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Nationalizing Services for the Trans-National: How Sub-Saharan Migrants Navigate Healthcare Access in Tunisia

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Nationalizing Services for the Trans-National: How Sub-Saharan Migrants Navigate Healthcare Access in Tunisia

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Submitted in partial fulfillment of the requirements for *Tunisia and Italy: Politics and Religious Integration in the Mediterranean*, SIT Study Abroad

Spring 2019

Abstract

The right to human health and the resources that empower this state is an entitlement recognized under international law. With the circumstances surrounding their journeys, migrants face increased risks and vulnerabilities that necessitate social protections. Nations of reception, due to exclusionary policies or lack of capacity, may fail to guarantee these protections. This study investigates how this phenomenon unfolds in Tunisia, a middle-income nation undergoing a host of political and economic changes, but one that's nonetheless become an alluring destination for migrants, specifically those from sub-Saharan African nations. The analysis proceeds from an assessment of the public health situation in the country, followed with the resources that exist to address potential shortcomings. It includes discussions of issues at hand through interviews with NGO representatives, volunteers, and physicians that assist sub-Saharan migrants on a regular basis. The findings of this study reveal that the socioeconomic and political issues in Tunisia have placed the issue of migration integration on the backburner of domestic concerns. The absence of formal legal framework for sub-Saharan African migrants in Tunisia has, by extension, resulted in an exclusion from access to public health centers. International organizations are currently working to fill this gap, but are limited by lack of funding and bureaucratic support.

Dedication

I dedicate this paper to every community that's been marginalized, every voice that's been dampened, and every identity that's been erased as a result of the inundating forces of corporate globalization and historical hegemonies.

Acknowledgements

I would like to extend my sincerest thanks and gratitude towards the Academic Director of the SIT Tunisia program, Professor Mounir Khelifa, for constantly and consistently providing his guidance and support to foster a learning environment inspired curiosity, respect and kindness. Without his endless consideration and support, the pursuit of this project topic would not have been possible.

This project also owes a large credit to my wonderful research supervisor, Rahma Ben Mansour. Rahma was a wealth of knowledge and conscientiousness: her expertise in the field of migration in Tunisia and her network of contact made the implementation of this investigation more informed, relevant, and critical.

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Introduction & Background

As the trends of globalization lend themselves to environmental degradation, political instability, economic decline, and civil unrest in nations of the Middle East and Africa, so too has come an upheaval of movement towards the shores of the “Global North”. With this upsurge in migration, there emerges a cadre of sociological and humanitarian issues- a critical component of which being the role that a host government is expected to adopt towards the populations that exist outside the realm of their citizenry.

Citizens- most applicably those of the Western, developed sphere- may receive an array of public services like education and healthcare, especially if they find themselves in distressed economic and social situations. The government’s role in securing the well-being and livelihoods of this marginalized segment of their citizenry has contemporarily come to also include those that hover in the cloud of paperwork of transnational identities. Provision of humanitarian protection (an extension of international law) to refugees and asylum-seekers has manifested most optimally in select European nations, which has thereby unsurprisingly resulted in attracting the most migrants. Nations like Germany, Sweden and France have all established reputations of providing “generous” transition benefits to migrants through security incomes, job opportunities, and health insurance¹. The appeal of this model is self-evident: approved refugees and asylum-seekers are not only granted a grace period until they adjust to the new job, society, or lifestyle that they are now a part of, but also there exists an

¹ Mark Trevelyan, Gareth Jones. “Which European countries offer the most social benefits to migrants?” *Euronews* (2015).

acknowledgement to the hurdles that exist, coupled with the attempt to embody humanitarian protection in more holistic and tangible means.

In the past several years, Tunisia emerged as a nation of transit for migrants to access the real “jewels”: nations where they envision plans for long-term settlement. **South-south migration** within Africa became an increasingly common trend as Europe secured, walled, and guarded the fortress of its borders. However, in contrast to the aforementioned EU nations, Tunisia has yet to create a national capacity capable of benefiting and sustaining migrants of all classes.

Tunisia’s transition as a site of emigration to one that suddenly became a host to a myriad of migrants began in 2011 with the unexpected destabilization of proximal Libya and Syria following their attempts at revolution, the galvanizing factors of which being Tunisia’s own Jasmine Revolution and transition to democracy. Tunisia has received an increasing amount of migration from sub-Saharan African nationals since the early 2000’s, and these numbers have increased significantly in the period between 2004 and 2014².

