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The right to health undermined: The impact of EU migration policies on undocumented migrants

18 October 2025, Rosengrenka's Annual Conference

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About PICUM

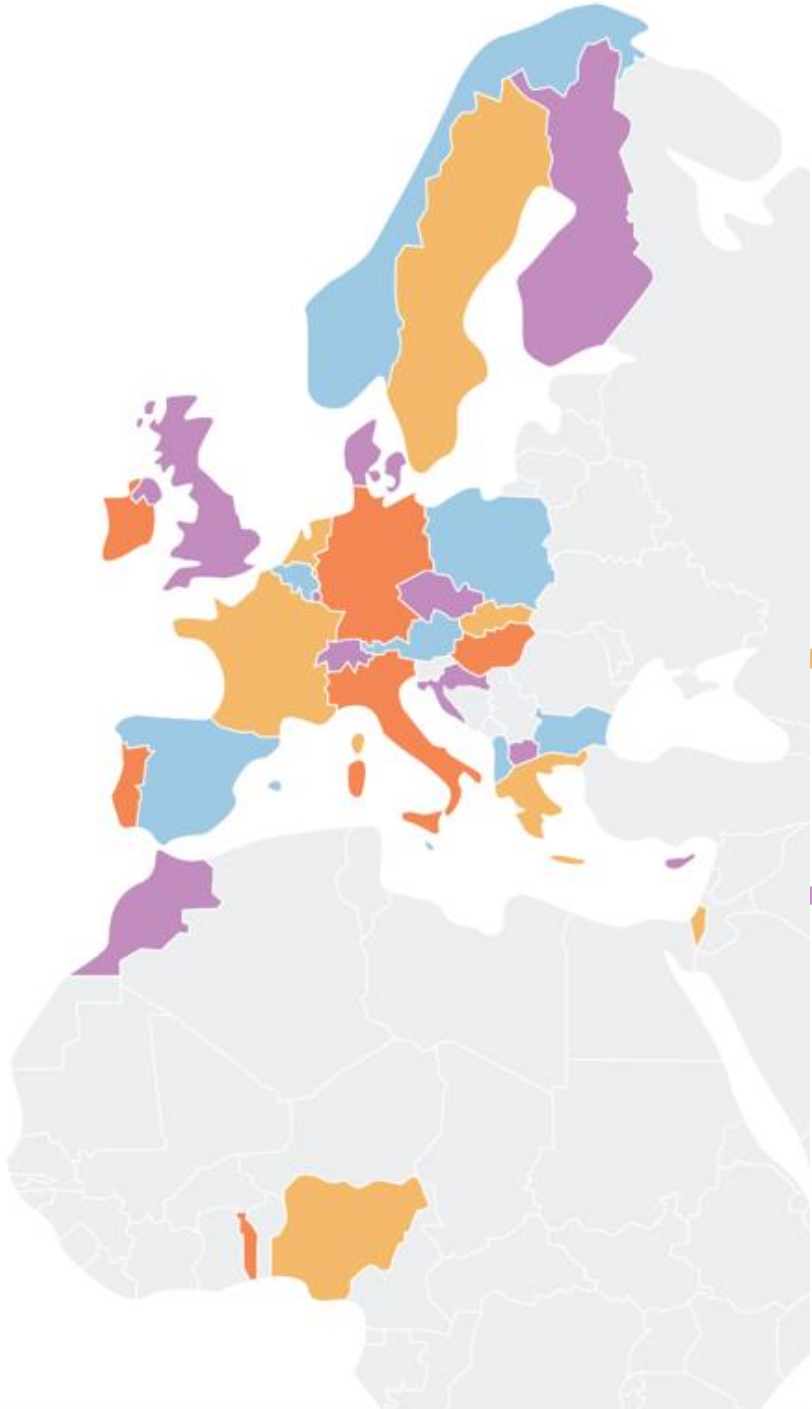
We are a network of organisations working to ensure social justice and human rights for undocumented migrants.

