

FACTSHEET → Statelessness & health (in)equity

Nationality is a gateway to rights and services, including health care. For non-nationals, access is often conditional on factors such as legal status, ability to prove identity and/or payment of supplementary fees. This can put health services out of reach for stateless people, as many have no legal status, no identity documents and live in (relative) poverty. Statelessness also impacts daily life, adversely affecting the social determinants of health. The [COVID-19 pandemic and state responses that put citizens first](#), revealed just how severely the lack of nationality can affect an individual's health outcomes and access to health care. Drawing from [learnings on the ground](#), as this factsheet sets out, it is important to:

- ✓ *Identify and address structural and systemic barriers faced by stateless people in accessing health care.*
- ✓ *Consult and engage with stateless communities to develop strategies to address health inequity.*
- ✓ *Learn from the lessons of the global pandemic to adopt more inclusive approaches and build back better.*
- ✓ *Resolve statelessness, as a prerequisite for advancing the social determinants of health and health equity.*

STATELESSNESS & HEALTH CARE ACCESS

Stateless people are excluded from healthcare plans, subsidies, insurance schemes and free healthcare that citizens are entitled to. Lack of documentation, bureaucracy and costs of health care present further obstacles to health care for stateless people. Fear of arrest, detention and harassment by police or officials have also cultivated a culture of fear around accessing healthcare, preventing stateless people in some countries from seeking potentially life-saving treatments. Stateless persons may therefore have shorter-than-average lifespans as a result of the discrimination they face in accessing healthcare.

STATELESSNESS & THE SOCIAL DETERMINANTS OF HEALTH

Social determinants of health are nonmedical factors that influence health outcomes, in both positive and negative ways. Statelessness catalyses and reinforces structural discrimination and exclusion from society, rights and services, impacting heavily on daily life. For stateless people, for instance, factors such as poverty, lack of access to education and insecurity due to precarious legal status are all social determinants that can significantly impact health outcomes. Resolving statelessness is a key prerequisite for improving the social determinants of health and advancing health equity for stateless people.

Fear of giving birth in hospital because of threat of deportation in the Dominican Republic

Historical cross-border migration of Haitian migrants seeking obstetric services in the Dominican Republic has generated a populist narrative of “pregnant Haitian women” overburdening Dominican health systems. The country is also home to a significant number of stateless people as a result of the denial and deprivation of nationality for Dominicans of foreign (mainly Haitian) ancestry. [Denationalized Dominicans often avoid using health services](#) due to fear of hospital raids and deportation. Such fears are not unjustified: hundreds of [pregnant women of suspected Haitian origin or descent](#) have been detained and arbitrarily deported because they did not hold any documentation.

Health care is for everyone, irrespective of nationality or statelessness. Article 12 of the International Covenant on Economic, Social and Cultural Rights (ICESCR) stipulates everyone's right to healthcare and states are under an obligation to “refrain from denying or limiting equal access for all persons, including prisoners or detainees, minorities, asylum seekers and irregular migrants”. Sustainable Development Goal 3 calls on states to ensure healthy lives and promote well-being for all – leaving no one behind and reaching the furthest behind first.

Costs and continuity of care issues for Roma without legal status in Montenegro

Although health services are free for Montenegrin nationals and legal residents, [stateless Roma are not entitled to these benefits](#). Physicians may decide not to charge for basic examinations, but the costs of medications, lab tests, and other treatments are rarely waived. Some stateless people self-medicate, purchasing medications directly from the pharmacy. Contradicting information about costs and lack of awareness of their rights among the community further affect people's choices: although hospital fees for childbirth are now waived regardless of legal status, many are unaware and elect to give birth at home. Continuity of care is also difficult because patients without legal status cannot be registered in electronic record systems.

