

A background image showing a person from the chest up, wearing a red jacket with a circular emblem on the chest. The person's face is partially visible, looking downwards. The image is overlaid with a semi-transparent red filter.

FROM PRACTICE TO POLICY: IMPROVING ACCESS TO HEALTH CARE FOR ASYLUM SEEKERS AND PERSONS GRANTED INTERNATIONAL PROTECTION IN SERBIA

Advocacy Paper with Recommendations

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INTRODUCTION

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Following the two years of intensive and continuous work aimed at facilitating access to health care services for asylum seekers and persons granted asylum or temporary protection in Republic of Serbia, that are accommodated both in reception and asylum centers, as well as those residing at private addresses, Crisis Response and Policy Centre (CRPC) has identified a number of systemic barriers that hinder an effective and equal enjoyment of the right to health care.

Throughout this period, CRPC has maintained close and constructive cooperation with the project teams of the Ministry of Health responsible for the coordination of the “EU Support for Migration Management in Serbia- Access to Health Services III” project, financed by the European Union. This cooperation, combined with CRPC’s direct work with beneficiaries and health care institutions all across Serbia, has enabled the collection of substantial practical evidence and first-hand insights into the functioning of the existing legal and institutional framework in practice.

Analysis done by the CRPC and the experience gained during project implementation, demonstrate that, despite the existence of formal legal guarantees, significant normative and practical gaps remain in ensuring access to health care for asylum seekers, persons granted asylum and those under temporary protection. These gaps are particularly evident in relation **to access to compulsory health insurance, the recognition of these categories as beneficiaries of compulsory health insurance, and the issuance of health insurance cards**, which are prerequisites for comprehensive access to health services.

In light of the above, CRPC considers it essential to sustain targeted and effective advocacy efforts towards relevant Serbian stakeholders. The purpose of this advocacy paper is to contribute to overcoming the identified legal and practical shortcomings and to support improvements to the legal framework that would ensure sustainable, equal and effective access to the right to health care for asylum seekers and persons under international protection in the Republic of Serbia.

This paper is a product of the Crisis Response and Policy Centre (CRPC), developed within a project implemented with the support of UNHCR.



LEGAL FRAMEWORK

LEGAL FRAMEWORK



This paper is based on an analysis of the following key laws and bylaws:

LAW ON ASYLUM AND TEMPORARY PROTECTION (“Official Gazette of the Republic of Serbia”, No. 24/2018);

LAW ON HEALTHCARE (“Official Gazette of the Republic of Serbia”, Nos. 25/2019 and 92/2023);

LAW ON HEALTH INSURANCE (“Official Gazette of the Republic of Serbia”, Nos. 25/2019 and 92/2023);

RULEBOOK ON THE METHOD AND PROCEDURE FOR INCLUSION INTO COMPULSORY HEALTH INSURANCE FOR PERSONS WHO ARE NOT COMPULSORY HEALTH INSURED (“Official Gazette of RS”, No. 44/2018) – hereinafter: *Rulebook*





ASYLUM SEEKERS

I ASYLUM SEEKERS



Law on Asylum and Temporary Protection of the Republic of Serbia guarantees asylum seekers access to health care during the asylum procedure. **An asylum seeker shall have the right to health care, in accordance with the regulations governing health care for foreign nationals.** In enabling the exercise of the asylum seekers right to health care, appropriate health care shall be provided as a matter of priority to:

- asylum seekers suffering from serious illnesses;
- asylum seekers who are victims of torture, rape or other serious forms of psychological, physical or sexual violence; and
- asylum seekers with mental health conditions.

However, this right is not fully operationalized within the health insurance system. Asylum seekers are **not explicitly recognized** as beneficiaries of compulsory health insurance under the Law on Health Insurance or the Rulebook. Despite existing legal guarantees, practical implementation over the past two years has demonstrated that asylum seekers in private accommodation who are unemployed face significant obstacles in accessing compulsory health insurance.

As a result:

- asylum seekers and unemployed persons granted asylum are **not explicitly recognized** as insured persons under the Law on Health Insurance;
- the absence of explicit legal recognition results in inconsistent interpretation and application by competent institutions;
- the lack of compulsory health insurance prevents the issuance of health insurance cards, thereby limiting access to comprehensive health care services.