PICUM membership 2025

- **155** members across **34** countries, predominantly based in Europe

How we work:

- With our network and partners, we **research and advocate** for evidence-based, holistic and humane responses to the realities of undocumented migrants and to people who want to come to Europe to work or for other reasons.
- We provide a **platform to engage policy-makers and the public** at the international, European, national, and local levels.



Example of members (working on health)

MAISHA E.V.
African women in Germany

Community Rights in Greece

PHAROS
EXPERTISECENTRUM GEZONDHEIDSVERSCHILLEN

KIRKENS BYMISJON

MEDIBÜRO KIEL
MEDIZINISCHE HILFE FÜR MENSCHEN OHNE PAPIERE

SALUD por DERECHO
Right to health foundation

PROSAUDESC

Associação de Promotores de Saúde
Ambiente e Desenvolvimento
Sócio – Cultural

SwedishRedCross

Rosengrenska stiftelsen
Vård för papperslösa

S.I.M.M.
Società Italiana di Medicina delle Migrazioni

Medimmigrant

MÉDECINS DU MONDE

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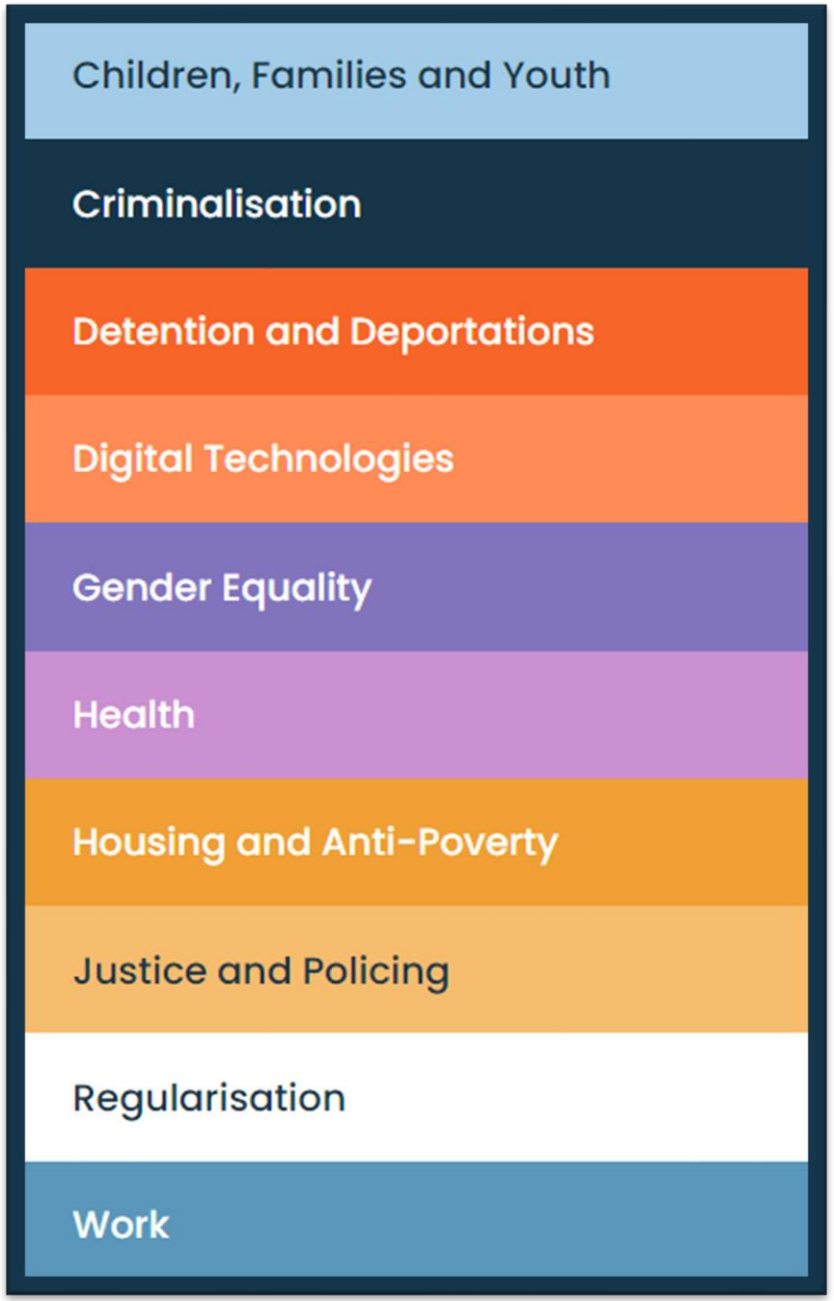
Our thematic priorities



