

ACCESS TO HEALTH CARE BY IMMIGRANTS

Executive Summary

In carrying out its duties and competencies, the Health Regulatory Authority (ERS) has been monitoring, over the years, the issue of access to healthcare by foreign citizens in Portugal. Specifically, in 2015, ERS conducted a study on "Access to health care by immigrants", which concluded that there were barriers in access to health care, related to language difficulties, cultural differences, and socio-economic problems, but also regarding technological constraints and implemented procedures for referring these users and prescribing medication^{1,2}.

Considering the situations brought to the ERS's attention, through clarification requests, complaints, suggestions and compliments processes (REC), as well as through inquiry processes, which revealed the existence of constraints on access to healthcare by foreign citizens, it was considered appropriate to revisit the issue of the right of access to healthcare in the national health system (SNS) by the immigrant population³, with a special focus on primary healthcare (CSP). Specific situations, such as access by tourists or situations ruled by international agreements⁴, were excluded from this analysis.

The decision to focus the analysis on the CSP area comes, on one hand, from the importance of this area, particularly for access to more specialized health care, and, on

¹ Study available for consultation at: <https://www.ers.pt/pt/atividade/regulacao-economica/selecionar/estudos/lista-de-estudos/acesso-a-cuidados-de-saude-por-imigrantes/>.

² These conclusions led to the issuing of a recommendation to the five Regional Health Administrations (ARS) and to the Central Administration of the Health System, I.P. (ACSS), available for consultation at: <https://www.ers.pt/pt/atividade/regulacao-economica/selecionar/estudos/lista-de-estudos/acesso-a-cuidados-de-saude-por-imigrantes/>.

³ On this subject, information is also available in the ERS publication "Direitos e Deveres dos Utentes dos Serviços de Saúde" [rights and duties of the health care services' users], which aims to provide information, guidance and support, not only to users but also to health professionals and other agents with direct or indirect intervention in the health system. The publication may be consulted on the area dedicated to the rights and duties of healthcare services users, at the ERS website.

⁴ Information on these types of access to health care by foreign citizens may be found in the same publication "Direitos e Deveres dos Utentes dos Serviços de Saúde" [rights and duties of the health care services' users].

the other hand, from the unavailability of complete and stabilized data from the Central Administration of the Health System (ACSS), which would allow an accurate portrayal of the demand for hospital health care in recent years.

According to data collected from ACSS in August 2024, it was possible to conclude that some of the constraints identified in 2015 remained, namely those related to the registration, treatment, and monitoring of data and information about foreign citizens who access health care in the SNS.

During the study, obstacles to obtaining information on CSP activity were also identified. Specifically, it was referred by the ACSS that the requested information, regarding the activity carried out and the immigrant users registered in the CSP is not accessible in the direct data collection format for the years prior to 2023. It was also possible to verify the existence of gaps related to the registration of users in the National User Registry (RNU).

To identify the difficulties faced by immigrants when accessing CSP, REC processes, information requests addressed to the ERS, and inquiry processes opened on the subject were analyzed⁵. According to the information examined, by December 31, 2024, the ERS identified and appraised 900 REC processes related to foreign citizens' access to CSP, with occurrence dates between 2020 and 2024, showing a significant increase in the number of REC processes in 2021 and 2023. Through a broader analysis, it was possible to group the REC processes into four main constraints: difficulties in accessing health care, refusal to register on the RNU and/or issuance of the National User Number (NNU), refusal of maternal and child care and/or undue charges, and discrimination by health services. Based on the analysis of a representative sample of 140 requests for information, received and responded to between 2022 and 2024, a sharp increase in the volume of requests received in 2023 was noted, with 60.7% of requests concerning obtaining the NNU and 8.6% on how to access the SNS. Regarding inquiry processes, between 2018 and 2020, the ERS opened and decided ten (10) processes related to difficulties in accessing health care by immigrants.

On the other hand, to assess the constraints felt by CSP providers, the ERS conducted a survey by questionnaire sent to all CSP Functional Units (UF). The results showed that, in the last three years, 88.8% of the UF registered an increase in the demand for health care by immigrants, with consultations in the context of emergency/acute illness

⁵ ERS deliberations available for consultation at: www.ers.pt/pt/atividade/supervisao/selecionar/deliberacoes/

(51.9%) and maternal and child care (49.2%) being the most sought-after types of health care.

As reported by the CSP UF, the main obstacles that immigrants face when accessing health care include those related to legal issues (89.9%), language barriers (63.8%) and administrative constraints (48.8%). In the case of immigrants in regular status, the UFs highlighted the problems associated with registration in information systems (59.2%), followed by the insufficiency and/or dispersion of guidelines on the regulatory framework and current rules (52.5%). For irregular immigrants, the main constraints identified by providers were the citizens' lack of documentation (85.7%) and the difficulties related to registration in information systems (63.8%).

Human resources shortages (42.8%) and language barriers (40.1%) were identified as the main challenges for the provision of health care, with 61.0% of providers highlighting the need to improve the professional training on the immigrants' health rights and 59.9% mentioning the investment in translation/interpretation services.

Concerning the existence of procedures to ensure immigrants' access to healthcare, 78.1% of the UFs have implemented procedures and 81.1% mentioned having specific procedures for issuing user numbers. The UFs also expressed the need to introduce improvements in information systems, with 28.4% of the UFs reporting that the systems in use do not allow the registration of all relevant information.

Considering the constraints identified during this study, especially those already identified in 2015, it is necessary to reiterate the recommendation issued to ACSS, for effective improvement in the registration, processing and monitoring of data and information on foreign citizens who access healthcare in the SNS. Furthermore, the ERS will continue to monitor foreign citizens' access to healthcare in the SNS, particularly considering the impact of legislative changes foreseen for 2025, with a special focus on the dissemination of information to clarify concepts regarding access to healthcare in the SNS by foreign citizens.