COUNTRY REPORT

POLAND

MIPEX HEALTH STRAND

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MIGRANT INTEGRATION POLICY INDEX

HEALTH STRAND

Country Report Poland

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Developed within the framework of the IOM Project "Fostering Health Provision for Migrants, the Roma and other Vulnerable Groups" (EQUI-HEALTH). Co-funded by the European Commission's Directorate for Health and Food Safety (DG SANTE) and IOM.

This document was produced with the financial contribution of the European Commission's Directorate General for Health, Food Safety (SANTE), through the Consumers, Health, Agriculture, and Food Executive Agency (CHAFEA) and IOM. Opinions expressed herein are those of the authors and do not necessary reflect the views of the European Commission or IOM. The sole responsibility for this publication therefore lies with the authors, and the European Commission and IOM are not responsible for any use that may be made of the information contained therein.

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READER'S GUIDE TO THE REPORT

This report was produced within the framework of the IOM's EQUI-HEALTH project, in collaboration with Cost Action IS1103 ADAPT and the Migrant Policy Group (MPG). Full details of the research and its methodology are contained in Sections I and II of the Summary Report, which can be downloaded from the IOM website at http://bit.ly/2g0GlRd. It is recommended to consult this report for clarification of the exact meaning of the concepts used.

Sections 5–8 are based on data from the MIPEX Health strand questionnaire, which covers 23 topics, in 10 of which multiple indicators are averaged. Each indicator is rated on a 3-point Likert scale as follows:

0 no policies to achieve equity
50 policies at a specified intermediate level of equity
100 equitable or near-equitable policies.

'Equity' between migrants and nationals means that migrants are not disadvantaged with respect to nationals. This usually requires equal treatment, but where migrants have different needs it means that special measures should be taken for them. Scores relate to policies adopted (though not necessarily implemented) by 31st December 2014. However, some later developments may be mentioned in the text.

To generate the symbols indicating a country's ranking within the whole sample, the countries were first ranked and then divided into five roughly equal groups (low score – below average – average – above average – high). It should be remembered that these are relative, not absolute scores.

The background information in sections 1-4 was compiled with the help of the following sources. Where additional sources have been used, they are mentioned in footnotes or references. It should be noted that the information in WHO and Eurostat databases is subject to revision from time to time, and may also differ slightly from that given by national sources.

Section	Key indicators	Text
1. Country data	Eurostat	CIA World Factbooks, BBC News (http://news.bbc.co.uk), national sources
2. Migration background	Eurostat, Eurobarometer (http://bit.ly/2grTjIF)	Eurostat, national sources
3. Health system	WHO Global Health Expenditure Database[1] (http://bit.ly/1zZWnuN)	Health in Transition (HiT) country reports (http://bit.ly/2ePh3VJ), WHO Global Health Expenditure database
4. Use of detention		National sources, Global Detention Project (http://bit.ly/29lXgf0), Asylum Information Database (http://bit.ly/1EpevVN)

These reports are being written for the 34 countries in the EQUI-HEALTH sample, i.e. all EU28 countries, the European Free Trade Area (EFTA) countries Iceland, Norway and Switzerland, and three 'neighbour' countries – Bosnia-Herzegovina, FYR Macedonia and Turkey.

All internet links were working at the time of publication.

[1] For the definition of these indicators please see p. 21 of the WHO document *General statistical procedures* at http://bit.ly/2lXd8JS

1. COUNTRY DATA

KEY INDICATORS		RANKING
Population (2014)	38.017.856	●●●●●
GDP per capita (2014) [EU mean = 100]	68	●●○○○
Accession to the European Union	2004	

Geography: Poland is located in Central Europe, east of Germany, and it also borders Belarus, Czech Republic, Lithuania, Russia, Slovakia, and Ukraine. The terrain is mostly flat with mountains along southern border. The largest cities are the capital Warsaw (1.722.000) and Krakow (760.000); 60,5% of the population lives in urban areas. In terms of geographical size and population, Poland is one of the largest EU countries.

Historical background: Poland's history as a state began near the middle of the 10th century. In 1569 the Polish-Lithuanian Commonwealth was established, one of the largest countries in Europe in the 16th and 17th centuries. In 1795 this country lost its independence as a result of three partitions carried out by the Kingdom of Prussia, the Russian Empire and the Austrian Habsburg Monarchy in 1772, 1793 and 1795. The Polish nation survived due to strong resistance movements and several cultural and educational initiatives aimed at preserving the Polish identity. After World War I Poland regained its independence as the Second Polish Republic. Poland was overrun by Germany and the Soviet Union in World War II, and became a Soviet satellite state following the war. As a result of political transformations in 1989-1991, Poland became a democratic state.

Government: Poland is a republic divided into 16 provinces. It joined NATO in 1999 and then the European Union in 2004. In 2007 Poland joined the Schengen zone.

Economy: Trade represents 90% of GDP. Poland imports goods for the industrial, household and transport sectors, as well as crude oil, and exports its products mostly to EU countries. The country's economy grew rapidly after EU accession in 2004, but fell back sharply in 2009, although Poland was the only EU country to avoid actually falling into recession in that year. While the Polish economy has performed well over the past five years, growth slowed in 2013 and picked up again in 2014. GDP growth is expected to continue at above 3% in 2017 and 2018.[2] The unemployment rate is now below the EU average, with a rate of 9,8% in December 2015, and is expected to continue to decrease in the coming years (4,4% in 2018). This is partly due to the ageing and continuing contraction of the Polish labour force. The emigration of young, educated Poles to the rest of the EU (see Section 2) has contributed to this; rising levels of immigration have only partly compensated for it.

