



Alto Comissariado  
da Saúde



Coordenação Nacional para a  
Infecção VIH/sida

# **EU Partnership to Promote Universal Access for Migrant Populations**

**COUNTRY REPORT**

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## A. HIV/TB Policy and legal frameworks

### The Portuguese Health care system

The Portuguese health system integrates three co-existing systems: the national Health Service funded through general taxation and available free to all citizens in public health service (hospitals and health centres, where patients pay a symbolic fee); the health subsystems, where special health insurance schemes cover certain professions and finally, voluntary private health insurance.

Taking about the global Portuguese Health System, there were 209 hospitals (public and private) and 376 health centres, 39.183 physicians and 51.095 nurses works there, corresponding to 3,9 physicians and 5,1 nurses per 1.000 residents.

The National Health Service provides universal coverage. About 25% of population is covered by the health subsystems, 10% by private insurance schemes and another 7% by mutual funds.

The National Health Plan defines a set of strategies and actions targeting health promotion and disease prevention.

### National Program for the prevention and control of HIV/AIDS infection

The National Health Plan integrates AIDS as part of a more general national strategy for prevention of communicable diseases within the framework of international guidelines, such as the United Nations Millenium Declaration, the United Nations General Assembly Special Session on HIV/AIDS Declaration of Commitment on HIV/AIDS, the Dublin Declaration and the Vilnius Declaration.

The HIV infection has been deemed a priority area by the Government Programme.

This option recognizes the high social and economic impact of the infection on each individual, his/her family and on society.



Therefore, until 2010 the National Programme for Prevention and Control of HIV/AIDS aims at reducing the number of new HIV infections, of new AIDS cases and of deaths caused by AIDS by at least 25%, and contributing via public development aid to the international reduction on HIV transmission and improvement of the quality of care and support for people living with HIV/AIDS.

### **Situation of HIV epidemic in Portugal**

Up to June 30 2006, 29.461 cases of HIV/AIDS infections were reported to the Centro de Vigilância das Doenças Transmissíveis (National Centre for the Epidemiological Surveillance of Communicable Diseases Centre for Vigilance over Transmissible Diseases).

The incidence of infection in Portugal (2005) was 251,1 cases per 1.000.000. This means 2.635 new cases, which ranks Portugal in second place in the European context (53 countries). The annual number of AIDS related deaths was approximately 1.000 but there is a recent decreasing trend.

According to estimates of the Joint United Nations Program for HIV/AIDS infection (UNAIDS), there are around 32.000 infected people in the age range 15 to 49.

Under the classification adopted by the World Health Organization, the Portuguese epidemic is of the concentrated type. In the Portuguese general population, prevalence is below 1%, but in at least two vulnerable groups (injecting drugs and prison inmates), it is over 5%.

Portugal is the European Union country with the third highest frequency of HIV/AIDS and tuberculosis co-infection. HIV/AIDS was present in 15% of tuberculosis cases and it was estimated that, in 11,5% of cases, transmission happened among men who have sex with men, but recent data indicate an increase in the incidence of infection in this population.

**Mother-to-child transmission** has decreased substantially, being presently below 2%, thanks to the universal implementation of early detection and prevention of mother-to-child transmission.





Transmission associated to blood and organ donation is nearly non-existent, given the blood safety policy adopted in the country.

**Prison inmates** constitute a vulnerable population, with a very high prevalence of HIV and other sexually transmitted infections, hepatitis B, hepatitis C and tuberculosis. Recent data on prison population show a prevalence of HIV of 10,2%, a prevalence of hepatitis C of 29% and a prevalence of HIV/hepatitis C co-infection of 6%, which means that 56,8% of the infected by HIV are also infected by hepatitis C virus. The estimated incidence of tuberculosis in the prison population is 864 per 100.000, more than 20 times the national level (35 per 100.000 inhabitants per year).

## B. Migration Policy and legal context

It is difficult to dissociate the juridical frameworks which over time have been assigned to the phenomenon of immigration from the immigration policies that generate them. Therefore, we have chosen to present here a chronological synthesis of the legislation concerning fundamental domains for understanding this issue in the Portuguese context: conditions for entering, staying, leaving and expelling foreigners from the national territory and connected policies, juridical framework of the permanence of foreigners in Portuguese soil (work, health, education, racism and discrimination) and the new nationality law.

The “policy measures” we identified make clear the country’s adaptation from issuing (emigration country?) country to its new role as a receiving country for foreigners. Other factors contributed to the surfacing of immigration as a relevant issue in the national political agenda: the increase in immigrant arrivals and the lack of control by the government (which fostered the growth of undocumented foreigners), the visibility of the inadequacy of the conditions for integrating immigrants (poverty, living conditions, underground labour, etc.), the first expression of inter-ethnic conflict and racist or xenophobic incidents, and the emergence of organized actions directed at promoting the rights of the immigrants, in which the role of non governmental organizations should be highlighted (Fonseca, *et al.*, 2002: 46).



## **Legal framework regarding the entry, stay, exit and expelling of foreigners from the national territory**

In 1981 came into force the Decree-Law no. 264-B/81, which gathered together the scattered legislation on this issue and from then on regulated the entry, stay, exit and expulsion of foreigners from national territory. It allowed the award of transit, tourism/business or residence visas to foreign citizens wishing to enter national territory.

The migratory inflow started to gain relevance and by the end of the 1980s the country started feeling the consequences of the entry and permanence of illegal immigrants. Thus, in 1992 the Decree-Law no. 212/92, dated 12<sup>th</sup> October, established a channel for irregular non-EU foreigners who resided in Portugal to regularise their situations.

This was justified as a way of preventing deviance and promoting social integration. Thirty nine thousand immigrants were able to prove that they had means of subsistence and thus were regularised through this mechanism.

Entry into the European Economic Community and later the adhesion to the Schengen Convention has led to the adjustment of this legislation in order to comply with Community dispositions regarding the freedom of movement of people across the member countries. A new law – Law 59/93, dated 3<sup>rd</sup> March 1993<sup>1</sup> – establishes a standardized visa, a Community model for a short period visa, in order to ease the harmonisation of national policies regarding the freedom of movement of people in the European Union.

A few years later, in 1996, a new extraordinary regularisation process (upheld by Law 17/96, dated 24<sup>th</sup> May) allowed for the regularisation of 35 thousand other immigrants, who up to then were irregularly staying in national territory.