It is now estimated that over 10,000 sub-Saharan migrants reside in the nation. The varying motivations that propelled this population to migrate, be it seeking asylum and transiting forward to Europe, or gaining more promising educational or work prospects, all converge under the shadow of the reality that Tunisia, as a third country partner to the EU, bears political pressure to adjust its policies to push back irregular migration.³ The nation also lacks a national asylum law, and

² Ayoub Ahmed. “Tunisia, Country of Destination and Transit for sub-Saharan African migrants” *REACH Report in Cooperation with Mercy Corps*. (2018)

³ Vasja Badalic. “Tunisia’s Role in the EU External Migration Policy: Crimmigration Law, Illegal Practices, and Their Impact on Human Rights” *Journal of International Migration and Integration*. V. 20. Issue 1. (2019).

fails to provide public social benefits to its refugees and asylees. This becomes problematic when considering that refugees and asylum-seekers possess a specific subset of health concerns either from trauma of experience or susceptibility to infectious disease, that make a dignified quality of life directly contingent on the provision of reliable, affordable healthcare coverage.

Healthcare accessibility is a topic under the umbrella of human rights that warrants special attention due to the critical role it can play in the longevity of people's lives. Refugees and asylum-seekers in Tunisia may face increased health risks due to the arduous journeys they undertake to reach Tunisia and recent trends towards discrimination, human trafficking and flagrant abuse. A number of international instruments have recognized the human right to health, specifically in the context of migration⁴. Promotion of migrant health has also been acknowledged as a priority by a resolution of the World Health Assembly in 2008, which recognized that migrant-sensitive health policies are an elemental component to the actualization of Millennium Development Goals and that gaps in health service delivery should be both addressed and filled.⁵ These rights extend from regular migrants who enter the state with authorization, to those with undocumented status due to an irregular process of migration⁶. While the unfolding of this phenomena amongst nations of the Global North can translate to grander discussions of systemic justice vs. injustice, democracy and equality, and

⁴ International Commission of Jurists. "Migration and International Human Rights Law: A Practitioners' Guide" (2014)

the recycling of poor health outcomes amongst marginalized groups, the Tunisian context is unique in that it's considered part and parcel to the Global South dynamic. The nation's post-colonial experience was also defined by two periods of absolutist regimes. Therefore, the ability of the newly democratic government to provide adequate and robust services to its own population may also be riddled with challenges. For this reason, it will be crucial to understand what the baseline conditions are in the country: drawing a comparison between the local population and the sub-Saharan African migrant population in terms of healthcare experiences will help elucidate the economic and administrative challenges that the nation is facing, and why the secondary provision of services and benefits to non-Tunisians, specifically sub-Saharan migrants, may manifest differently.

Research Question & Methodology

The objective of this study is informed by, and, in turn, aims to inform issues related to global health, minorities and medicine, democratic inclusion and operationalization of law in Tunisia and the public health situation in the country. It bears the central purpose of clarifying how resources are made available to migrants in a nation that is undergoing a host of political, economic, and sociological transitions. By illuminating the understanding to how sub-Saharan Africans, one of the most rapidly growing groups of migrants in Tunisia, navigate access to healthcare benefits and basic medical attention, it will inform the policies that exist in a country that's yet to establish a framework for welcoming and integrating immigrants.

The investigation will be designed to answer the following question: *How do sub-Saharan migrants navigate healthcare access in Tunisia?* This question will

be supplemented by the more specific queries of which institutions migrants can access, at what cost, and the extent and quality of care provided. Answering these queries will follow an iterative-inductive approach and will serve as a critical link to understanding the challenges and opportunities that exist for opening up better healthcare to different categories of migrants, including regular and irregular migrants, refugees, and asylum-seekers.

To answer these questions, I aim to build a foundational understanding through a review of the literature on the rights of migrants to health in theory and practice. This review will be topically oriented with the recent history of migration to Tunisia, migrants and the law in the nation, the interventions (if any) implemented to address contingent humanitarian and social concerns, complemented by a discussion of the current state of Tunisia's public health system.

With regards to my own unique data collection, I adopted qualitative approach centralized on narratives of the different actors involved in healthcare administration to sub-Saharan migrants. To gain more insight on the logistics of service delivery available through international organizations in Tunisia, I conducted semi-structured interviews with representatives from the most prominent migrant-oriented NGOs. Conversations were held with representatives from the International Organization for Migration (IOM) in Tunis and the Tunisian Red Crescent in Medenine and were guided by questions like, "*What are the forms of benefits that migrants have received through this organization?*", "*What is a challenge or limitation that has emerged in line of healthcare delivery through your organization?*" and "*What outreach projects has your org. implemented to ensure that all potential beneficiaries of your*

projects and services are aware they're available?"

Furthermore, for more insight on the nature of healthcare delivery in Tunisia, I conducted an interview with a Tunisian physician that served in Tunisian hospitals and in treating non-Tunisians via Medecin Sans Frontiers. Interview questions were semi-structured and conducted over the phone. Inquiries posed included, *"How do Tunisian patients pay for healthcare, i.e what are the different categories that one can manage medical costs through?"*, *"How do sub-Saharan migrants receive medical attention?"*, *"What additional resources do you wish you had that you think would've enhanced your quality and delivery of care?"* and, *"What do you think are the most pressing issues surrounding health in Tunisia at the moment?"* among other related questions.

