proactive care. NGOs and health care providers could really advocate for policy changes and work together with the government to find the best solutions. Additionally, the implementations should be monitored and evaluated as to avoid creating an implementation gap and identify areas that need improvement and the effectiveness of the policy changes. To conclude, this research provides an analysis of the policies and framework of governing health care access for undocumented migrants in the Netherlands and Belgium, highlighting

the alignment with the EU guidelines. The findings show that it is important to formulate clear and consistent policies in regards with cultural competence in health care as to close the implementation gap and ensure health care access for all patients, including undocumented migrants. By addressing these issues and the government, policymakers, and health care givers working together, the health care access for undocumented migrants will be improved.

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Appendix

Appendix A

The CAK scheme



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## Appendix B

### *The international human rights framework*

The United Nations set a common standard on human rights with the adoption of the Universal Declaration of Human Rights in 1948. Although the Declaration is not part of binding international law, its acceptance by all countries around the world gives great moral weight to the fundamental principle that all human beings, whatever our nationality, place of residence, sex, national or ethnic origin, colour, religion, language, or any other status, are to be treated equally and with respect.

The United Nations has since adopted many legally binding international human rights treaties and agreements, including the Convention on the Rights of the Child. These treaties are used as a framework for discussing and applying human rights. The principles and rights they outline become legal obligations on the States that choose to be bound by them. The framework also establishes legal and other mechanisms to hold governments accountable in the event they violate human rights.

The instruments of the international human rights framework are the Universal Declaration of Human Rights and the [nine core human rights treaties](#):

- The International Covenant on Civil and Political Rights
- The International Covenant on Economic, Social and Cultural Rights
- The Convention against Torture and other Cruel, Inhuman or Degrading Treatment or Punishment
- The Convention on the Rights of the Child
- The International Convention on the Elimination of All Forms of Racial Discrimination

- The Convention on the Elimination of All Forms of Discrimination against Women
- The Convention on the Rights of Persons with Disabilities
- The International Convention on the Protection of the Rights of All Migrant Workers and Members of Their Families
- The International Convention for the Protection of All Persons from Enforced Disappearance.

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