[2] https://ec.europa.eu/info/sites/info/files/ecfin_forecast_spring_110517_pl_en.pdf

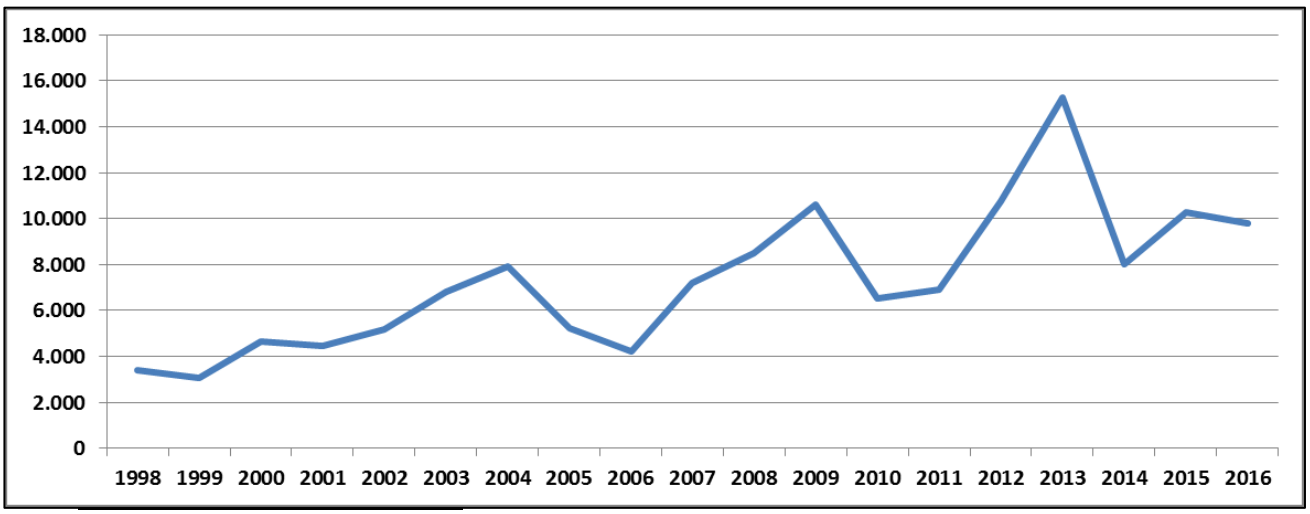
2. MIGRATION BACKGROUND

KEY INDICATORS (2014)		RANKING
Foreign-born population as percentage of total population	1,6	●○○○○
Percentage non-EU/EFTA migrants among foreign-born population	64	●●●○○
Foreigners as percentage of total population	0,3	●○○○○
Non-EU/EFTA citizens as percentage of non-national population	70	●●●●○
Inhabitants per asylum applicant (more = lower ranking)	4.737	●●○○○
Percentage of positive asylum decisions at first instance	27	●●○○○
Positive attitude towards immigration of people from outside the EU (Question QA11.2, Eurobarometer)	48	●●●●○
Average MIPEX score for other strands (MIPEX, 2015)	43	●●○○○

Historically, Poland has rather been a country of emigration than of immigration. The foreign-born population in 2014 amounted to 1,6%, while the percentage of foreigners was only 0,3%; the discrepancy indicates that many migrants have acquired Polish nationality. This makes Poland the most homogenous EU country with regard to nationality. The same is true in relation to religion: Poland has the highest percentage of Catholics of any country in the world (92% in 2010).[3] One reason why the number of migrants is so low is that many workers stay for less than a year and are therefore not counted as migrants.

Fig. 1 shows the fluctuating rate of asylum applications to Poland. The peak year was 2013, with 15.253 applicants: 85% came from Russia, followed by Georgia (8%), Syria (2%) and Armenia (1%).[4]

Figure 1. First-time asylum applicants to Poland, 1998-2016 (Data from Eurostat)