Law 59/93, dated 3<sup>rd</sup> March 1993 was been revoked, in 1998, by the publication of the Decree-Law no. 244/98, dated 8<sup>th</sup> August.<sup>2</sup> In the terms of the latter, four generic conditions became relevant for third country nationals entering and staying in

<sup>1</sup> Available at [http://www.cidadevirtual.pt/cpr/asilo1/59\\_93\\_1.html#ART1](http://www.cidadevirtual.pt/cpr/asilo1/59_93_1.html#ART1) on the 31<sup>st</sup> December 2005.

<sup>2</sup> Available at [http://www.cidadevirtual.pt/cpr/legis/244\\_98.html](http://www.cidadevirtual.pt/cpr/legis/244_98.html) on the 31<sup>st</sup> December 2005.





Portuguese territory: being the holders of a valid travel permit, making proof of having means of subsistence, not being included in the national or Schengen Information System refused entry list and being the holders of a valid and appropriate visa for entry purposes (Baganha *et al.*, 2001: 23). This decree regulates seven types of visa – stopover, transit, short stay, residence, study, work and temporary stay – and their duration is extended, by comparison to the 1993 law. There are also significant changes regarding the right to family reunification and the extension of equal rights to foreign relatives of legal residents. Thus, for instance, children of legal residents, born in Portuguese territory, benefit from the residence permit granted to their parents, as long as it is requested in the six months following birth. These contents were regulated by Regulatory Decree 5A/2000, dated 26<sup>th</sup> April.

Since the late 1990's there has been an increase in migratory flows, especially the illegal ones, which has led to changes in the statutory scheme, generating the Decree-Law no. 4/2003, dated 10<sup>th</sup> January. This law creates a "stay permit"<sup>4</sup> that grants illegal immigrants the possibility of regularising their permanence in Portugal through an employment offer or contract, as long as they are the holders of a valid passport and a criminal record certificate evidencing no conviction to jail terms of more than six months. The "stay permit" was valid for one year and renewable up to a maximum of five years. In 2001 about 174,558 stay permits were issued.

Under pretences of promoting social integration of the immigrants, this decree has made entry flows dependent on the current annual and sector needs of the labour market, thus introducing the quota system into national legislation. Such a legal mechanism for managing migratory flows came into being based on setting a strict annual maximum limit for entries in national territory by citizens from third countries to be admitted for the purposes of practising a professional activity. This limit is established by a pluriannual report drafted by the Government, based on an advisory report by the Institute for Employment and Professional Training and after hearing from several institutions<sup>5</sup> (municipal, regional, national) linked to the labour market and to immigrants. That report defines the economic and social criteria for determining

<sup>3</sup> Available at [http://www.acime.gov.pt/modules.php?name=Downloads&d\\_op=viewdownload&cid=7](http://www.acime.gov.pt/modules.php?name=Downloads&d_op=viewdownload&cid=7) on the 31<sup>st</sup> December 2005.

<sup>4</sup> Appendix 1 (in order to aid the understanding of specific terms of Portuguese legislation, we have created a glossary for supporting the legislation chapter and we will suggest its reading, whenever useful).

<sup>5</sup> Autonomous Regions, Labour Inspectorate-General, National Association of Portuguese Municipal Councils, employers' federations, the High Commissariat for Immigration and Ethnic Minorities.



workforce needs and the host capacity of each region<sup>6</sup>, guaranteeing the participation of local authorities on the whole process.

Aiming to counteract illegal immigration, it makes the employers responsible for complying with the law regarding the payment of wages, tax and welfare contributions by immigrant workers. It also makes abetting illegal immigration a felony (for instance, engaging illegal workforce).

The enforcement of this decree-law has placed many immigrants in a regular situation, however “at the same time, the flow of illegal immigrating not only was not diminished but also increased significantly, due to this flexible legislation, so that the inadequacy of the reception and integration of these immigrants became even more visible”.<sup>7</sup> Acknowledging the relevance of illegal immigration and the social inclusion of immigrants, the legislator proposed “to define and carry out a transparent policy, adopting definite and structural solutions, instead of disconnected and transitory measures”. This is sustained in three fundamental axes: “fostering legal immigration in consonance with the actual possibilities of the country, effective integration of immigrants and a firm fight against illegal immigration”.<sup>8</sup> It is against this backdrop that the new Immigration Law (Decree-Law 34/2003, dated 25<sup>th</sup> February) arises, regulated by the Decree implementing the law no. 6/2004 dated 26<sup>th</sup> April.<sup>9</sup>

The most significant changes, made in Decree-Law 34/2003, dated 25<sup>th</sup> February, were 1) the revocation of the statutory scheme for stay permits<sup>10</sup>; 2) petitioners under family reunification were required to have an actual connection to the country through a legal stay in the country during a certain amount of time (as established through Community regulations, although for a shorter period, invoking a humanist policy) and 3) with the aim of fighting illegal immigration, a strengthening of sanctions and penalties for offences regarding illegal immigration and exploitation of foreign workforce in irregular situations was determined.

<sup>6</sup> When the Decree no. 6/2004, dated 26<sup>th</sup> April was published, the Government established a quota of 8,500 new immigrants, broken down by the following sectors of activity: 2,100 for agriculture, 2,900 for hotels and restaurants, 2,800 for construction and 700 for other activities.

<sup>7</sup> Decree-Law no. 34/2003 dated 25<sup>th</sup> February, available at <http://www.acime.gov.pt/docs/Nova%20Lei%20-%20DL%2034%202003.pdf> on the 31<sup>st</sup> December 2005.

<sup>8</sup> *Idem.*

<sup>9</sup> *Idem.*

<sup>10</sup> See Appendix 1.





Also, answering concerns voiced by several entities (e.g., associations committed to the defence of the rights of immigrants and ACIME itself) steps are taken towards the de-bureaucratisation of the procedures used by the Borders and Foreigners Service (SEF). This should speed up the processes and facilitate the full integration of the immigrants.

The Decree implementing the law no 6/2004, dated 26<sup>th</sup> April, formalised a mechanism that allowed many immigrants, who were in an irregular situation, to be legalised, by granting an extension of stay for work purposes to citizens who had been here working for a certain amount of time and who had not legalised their situation due to the former law concerning the entry, stay, exit and removal of foreigners in national territory – the Decree-Law no. 4/2001, dated 10<sup>th</sup> January (namely through the instrument of Stay Permit). The potential beneficiaries of the said legal instrument had to have entered legally in Portugal before the 12th March 2003 and had to be integrated in the labour market.

