



European
Network on
Statelessness

BRIEFING

Situation assessment of statelessness, health, and COVID-19 in Europe



Introduction

This policy briefing focuses on statelessness and the right to health in the context of the global COVID-19 pandemic. It draws on the findings of [research](#) carried out by the [European Network on Statelessness \(ENS\)](#) between October 2020 and February 2021, and makes recommendations relevant to European policymakers, international organisations, donors, and other actors working on health rights, public health policy, migrant and refugee rights, and minority rights (including Roma rights), as well as statelessness.

Statelessness and the right to health

A stateless person is a person who is not recognised as a national by any State under the operation of its law. Specific rights due to stateless people are set out in the [1954 Convention Relating to the Status of Stateless Persons](#), to which almost all European States are party. Statelessness is caused by gaps in nationality laws, discrimination, State succession, and deliberate policies of denial or deprivation of nationality. It affects people who have lived in the same place for generations, as well as refugees and migrants. In Europe, as elsewhere, statelessness disproportionately affects minority groups, including Roma and ethnic Russians living in successor states of the Soviet Union and Yugoslavia. It remains a largely hidden phenomenon, due to the [incompleteness of data](#). This briefing refers to different populations affected by statelessness in Europe. It highlights both issues affecting the wider groups to which stateless people belong (i.e., minorities, refugees, migrants), and specific issues facing stateless people due to their lack of a nationality.

When a person lacks a nationality, they lack the rights and duties attached to belonging to a State, which leads to violations of other human rights, including the right to health. The Committee on Economic and Social Rights [has affirmed](#) that the right to health is "indispensable for the exercise of other rights" and applies universally to every human being without regard to race, religion, or other criteria, including legal status. Due to the lack of legal frameworks to identify and resolve statelessness, stateless people's enjoyment of the right to health varies significantly [from country to country](#). Stateless migrants recognised as such (i.e., in countries with mechanisms to grant protection under the 1954 Convention), and stateless holders of international protection or permanent residence are usually permitted access to healthcare in line with nationals. However, those with temporary residence, or a form of "tolerated" or irregular stay, often face significant challenges in accessing healthcare. In situ populations affected by statelessness, who lack identity documents and/or legal status, also face significant barriers to accessing healthcare.

The impact of COVID-19 on stateless people's right to health

In early 2020, [ENS](#), [global civil society](#), [UNHCR](#), and [stateless community representatives](#) all raised concerns about the risk of stateless people being left behind in the pandemic response. And yet, to date, stateless people remain largely invisible in responses at national, regional, and global level. COVID-19 has exacerbated pre-existing discrimination, social exclusion, and deprivation experienced by many stateless people in Europe. Social, structural, and environmental determinants of health have worsened, including racism and xenophobia; poor and congested living conditions; lack of sanitation and hygiene; chronic (mental and physical) ill health; overrepresentation in the informal labour market; and lack of access to healthcare and social security. During the pandemic, many stateless people have lost their sources of income, had to work whilst sick and without adequate protection, been unable to access State aid and healthcare, and children's education has been disrupted.

In this briefing we explore these issues in more detail and make a series of recommendations, above all, that **States must take action to guarantee the right to health of all on their territory, including stateless people, during and after the COVID-19 pandemic.**

Environmental determinants of health impacting on stateless people

Significant health risk factors are linked to the contexts in which many stateless people in Europe live and work, and these have worsened during COVID-19. Housing conditions have impacted on the ability to adhere to public health guidance on social distancing, hygiene, sanitation, and mask-wearing. For example, there have been reports of lockdowns in Roma settlements, militarised responses, poor access

to electricity and water supplies, and lack of access to healthcare. Stateless people are at [particular risk of immigration detention](#). There have been reports of extended periods of detention in poor conditions conducive to the spread of disease and impacting on mental health. In relation to people seeking asylum, there have been reports of restrictions on movement to and from reception centres and limitations on access to healthcare. There are many examples of reliance on grassroots community organising to ensure continued supplies of food and medicines into settlements or other places of accommodation.



The protection of life and health for all must be upheld through disease mitigation and support measures in all accommodation settings (and for the homeless).



Steps must be taken to prevent the arbitrary immigration detention of stateless people (including on pandemic-related pretexts) and ensure full access to rights and services on release.