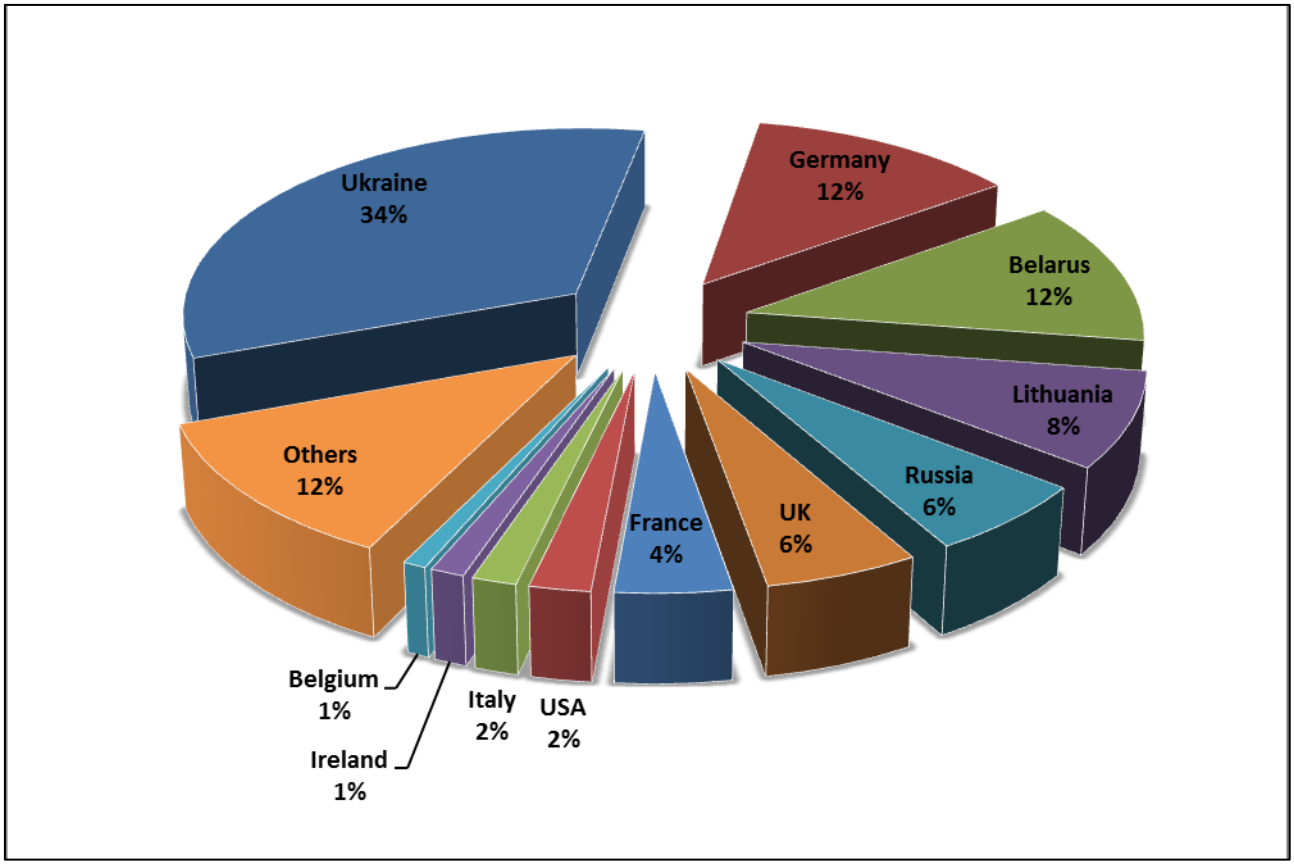
[3] http://bit.ly/1LqC3e3
[4] http://udsc.gov.pl/statystyki/raporty-okresowe/zestawienia-roczne/

In 2014 there were 6.621 applicants, mainly from Russia (42%, most of them Chechens), Ukraine (34%) and Georgia (1%).[4] In addition, 1.572 foreigners applied for resumption of proceedings after a Dublin transfer. In total, 8.193 persons applied for refugee status. Of these, 732 were granted protection (refugee status: 262, complementary protection: 170, tolerated stay: 300). Two thousand applicants received negative decisions and 5.500 cases were dismissed, many applicants being untraceable (most had probably left the country by the time their case came up). It is noteworthy that unlike most other EU countries, Poland received very few asylum seekers from the Middle East or Afghanistan during these years: most applicants came from countries formerly belonging to the Soviet Union.

In 2014 there was a considerable increase in the number of applications for a residence permit: 65.172 were submitted, about 50% more than in 2013, 44% of them by Ukrainians as a consequence of the fragile situation in that country. The number of positive decisions issued was 51.101 (78%).[5]

The origins of foreign-born residents are shown in Figure 2. (As these data are not available from Eurostat, they have been taken from the UN DESA database).[6]

Figure 2. Foreign-born population in 2015 by country of birth (data from UN DESA)



Representatives of nine national minorities and four ethnic minorities live in Poland:[7]

[5] http://udsc.gov.pl/statystyki/raporty-okresowe/zestawienia-roczne/

[6] United Nations, Department of Economic and Social Affairs (2015). *Trends in International Migrant Stock: Migrants by Destination and Origin* (United Nations database, POP/DB/MIG/Stock/Rev.2015).

[7] These minorities are recognized by the Polish State.

- **national minorities:** Germans (144.238), Ukrainians (38.797), Belarusians (43.880), Lithuanians (7.374), Slovaks (2.740), Russians (8.796), Jews (7.353), Armenians (1.684), Czechs (2.833);
- **ethnic minorities:** Roma (16.725), Tartars (1.828), Lemkos (9.641), Karaites (313).[8]