Furthermore, this Decree allowed illegal immigrants to obtain a regular situation in three hypothetical situations: i) when they are employed and have made their tax and welfare payments for a period over 90 days before March 2003; ii) immigrants whose employers had not fulfilled their legal obligations (welfare and tax payments) regarding the amounts withheld over the worker's wages or iii) immigrants who, although they cannot make proof of having registered at the welfare services nor having made their payments (despite presenting alleged documents proving they have performed work), can submit a request addressed to the General Work Inspection.

On the pre-registration for this process, 50.196 citizens were accounted for, but only 8.806 of those managed to obtain confirmation of their welfare contributions. Up to November 2005, 3.108 citizens were granted an extension of their stay.

Finally, the Bilateral Agreement signed by Portugal and Brazil on the 11th June 2003 must be mentioned, regarding the reciprocal employment of nationals that can be applied to citizens from both countries who, through contracts validated by competent bodies of the host country, travel to the territory of the other country, for limited amounts of time, in order to pursue a professional activity as an employee.

Under the said agreement, the fact that a citizen from one of the countries is in the other country at the time of the signing of the agreement (11th June 2003) is





considered admissible for accepting a visa request on the consulate outside his residency area.

Therefore, the Agreement formalised an Extraordinary Regularisation Process for Brazilian immigrants who, having entered Portugal before the 11th June 2003, were able to start a process for obtaining a work visa, for which all they had to do was to visit the nearest Portuguese consulate.

## Legal framework of immigrant integration

### Labour

According to the fundamental and the ordinary law (Law no. 20/98, dated 12<sup>th</sup> May) foreign workers have the same rights and obligations of national workers, which means that all workers who perform an activity in Portugal are under the norms of Portuguese legislation.

Regarding the undertaking of a professional activity as an employee, the immigration policy defined in the beginning of the 21<sup>st</sup> century (with the Decree-Law no. 4/2001, dated 10<sup>th</sup> January) strives to regulate the immigration flows according to the Portuguese labour market needs. Thus, the Annual Foresight Report on Employment Opportunities, compiled yearly by the Institute for Employment and Vocational Training and approved by the Government sought to coordinate foreign workforce movements (and their respective occupational characteristics). Furthermore, stay permits have responded to the scarcity of workforce in several sectors of the Portuguese economy. Since 2003 the Portuguese law fines companies that employ illegal immigrants (as provided in the No.2 of the Article 144 of the Decree-Law no. 34/2003, dated 25<sup>th</sup> February). The companies that have illegal workers are also under the obligation of covering all the necessary expenses for the stay and removal(?) of the foreign citizens (as provided in the No. 8 of the Article 144 of the same Decree-law).<sup>11</sup>

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<sup>11</sup> On the 21<sup>st</sup> January 2004 the newspaper *Público* published an article that clearly illustrates the application of the current Law. Border Control and Aliens identified 17 illegal immigrants working in 16 companies situated in Lisboa and Ribatejo, proceeded to apply the enforcement of identity and residence to the workers and to open up an offence process to the companies where these workers were employed. Besides being fined, the companies' directors also had to pay the expenses for the workers' stay until they were expelled from Portugal and travel expenses back to their home country.





On the other hand, employers that do not pay the wages to foreign workers (legal or illegal) or that do not make their welfare and tax contributions regarding the amounts withheld over the worker's wages are also fined (as provided in the No.2 and No. 8 of the Article 144 of the Decree-Law no. 34/2003, dated 25<sup>th</sup> February).

And yet there are still some legal dilemmas regarding the work integration of foreigners. As we have shown, since 2001 a substantial part of the foreign population in Portugal has a stay permit. Since this legal situation only allows foreigners to work as employees (and in sectors where there are work opportunities), 183 655<sup>12</sup> persons cannot be self-employed in Portugal. However, provided that these foreigners make their welfare contributions, in case of unemployment they can register at the local Job and Vocational Training Centre and receive unemployment benefit (Oliveira, 2004: 70). It is clear that the legislation regulating the presence of foreigners in the country also determines the possible forms of integration in the labour market. An individual's legal situation places constraints on his strategies for integration in the host society.

## Health

Health is a fundamental right. The Portuguese law<sup>13</sup> states that any citizen (regardless of his nationality, legal situation or economic means) has the right to receive assistance, in case of emergency, at any Health Centre or Hospital.

Illegal immigrants can access the Health Services without fear, since healthcare workers are under professional secrecy. However, citizens that do not hold a national health service card (due to the fact of not having a stay or residency permit or a work visa) and do not make their welfare contributions do not have the same conditions for accessing healthcare as national citizens. According to the current legislation, these foreigners have to pay all their expenses (for instance, medical consultations, exams). However, some exceptions can be found. Healthcare is free in the case of public health threats. Children (under 12 years of age), pregnant women and recent mothers, women in family planning appointments, unemployed persons who have registered at the Job Centre and their dependants, persons in deprived circumstances and chronic disease patients are exempt from paying fees and expenses.

<sup>12</sup> According to data from the Border Control and Aliens, this is the number of foreigners that hold a stay permit granted between 2001 and 2003.

<sup>13</sup> Order of the Ministry of health no. 25 360/2001.





On the other hand, as provided in the Decree-Law no. 67/2004, dated 25<sup>th</sup> March, underage foreign citizens who are in an illegal situation in national territory have the right to the same healthcare benefits as those in a legal situation. For such purpose, the High Commissariat for Immigration and Ethnic Minorities, in articulation with the competent Public Administration services, has to compile the national registration of underage foreigners in an illegal situation and to guarantee that they are granted the rights provided by law.<sup>14</sup>

Finally, the law provides for some citizens to travel to Portugal to receive medical assistance<sup>15</sup>, for which they have to submit a request at a Portuguese consulate or embassy for a temporary stay visa.