It should be noted that asylum seekers may remain in this status for more than one year, and in many cases significantly longer, until all available legal remedies are exhausted. According to the Law on Employment of Foreigners of Republic of Serbia, asylum seekers can access labor market legally six months after an official asylum request has been submitted to the competent body- Asylum Office.

These challenges have been consistently identified through direct work with beneficiaries, cooperation with health care institutions, and continuous coordination with the project teams of the Ministry of Health implementing the EU-funded project.



PERSONS GRANTED ASYLUM AND TEMPORARY PROTECTION IN THE REPUBLIC OF SERIA



PERSONS GRANTED ASYLUM AND TEMPORARY PROTECTION IN THE REPUBLIC OF SERBIA

Persons granted asylum and persons under temporary protection formally enjoy a broader set of rights; however, with regard to access to health care services, their legal position largely mirrors that of asylum seekers. Their entitlement to health care is regulated in accordance with the provisions governing health care for foreign nationals, rather than having their rights fully integrated in the compulsory health insurance system.

Under the Law on Health Insurance, rights arising from health insurance on the grounds of unemployment may be exercised by unemployed persons and other categories of socially vulnerable persons whose monthly income is below the threshold determined in accordance with the Law. In this regard, Article 16 of the Law on Health Insurance stipulates that persons who do not meet the conditions for acquiring the status of an insured person under Article 11, and who cannot be insured as family members of an insured person, shall nevertheless be considered insured persons. **This explicitly includes unemployed persons whose monthly income is below the prescribed threshold.**

Despite this provision, the Law on Health Insurance does not clearly categorize unemployed persons granted asylum or temporary protection as beneficiaries of free compulsory health insurance, unlike Serbian nationals who are unemployed and registered with the National Employment Service. As a result, unemployed persons under international protection face systemic barriers in accessing compulsory health insurance in practice.

This legal ambiguity leads to unequal treatment, inconsistent administrative practices and delays in access to health care services. Such consequences disproportionately affect particularly vulnerable individuals, including survivors of torture or other forms of serious violence, persons with chronic illnesses, and children.



EXAMPLE OF GOOD PRACTICE



EXAMPLE OF GOOD PRACTICE




The Law on Health Insurance already contains an example of good legislative practice by explicitly recognizing certain categories of forcibly displaced persons as insured persons. Specifically, an insured person within the meaning of the Law is also considered to be a person who has been **granted refugee status or the status of an exiled person from the former republics of the Yugoslavia**, provided that the conditions set out in the relevant provision are met and that the person has residence on the territory of the Republic of Serbia.

This approach demonstrates that explicit legal recognition of vulnerable displaced populations as beneficiaries of compulsory health insurance is both feasible and effective. A comparable solution should therefore be extended to unemployed persons granted asylum and those under temporary protection, in order to ensure equal treatment, legal certainty and effective access to health care.



RELEVANCE FOR ASYLUM SEEKERS AND PERSONS GRANTED INTERNATIONAL PROTECTION



RELEVANCE FOR ASYLUM SEEKERS AND PERSONS GRANTED INTERNATIONAL PROTECTION



A comparable legal solution should be advocated for **unemployed asylum seekers and persons granted asylum and temporary protection**, once the conditions for access to the labor market are met, in accordance with applicable legislation.

Explicit recognition of these categories as insured persons under the Law on Health Insurance would:

- ensure legal certainty and uniform application of the law;
- eliminate divergent interpretations and ad hoc practices;
- align the health insurance framework with the existing asylum and labor regulations;
- enable the issuance of health insurance cards and effective access to comprehensive health care services.

Introducing such a provision would not require a fundamental restructuring of the health insurance system, but rather a targeted and proportionate amendment, building on an already established and functional legislative model.

CONSEQUENCES OF THE EXISTING LEGAL GAPS



CONSEQUENCES OF THE EXISTING LEGAL GAPS

The lack of explicit recognition of asylum seekers and unemployed persons granted asylum as beneficiaries of free compulsory health insurance leads to:

Legal uncertainty for institutions responsible for health insurance and service provision;

Unequal access to health care compared to other vulnerable groups residing in Serbia;

Increased public health risks, due to delayed or interrupted treatment;

Dependence on humanitarian assistance, which is neither sustainable nor a substitute for systemic solutions.