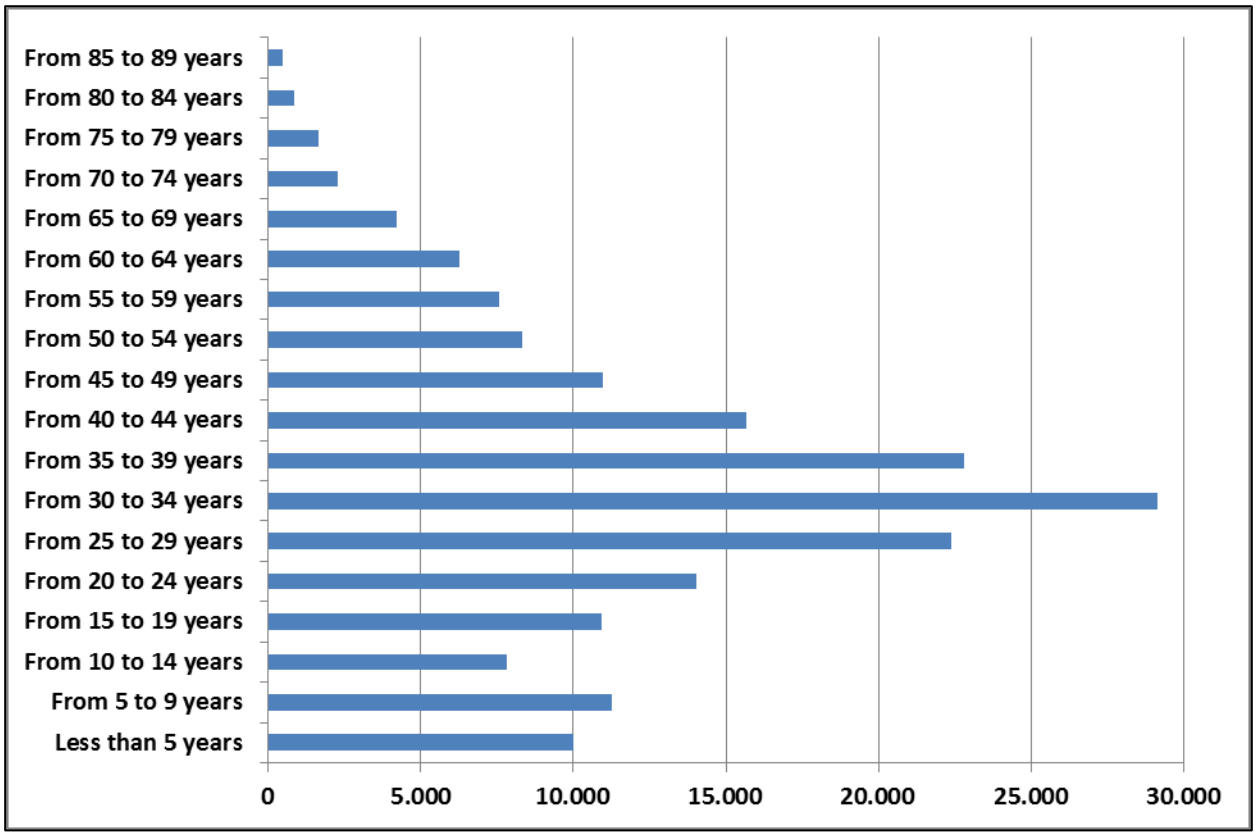
There are no reliable data on the number of undocumented migrants in Poland. Estimates in 2008 suggested a figure only in the range 156-457 (Kovacheva & Vogel, 2009), but the true number is likely to be much higher.

Emigration from Poland

The Polish diaspora has a long history and currently comprises about 20 million people – more than half the current population – living in every corner of the globe. Half of them are in the USA, while Germany, Brazil, Ukraine, France, and Belarus are each home to over a million Poles.[9] After accession to the EU, emigration to other EU/EFTA countries increased rapidly, although much of it has been circular or temporary in nature. According to Eurostat, 187.000 persons left Poland in 2015, matched only by Romania with 186.000. The next highest total was Germany with 96.000. Over half (57%) of the total were aged under 35, as the following graph shows; many of these emigrants were well-educated. The excess prevalence of children under 10 suggests that the emigrants are often young families. Since Poland is currently experiencing labour shortages and has a rapidly ageing population, this should be a matter of concern.

Figure 3. Age profile of emigrants from Poland, 2015

(Source : Eurostat, file migr_emi4ctb)



[8] Data come from National Census 2011 http://mniejszosci.narodowe.mswia.gov.pl/mne/mniejszosci/charakterystyka-mniejs/6480,Charakterystyka-mniejszosci-narodowych-i-etnicznych-w-Polsce.html

[9] http://www.nasza-gazetka.com/Menu_Polonia/DIASPORA/DIASPORA.HTM

3. HEALTH SYSTEM

KEY INDICATORS (2013)		RANKING
Total health expenditure per person (adjusted for purchasing power, in euros)	1.212	●●○○○
Health expenditure as percentage of GDP	6,4	●○○○○
Percentage of health financing from government National health system (NHS) / social health insurance (SHI)	10	SHI
Percentage of health financing from out-of-pocket payments (higher percentage = lower ranking)	24	●●○○○
Score on Euro Health Consumer Index (ECHI, 2014)	511	●○○○○
Overall score on MIPEX Health strand (2015)	26	●○○○○

The Polish health care system is based on the social health insurance model. It is decentralized and local governments have their own health policy, as well as operating a number of healthcare facilities. Mandatory contributions for health insurance (the 'designated tax') provide most of the financing for health services: these contributions are fixed at 9% of personal income. The health system is also subsidized by the general state budget and local government budgets. Finances are distributed by the state-owned National Health Fund (NHF) and its regional branches. Categories eligible for statutory health insurance include citizens, authorized residents, and their families. Statutory health insurance is compulsory for employees, the self-employed, people working in state education, and people on benefits and pensions. Health insurance is regulated by the 2004 Act on Benefits.

Free access to medical services is available to the following:

- Polish citizens under 18 who live in Poland;
- Women during pregnancy, delivery, and the postpartum period who have Polish citizenship and live in Poland;
- Polish citizens who live in Poland and meet the criteria for low income (whose contributions are paid by social welfare centres);
- People who are obliged to pay health insurance dues.