Barriers to access to healthcare for stateless people

Stateless people report a range of barriers to accessing healthcare. These include lack of legal status, identity documentation and/or health insurance; institutional mistrust; discrimination on the part of healthcare providers; and financial, health literacy, language, cultural, and logistical barriers. Many stateless people and those at risk of statelessness report refraining from accessing healthcare due to a fear that their lack of legal status could put them at risk of detention, deportation, refusal of services, or further discrimination when accessing health services. They often additionally fear that service providers will share information about their insecure legal status with law enforcement or immigration authorities.

COVID-19 has amplified these barriers. The pandemic has significantly impacted on health service provision for all: services have been overwhelmed in some countries and there have been restrictions on movement, reduced in-person appointments, and cancellations of planned procedures. Digitalisation of services has impacted on the most marginalised, disadvantaging those without access to the internet and electronic devices. Access to COVID-19 testing and treatment has varied, ranging from digital IDs or identity documents being required (presenting insurmountable hurdles to many stateless people) to exemptions from identification requirements for access to COVID-19-specific services.



Action must be taken to ensure equal access to health services for stateless people including free COVID-19 testing, tracing, treatment (both emergency and follow-up care), and vaccination, regardless of nationality, residence, or documentation status.



The right to privacy of medical records must be upheld and firewalls should be adopted between health and other government departments, including immigration authorities, to remove all barriers to accessing healthcare for stateless people.

Inclusion of stateless people in public health information and policies

COVID-19 public health measures are often targeted at the general population with limited tailoring of messages to marginalised groups. The invisible nature of statelessness and lack of data make it difficult to evidence and inform public health policy and target health messages to stateless people. Publications (and healthcare) are often only available in a country's main language(s) and digital exclusion may further hinder access. As a result, stateless people may not have full

access to public health information or be included in health policies and responses. No examples have been found of stateless people being actively consulted in the development of COVID-19 public health responses. NGO-led initiatives, in some cases supported by UNHCR, have responded to this gap, operationalising public health information, translating main messages, sharing information in different formats, and setting up mobile health units.



Stateless people and representatives of communities affected by statelessness should be able to participate in planning and decision-making process that affect their lives.



Public health information campaigns should be inclusive of and target stateless people and their communities taking account of location, language, and communication preferences, and using innovative ways to engage and reach stateless people with information.



Steps should be taken to reduce digital exclusion, particularly as it impacts on access to health information, appointments, and registration with healthcare services.



Trusted networks of NGOs and community organisations should be involved in public health responses to ensure stateless people access timely information.

State aid packages

Very few examples of State aid packages targeting stateless communities can be identified. In some cases, hygiene and sanitation measures reached some communities affected by statelessness (e.g., distribution of sanitation equipment to segregated Roma settlements, distribution of free masks and hand sanitiser, and one-off deliveries of face masks to vulnerable groups). However, no examples could be found of

stateless people being included in financial assistance measures. In most countries, State aid has been restricted to nationals, specific vulnerable groups with residence permits, or permanent residence holders only. In many countries, trusted community organisations and NGOs have stepped in to try to help fill these gaps.



Stateless people should have access to essential social security and State aid packages, which should be available to all based on need regardless of legal status.

Legal and immigration procedures

COVID-19-related delays in immigration, international protection, statelessness determination, civil registration, and nationality procedures have impacted on stateless persons' right to health during the pandemic due to the link between proof of residence or identity and health rights. Whilst civil registration services, including birth registration, have mostly continued (albeit adapted); in some cases, births were not registered for a period. Procedures for the acquisition of nationality, determination of statelessness or international protection claims, and acquisition of residence permits were delayed (or ceased) in many countries leaving people in limbo and impacting on access to services. In some cases, procedures moved online, deadlines were extended, or temporary residence permits were automatically extended, whilst in others, there was no remedy for those with expiring permits or pending applications. People were released from immigration detention in some countries, but often without any accommodation or support on release. COVID-19 restriction measures also impacted on access to legal representation, as well as to the courts and effective legal remedies.



Norms of due process in administrative and legal procedures must be upheld during a public health emergency. Consideration should be given to regularising all stateless people and automatically extending residence permits during an emergency to avoid discrimination in access to healthcare and other essential services.



Civil registration should be designated as an essential service, allowing it to continue during a public health emergency.