In articulation with the legislation that regulates the access of foreigners to healthcare in Portugal, some special agreements and conventions have been signed, which confer privilege for medical assistance to citizens from certain countries:

- Agreement for Granting Temporary Visa for Medical Assistance to Citizens of the Community of Portuguese Speaking Countries;
- Health Agreements between Portugal and Portuguese Speaking African Countries for the evacuation of patients under Medical Board;
- Welfare Convention between the Portuguese Republic and the Republic of Cape Verde<sup>16</sup> and between the Portuguese Republic and the Republic of Angola;<sup>17</sup>
- Welfare Agreement between the Portuguese Republic and the Federate Republic of Brazil.<sup>18</sup>

With the aim of making a qualitative and effective leap in the policies for immigrant welcoming and integration, in conjunction with different structures, be they from the state or civil society, a set of firm commitments were established for the next three years, 2007-2010<sup>19</sup>.

<sup>14</sup> Ordinance no. 995/2004, dated 9<sup>th</sup> August.

<sup>15</sup> Article 16 of the Decree implementing the law no 6/2004, dated 26<sup>th</sup> April.

<sup>16</sup> Decree no. 2/2005, dated 4<sup>th</sup> February, which ratified the Government Decree no. 45/85, dated 6<sup>th</sup> November.

<sup>17</sup> Decree no. 32/2004, dated 29<sup>th</sup> October

<sup>18</sup> Signed on the 7<sup>th</sup> May 1999 and ratified by the Decree of the President of the Republic no. 67/94, dated 27<sup>th</sup> August. The Agreement became effective on the 16<sup>th</sup> April 1995.

<sup>19</sup> Council of Ministers Resolution N° 63-A/2007, May 3<sup>rd</sup>





Under this instrument, immigrants' access to health services is further improved and access to health for foreign citizens, who have no official status under the terms provided by law, is guaranteed through their enrolment in the National Health Service by presenting papers issued by ACIDI, I.P. as an alternative to proof of residence issued by local councils and as a way of applying the Ministry of Health Dispatch number 25 360/2001.

### Education

In Portugal, as in the majority of the European countries, access to education by immigrants' children is not conditioned by the legal status of their parents. According to the Portuguese Constitution, Education is one of the fundamental social rights. Its universal character cannot be overruled by any kind of restrictive interpretation.

The Fundamental Law of the Educational System (Law no. 46/86) strengthens this intention by granting the education system the responsibility for undertaking a difference valorisation policy and the promotion of equal opportunities for all.

In 1991, with the purpose of including the problematic of ethnic and cultural diversity in the Education Reform, the Education Minister created the Coordinator Secretariat of the Multicultural Education Programmes – Entreculturas (Normative Order ME no. 63/91, dated 13<sup>th</sup> May and 48/SEEBS/92) with the aim of "Coordinating, fostering and promoting, in the scope of the educational system, the programmes and actions that pursue the education for the values of coexistence, tolerance, dialogue and solidarity between different peoples, cultures and ethnic origins".

On the other hand, the Council of Ministers Resolution no. 38/93 (8<sup>th</sup> April) has strengthened the importance and the framework for the interventions in education, employment/vocational training and social welfare sectors. It grants the Minister for Employment and Welfare the responsibility for ensuring the coordination, development and deepening of the instruments and measures "aimed at the full social and professional integration of the immigrants and ethnical minorities".





On the 25<sup>th</sup> May 2004 Decree-Law no. 67/2004 was published, creating a registry for underage foreign citizens whose parents are in an irregular situation regarding the legal regimen of entry, stay, leave and removal of foreign citizens from national territory. It grants the High Commissariat for Immigration and Ethnic Minorities, in horizontal articulation with the competent services of the Public Administration, the responsibility to ensure that the registered underage individuals are granted the same rights that the law provides to underage individuals in legal situation in the national territory. The registry is made informally, by request at any department of the Public Administration, or by a request from whoever administrates the paternal power and it aims exclusively to ensure the access of underage individuals to health care and to kindergarten and elementary education.

### **Racism and discrimination**

Until very recently, Portugal was, apparently, a country where the phenomena of racism and xenophobia were treated with some indifference. Only in 1999 was Law 134/99 promulgated, dated 28<sup>th</sup> August, which prohibits discrimination in the exercise of rights based on criteria of race, colour, nationality or ethnic origin. This law was regulated a year later by Decree Law 111/2000, dated 4<sup>th</sup> July (which has since been revoked by force of the approval of the regulation of the Labour Code).

The year 2002 was marked by change. It became possible for the High Commission to gather the resources needed to break a determining path in the struggle against racism and xenophobia. This is exemplified by the activity of the Commission for Equality and Against Racial Discrimination (CICDR).

The CICDR, which had been created by the said Law 134/99, dated 28<sup>th</sup> August, became part of the High Commission for Immigration and Ethnic Minorities (ACIME) by force of the Decree Law 251/2002, dated 22<sup>nd</sup> November.

The role of the CICDR has been crucial in accompanying the victims of crimes with a racial or ethnic motivation, thus playing a role hitherto omitted in Portuguese legislation. Both this commission and the legislation deployed to fight racism and xenophobia answered precepts recently developed at EU level.



The transposition of two directives regarding equal treatment must be highlighted: Directive 2000/78, which establishes the general regimen for equal treatment in employment, and Directive 2000/43 (known as the “Race Directive”), which establishes equal treatment between persons, irrespective of racial or ethnic background. Both Directives were transposed to the national juridical ruling, thus endowing Portugal with the juridical instruments necessary for a greater and more effective protection of immigrants and ethnic minorities.

The phenomenon of racism sometimes peaks to later on vanish and resurface again. The sudden rise in unemployment and the post 9/11 reactions have contributed to some regression in the protection offered of citizens victimized by racist acts.

The answers to be articulated range from the underplaying the issuing of fines (given that what is at stake is the human person) to the extension of criminalization (to actively protect the victims in their everyday life), and also include the establishing of mediation as a way to extinguish conflicts.

Still, juridical solutions cannot be regarded as a panacea nor do they make up the full set of means that can be deployed in the struggle against racism. Portugal believes it advantageous to invest on the integration of the immigrants and ethnic minorities that are in worse shape. If exclusion generates racism and intolerance, working on inclusion will achieve a weakening of xenophobic feelings and attitudes.

### **Legal framework regulating the access to Portuguese nationality**

Since the Civil Code was approved in 1867 the statutory scheme regarding nationality in Portugal was based on the *jus soli* principle. This principle was reinforced by the 1959 nationality law (Law no. 2098/59). Thus, anyone born on national territory would have Portuguese nationality. At that time immigration in Portugal was almost non-existent and had no weight on the political agenda.