I also incorporated key findings from the 2018 REACH report on sub-Saharan **migrants**⁷ in Tunisia. The report synthesizes the common trends, experiences and perspectives from interviews with over 60 sub-Saharan migrants residing in Tunisia². Interview questions addressed motivations for migration to Tunisia, life-challenges in the country such as extent of social integration and healthcare access, along with discussions of long-term migratory intentions. Seeing that I did not have the opportunity to incorporate multiple interviews with migrants into this study, this report helps shed light on the narrative of the target population in summarized form. Incorporating their perspectives is instrumental to making sense of how organized services are received by their potential beneficiaries, and the barriers that prevent such reception.

⁷ Migrants⁷ in this study embraces all those involved in mixed migration flows. This includes refugees, asylum seekers, economic migrants, undocumented migrants, etc.

Obstacles

Challenges in the completion of the data collection process certainly included getting a hold of representatives from a variety of NGOs and physicians due to their packed schedules. Though I was able to gain insight from every member involved in the dynamic of health delivery to migrants, it would have been valuable to support my conclusion with the nuance from a multitude of inputs and perspectives.

An additional obstacle was the shortage of data and statistics on migrant health in Tunisia-- an effect of the lack of official registration structures. This presented difficulty in allowing me to ask pinpointed questions to those I was interviewing about the statistics surrounding specific resource availability to address prevalent pathologies amongst the target population. This obstacle contributed to the revelation of yet another structural challenge in optimizing health experiences and outcomes of sub-Saharanans, and the degree of priority in doing so.

Review of Literature

Migrant Health and International Law

In idealistic principle, humans, simply by virtue of birth, are guaranteed a specific set of rights to ensure an enhanced quality of life and wellbeing. The all-embodying legal entitlement of central importance to migrants is the principle of human rights being accessible to *all*, free from discrimination on the grounds of race, color, sex, sexual orientation, language, national origin, property, birth, or other status⁸. This principle is what extends to inform the set of guarantees under

⁸ UN OHCHR. "International Covenant on Civil and Political Rights" (1966) *Article 2.3 and 26*

national and international treaties for migrants in order to ensure equality and foster a culture free from discrimination.

The human right to health is protected in a number of international charters and agreements, including the Universal Declaration of Human Rights⁹ and the International Covenant on Economic, Social, and Cultural Rights¹⁰. The twelfth article of the latter agreement recognizes “right of everyone to the enjoyment of the highest attainable standard of physical and mental health”, and the “creation of conditions which would assure to all the medical service and medical attention in the event of sickness.”⁹ The charter also maintains that States must ensure access to health facilities and goods on a “non-discriminatory” basis, including the adequate availability of pharmaceuticals, and is stressed as especially necessary for marginalized groups.

Despite the legal framework that exists to potentially accommodate a cadre of economic, social, and cultural rights to migrants as trans-national entities, the centrality of the issue lies in the fact that such individuals lack access to a reliable establishment that will advocate on their behalf to enforce such laws.

Enforceability only selectively occurs through state reports to the UN, or via regional courts like the European Court for Human Rights. Most importantly, migrants are often unaware that they bear claim to such rights, even in situations where it’s also guaranteed under national legislative law¹¹. Thus, although transnational law can often supersede national legislation, and the State may be

⁹ UN Office of the High Commissioner for Human Rights. “The Universal Declaration of Human Rights” (1948) *Article 25*

¹⁰ UN Office of the High Commissioner for Human Rights. “International Covenant on Economic, Social and Cultural Rights” (1966) *Article 12*

¹¹ International Commission of Jurists. “Migration and International Human Rights Law: A Practitioners’ Guide” (2014) *p. 31*.

challenged at the international level for its failure to implement fundamental rights, a disparity of access to actualize these rights to services persists in inhabiting the social space between migrants and native populations in most nations.

Migrant Health Vulnerabilities and Inequalities

Though migrants are entitled to rights of basic healthcare through international law, conditions of migration may exacerbate their health concerns, necessitating enhanced or specialized medical attention. It is widely recognized that circumstances such as war or persecution- or which compel people to be uprooted and transit across nations in search of stability can have lasting impacts on the psyche of those in transit. Other common situations that migrants may find themselves in that raise numerous medical concerns include human trafficking (especially sex trafficking), dangerous working conditions in low-skill jobs within the informal sector, and even detentions with inhumane conditions that differ in severity between nations.¹² These vulnerabilities are compounded by the contexts of the host country within which they unfold: language and cultural barriers, along with xenophobic discrimination could result in the exclusion of migrants, thereby discouraging them from tapping into public health infrastructure that they bear rights towards.