In most cases contributions are paid by the employer or an institution that pays benefits (e.g. the Labour Office in case of the unemployed), except for the self-employed. Medical services are available for certain individuals regardless of whether or not they are insured: the mentally ill or impaired, prisoners, individuals subjected to regulations on infectious diseases, drug and alcohol addicts, individuals helped by emergency services, and individuals with the Pole's Card. This card entitles the holder to healthcare benefits in case of emergency, and can be granted to a person declaring membership of the Polish nation and meeting the conditions stipulated in the Act of 7th September 2007 on the Pole's Card. The card was created for people who were displaced after the II World War within the Soviet Union and lost

their Polish citizenship, as well as their offspring. If they regard themselves as Polish and can prove their roots (through a special procedure), they can obtain a card that guarantees them many rights in Poland, although the additional rights to health care access are not very generous. The Pole's Card confirms that one belongs to the Polish nation. It can be issued to individuals who are unable to obtain dual citizenship in their own countries, while belonging to the Polish nation according to conditions defined by a law; or who do not have prior Polish citizenship or permission to reside in Poland. The range of benefits is defined in the Act of 27 August 2004.

Persons insured in the NHF have free choice of a family doctor for primary care and specialists for hospital care, provided that these doctors have a contract with the NHF. Family doctors have primary responsibility for prevention, basic care, and coordination of specialist treatments. They have a gatekeeping function, directing patients to specialists via referrals. However, clinics for obstetric, gynaecological, oncological, psychiatric, venereal, and specialist dental care can be accessed directly.

4. USE OF DETENTION

Until the early 2000's, Poland's immigration detention system was criticized by numerous UN human rights treaty bodies for the inadequate conditions of detention and for the lack of alternatives to the detention of minor asylum seekers. Recently, the legislation has been amended to improve conditions and treatment at facilities, restrictions on detention of children, and alternatives to their detention.

Immigration detention is regulated by the **2003 Aliens Protection Law** and the **2013 Act on Foreigners**.

- The **Act on Foreigners** regulates entry, transit, stay, and exit of non-citizens from the territory of Poland, including the grounds for immigration detention. In accordance with the law, a migrant may be detained to ensure his/her transfer based on the EU Dublin Regulation and in order to guarantee the return to his/her country, mainly if there is no possibility of voluntary return.

  Authorities can arrest a foreigner for immigration-related reasons for a maximum of 72 hours. In the first 48 hours the authorities can request a detention order which begins with an initial period of 90 days. Following this initial period, the length of detention may be extended up to one year, with a possible further extension up to 18 months.

- The most recent (2015) version of the **Aliens Protection Law** incorporates the EU Reception Conditions Directive and the Dublin III Regulation. This amendment modified the grounds for detention of asylum seekers, who may be detained for the purpose of establishing their identity; when there is a risk of absconding; in order to ensure the return to their country; and for state security or public order reasons.

Detention facilities

There are two main types of immigration detention facilities: **'**deportation-arrest centres' and 'guarded centres'.

Currently, Poland operates two **deportation-arrest centres**, which are characterized by a more severe internal security regime. Recently, the number of deportation-arrests has significantly decreased.

The six **guarded centres** are configured in two blocks in order to accommodate separately adult men and families with children, women and unaccompanied minors. Moreover, authorities usually accommodate single men according to their ethnic origin, their language or their religion.

Conditions of detention

In 2013, significant changes to detention conditions were introduced. All the centres have open-air spaces, as well as sport and recreation spaces. Detainees are free to use the open spaces without restrictions, and additionally have library access to books and newspapers in several languages, as well as various leisure activities. All the detention facilities have dedicated rooms for religious practices.

All detainees have access to **health care**, which is guaranteed by the continuous presence of medical staff, composed of at least one nurse and one doctor who must know at least one foreign language.

Detainees are transferred to hospitals or clinics in case of an emergency, or if they need a specialised examination. Health care also includes psychological care.

A report from 2011 by the Council of Europe's Committee for the Prevention of Torture (CoE, 2011) observed that in some cases, "very little attention was apparently paid to the dietary requirements of foreign nationals". The Committee also observed a lack of recreational activities for children in some detention centres, especially at Lesznowola where "children were not provided with any activity suited to their age".

Detention of minors

According to the Aliens Protection Law, **unaccompanied minor asylum seekers** may not be detained. Minor asylum seekers can however be detained with their parents in guarded centres for asylum seekers.

Concerning unaccompanied minors who do not apply for asylum, the Act on Foreigners only prohibits the detention of children under 15. For children over 15, it is up to the court whether they are placed in a care/educational centre or in a detention centre: detention of a child can only take place in a guarded centre and never in a deportation-arrest centre. The decision on detention must consider the overall well-being of the child and take into account the following elements: the stage of the child's physical and mental development, their personality, the circumstances of their apprehension, and their personal condition. Unaccompanied children are detained mainly in specific rooms at the Ketrzyn detention centre. The Act on Foreigners also provides that a child who is detained with their guardian shall be accommodated together with them in a guarded centre.[10]

Furthermore, according to the Helsinki Foundation for Human Rights, unaccompanied minors – whether or not they had filed an asylum application – were usually accommodated in the Warsaw orphanage. Human rights advocates in Poland also reported the frequent detention of children accompanied by parents or guardians.

Vulnerable groups

The Act on Foreigners and Aliens Protection Law establish that victims of violence shall not be detained. However, victims of trafficking are not explicitly protected from immigration detention. Criticisms have been expressed by the Human Rights Committee and the Committee on the Right of the Child about the fact that the Penal Code does not ensure protection for victims of trafficking from penalization for acts that are a direct result of being subject to trafficking. According to those bodies provisions should be introduced in the Polish legislation to prohibit criminal prosecution, detention, and punishment of victims of trafficking for acts committed as a direct result of their being trafficked.