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Setting the scene

- How many people live undocumented
- Health outcomes of undocumented migrants
- Criminalisation of solidarity

Numbers

Number of undocumented people living in Europe is **uncertain** and **estimates vary**.

- Recent research *(MIRREM)* suggests that between 2.6 and 3.2 million irregular migrants resided in 12 European countries (including the UK) between 2016 and 2023.
- **1% of the total population** and between 8% and 10% of those are born outside the Schengen Area (for EU countries) or the Common Travel Area (for Ireland and the UK)
- No significant increase in the number or proportion of irregular migrants in Europe since 2008 - contrary to the widespread narrative of continuously rising irregular migration.

Poor health outcomes

Trapped in irregularity

- Deportability syndrome
  - *palpitations, excessive sweating, difficulty breathing, sleep disorders, restlessness, irritability, fatigue, gastrointestinal problems, muscle tension*
- France: 1 out of 6 undocumented migrants suffer from PTSD, with a rate at least eight times higher than in the general population in France

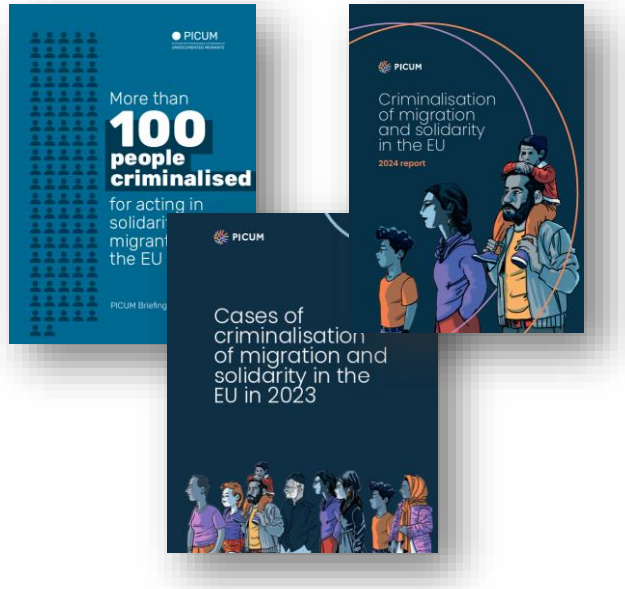
Detention

- After 1 month: ¼ people reported poor health outcomes
- After 4 months: ¾ people reported poor health outcomes
- Respiratory and infectious diseases, risk of retraumatisation, higher incidences of suicide attempts, self-harm and psychiatric needs
- Worse impact on children (chronic conditions, impaired cognitive development, weakened immune systems), impact for generations

Deportation procedures

- Institute of Race Relations identified at least 123 deaths between 2010 and 2014 directly linked to migration policies: people dying after jumping or falling while fleeing police pursuit; deaths caused by restraints used to silence or forcibly remove people during deportation; deaths from punishment beatings by guards; and suicides

Criminalisation of solidarity over time



Refers to the increased policing of people who help migrants, including through search and rescue operations, reception activities and the provision of food, housing and services. It can concern different people helping migrants, including lifeguards, journalists, volunteers, NGOs, doctors, and migrants themselves.