Social protection regimes, which include publicly funded social services, can be implemented in nations of reception to include migrants such that they are better

¹² Migration Data Portal “Migration and Health” (Jan. 2019)

able to manage their risks and vulnerabilities¹³. However, despite the social protections embedded in the legislative regimes of many nations of the Global North, asymmetrical access to healthcare and social services between migrants and the host population is still common. A 2018 study investigating inequalities in health-care utilization among migrants and non-migrants in Germany found a lower utilization of health services amongst the migrant population. This was especially the case for specialist care services, medication use, therapy, and preventative measures like cancer screenings.¹⁴ The conclusive statements of the investigation attributed potential causes of this inequity to differences in information and needs/preferences, but also to language and other formal access barriers like costs, travel distance, and waiting times¹².

A similarly themed study published in 2017 delved into the inequalities faced by an especially vulnerable migrant sub-group in Italy: undocumented, irregular migrants. This population of individuals is known to lack reliable access to the Italian national healthcare service due to fear of persecution and consequent marginalization/criminalization. Researchers assessed the risk of this population's lack of access to primary care by analyzing whether their hospital visits were preventable or not. Over 85,000 records, collected from 2003 to 2013, when collectively considered, reflected higher hospitalization rates for

¹³ Johanna Avato, Johannes Koettl, Rachel Sabates Wheeler. "Social Security Regimes, Global Estimates and Good Practices: The Status of Social Protection for International Migrants" *World Development* (2010)

¹⁴ Jens Klein and Olaf von dem Knesebeck. "Inequalities in health care utilization among migrants and non-migrants in Germany: A systematic review" *International Journal for Equity in Health* (2018)

undocumented migrants for diseases and conditions that could have been avoided had they been receiving consistent attention from a primary care provider¹⁵.

Tunisia as a South-South Destination

As Fortress Europe grows more robust, and exclusionary rhetoric and policy become mainstream forces, the trend of South-North migration from nations of the developing world to the developed world (EU, US) is shifting to a South-South dynamic.

The advent of migrants from common African origin to Tunisia has multiple sources and causes. Firstly, many refugees and asylum-seekers come to Tunisia after escaping the atrocities in Libya, or being rescued at sea after departing from its shores attempting to reach Europe. Libya has served as a stepping stone (albeit not a smooth one) in many people's transit to Europe. This is due to the ease of law following the disintegration of the state, which has resulted in the free-movement of smugglers, but also other criminals that have been subjecting anyone who falls under their control to unspeakable human rights abuses including torture, rape, abuse and starvation¹⁶. Those that escape to Tunisia are the lucky few.

For others, the decision to stay in Tunisia is out of their control. Human trafficking has become especially prevalent in the country in recent years and has gone largely unnoticed despite the ratification of anti-human trafficking legislation. The cause for this could be attributed to the growing difficulty of

¹⁵ Daniele Mipatrini, Sebastiano Pollina Addario, et.I. "Access to healthcare for undocumented migrants: analysis of avoidable hospital admissions in Sicily from 2003 to 2013" *European Journal of Public Health* (2017)

¹⁶ UN Office of the High Commissioner. "Migrants and Refugees Crossing into Libya subjected to "unimaginable horrors" *Report* (December 2018)

regular migration into Europe: traffickers have taken advantage of the desperation to reach European shores and use that prospect as bait to lure in victims. In the period between 2012 and 2016, an IOM investigation uncovered several hundred cases of trafficking disproportionately affecting women of sub-Saharan origin, with common cases including Nigerian and Cote d'Ivorian nationals working as "housemaids"¹⁷ in a state of near involuntary servitude. Sex trafficking and labor trafficking have also been known to occur to migrants dispossessed of their identities as their passports and other documentation were taken from them by their traffickers. In 2018, Tunisia was ranked as a Tier 2 trafficking nation- while the government fails to meet the minimum standards to eliminate trafficking, it is taking strides to do so. Enforceability of the anti-trafficking law and prosecution of traffickers has yet to gain significant traction¹⁸.

Another motivation for movement to Tunisia is inspired by the visa exemption policy the country bears towards both the neighboring nations of the Maghreb, and the southern states of the sub-Saharan region. Under this policy, nationals of countries like Cote d'Ivoire and Senegal may reside in the nation for up to 90 days¹⁹, a time-frame during which many migrants attempt to search for jobs and studies that will grant them a residency card.

The appeal of this regime, considered in light of the difficulty of the process of movement to the Global North, makes Tunisia stand out as a local alternative to European host destinations. This image was polished as Tunisia gained a reputation of being one of the few democracies in Africa, and one of the only in

¹⁷ Saida Chebili "Trafficking In Persons in Tunisia: Regional Law Perspective" (November 2018)

¹⁸ US Dept. of State. "Trafficking in Persons Report: Tunisia" (2018)

¹⁹ Tunis-Carthage Airport "Visas and country conditions in Tunisia" (n.d)

the Arab world. In the minds of many, a correlation was drawn between democracy, human rights, and opportunity, adding to the allure and glimmer of a land where brighter prospects can be born. However, Tunisia, due to its dry historical track-record of receiving migrants, coupled with an administrative disarray post-transition, has yet to establish a legal framework for migration. In effect, South-South migrants, as compared to those who are taking South-North or North-North paths for resettlement, are at a distinguished disadvantage when it comes to receiving social protection benefits through a legally bound and bureaucratically secured regime. The aforementioned asymmetries in healthcare accessibility between the migrant and host population, thus, runs a risk of being augmented in a nation like Tunisia (as compared to Germany or Italy) since it faces its own sets of economic and administrative challenges as a developing, middle-income nation.