[10] Helsinki Foundation for Human Rights (HFHR), published on Asylum Information Database, *Country report: Poland*, November 2015. http://www.asylumineurope.org/reports/country/poland

5. ENTITLEMENT TO HEALTH SERVICES

Score 64 **Ranking** ●●●●○

A. Legal migrants

Inclusion in health system and services covered

In Poland the access to health care of regular migrants is regulated by the Act on Medical Care Services Financed from the Public Funds.[11] Under the new Act on Foreigners adopted on 12 December 2013, foreigners crossing the Polish border must possess a document confirming their insured status or confirming possession of travel medical insurance with €30.000 minimum coverage, and valid for the duration of their stay on Polish territory (art. 25 point 2 letter of the Act).[12] A foreigner who is entitled to statutory health insurance is only obliged to be insured privately up to the time when their inclusion in the National Health Fund is agreed. When applying for most permits to stay in Poland, proof of health insurance valid in Poland is required. According to art. 65 of the Act on Aliens, lack of insurance could constitute grounds for visa refusal.

- Migrants are insured if they work legally in Poland. Moreover, the family members of workers performing professional activities on the territory of Poland have the right to statutory insurance. Such insurance is compulsory and enrolment takes place through the employer.
- Voluntary statutory insurance is another form of insurance that guarantees access to medical care. To obtain such insurance, a written application to the NHF must be submitted. In practice, the majority of citizens and foreigners residing in the country legally can or must be covered by statutory health insurance.
- Under art.3 of the Act on Medical Care Services Financed From the Public Funds, the following are also entitled to medical care:
  - BA, MA and PhD students who study on the territory of Poland, and graduates who are pursuing compulsory internships at the end of their academic program
  - members of monastic orders and convents
  - foreigners pursuing adaptation traineeship
  - foreigners enrolled in Polish language courses or preparatory courses to begin education in the Polish language.

Having NHF insurance entitles one to receive free medical care, specialist consultations, diagnostic tests, hospital treatment, medical rehabilitation and sanatorium treatment.[13]

[11] Ustawa z dnia 27 sierpnia 2004 r. o świadczeniach opieki zdrowotnej finansowanych ze środków publicznych, Dz. U. 2008.164.1027 ze zm. (the Act of 27 August 2004 on medical care services financed from the public funds with amendments)

[12] Ustawa o cudzoziemcach z dnia 12 grudnia 2013 r., Dz. U. 2013.1650 ze zm. (the Act of 12 December 2013 on foreigners with amendments)

[13] More information can be found in the publication *Welcome to Poland* [Witaj w Polsce], available on the website of the Rule of Law Institute - http://panstwoprawa.org/?lang=en

Special exemptions

HIV tests and treatment of infectious diseases which require mandatory treatment (Act on Infectious Diseases, arts. 34 and 40).

Barriers to obtaining entitlement

None

B. Asylum seekers

Inclusion in health system and services covered

Under the Act on Medical Care Services Financed from the Public Funds (art. 3 par. 1, point 2a), refugees and foreigners granted subsidiary or temporary protection are insured in the NHF and are entitled to the same medical services as Polish citizens.

On the basis of the Act on Granting Protection to Aliens within the Territory of the Republic of Poland (art. 71 par.1), foreigners in the asylum procedure are entitled to medical care, regardless of whether they live at the centre for foreigners or outside it.[14] However, asylum seekers are not eligible for statutory health insurance. They are allowed to access free of charge only health services in special medical centres. The coverage is the same as that guaranteed to persons insured voluntarily or compulsorily on the basis of the Act on Medical Care Services Financed from the Public Funds, except for sanatorium treatment (spa treatment) and spa rehabilitation. However, healthcare is provided only in specifically contracted medical institutions.

Medical care for foreigners applying for refugee status in Poland is coordinated by the Central Clinical Hospital of the Ministry of Internal Affairs (CSK MSWiA) in Warsaw under an agreement with the Office for Foreigners.[15] In order to ensure proper and efficient care for asylum seekers in Poland, CSK MSWiA established in its structures the Team on Medical Services for People Applying for Refugee Status. Costs of rehabilitation, artificial limbs, and dental care are excluded from CSK MSWiA services. Such costs are covered directly by the Department of Social Welfare of the Office for Foreigners. Decisions on treatment are usually positive, although they may be negative if resources are insufficient in a given year.

Medical care is guaranteed throughout the asylum procedure, starting with the day that they report at the Centre for Foreigners. In specific situations, when the life or health of the asylum seeker is at risk, they are entitled to medical care from the day of filing an application for refugee status (art. 74 par. 1 of the Act on Granting Protection to Aliens within the Territory of the Republic of Poland). Moreover, medical care is guaranteed for a period of two months starting from the day of delivery of the decision granting the refugee status, or 14 days starting from the day of delivery of the decision on the discontinuance of refugee proceedings (art. 74 par. 2).

[14] Act on granting protection to aliens within the territory of the Republic of Poland of 13 June 2003, Dziennik Ustaw 2012, No. 680

[15] Information from Departamentu Pomocy Socjalnej, Urząd do Spraw Cudzoziemców 2015. In 2015 Petra Medica won the tender for the provision of medical services to asylum seekers. http://www.petramedica.pl/oferta/opieka-medyczna-dla-cudzoziemcow

The legal provisions on temporary protection were incorporated into Polish law on the basis of the Act on Foreigners. Pursuant to art. 112, a foreigner granted temporary protection status is entitled to medical care. If the foreigner works or performs economic activity, their income is taken into account in decisions regarding coverage for medical care.

