



**3rd Cities Forum 2017**  
**Working together for better Cities**  
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# Antwerp: a good national law turned into a machinery of local exclusion

- A congested line of primary care: Lack of GPs in key districts, fragile accessibility (compared to a huge hospital capacity) Lack of political will to respond to this imbalance
- Emergency Medical Aid (AMU): Royal Decree 1996. One of the most generous in Europe. BUT Multiplication of administrative barriers by the social welfare department (OCMW/CPAS)
  1. Bureaucratic hustle: ID, photos, any bills that show you are destitute.
  2. Mandatory visit at the home of undocumented migrants by OCMW/CPAS: if impossible, AMU will be refused.
  3. Administrative inquiry with financial assessment. Higher costs can be covered by the State while low cost must be paid upfront by the patient.
- The main consequence :Preventive care for the undocumented no longer accessible.
- Bureaucratic sabotage. Federal authorities (Social Integration) recover medical costs granted by OCMW/CPAS if administrative file is incomplete. This works as an incentive for continuous increase of administrative barriers at local level.
- Hospitals takes from the ER doctors wages the amounts of unpaid bills.





## Medecin du monde action: responding to the needs of individuals denied access to healthcare

- 1500 patients per year
- The integration into the health care system is a priority (the COZO strategy: reception, care integration centre).
- But eventually a parallel healthcare system is created.
  - Network of doctors and specialists working free with time slots and a small fund.
- MdM has become the GP/family doctor for a significant population.
- Perversion of the system: more serious conditions have bigger chances to be taken care of (even if only 50% acceptance rate).
- Outreach teams at community level (soup kitchens, churches, shelter) with volunteers (nurses and psychologist)





# The White Book on access to health care in Belgium, Sept 2014

**Result of a reflection of hundreds of health and social actors launched in 2013. Médecins du Monde and INAMI, recommend 5 priorities to make the Belgian healthcare system more accessible.**

- 1. Simplify the system of access to care and make it more inclusive for people outside the framework of health care insurance, with a phased approach by target group**
- 2. Generalize the third-party payment (free at point of payment)**
- 3. Invest in prevention and health promotion**
- 4. Establish in each large city an intermediate care line, called "line 0.5"**
- 5. Create new functions in the ambulatory sector (i.e. intercultural mediators) with a view to improving patient information and understanding**





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# Recommendations for Local authorities

They should:

-  Increase health coverage for all inhabitants, regardless of the legal status, with a priority to make health services accessible
-  Organise outreach teams with cultural mediators
-  Reinforce the first line of care with an integrated holistic approach
-  Ban any financial penalties that go against medical ethics and disincentives access
-  Simplify heavy and expensive bureaucratic processes and invest in coverage and prevention instead

# Solidarity instead of fences

Thank you!

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