Migrants and Tunisian Law

Situating the concern for international migrant healthcare accessibility, amongst other social protections, in a topically pertinent discussion of Tunisia and the Mediterranean necessitates an unpacking of the role that Tunisia continues to execute as a third country ally to the European Union in pushing back the South-North tide of irregular migration.

While Tunisia is a signatory to UN conventions and protocols relating to the Status of Refugees, it currently lacks the resources to effectively deal with the issue of migration on its territory²⁰. Little to no efforts have been undertaken by

²⁰ Mateo Mazzoleni "The drama of migrants in Tunisia" *Rosa Luxemburg Stiftung* (2016)

local authorities to create a regulate the status of migrants, asylum seekers and refugees. Those without paperwork or documentation face a constant fear of prosecution and detention, and are treated by the state as potential threats. The absence of a system for refugee status determination has distanced responsibility from the Tunisian state, instead placing in the hands of international organizations. Without recognition under the law, refugees and asylum seekers remain under suspicion and can never truly defend their rights.

The absence of a comprehensive legal framework for migrant protection in Tunisia, which would certainly enable greater migrant integration and inclusion, comes in light of the fact that Tunisia has absorbed many “**crimmigration**” tactics on behalf of the EU. As a part of the “Mobility Partnership Agreement” ratified in 2014, the EU outsources migration management options to Tunisian shores by a.) using Tunisian security forces to prevent departure of migrant boats (including interception from Libyan land), b.) starting Frontex-Tunisian cooperation to gather and disseminate data on migration flows, c.) enact legislation to criminalize migration related activities, and, d.) exertion of pressure on Tunisia to sign legislation to accept the return of deported individuals from the EU to Tunisia.

All such externalization measures were funded by direct financial assistance from the European Union, which included the sponsorship of detention centers by Italy³. Thus, the lack of human rights guarantees in the nation does not stand out as an international concern as world actors that would normally enforce them are actually complicit in enabling them³.

The Tunisian Health System

The laws that do exist in Tunisia which can extend to protect migrant health and well-being include Article 38 of the constitution that guarantees Universal Health Coverage²¹ and the law which fights against human trafficking¹⁷.

The passage of Article 38 in 2014 which was part and parcel to the ratification of the Tunisian constitution allowed for the general right to health care, with the specifications that “health is a right to every human being [and] the State shall ensure free health care for those without means and those with limited income.”¹⁸ This measure was followed by the ratification of the more visible, international initiative for Universal Health Coverage in 2018.

The goal of UHC, particularly in the way that it’s presented on a global scale, is to ensure a majority of individuals and communities receive medical attention free from a fear of financial hardship. This regime is mutually beneficial to beneficiaries and guarantor states alike. Studies have demonstrated that UHC, when extended to a variety of migrants, including refugees for instance, actually results in decreased health expenditures for the guarantor country.²²

Despite these measures, equal access to this type of coverage for care remains an ideal met with several obstacles and challenges, especially between classes and regions of Tunisian society.²³ The socialist system of the healthcare system in Tunisia, which was modeled after French design in post-colonial years made insurance schemes that guarantee access to public health service at minimal to no cost. Although the health reform in the country has progressed in scope during its

²¹ Tunisian Constituent Assembly. “The Tunisian Constitution of 2014” (2014)

²² Etienne Langois. “Refugees: Towards Better Access to Health Services” *The Lancet* (2016)

²³ Melek Somai “The path towards achieving Universal Healthcare Coverage in Tunisia” (2018)

post-colonial years, there nonetheless remain regional disparities with health infrastructure and availability of services. It's been said that Mohammad Bouazizi, the street vendor that allegedly "ignited" the Jasmine Revolution in Tunisia, had been facing multiple health problems that were exacerbated by his inability to afford medical treatment to address his health concerns²⁴.

The inconsistency demonstrated by the Ministry of Health mainly stems from the absence of a stable figure of authority. In the past few recent years since the revolution, numerous health ministers have filled and vacated their positions due to an inability to handle responsibility for the management and financial problems that plagues the public health system. The most recent resignation from a health minister came in March from Abdel-Raouf El-Sherif, after investigations were initiated for the death of 11 newborn babies²⁵.