Special exemptions

According to Office for Foreigners, asylum seekers belonging to vulnerable groups have access to psychological and other specific forms of treatment if necessary. In reality, in most centres a psychologist is on duty only once a week.[16] A special centre for mothers with infants and unaccompanied women has been established. There is no specific care offered for children or women – they have the same access to doctors and psychologists.[17] Work on identification of migrants with PTSD is in progress.

Barriers to obtaining entitlement

None.

C. Undocumented migrants

Inclusion in health system and services covered

As a general rule, undocumented migrants do not have the right to medical care, except in emergencies. Apart from care provided by rescue teams, HIV tests, and treatment of infectious diseases that require mandatory treatment (Act on Infectious Diseases, arts. 34 and 40), all services require full payment of costs, even when care is given in hospital emergency units. In emergency situations medical care is offered unconditionally, but the patient can be charged afterwards. In most situations, undocumented migrants cannot afford to pay for medical care, and as a result hospitals are left with the financial burden. Legislated has not yet been passed to determine which entity is responsible for covering the healthcare costs of indigent undocumented migrants (Chrzanowska & Klaus 2011:12). Undocumented migrants' children attending school are entitled to school medical services (medical and dental prophylactics).

According to the Act on Foreigners, irregular migrants in detention centres or custody prior to expulsion are entitled to medical care including hospital treatment if their state of health requires it. Foreigners are granted health benefits and medicines on the basis of the rules laid down in art. 115 of the Penal Executive Code (Kodeks karny wykonawczy, 6.06.1997, Dz. U. Nr. 90, poz. 557). Thus, applicable law allows the provision of medical services to prisoners in detention; however, it does not regulate the issue of access to medical care for undocumented pregnant women and minor children.

A foreigner who has been refused entry to Poland can, in justified cases, not transferred to a third country because of health conditions. Such a person is to be provided medical care in life- or health-threatening situations (art. 303 of the Act on Foreigners). According to art. 335 of the same Act, and art. 75 par. 2 of the Act on Granting Protection to Aliens within the Territory of the Republic of Poland, financing of the voluntary return of the migrant includes the cost of medical care.

[16] Source: Stowarzyszenie Interwencji Prawnej (SIP) [Association for Legal Intervention]
[17] ibid.

Special exemptions

As mentioned above, undocumented migrants have access to HIV tests and treatment of infectious diseases that require mandatory treatment (Act on Infectious Diseases, Arts. 34 and 40).

Barriers to obtaining entitlement

The definition of emergency situations, as well as exemption from charges for those unable to pay, both involve forms of administrative discretion.

6. POLICIES TO FACILITATE ACCESS

Score 38 **Ranking** ●●○○○

Information for service providers about migrants' entitlements

According to official information, service providers receiving asylum seekers or migrants from detention centres receive up-to date information on migrants' entitlements. Other institutions that do not have contract with Office for Foreigners may happen to see migrants in emergency situations, yet they are often unaware of the rights that migrants have. Research conducted among medical personnel indicates a lack of awareness on the rules of admission of foreigners (Jabłecka 2013). Furthermore, medical staff often do not know the rules of accounting for foreigners.

Information for migrants concerning entitlements and use of health services

There is no policy to provide information about accessing health care for **legal migrants**. They are not specifically identified as a separate group. Legal migrants are treated like any other insured persons, so no information campaigns are addressed specifically to them. The only group of migrants whose access to healthcare receives attention are **asylum seekers**. They are informed of their rights regarding entitlements and use of health services during meetings with the staff of reception and detention centres. According to official information, written information is available in many languages of the migrants' countries of origin. Wherever necessary, medical staff, social workers, and officials in the Office for Foreigners provide further clarification on the services and their availability. In addition, employees of the centres for foreigners speak many languages, including for example Hindi and Urdu. However, this differs depending on the centre. Reception centres are usually located far away from the medical centres to which asylum seekers are sent to see a specialist. Only the cost of public transport is reimbursed by the authorities, which makes it difficult for disabled people, pregnant women, and the elderly to access healthcare services (Chrzanowska & Klaus 2011: 12).

Information on access to medical and psychological care in **detention centres** is provided in the rules and regulations of stay (at Przemyśl, Krosno Odrzańskie, Kętrzyn, Lesznowola) and verbally (at Białystok, Kętrzyn, Krosno Odrzańskie). In Biała Podlaska, such information is provided by an educator (Klaus & Rusiłowicz 2013). The report edited by Białas & Klaus (2014:33) stated that there is a nurse on duty every day in each centre, who is often also an officer of the Border Guard. The report stressed the necessity of examining foreigners before admitting them to a centre. At present, migrants are examined after admittance and may have to be immediately released because of a poor health condition. The monitoring of centres for foreigners revealed the lack of uniform rules concerning the gender and specialities of doctors employed in the centres. Despite criticism from non-governmental organizations in a 2012 report, in most cases psychologists employed in the centres are still the officers of the Border Guard (ibid: 35). During the monitoring, attention was drawn to the need to raise the level of psychologists' language competencies.