With the institution of a democratic regime in 1974 and the end of the colonial empire in 1975, political change and the independence of countries that had until then been considered Portuguese raised the problem of whether people who had been born or resided there before the de-colonization process should maintain Portuguese



nationality. Fearing the migratory effects that might arise from the transition, the Portuguese government changed the statutory scheme regarding nationality – which, as pointed out before, until then gave privilege to the *jus soli* criterion. From then on, the Portuguese nationality of people who had been born or resided in the former colonies could only be maintained if they complied with a *jus sanguinis* criterion. There was clearly a restrictive reasoning underlying these changes, as can be inferred from the statements of the legislator (Pena Pires, 2003: 126).

This change in legislation was anything but casual. What actually happened was part of a broader trend, which was thus described by Castles and Davidson:

...*ius sanguinis* has been seen historically as being appropriate for an emigration country (such Spain or Greece) that wishes to retain the allegiance of people who have settled elsewhere. A 'law of return' to reintegrate former emigrants may be based on this principle, as in the case of contemporary Germany and its *Aussiedler* (ethnic Germans from Eastern Europe). *Ius soli*, on the other hand, is particularly useful for integrating immigrants of diverse national origins into a new nation, which is why it has been adopted in former British colonies in North America and Oceania, and former Spanish colonies in Latin America (2000: 85).

Portugal's transition towards a *jus sanguinis* law happens when the country initiates an immigration cycle, emigration slows down and the country begins to prepare for European integration (Oliveira and Inácio, 1999). The Decree-Law 308-A/75 determined the loss of Portuguese nationality for individuals born or living in the 'new' countries (Franco, 1991:132). Although this decree was revoked by Law 113/98, dated 29<sup>th</sup> December, nationality policy kept a somewhat peculiar outline. Besides strengthening the ties of Portuguese emigrants to the country, the *jus sanguinis* policy made harder the integration of the immigrants (in the terms defined by Castles and Davidson, 2000: 85) who arrived since the 80s (Oliveira and Inácio, 1999).

In 1981, having ended the transitional period of decolonisation, a law is published (Law no. 37/81, dated 3<sup>rd</sup> October) that restricts Portuguese nationality to the children of foreigners born in Portugal only if their parents has resided in the country for at least six years and expressed the wish of being Portuguese. This clearly draws nearer to the principle of *jus sanguinis*. That is confirmed by the suppression of the article that





restricted the acquisition of nationality by the children of Portuguese fathers born abroad to those who would establish their residence in Portugal. The nationality law was revised in 1994 (Decree-Law 253/94, dated 20<sup>th</sup> October) and positive discrimination measures towards Portuguese speaking foreigners were included: persons born in national territory may be considered Portuguese if their parents have resided legally in Portugal for at least six years, in the case of nationals from a Portuguese speaking county, or at least ten years, in the case of nationals from other countries, as long as they express such wish. This measure is even more restrictive in awarding nationality to the children of foreigners, since it is conditioned both by a minimum period of stay of the parents and by their legal situation, requiring a "valid residence permit"<sup>20</sup>. Obtaining nationality through marriage<sup>21</sup> or by naturalisation<sup>22</sup> is also ruled by more strict conditions.

The deep demographical changes Portugal has recently gone through demand an effort to make the Portuguese Nationality Law keep the pace with this evolving reality. The rules for the acquisition of nationality play a fundamental role in the construction of a plural and inclusive community. Acknowledging that there are entire generations of immigrants who do not know any other country than the one that hosts them clearly demands some consideration of the attribution of nationality. Otherwise, the juridical framework risks becoming alienated from the population that actually inhabits the country. The denial of Portuguese nationality is then a serious obstacle to a the full integration of these immigrants.

The circumstances thus justified the discussion and presentation before the parliament, during the year 2005, of a proposal for a new Portuguese Nationality Law. One of the main consequences of this proposal is the removal of the hitherto standing positive distinction regarding immigrants issuing from the PALOP. Thus compliance with the European Convention on Nationality was assured. This proposal established that foreign citizens must make proof of legally residing in Portuguese territory for a) 5 years in order for their children born in Portugal to be eligible for Portuguese nationality (one progenitor residing in Portugal for 5 years at the moment of the child's

<sup>20</sup> Decree-Law 253/94 dated 20<sup>th</sup> October, available at [http://www.cidadevirtual.pt/cpr/asilo1/25\\_94.html](http://www.cidadevirtual.pt/cpr/asilo1/25_94.html) on the 31<sup>st</sup> December 2005.

<sup>21</sup> Only from 1994 onwards did the law demand three or more years of marriage in order for it to work as a way of obtaining the portuguese nationality (Oliveira and Inácio, 1999: 11).

<sup>22</sup> According to Portuguese legislation, a person can be a Portuguese citizen by descent or by acquiring nationality though marriage, adoption or naturalisation.





birth suffices) or b) for 6 years, if the person is an adult seeking naturalisation. Additionally, this new law also makes way for the concession of Portuguese nationality to underage persons who, having been born in Portugal to foreign progenitors, have concluded the first cycle of basic education.

Moreover, children of a parent who, though being foreigner, was born in Portugal and lives in the country (at the moment of the child's birth, no matter for how long or under which status) are automatically endowed with Portuguese nationality. These immigrants are recognized as having a clear connexion with the national community and the law thus returns to a valorisation of the *jus soli* criterion.

Lastly, this law, which was recently approved in the parliament, opens the way for the naturalisation of foreigners who have remained in the country for at least 10 years.