Criminalisation of solidarity in 2024

- 8 countries covered: Greece, Italy, Poland, France, Bulgaria, Spain, Latvia and Cyprus.
- The majority (> 80%) is accused of smuggling / facilitation
- The count refers to cases where we found formal proceedings (administrative/judicial)
- Many more cases concerning intimidation, administrative sanctions and non-judicial harassment across seven EU countries (Belgium, Bulgaria, Cyprus, France, Greece, Italy, Poland).

142 people criminalised for acting in solidarity with migrants

91 people criminalised for crossing borders

Criminalisation of solidarity in 2024

- Very long trials, BUT most lead to acquittal or dismissal of charges at final stage (41/43 of the cases that ended in 2024)
- Actions for which people are criminalised include:
  - rescuing people in distress or alerting authorities of people in danger
  - providing them with assistance, such as shelter, water and food
  - civil disobedience (e.g. protesting against a detention centre)

Case studies

France: former mayor tried for helping an undocumented resident

- Henri Stoll, former mayor of Kaysersberg, was prosecuted for supporting Armand N'dountsop, who had lived in the town for nearly a decade while trying to regularise his status. Stoll offered him temporary housing, lent him his car, and provided financial help. He was found guilty but did not receive a sentence. A local restaurant owner who employed N'dountsop was acquitted, while N'dountsop himself faced unfounded accusations of a fraudulent marriage.

Bulgaria: Activists harassed as migrants die at borders

- At least seven international volunteers were arrested in October '24 while helping people in distress at the Bulgarian-Turkish border. Others were interrogated and threatened while aiding stranded migrants. Authorities often obstructed rescue efforts, and in one tragic case, police blocked access to three Egyptian children in need of urgent help, who later froze to death. Even as activists recovered the bodies, they faced harassment and detention. No charges were filed, but these events highlight a broader pattern of repression.

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The right to health

In focus:

- EU legal frameworks
- Snapshot on the national level

EU frameworks protecting the right to health

Health is shared competence between EU and Member States, who **must ensure migration policies do not harm health.**

1. **Treaty on the Functioning of the European Union:**
   - Establishes the **legal obligation for the EU to integrate health considerations across all sectors** (‘**Health in All Policies” approach**)
     - **Articles 168(1); Article 168.5**
2. **EU Charter on Fundamental Rights:**
   - Legally binding on EU institutions and Member States when implementing EU law
     - **Article 8 (right to privacy), Article 35 (right of access to preventive health care and to benefit from medical treatment under national laws); Article 24 (right of the child), Article 31 (working conditions)**
3. **European Social Charter:**
   - **Requires States to ’effectively realise’ the rights** and principles of the EU Charter, and to take appropriate measures to remove causes of ill-health, provide preventive care and ensure accessible healthcare services
     - **Preamble & Article 11**

But: healthcare systems largely exclude undocumented migrants

- None of the EU Member States have fully achieved the WHO's definition of universal health coverage
  - 9 EU member states have laws which grant undocumented children the same access to health as national children in legislation (Cyprus; Estonia; France; Greece; Italy; Portugal; Romania; Sweden; Spain) although barriers in practice.
  - For several decades, European countries including **Belgium (1996)**, **Italy (1998)**, **France (2000)** and **Portugal** have had in place legislation to ensure that undocumented migrants residing in their countries can access necessary **preventative and curative healthcare**.
- Even in countries where health services are available as a matter of law, there are many barriers preventing people from receive care they are entitled to:
  - **Administrative,** e.g. complex procedures
  - **Financial,** e.g. large bills
  - **Fear of deportation**
- Increasing pressure to instrumentalise healthcare for return

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EU migration policy developments

In focus:

- Criminalisation of migrants and solidarity
- Deportation
- Detention

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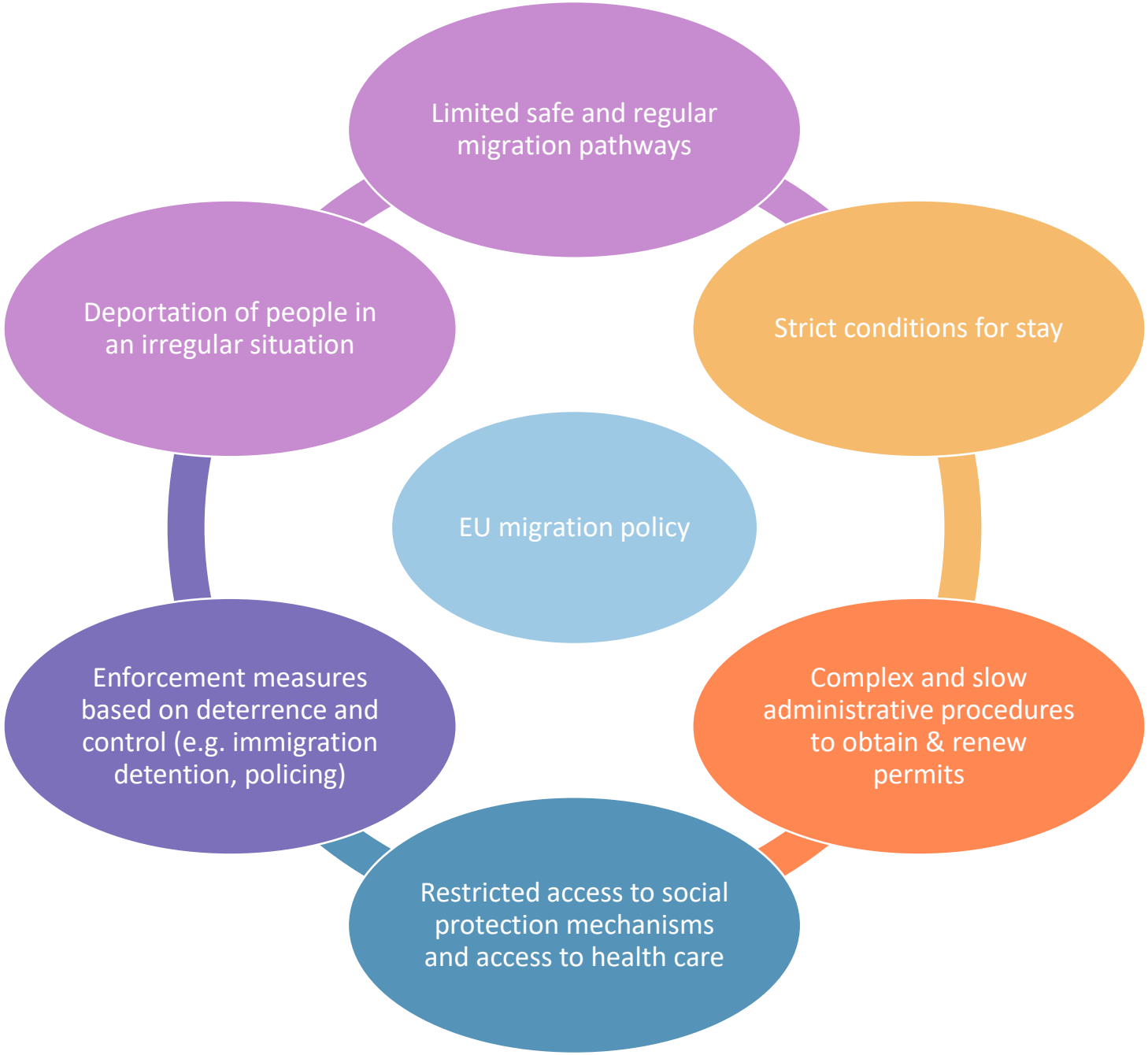
EU migration policies in a nutshell