Pursuant to the 2014 Act on Foreigners, victims of torture or violence cannot be detained in guarded centres for foreigners: previously, the law only applied to those who applied for refugee status. The procedure for identifying victims of violence was implemented at the end of 2014. Unfortunately, there

is a loophole resulting from the fact that undocumented migrants have no access to any social or health services, which means that if they are released from the guarded centres, they will end up without any such protections.

Health education and health promotion for migrants

Individual instruction is available for asylum seekers in reception centres. Classes are organized by NGOs.

Translated information is only available for asylum seekers and undocumented migrants in detention or reception centres. Information on health education and health promotion is communicated by the medical staff and in the classes conducted by NGOs, in languages understandable to the asylum seekers. In addition, employees in detention centres for foreigners speak several foreign languages.[18]

Provision of 'cultural mediators' or 'patient navigators' to facilitate access for migrants

In Poland there is a lack of systemic solutions such as employing cultural mediators and patient navigators to facilitate migrants' healthcare access. If necessary, such a role is played by members of NGOs.

Is there an obligation to report undocumented migrants?

No.

Are there any sanctions against helping undocumented migrants?

No.

[18] Source: Ministry of Interior, Department of Migration Analyses, Department of Migration Policy

7. RESPONSIVE HEALTH SERVICES

Score 0 **Ranking** ●○○○○

Interpretation services

Not much has been done so far to adapt health care services to migrants' needs. Most importantly, foreign patients in Poland are not entitled to interpretation services. In case of asylum seekers, healthcare services are provided on the basis of the agreement between the Central Clinical Hospital and the Office for Foreigners. The agreement does not regulate the issue of access to an interpreter. At present, the Office for Foreigners, Department of Social Assistance has no legal basis for arranging access to an interpreter. The hospital uses interpreters selected in the public procurement procedure, but this applies to translating medical documents which foreigners bring to Poland. For asylum seekers, according to the Ministry of the Interior, Department of Migration Analyses, Department of Migration Policy, support with translation during the application procedure and in medical encounters is provided by centre staff or representatives of non-governmental organizations cooperating with the Office.

Requirement for 'culturally competent' or 'diversity-sensitive' services

There are no standards or guidelines existing on ''culturally competent' or 'diversity-sensitive' services. In order to bridge that gap, the International Humanitarian Initiative implemented a program titled 'Adapting Polish Healthcare Institutions to Challenges of Curing Third Country Citizens.' It was co-financed by the European Fund for the integration of third-country nationals. As a result, bilingual medical forms have been produced.

In the case of asylum seekers, the Office for Foreigners influences health service delivery through agreements and constant supervision, so that the standards of medical services take account of issues of belief or religion.[19] However, it can happen (for example) that there is no female gynaecologist available and the patient has no choice.

Training and education of health service staff

There is no special regular training for health service staff in providing services responsive to the needs of migrants. Voluntary trainings are organized by The Helsinki Foundation for Human Rights ('Take a Course on Multiculturalism'). The aim is to support the integration of immigrants from third countries by preparing public sector staff (in state institutions at national and local level responsible for education, law enforcement, public health, and social work) for appropriate and diversity-aware contact with newcomers.[20]

Involvement of migrants

None.[21]

[19] Source: Ministry of Interior, Department of Migration Analyses, Department of Migration Policy
[20] http://www.hfhr.org.pl/wielokulturowosc/page.php?pag=5
[21] Source: Department of Social Dialogue, Ministry of Health. Ministry of Interior, Department of Migration Analyses, Department of Migration Policy.

Encouraging diversity in the health service workforce

None.

Development of capacity and methods

According to the Department of Social Dialogue, Ministry of Health, the aim is to treat all patients equally.

8. MEASURES TO ACHIEVE CHANGE

Score 0 **Ranking** ●○○○○

Data collection

No information about migrant status, country of origin or ethnicity is included in medical databases or clinical records.[22]

Support for research

None.

"Health in all policies" approach

No consideration is taken of the impact on migrant or ethnic minority health of policies in sectors other than health.

Whole organisation approach

No systematic attention is paid to migrant or ethnic minority health in any part of the health system. Measures are left to individual initiative.[23]

Leadership by government

No policy measures have been introduced on migrant health. However, there will be a new agreement signed between Central Clinical Hospital and the Office for Foreigners in which the issue of interpretation will be regulated. It has not yet been communicated to the public.

[22] Source: Department of Analysis and Coordination, Department of Social Insurance, Ministry of Health.
[23] ibid.

CONCLUSIONS

Representatives of government institutions and non-governmental organizations have different points of view on migrants' access to health services in Poland. Whereas the former emphasize that present systemic solutions provide access for individual categories of migrants to health services to a sufficient extent, the latter point to systemic barriers which make it impossible to adapt health services to the needs of migrant patients. According to Polish health authorities, legal migrants are treated in the same way as nationals when it comes to health care. It needs to be pointed out that, in terms of quality of care, treating people with different needs identically is in fact treating them unequally.

In the case of people in asylum procedures, fairly comprehensive healthcare is available. Undocumented migrants have hardly any coverage at all for health care: even emergency care has to be paid for. Special attention should be drawn to the issue of the lack of regulated access to health services by undocumented pregnant women and minor children.

Policy recommendations:

- Undocumented pregnant women and minor children should have free access to health services
- All undocumented migrants should have at least free access to emergency care
- Legal migrants should be provided with information materials on their entitlements and access to health services in their native languages
- Psychological help for asylum seekers should be easily accessible when required

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