### **A chronology of legislation aiming at the integration of immigrants**

From the presentation of the legislation that frames the issue of immigration emerges the realisation that from the 1990's onwards this subject gained importance in the national political agenda (Fonseca *et al.*, 2002: 45; Pena Pires, 2003: 172). The reaction to the increase in immigration flows, as well as the political and social pressures that have arisen from it, led to the creation of important measures regarding immigrant integration:

- 1991 – creation of the Coordination Secretariat of the Multicultural Education Programmes (currently Entreculturas), under the supervision of the Ministry of Education – it aims to promote the equality of opportunities and the development of multicultural education [Scope: Education];
- 1992 – extraordinary legalisation of immigrants – 39,000 immigrants that were already in Portuguese territory were legalised [Scope: Legal-political];
- 1993 – Special Re-housing Programme - the main purpose of this Programme, deriving from a partnership between central government and local government, was to eliminate shantytowns. It brought about the first surveys and an accurate knowledge of the immigrants and ethnic minorities that lived





in inadequate conditions. Although this measure was not specifically designed for immigrants, they were the main beneficiaries of the re-housing programme [Scope: Housing];

- 1994 – Approval of the new regulation of the Nationality Law (Decree Law 253/94, dated 12<sup>th</sup> October. [Scope: Legal-political];
- 1996 – Creation of the High Commission for Immigration and Ethnic Minorities (ACIME) – With the mission of “following up the support to immigrant integration on a inter-ministerial level”, it has among its main objectives “To contribute towards an improvement in the living conditions of immigrants in Portugal, so as to cater for their integration into society, with respect for their identity and culture of origin; To contribute so that all citizens legally resident in Portugal enjoy dignity and equal opportunities, so as to eliminate discrimination and combat racism and xenophobia”<sup>23</sup>. [Scope: General];
- 1996 – further extraordinary legalisation of immigrants – 35,000 immigrants that were already in Portuguese territory were legalised [Scope: Legal-political];
- 1996 – Social Integration Income<sup>24</sup> - Access of immigrants to social support instruments. Besides financial aid, this programme also provided support to professional training and education, registration in job centres, etc. [Scope: Socio-economical];
- 1996 - Law no. 50/96, dated 3<sup>rd</sup> November – It introduces the necessary changes in order to grant citizens of the European Union and residents from third countries the right to vote in local elections [Scope: Legal-political];
- 1998 – Law 20/98, dated 12<sup>th</sup> May – It regulates the work done by foreigners in Portuguese territory. It grants foreign labourers who are legally residing or staying in Portugal work conditions that are strictly equivalent to Portuguese nationals. The restrictions to the pursuit of professional activities by foreigners,

<sup>23</sup> Decree-Law no. 3-A/96.

<sup>24</sup> Law no. 19A/96.





as well as the limitations to the number of foreign employees by company (formerly an enterprise could not exceed 10% of foreign employees) were removed from labour law [Scope: Socio-economical];

- 1998 - The Advisory Board for Immigration Affairs (COCAI) was created in the scope of ACIME's activity. COCAI was created to ensure consultation and dialog with entities that represent immigrants and ethnic minorities, while collaborating with the social partners, social solidarity institutions and other public and private entities which are active in this domain [Scope: General];
- 1999 – Law no. 134/99, dated 28<sup>th</sup> August – It explicitly forbids any kind of discriminatory practice based on race, colour, nationality or ethnic origin [Scope: Legal-political];
- 1999 – Creation of the Commission for Equality and Against Racial Discrimination (CICDR). This commission, which is both, specialized and independent from the cabinet, was created to promote the fight against discrimination. It has a plural composition. Besides ACIME it includes , representatives of the parliament, the cabinet, the immigrant associations, the anti-racist associations, the trade unions, the industrial associations, the human rights associations and private personalities designated by the other members [Scope: General].
- 2001 – Decree-Law no. 4/2001, dated 10<sup>th</sup> January – It introduces immigration by quotas. Despite the term “quotas” not being mentioned in this legislation, that is the basic idea, since it establishes a limit for the entry of foreigners from third countries based on workforce needs.
- 2001 – Creation of the Portugal Welcomes Programme – Carried out by the Institute for Employment and Professional Training, it provides teaching of the Portuguese language and citizenship training in order to facilitate the social and professional integration of immigrants.
- 2001 - Further extraordinary legalisation of immigrants – 174,558 immigrants were legalised.



- 2002 – Creation of the “Immigration and Ethnic Minorities – Journalism for Tolerance” prize. ACIME created this annual contest for journalists with the objective of promoting tolerance and integration, fight all forms of racism and discrimination and contribute for an understanding of ethnic, cultural and religious differences.
- 2003 – Creation of ACIME’s national information network (publication of a monthly bulletin, information leaflets, a telephone hotline “SOS Imigrante”, a weekly television program “Programa Nós”, electronic information at [www.acime.gov.pt](http://www.acime.gov.pt) – all of these available in several languages, except the monthly bulletin and the TV program).
- 2003 – Creation of the Local Immigrant Support Centres (CLAI) – With the aim of answering to the challenges posed by the increase in the dispersion of immigrants in Portuguese territory, the ACIME created a series of partnerships with civil society local level entities and municipalities. The forty-five CLAI which resulted from these partnerships are decentralized spaces dedicated to the dissemination of information, with the aim of answering the doubts of the immigrants who chose Portugal as their destination.
- 2003 – Immigration Observatory – based on an academic, scientific and institutional cooperation network, through the Observatory ACIME intends to further the existing knowledge regarding immigration in Portugal, in order to define, implement and assess effective policies for immigrant integration.
- 2003 – New immigration law (Decree-Law no. 34/2003, dated 25<sup>th</sup> February).
- 2003 – Bilateral agreement between Portugal and Brazil on the reciprocal employment of national citizens – citizens in an unlawful situation were granted an extension of leave of stay, in order to ease the legalisation process. Up to March 2005 the SEF conceded 16,173 prorogations and, according to the Portuguese Foreign Office, at the end of 2005 13,998 Brazilians had managed to get their situations regularised by means of this measure.
- 2004 – Creation of National Immigrant Support Centres (CNAI) – This Immigrant Support System was created by ACIME with the aim of giving an encompassing answer to the integration problems faced by immigrants in





Portugal. The dispersion and lack of articulation of public services was frequently pointed out as a factor that produced great inefficiency and led immigrants to giving up of the legalisation process, consequently hindering their integration. The CNAI of Lisboa and Porto offer, within the same premises, various services that concern immigrants (ACIME, SEF, Social Security, Labour, Education, Health and NGO's which want to join) and other services created to answer actual needs that weren't being answered by existing services (e.g., counselling on family reunification, juridical matters, technical support to associations, starting economic activity).<sup>25</sup>

- 2004 – Extraordinary Regularisation Process – This legalisation process, which was open to all foreign nationalities, addressed the contradiction in Portuguese legislation which allowed for illegal immigrants to pay taxes and contribute to social security. Thus, all immigrants without a criminal record who entered Portugal before March 2003 and could prove to have contributed to Social Security and IRS for a minimum of three months were eligible for regularisation. Of 50,196 applicants, only 8,806 were able to make proof of having contributed. Up to November 2005, 3,018 persons managed to get their stay permits prorogued.
- 2004 – *Programa Escolhas 2ª Geração* – This program, coordinated by ACIME, aims primarily at promoting the social inclusion of children and youth issuing from disfavoured socio-economic backgrounds. The children and youth of immigrants and ethnic minorities are one of the main target groups for this program, which defends an intercultural social model that allows for diversity and actively promotes full integration in the Portuguese society.
- 2005 – ACIME promoted a publicity campaign under the slogan “Immigrant Portugal. Tolerant Portugal”, which sought make the public aware of the importance of tolerance and welcoming. The mediums employed were the press, TV and outdoors.