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More migration enforcement, deportations and racism

Facilitator's package

- Proposed 2023, Facilitation Directive + Europol Regulation
- Criminalises migration and solidarity, potentially including service provision to undocumented people
- Increases the EU police agency (Europol) budget and powers

Schengen border code

- Adopted in February 2024
- Regulates internal/external borders of Schengen area
- Prohibition of systematic checks, clear that random checks will lead to racial profiling

Migration and Asylum Pact

- Adopted 2024, enters into force 2026
- Large-scale screening of irregular arrivals
- "Border" procedures for asylum and deportation
- More detention and fewer safeguards
- Additional barriers in access to permits outside of asylum

Return regulation

- Proposed March 2025 & replace 2008 Directive
- 'common system' for the return and readmission of irregular third country national
- See next slides more info

'Safe Countries' Regulations

- Proposed April 2025 together with & Review of 'Safe Third Country' concept (required by Asylum Procedures, proposed May 2025)
- EU-approved list of 'safe' countries enables accelerated procedures, easier dismissal of asylum claims
- Removes need to prove connection to third countries and allows deportation to any 'safe' or transit country

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An enforcement driven approach to deportations

The European Commission's proposal aims to increase deportation rates but does not tackle why people become undocumented. Its main points are:

Loosening rules on which countries people can be deported to, including new '**deportation hubs**'

Making **forced return** (deportation) the default, reducing voluntary departures

Punitive measures based on detention and control to ensure that people facing deportation 'cooperate' and don't 'abscond'

Detection obligations which could lead to **reporting obligations** and ethical conflicts for service providers/medical professionals

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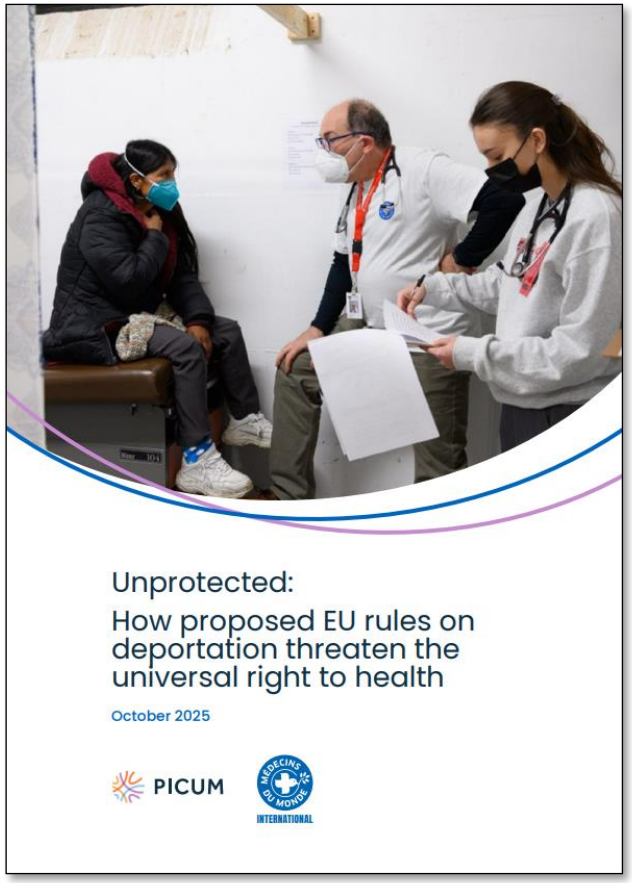
4 health-specific areas of concern

- Detection measures
- Immigration detention
- Deportation procedures and operations
- Data sharing of health data



Call to action to the European Parliament and Member States: reject the proposal

1. Detection measures

Expanded detection measures | ‘efficient and proportionate’ | Art 6

What it can look like in practice

- Police raids in public spaces
- Surveillance and technology
- Mandatory reporting obligations

