



# Healthcare provision to migrants in Cyprus. Is there reason for optimism?

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*The current increased migratory inflow to Cyprus has raised crucial policy challenges. One of the most urgent problems concerns their access to healthcare. The current system is marred by health inequalities resulting in increasing unmet healthcare needs especially among third country nationals. The forthcoming healthcare reform should help to address this problem.*

## Description

In June 2017, the Parliament unanimously approved two Bills, which pave the way for the establishment of the National Health System (NHS). This long-anticipated modern scheme will be an integrated NHS with universal coverage, financed by compulsory contributions levied on wages, pensions, income from self-employment as well as contributions paid by the state. The new system will provide coverage not only to contributors: the level of contributions has been actuarially estimated to also cover non-contributors such as the unemployed. Importantly, it will provide coverage not only to all Cypriots and EU citizens, but also to third country nationals (TCNs) legally residing and working in the Republic of Cyprus. This is a potentially important development towards healthcare coverage of this category of migrants, who are currently required to have private health insurance, and are thus exposed to a number of serious financial risks and inequalities in access and utilisation of health services, (Kantaros et al., 2014; Pithara et al., 2012; Theodorou et al., 2011).

More specifically, the current system ensures free access to public healthcare services only for Cypriots and EU citizens. Thus, TCNs who have migrated to Cyprus for reasons other than international protection are not entitled to any coverage unless they possess a

healthcare insurance contract with a private insurance company. Established insurance schemes enable them to use the private health sector and be reimbursed for up to 90 percent of the costs incurred. However, these healthcare insurance contracts come with limited coverage, since several services are excluded from coverage and reimbursement, while significant restrictions make access to and utilisation of services problematic. Additionally, insurance companies often refuse to reimburse services used by those insured, citing limitations in the insurance contract. In any case, private contracts, where these exist, do not ensure satisfactory coverage of healthcare needs, and have financial consequences for those insured, since they have in many cases to bear the full cost of their treatment. Perhaps for these reasons, TCNs in Cyprus have a very high percentage of unmet health needs compared to other population groups (Kantaros et al., 2014).

The high migratory inflows of the last twenty years came to a drastic halt in 2012-2015 due to the unprecedented financial crisis that hit the economy. Since then, the economy has been gradually recovering and today the country is achieving high levels of economic growth. Consequently, migration is on the rise again, especially from third countries such as the Philippines, Sri Lanka and India as well as from southeast Europe (Republic of

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Cyprus, 2017). This situation, combined with the exacerbation of the refugee crisis in the neighbouring Middle East (70% increase in the number of asylum seekers and 285% in the number of those granted refugee status since 2014; Republic of Cyprus, 2017a), puts a greater strain on the already overloaded healthcare system.

## Outlook & commentary

The need for a comprehensive migration policy aligned with European ideals has long been an issue of minor political concern in Cyprus. According to the Migrant Integration Policy Index, Cyprus ranks 36th out of the 38 countries in the sample. Only a small number of migrant support groups and non-profit organisations are trying to push for better social protection for migrants, but with no substantial outcome, due to their weak political influence. Thus, legislation to give TCNs full access to the forthcoming NHS is potentially an important development. It is also very timely,

given the increase in the number of migrants.

Although the provision of universal coverage will be a great step forward, health equity cannot be guaranteed if principles of inclusivity are not adhered to. Relevant studies in Cyprus have shown that TCNs, even if they have access to healthcare services, still face barriers: language difficulties, incomplete awareness of their rights, discrimination and negative stereotypes often encountered in the healthcare sector (Kantaris et al., 2014; Pithara et al., 2012).

Furthermore, particular population groups may continue to have difficulties accessing the new NHS. Undocumented migrants may be deterred from accessing public hospitals due to fear of deportation, while undeclared workers (many of whom come from third countries) might not be covered by the new scheme.

Finally, the new healthcare system is only expected to be fully implemented in 2020. The government ought to consider short-term/transitional measures to fill the gaps until then.

## Further reading

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