<sup>25</sup> This Project obtained, in 2005, a prize relative to good practices in the public sector, namely in the category of customer attendance. ACIME won the 1<sup>st</sup> place in this category, having been evaluated according to five criterions: quality of results; added value to beneficiaries; efficiency in terms of results; transparency in terms of access to information; innovation and generalization potential.





- 2005 – The new nationality law was discussed in the parliament.
- 2006 – In January the Government approved, in cabinet council, the widening of family allowance eligibility to children and youngsters related to immigrants who have their situation regularised, whatsoever the document under which this is achieved. Formerly, only children and youngsters related to a foreigner holding a residence permit were eligible. This law now awaits publication in the government gazette.
- 2006 – In February the parliament approved the specific aspects of the new Nationality Law. It now also awaits publication in the government gazette.

In summary, on the evolution of immigration policies we can see that up until the 1980's there is a weak regulation of immigration issues, both on the government side and on the legislative side. We can even say that there was no immigration policy. In the 1990's, especially by the end of the decade, the first initiatives emerge that promote the integration of immigrants in the country. The systematization and the adoption of a true immigration policy has happened quite recently in Portugal, therefore it is still difficult to assess its impacts. Nevertheless, we can perceive that it occurs in a moment when migration pressures are rising and immigration policies must be compatible with national and Community objectives towards the full integration of immigrants.

It should also be noticed that, though Portugal has only recently become a receiving country in terms of human flows and has imported some juridical-legal guidelines from countries more experienced in dealing with this situation, it is already used as example of good practices in what regards the integration of immigrants. In the EU's *Handbook on Integration for Policy-Makers and Practitioners*, the main "instruments" used by the ACIME – the CNAI, CLAI and *Call Centre SOS Imigrante* – are presented as good practices which may be used as sources of inspiration for designing integration policies with share responsibilities of intervention.<sup>26</sup>

<sup>26</sup>

Available at [http://europa.eu.int/comm/justice\\_home/funding/doc/Handbook%20Integratation.pdf](http://europa.eu.int/comm/justice_home/funding/doc/Handbook%20Integratation.pdf)





## C. Immigration and migration profiles

### Information sources on immigrants

- ACIDI – *Alto Comissariado para a Imigração e Diálogo Intercultural* – High Commissariat for Immigration and Intercultural Dialogue
- SEF – *Serviço de Estrangeiros e Fronteiras* – ?
- INE – *Instituto Nacional de Estatística* – National Statistical Institute
  - o Census 2001
  - o Survey on employment (unpublished data)
  - o Demographic statistics (published every year)
- IEFP – *Instituto do Emprego e Formação Profissional* – records on foreign citizens registered in employment centres.
- *Ministério do Trabalho e Segurança Social* – Ministry of Labour and Social Solidarity – records on foreign citizens who benefit of “social integration income”.

### Estimated number of immigrants (2004)

	(n)
Non-EU	374.652
EU	74.542
<b>Total</b>	<b>449.194</b>





### Distribution of immigrants in the country

Area	Foreign citizens	
	n	%
Lisbon	202.030	45
Faro	59.768	13.3
Setúbal	42.280	9.4
Porto	32.314	7.2
Santarém	17.220	3.8
Aveiro	16.474	3.7
Coimbra	14.065	3.1
Leiria	12.765	2.8
Braga	9.924	2.2
Madeira	7.580	1.7
Évora	5.300	1.2
Viseu	5.315	1.2
Açores	4.980	1.1
Beja	4.464	1.0
Portalegre	3.498	0.8
Viana do Castelo	2.959	0.7
Castelo Branco	2.728	0.6
Guarda	2.385	0.5
Vila Real	1.843	0.4
Bragança	1.302	0.3





## Immigrants origin

Continent of origin (2004 data)<sup>27</sup>

Origin	Foreign citizens (n)
Europe	184.965
Africa	152.901
America	84.215
Asia	26.134
Oceania	572
<i>Apatrida</i>	312
Unknown	95
<b>Total</b>	<b>449.194</b>

Disaggregated data by immigrants age range<sup>28</sup>

Age range	Foreign citizens (n)	Foreign citizens (%)
0-14	42.983	9,6
15-64	390.999	87,0
>65	15.212	3,4
<b>total</b>	<b>449.194</b>	<b>100,0</b>

<sup>27</sup> SEF (Foreigner and Border Service)

<sup>28</sup> Census 2001





Disaggregated data by immigrants sex distribution (immigrants with residency permit – 59%)<sup>29</sup>

Citizenship	Men	Women	Total
<b>Europe</b>	44.016	39.843	83.859
EU	39.247	35.295	75.542
Russian Federation	411	747	1.158
Moldova	637	405	1.042
Romania	648	563	1.211
Ukraine	656	841	1.497
<b>Africa</b>	70.259	52.834	123.093
Angola	14.597	12.105	26.702
Cape Verde	31.096	24.494	55.590
Guinea Bissau	13.821	7.004	20.825
Mozambique	2.670	2.340	5.010
São Tomé e Príncipe	3.800	4.128	7.928
<b>America</b>	22.654	22.507	45.161
Brasil	13.815	15.141	28.956
Canada	1.130	733	1.863
USA	4.526	3.472	7.998
<b>Asia</b>	6.996	5.414	12.410
China	2.998	2.311	5.306
India	885	814	1.699
Pakistan	919	439	1.358
<b>Oceania</b>	301	252	553
<b>Apátridas</b>	152	121	273
<b>Unknown</b>	5	7	12
<b>Total</b>	<b>144.383</b>	<b>120.978</b>	<b>265.361</b>

<sup>29</sup> SEF (Foreigner and Border Service)





## D. Portugal examples of activities of special interest

### A holistic approach for the integration of immigrants and their improved health

The High Commission for Immigration and Intercultural Dialogue (ACIDI, I.P.)<sup>30</sup>, created in 1996 and reinforced in 2002 and in 2007 - is a State service with the main mission of promoting the integration of immigrants and the intercultural dialogue in Portugal. ACIDI, as a transversal intervention service, reports to the Prime-Minister and, since the first of June 2007 became a Public Institute. In other words, the Portuguese State, recognising the importance of this service to immigrants, reinforced ACIME powers and intervention.