States must also uphold their obligations to guarantee children born on their territory the right to acquire a nationality, implement mechanisms to identify and resolve statelessness, and establish statelessness determination procedures to guarantee rights under the 1954 Convention.

Xenophobia, racism and antigypsyism

There have been widespread reports of xenophobia, racism and antigypsyism towards [migrants](#), [refugees](#), and [minority groups](#) during the pandemic. This has at times been fuelled by political rhetoric blaming particular groups for the spread of disease. There has been an increase in hate speech on social media and negative media reporting linking the spread of disease with particular groups. Many stateless people have reported increased experiences of hate speech, racism, and antigypsyism during the pandemic.



Steps must be taken to address xenophobia, racism and antigypsyism that has increased during the pandemic and ensure that State responses do not fuel this.



Measures should be put in place to eradicate institutional racism and antigypsyism and stateless people should be involved in the development of activities targeting healthcare and other service providers.

Access to vaccination

COVID-19 vaccination programmes are developing rapidly. Concerns have been raised by several actors, including the World Health Organisation and [UNHCR](#), about access to vaccines for marginalised groups, including stateless people specifically. It is welcome that several European countries have explicitly committed to including stateless people in their vaccination plans, but it remains to be seen what practical obstacles may arise during vaccine rollouts. Consideration must be given to how to reach those excluded from health systems and living in informal accommodation settings, how to secure consent and ensure follow-up for second doses where required. The lack of institutional trust among many stateless populations is likely to hamper government efforts without careful and inclusive planning, working together with community representatives and NGOs.



COVID vaccination deployment must include those who are stateless or at risk of statelessness and should be carried out in close cooperation with trusted community-led organisations and NGOs to address vaccine hesitancy and other barriers.

Further research on statelessness and the right to health

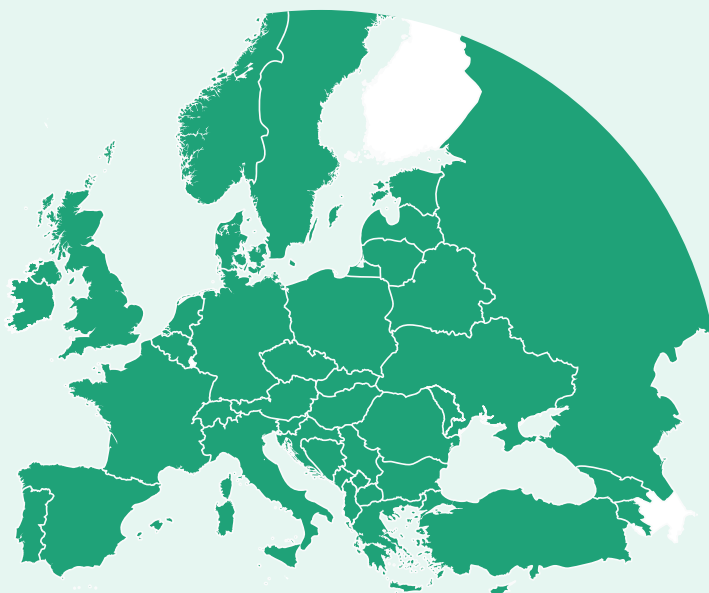
Very little evidence is available on the right to health and health outcomes of stateless people in Europe. The availability of robust data and evidence is imperative to inform policy and practice. Communication and dissemination of academic outputs is also vital to inform and achieve greater visibility in policymaking.



Further participatory and ethical research on the right to health with stateless populations should be carried out with participatory methodologies being prioritised to ensure the voices of diverse stateless people are heard. Particularly under-researched areas include, gendered and cultural aspects of health rights and statelessness and the impact of statelessness on mental health and access to mental health services.



Steps should be taken to address the invisible nature of statelessness by improving available data, including (anonymised) health monitoring data, to support evidence-based policy and programming.



European Network on Statelessness

The European Network on Statelessness is a civil society alliance of over 170 organisations and individual experts in 41 countries. We are committed to ending statelessness and ensuring that everyone living in Europe without a nationality can access the rights they are entitled to under international law.

At the heart of our strategy is an understanding of the need to raise awareness about statelessness, support legal and policy development and build civil society's capacity to act. We are dedicated to working alongside stateless people and their communities to strengthen their voices and together advocate for full respect of their human rights.

For more information visit www.statelessness.eu

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