Research Findings and Discussion

Despite the legal guarantee for universal health coverage in the Tunisian constitution, the public health system has yet to implement and promote inclusionary policies to the increasing numbers of sub-Saharan migrants. Interviews and report reviews have unsurprisingly revealed that the deficit of bureaucratic responsibility has resulted in NGOs as the primary source for healthcare delivery. The lack of sufficient funding and staffing in these organizations, coupled with a lack of initiative from the Tunisian Ministry of Health for project coordination, has impacted the structure, availability and

²⁴ N/A. "Health in Tunisia" *Global Health Watch* (n.d)

²⁵ Al-Jazeera. "Tunisia probes deaths of 11 babies, health minister resigns" (10 March 2019)

effectiveness of services. Moreover, the experiences of how and *if* Sub-Saharan migrants get medical attention also depends on their categorization under the auspices of the Tunisian state system.

a.) Refugees

Refugees from sub-Saharan Africa whose cases have been approved by the UNHCR comprise no more than 500 people²⁶. Medical screenings are provided free of cost through the Tunisian Red Crescent upon their arrival. For a 60 day period, and as they wait for approval of status, these individuals can address their health concerns using TRC as a medium. The TRC shelters, which provide basic living essentials, are staffed by 2 partner physicians (one paid, one volunteer) and several nurses²⁷. Medicine and the medical expenses for emergency hospital visits are covered through the organization as well.

Once refugee status is acquired, this population receives a UNHCR refugee identification card that gives them access to the same basic public health facilities that Tunisians have a right to anywhere in the country. UNHCR, in partnership with the Tunisian Red Crescent, reimburses refugees for any costs they pay for medicines for primary health care or chronic diseases, and emergency medical interventions²⁶.

b.) Asylum-Seekers

Asylum-seekers from sub-Saharan origin make up a small number of individuals as a consequence to the difficult nature of refugee and asylum-seeker

²⁶ UNHCR. "Tunisia: Country Statistics" (April 2019)

²⁷ Slim, Mongi. Tunisian Red Crescent Director: Medenine. *Interview* (April 30th 2019)

recognition under Tunisian law²⁸. If one is fortunate enough to receive their asylum papers, they are eligible to the same benefits that refugees carry under UNHCR. During the waiting period prior to acquiring papers and official status under UNHCR, the Tunisian Red Crescent, which has shelters in both Tunis and in Medenine in the South, offers the 60 days of medical services that was described previously as available for refugees. Medecin Du Monde, which is the equivalent and replacement of Doctors Without Borders ever since they shut down their mission in Tunis in 2018, also extends aid in the form of psychological and general medical services to any vulnerable migrant in need³³.

c.) Regular Migrants

Regular migrant is the term for individuals who carry a residency card due to their work or study. The workers that comprise this group are employed in the formal sector working in NGOs or embassies and can receive health insurance through their work where they only pay a small fraction of health costs with the rest of the expenses covered by their employer²⁸.

Students, on the other hand, fall into two categories, those that attend public universities and those that are enrolled at private schools. The former group is usually enrolled in a public institution on a scholarship, and bear rights to access public health services through a student insurance that makes costs affordable. On the other end, private university students usually are in a better state financially and can access private health institutions even with their comparatively elevated costs.

²⁸ Pace, Paola. IOM Regional Manager. *Interview* (May 8th 2019)

According to Tasneem Falfoul, a volunteer and advocate that interacts with regular migrants through her work as an Arabic instructor, there is a general lack of awareness of the rights and benefits that this group can access and has entitlement to, especially so for public university students. She cites language as an obstacle to these students in navigating the public health system as few administrators in hospitals speak French. This trend of language barriers serving as a discouraging obstacle was confirmed by the health project assistant for the International Organization for Migration, who described the language barrier between hospital staff and migrants (not including nurses and physicians, who are all tri-lingual in French, Arabic and English by virtue of their education) serves as a literal barrier towards accessing medical attention, and usually discourages migrants to the point where they give up trying to seek out a particular service.²⁹

The REACH Report on sub-Saharan migrant experiences in Tunisia also describes a lack of awareness and language barriers as obstacles to healthcare access. According to the report, respondents “did not know they had the right to seek treatment, regardless of their legal status” and described lack of signposting and communication in French as a challenge to accessing appropriate medical attention or services. Student respondents reported less problems in accessing health services due to facilitated access provided to them by their ID cards.

d.) Irregular Migrants

Irregular migrants lack the documentation that “prove” their right to remain on Tunisian territory. It includes anyone who is not a refugee or asylum seeker and

²⁹ Benbelagam, Hanene. IOM Health Project Assistant. *Interview*. (May 2019)

lacks a residency card. This is usually the case for those who have overstayed their visas and are working in the informal sector, trafficked individuals, those that have escaped from Libya, applied for asylum and been denied, among other irregular situations.

Due to the fact that Tunisian legislation makes it difficult to attain refugee or asylum status and to work legally in the country as preference is often granted to Tunisian nationals, informal work has become increasingly widespread amongst sub-Saharan migrants, thereby making those in irregular situations the largest category by far. The migrants that make up this category bear the greatest risks, vulnerabilities and challenges health-wise due to the nature of their experiences and work on the one end, and the discriminatory exclusion from accessing public health services on the other.