2. Immigration detention

More and longer detention; even poorer conditions; limited review of detention order	No last resort; maximum stay extended from 18 to 24 months (review every 3 months); minimal standards for services and infrastructure, limited to new “open air space” requirement; only basic safeguards for children and families; detention order reviews every 3 months, without explicit provision for independent medical assessment.	Art 29, 30, 32, 33, 34, 35
Allows child detention	Justified on ‘last resort’ grounds & ‘best interest’ principle, shortest period of time	Art. 35
No comprehensive access to healthcare	People allocated to a geographic area and/or required to reside at specific address; and/or comply with reporting obligations; permission to leave for “necessary medical treatment”; Requirement to provide ‘emergency health care’ and ‘essential treatment of illnesses’ only	Art 23; 34
Alternatives to detention	Less invasive ATDs no longer mandatory; ATD definition includes invasive measures (e.g. geographical restriction; electronic monitoring and GPS tagging)	Art. 32

3. Deportation procedures and operations

Forced deportation as default option & coercive measures	Expanded grounds for forced deportation rather than voluntary departure , including “failure to cooperate” with the authorities or if the person constitutes a “security risk”; no longer a minimum requirement (7 days) for voluntary departure; continue to support coercive measures for forced deportations	Art 12
Outsourcing detention to third countries	Expanded destination (beyond COI or habitual residence); offshore deportation centres (‘return hubs')	Art. 4(3), 17
Health and medical needs largely absent	No requirement to assess individual circumstances (incl. mental or physical health) under non-refoulement; restricted movement should consider vulnerable persons’ needs and the child’s best interests, yet no systemic health assessments or definition of vulnerability; authorisation to leave area allowed only for “necessary medical treatment”; medical needs not listed as grounds to extend voluntary departure; when postponed, MS should consider “emergency health care, essential treatment of diseases” and “special needs of vulnerable persons.”	Art 12, 13 14, 15

4. Data sharing of health data

Information sharing between MS & with third countries	Collection and access of third country nationals' data, incl information on vulnerability, health and medical needs, between member states	Art 38, 39, 41
Weak/absent consent & risk of forced medical tests	In some cases (e.g. Data sharing with third countries for return & reintegration) requires informing the person concerned and acquiring their consent. But for readmission, consent is not required.	Art 39, 41
Decisions on transferring data	National authorities or Frontex responsible. In cases of criminal convictions and return operations, only assessed if risk of refoulement. No specific reference to refoulement in readmission and reintegration.	Art 39, 40, 41

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Advocacy work on the Deportation Regulation

- **Traditional advocacy is unlikely to succeed in the current political climate**
  - Mobilising a broad range of actors and the wider public is essential

- **Broad coalition against the 'Deportation law' Some key outputs so far:**
  - **Coalition statement** urging EU co-legislators to reject the proposal (signed by 243 organisations) – 15 September
  - Submission of a **formal complaint to the EU Ombudsman on the lack of impact assessment** by PICUM, and co-signed by several NGOs – 2 October
  - **Coalition building in progress:**
    - Regular meetings (twice/month)
    - Task force against detection/reporting measures led by PICUM-Médecins du Monde

- **Health-focused approach by PICUM & Médecins du Monde –** joint analysis published 13 October

- **Statement by the Protect Not Surveil Coalition**, focusing on the digital and data-sharing aspects of the proposal – 16 June

Conclusions

Recent developments in EU migration and asylum policy show **a continued shift toward deterrence, enforcement, and criminalisation, with severe implications for undocumented migrants' health, safety, and rights**. These measures also threaten the civic space of those who act in solidarity.

Rather than adopting further punitive measures, the EU and its Member States should develop migration policies that:

- uphold the universal right to health and respect medical ethics;
- promote safe and regular migration pathways;
- ensure access to secure residence permits.

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For undocumented migrants, for social justice.

Thank you!

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