These consequences are inconsistent with Serbia's international obligations, including the 1951 Refugee Convention, as well as national commitments to universal access to health care.





RECOMMENDATIONS:

RECOMMENDATIONS:



To ensure effective and equal access to health care, CRPC recommends the following legislative and policy changes:

1. Amend the Law on Health Insurance to explicitly recognize:

- ✓ asylum seekers, and
- ✓ unemployed persons granted asylum or temporary protection as categories **entitled to compulsory health insurance**.

2. Amend the Rulebook to clearly define the procedure for inclusion of these categories into compulsory health insurance, including:

- ✓ simplified documentation requirements,
- ✓ clear institutional responsibilities, and
- ✓ uniform application across the Republic of Serbia.

3. Ensure issuance of health insurance cards to asylum seekers and unemployed persons granted asylum or temporary protection, enabling full access to primary, secondary and tertiary health care.

4. Strengthen inter-institutional coordination between the Ministry of Health, Commissariat for Refugees and Migration, the National Health Insurance Fund and health care institutions to ensure consistent implementation.

FINANCIAL IMPACT AND IMPACT ON OTHER RELEVANT AREAS:



FINANCIAL IMPACT AND IMPACT ON OTHER RELEVANT AREAS:



The proposed amendments are not expected to result in significant additional budgetary expenditures, **as the number of beneficiaries is limited** and comparable categories are already covered under the existing system. Moreover, improved access to primary health care is expected to reduce long-term health care costs.

The adoption of the proposed amendments would have a positive impact on:

- health care protection of persons under international protection;
- social inclusion and integration of persons under international protection;
- legal certainty and administrative efficiency;
- compliance with international and national legal obligations.





CONCLUSION

CONCLUSION



The existing legal framework in the Republic of Serbia provides a formal basis for access to health care for asylum seekers and persons granted asylum, but fails to ensure effective and equal access through the compulsory health insurance system.

Explicit legal recognition of these categories as beneficiaries of compulsory health insurance is essential to eliminate legal uncertainty, ensure compliance with international standards and protect public health.

Amending the Law on Health Insurance and relevant bylaws represents a necessary and achievable step toward a more inclusive, fair and sustainable health care system in the Republic of Serbia.





SUMMARY ABOUT CRPC IMPACT:

I SUMMARY ABOUT CRPC IMPACT:



The CRPC medical component was implemented by longstanding medical expert, in close cooperation with CRPCs cultural mediators, integration and advocacy teams with the aim of improving access to healthcare for asylum-seekers and persons granted international protection in Serbia, in line with national and international standards.

Key achievements in 2025

- ✓ Support provided to 60+ asylum seekers and persons granted international protection
- ✓ Delivery of 190+ individual medical support services across multiple locations in Serbia
- ✓ Access to primary, secondary and tertiary healthcare services, including hospital-based and specialized medical care, including referrals and follow-up
- ✓ Continuous cooperation with local health centers, medical teams in asylum and reception centers across Serbia, the Ministry of Health Project Team, etc.

Types of medical support included:

- Guidance through the public healthcare system
- Facilitation of appointments and referrals
- Administrative and procedural assistance
- Accompaniment and cultural mediation support
- Coordination between institutions to ensure continuity of care.

Advocacy and systemic engagement:

- Targeted advocacy for asylum-seekers and persons granted international protection residing at private addresses outside of centers.
- Focus on access to mandatory health insurance, particularly for persons without formal employment who are required to pay health contributions.
- Legal-medical guidance and institutional dialogue aimed at identifying more inclusive and sustainable solutions.

Profile of beneficiaries:

Beneficiaries supported under the medical component originated from a diverse range of countries, including: Burundi, Iraq, Ukraine, Cameroon, Syria, Iran, Cuba, Palestine, Pakistan, Russia, Belarus, Türkiye, Armenia, Sierra Leone, Democratic Republic of the Congo, Niger, Bangladesh and Kyrgyzstan.