According to a physician that worked in Tunisian hospitals and with Medecins Sans Frontiers treating migrants, many undocumented individuals avoid seeking out services in public health establishments out of fear of imprisonment. He states that there have been situations where undocumented migrants were jailed for 15 days after having their status exposed and reported by a Tunisian hospital staff member. This has generated a culture of fear that discourages this population from seeking out preventative and palliative health measures and services. As a result, many end up in emergency situations (which is free of cost through the public system) that could have been prevented had they been granted access to a reliable primary care provider.³⁰ As a cautionary and protective measure, physicians that work with NGOs and in public establishments

³⁰ Kirem Riahi. Former MSF Physician in Tunisia. *Interview*. May 2019

purposefully neglect to register their patients in the hospital system, electing instead to provide them with “invisible” consultations that include prescribing necessary medications, plan for treatment, and future follow up.

The International Organization for Migration extends its services in direct medical assistance and coverage to migrants that have overstayed their visas and are accruing a 20 dinar per week as a penalty to their illegal status²⁹. The “irregular” sub-Saharan population in Tunis includes women, victims of human trafficking, unaccompanied minors, and victims of gender-based violence. According to an estimate by the IOM Health Project Assistant, 80% of those in an irregular situation seek out services from IOM when they are in desperate legal, financial and health circumstances, and use the organization as an intermediary for other aid services³⁰. Everyone who seeks out assistance through IOM and is in contact with an employee there is supplanted with information on other health organizations, including Medecin Du Monde and T’erre D’asille.

To better improve direct aid in healthcare, IOM has recently started a health project initiative where an assessment of the medical need of a vulnerable person seeking assistance is made, and, based on that need, provides coverage for medical fees, medications, necessary operations, etc. The short side to this is that assistance lasts only for a period of time that is prescribed upon initial assessment and can never exceed 2 years.

IOM itself also provides psychological services and access to case-workers two days of the week. I came to IOM for my interview on one of these “open hours” days and found the office brimming with people seeking to speak with the psychologist and health care project coordinator I was set to interview.

The Tunisian Red Crescent in Medenine, as per its director Mongi Slim, has its services accessed primarily by those in irregular situations. This is due to the center's proximity to the sea port and the Libyan border, bringing in migrants en route Europe rescued at sea along with escapees from Libyan detention centers. The 60 day period of health aid is also offered to this group as they are given a clemency period to decide if they want to apply for asylum, find work, or undergo voluntary return to their home nations. Slim adds that for those that had previously been in the Red Crescent shelters before leaving to work informal jobs can return to the center for assistance should they face dire health circumstances, but notes that this is not a common proceeding.

An emergent health concern and phenomena is that of single pregnant mothers fleeing from Libya. According to Slim, 90% of young sub-Saharan African girls that passed through Libya were victim to rape and gender-based violence before coming to Tunisia. The pregnant among them often give birth in the TRC shelters rather than hospitals due to fear from entering the "public eye" as undocumented individuals²⁷. Reportedly, a midwife and physician operate within the TRC facility of Medenine to facilitate childbirth and ensure it proceeds in a safe and stable manner²⁷. On a larger scale, family care management for this population, including access to baby care supplies, is facilitated by IOM partnerships with the National Office of Family and Population (ONFP) and Amel Foundation³⁰.

HIV patients that have voluntarily tested positive can use IOM and TRC to gain information about access to treatment through the Global Fund, which provides services to AIDS sufferers free of cost³⁰. Vaccinations are also provided to all residing in Tunisia regardless of status.

Coverage for medication cost and physician follow up for chronic diseases is not provided for by IOM or Tunisian Red Crescent. Representatives from both organizations state the reason for this being lack of adequate funding, but also the rarity of cases like diabetes, heart disease, renal disease, among other chronic conditions.

Trafficked individuals, under Tunisian law, have a right to receive access to health services despite their irregular legal status. The role of NGO's like TRC, Medecin Du Monde, Te'rre D'assile, and IOM has been to provide psychological support to these victims, provide immediate medical attention to cases they have the capacity to treat, and facilitate access to larger scale public services for more difficult cases.

NGOs and Health Initiatives

International and domestic organizations that deal with migration and migrant health are concentrated in three main areas: Tunis, Zarzis, and Medenine. This regional distribution is allocated such that the organizations capital and its environs deal with regular and irregular migrants that usually arrive by plane and through visa system, those in Zarzis and Medenine receive those rescued from sea and/or escaping Libya through land.

As mentioned above, NGOs provide a diverse array of services to migrants. The NGOs that are most well-known for their health initiatives and services by potential beneficiaries include IOM, Tunisian Red Crescent, Medecin Du Monde³¹, T'erre D'asile and Caritas. In its 2017 report on the project for

³¹ Ramadan. Sub-Saharan Migrant. *Interview*. (May 2019)

migration health, Medecin Du Monde Tunisie enumerated the services available to all migrants, regardless of status or background. This includes walk-ins for general check-ups, accompaniment to health establishments, and consultations for specialist care with partner physicians that treat free of cost. Psychological care is also provided with the option of psychiatric attention for dire cases³².