Anxiety and poverty: social determinants of health for people denationalised in India

Anxiety, leading also to higher suicide rates, has been a serious issue affecting denationalised individuals in Assam, India. Exclusion from the National Registration of Citizens, appeals hearings before the 'Foreigner Tribunals' (FT) and detention of those determined to be foreign have all had a [damaging impact on mental health](#). The costs of legal proceedings to fight for recognition of citizenship has meanwhile decimated families' economic resilience and deepened poverty, further [affecting the social determinants of health](#).

Maijaan Nessa, 38, was declared a 'foreigner' by a FT in 2015. Called to the police station to give her thumb print on the understanding that the case would be dismissed, she was instead arrested and detained without any prior notice and without being allowed to inform her family. She was detained in Kokrajhar Detention Camp for four years and ten months. Maijaan has five children. Her eldest son was 18 years old at the time and unable to deal with the stress of his mother's detention, the trauma of which led to his untimely death. Maijaan and her husband are illiterate and from a poor socio-economic background. Fighting her legal battle has been traumatic and financially devastating for the family.

"Letting nationality determine access to services, including healthcare and vaccination, is detrimental to everyone's right to life and is a threat to public health as a whole.

Stateless people were among the most vulnerable before COVID-19 hit the world, and remain so during the pandemic, as their conditions worsen.

This, once more, should move us to action. If we want to truly leave no one behind, we ought to work closely with countries and territories to expand global and regional capacities to meet the needs of stateless people and make inclusion and integration a reality for everyone."

SANTINO SEVERONI

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Statelessness and COVID-19

When the pandemic hit, [states privileged a "citizens first" response](#). Stateless people, already deprived basic rights and welfare before the crisis, faced even greater, life-threatening marginalisation. The lack of legal status or documentation prevented access to COVID-19 testing and healthcare for stateless people in many countries around the world. Fear of arrest, detention and harassment makes stateless people hesitant to approach health services. Many stateless persons live in densely populated areas and are trapped in poverty. Stateless people faced disproportionate risk due to the inability to take effective preventative measures, including social distancing, lack of access to sanitation and hygiene products, and loss of livelihoods due to lockdowns combined with exclusion from emergency relief measures and food distribution. From the beginning of the vaccine roll-out, vaccine nationalism was apparent and [stateless people were doubly impacted](#): the majority reside in countries where vaccines are less accessible, but even when acquired, they were deprioritised, forgotten, denied for lack of documentation or excluded on discriminatory grounds.

PROMISING PRACTICES: REMOVING BARRIERS TO ACCESS IN LEBANON & COMMUNITY OUTREACH IN BANGLADESH

In Lebanon, stateless people could not register for the COVID-19 vaccine because the registration portal required inputting a nationality. Oummal, a stateless-led civil society organisation, successfully advocated for a 'stateless' option to be added to the portal, allowing registration. However, an ID number was still required, which many stateless people do not have. Oummal continued to mediate with the health authorities to remove barriers to access, leading to a commitment to issue national health cards to stateless people to enable access to healthcare services with the expenses covered by the Ministry of Public Health. Oummal also directly assisted over 1200 stateless people to access vaccinations, including through a mobile clinic and close collaboration with a hospital in the part of the country with the highest number of stateless people.

In Bangladesh, community-based Council of Minorities conducted a baseline survey to better understand the impact of COVID-19 on the formerly stateless Urdu-speaking people, who still struggle to enjoy the rights attached to citizenship. The research findings were used to train paralegals and volunteers as 'rights defenders', tasked with door-to-door outreach to disseminate information on COVID-19 – for example, how to protect against infection, use masks and PPE correctly and maintain social distancing where possible in the camps. In just a few months, they reached over 11,000 camp residents in this manner. They also organised 50 community group meetings and later initiated an awareness-raising campaign on COVID-19 vaccinations; helping to register people online so they can access the vaccine, directly assisting 600 people to get vaccinated.

These and other community-based responses to COVID-19 are documented in the report [Together We Did](#) and have helped to inform a [Roadmap for Change](#) to address the structural exclusion of stateless people.