T'erre D'assile, in addition to partnering with Medecin Du Monde on migrant mental health healing projects, has also been involved in other preventative health initiatives including health education workshops on overlooked topics like that of sexually transmitted diseases²⁷.

Medecin Du Monde and IOM, as the most prominent NGOs working in the field, are actively working to form partnerships with the Tunisian Ministry of Health and Ministry of Social Affairs to better integrate migrants into the health system and to promote full implementation of UHC in accordance with the constitution and the WHO 2008 resolution on migrants' rights to health coverage. IOM researchers are working to provide reports to the ministry on the cost efficiency and effectiveness of integrating migrants into the national health insurance scheme.

Initiatives also have come to include hosting information workshops to sensitize public health agents and actors on issues of culturally competent treatment and issues of discrimination, and publishing booklets in the appropriate languages for the target migrant population to place in health centers such that its readers are cognizant of their rights, and the resources that exist to materialize these rights into concrete benefits.

³² Medecin Du Monde Tunisie. "Improving Health Outcomes for Migrants in Greater Tunis Area" (2017)

Progress:

According to representatives from IOM, the Tunisian Ministry of Health has recently approved a new circular law that allows for migrants to access public hospital services without having to provide proof of residency cards. Only providing proof of identification relieves the pressure and fear from undocumented migrants in seeking out medical attention²⁸.

Challenges:

Despite the resources that exist in the public sector and through NGOs, there is a general lack of awareness of the entitlements and services that are available to the target sub-Saharan migrant population. NGO representative interview respondents, when asked about outreach initiatives, admitted that this is not a component of their work. Entry NGOs like the Tunisian Red Crescent also fail to provide orientation on health entitlements and how to navigate the Tunisian healthcare system. As a consequence, many marginalized individuals may choose to suffer in silence due to fear from interacting with the system, and lack of awareness on the benefits that exist through the aforementioned organizations.

The lack of significant cooperation from the Tunisian government due to other administrative “priorities” has affected both NGOs and physicians in their attempt to implement UHC to vulnerable migrants in need. Many physicians are treating migrants through public establishments in an “under the table” fashion due to the culture of fear and stigmatization of irregular migrants that is still gripping Tunisian society. One physician stated that if there was a more comprehensive legal framework to guarantee migrant access to healthcare, more people would be receiving better services and would have better quality of life as a result. IOM representatives described the lack of data on migration components

of the public health sector has made it difficult to put forward situation reports that could help precipitate policy change.

Though NGOs are functioning to handle a majority of the humanitarian responsibilities that should be technically dealt with by the Tunisian state following international protocol, they lack sufficient international support in their efforts. Funding and staffing has also been cited as an obstacle to optimal healthcare service delivery through these organizations. Medecins Sans Frontiers, which was handling a significant proportion of cases, was shut down in October 2018. Shutting down of operations of MSF, which had partnerships with the Tunisian Red Crescent and IOM, decreased the capacity for medical interventions. Doctors that work through the Tunisian Red Crescent only see patients once a week, and often this schedule may not align with that of potential patients, which could lead to an ignoring of a health concern that may potentially mutate into a life-threatening, emergency circumstance.

The Swiss Fund also recently cut off funding from the Tunisian Red Crescent, which placed fiscal responsibility for TRC in the hands of IOM that is already limited by a meager pool of funds. The impact of the financial constraint has impacted the capacity and quality of services available.

Conclusion

Tunisia's political and economic state, coupled with its position as a geographical proximate to Fortress Europe, has resulted in a lack of a comprehensive legal framework to address the issues of migration in the nation writ-large. The placement of the social and humanitarian concerns of the sub-Saharan migrant population, despite its growing size and presence, to the

figurative back-burner of policy priorities has resulted in a resource vacuum. The lack of integrative schemes has resulted in a culture of exclusion of migrants that has instilled fear and discouragement from seeking out services that they are entitled to. Though international organizations are struggling to fill the gap caused by poor governance and administration, they face limitations in making their efforts as effective and far-reaching as possible due to a lack of sufficient funding and government cooperation. Moving forward towards guaranteeing true universal health coverage in Tunisia requires international legal pressure supplemented by situation reports and case-studies to help push for a national migrant integration program bound by the law. This program would guarantee social protections, social welfare, and social services to vulnerable populations such as the one under study. While organizations and legal representatives on the ground in Tunisia and abroad are actively working to push for this change, more funding is needed to support the efforts of the NGOs that are truly advocating for human rights and communal stability and well-being through their projects and initiatives.

Glossary of Terms

South-South Migration: Migration within developing countries

Crimmigration: Criminalization of irregular migration by detention, deportation, etc.

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