To accomplish its mission ACIDI assures the participation and cooperation of representative immigrant associations, social partners and State Services in the definition and assessment of policies on immigrants' social insertion and on prevention of exclusion and discrimination.<sup>31</sup>

Within the framework of a "State of Law with a human face", ACIDI have the following priorities:

- To assure the real exercise of equal rights and duties among nationals and foreign citizens and fight all forms of ethnic or racial discrimination or any other expression of xenophobia.
- To reinforce information systems and support to immigrants in order to facilitate their integration in Portugal – whether in paper (brochures), telephone (SOS phone line to immigrants and telephone translation service), electronic ([www.acidi.gov.pt](http://www.acidi.gov.pt)) or by personal reception (with socio-cultural mediators).

<sup>30</sup> The name changed from ACIME to ACIDI by Decree of Law n. 167/2007, published on the 3<sup>rd</sup> of May (also available at [http://www.acime.gov.pt/docs/ACIDI/Lei\\_organica\\_ACIDI.pdf](http://www.acime.gov.pt/docs/ACIDI/Lei_organica_ACIDI.pdf)).

<sup>31</sup> The detailed activity report of ACIME is available in English at [http://www.acime.gov.pt/docs/Publicacoes/RelatorioActividades\\_ING/activity\\_report\\_short.pdf](http://www.acime.gov.pt/docs/Publicacoes/RelatorioActividades_ING/activity_report_short.pdf).



- To create friendly interfaces and integrated solutions between Immigrants and the Public Administration, through the National and Local Immigrant Support Centres.
- To deepen knowledge of the realities of Immigration, adhering unwaveringly to the motto "Getting to know more, so as to act better", through studies carried out by the Immigration Observatory.
- To promote the teaching of Portuguese Language and Culture to immigrants.
- To raise public opinion to tolerance and diversity and to galvanise the mass media into making a contribution towards integration and fighting the stigmatisation of immigrants and those from ethnic minorities (namely through the Journalism for Tolerance Prize).

Recognising the importance to define a Portuguese holistic strategy for the integration of immigrants, the High Commission for Immigration and Intercultural Dialogue (ACIDI, I.P.) promoted the definition of the National Action Plan for Immigrants Integration.

The *Plan for Immigrant Integration*<sup>32</sup>, published in though the Council Resolution n.63-A/2007 on May 3rd, involved the commitment of 13 different Ministries and has defined 122 measures. Those measures were organised in several thematic sections: welcoming (with 4 measures), work, employment and professional training (9 measures), housing (8 measures), health (9 measures), education (16 measures), solidarity and social security (4 measures), culture and language (9 measures), justice (11 measures), society of information (2 measures, sport (5 measures), descendents of immigrants (7 measures), the right to live as a family / family reunification (1 measure), racism and discrimination (6 measures), religious freedom (2 measures), immigrant association membership (7 measures), media (2 measures), relations with countries of origin (6 measures), access to citizenship and political rights (5 measures), equality of gender (5 measures) and human trafficking (4 measures).

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<sup>32</sup> Available at [http://www.acidi.gov.pt/docs/PII/PII\\_Ing.pdf](http://www.acidi.gov.pt/docs/PII/PII_Ing.pdf)



Although this plan is still under implementation (until the end of 2009), it becomes clear that health was identified as one of the priorities of the Portuguese government to the promotion of immigrants' integration. Under those main measures are:

- to carry out training, education and community schemes to combat the lack of information held by immigrants in relation to Portuguese health services and encourage them to use the national health system;
- to promote immigrant access to health services;
- to guaranty the access to health for immigrants with illegal status in Portugal;
- to implement the integration of Portuguese hospitals into the model of the European Network of "Migrant Friendly Hospitals";
- to develop training schemes on interculturality for National Health Service professionals;
- to guaranty the recognition of qualifications of immigrant doctors and their integration in the National Health Service;
- to develop a programme of Socio-Cultural Mediation within the health services localised in regions with large number of resident immigrants;
- to develop partnerships between NGOs, the National Health Service and other organisations that promotes immigrant and ethnic minorities access to health in Portugal;
- to publicise the conditions for access to health in the Consulates of the countries of origin.

The implementation of this Plan is guaranteed by a ministerial commission that will evaluate the measures outcomes through identified indicators and will produce reports every six months. Those reports will have to be presented periodically in the Advisory Council for Immigration Affairs (COCAI). Accordingly the process of implementation and development of this Action Plan is based on a strategy of co-responsibility and participation of both the State and the Civil Society.



### **Local Immigrant Support Services (CLAI):**

One of the main priorities of ACIDI is to facilitate the immigrants contact with Public Administration and support services for the resolution of their problems regarding

integration. The National and Local support centres were set up precisely with that aim. Their establishment seeks to provide an integrated and efficient humanistic response to problems of integration posed by immigrants who have chosen Portugal as their host country.

The 63 Local Support Centres (CLAI) dispersed along the country develop their main activities in articulation with the two National Support Centres – CNAI (in Lisbon and in Oporto) – that have the Health Support Office.

The CNAI, in a logic of one-stop-shop, bring together a number of public services related to immigrants (e.g. Service for Border Control and Aliens, Social Security, the General Inspectorate of Labour, Ministries of Health, Education and Justice) and offers specific support offices that promote immigrants integration in Portugal (e.g. Entrepreneurship, Legal Advice, Family Reunification, Employment Support). The CNAI aims to provide a step forward regarding the integration of Portugal's immigrant population by offering competent, efficient and humane assistance in order to respond to migrants' needs. Socio-cultural mediators, who originate from the different immigrant communities, play a key role in all CNAI' services. Accordingly, each CNAI provides a range of services all under one roof in a variety of languages (Portuguese, Cape Verdean and Guinean Creole, Romanian, Russian and English).

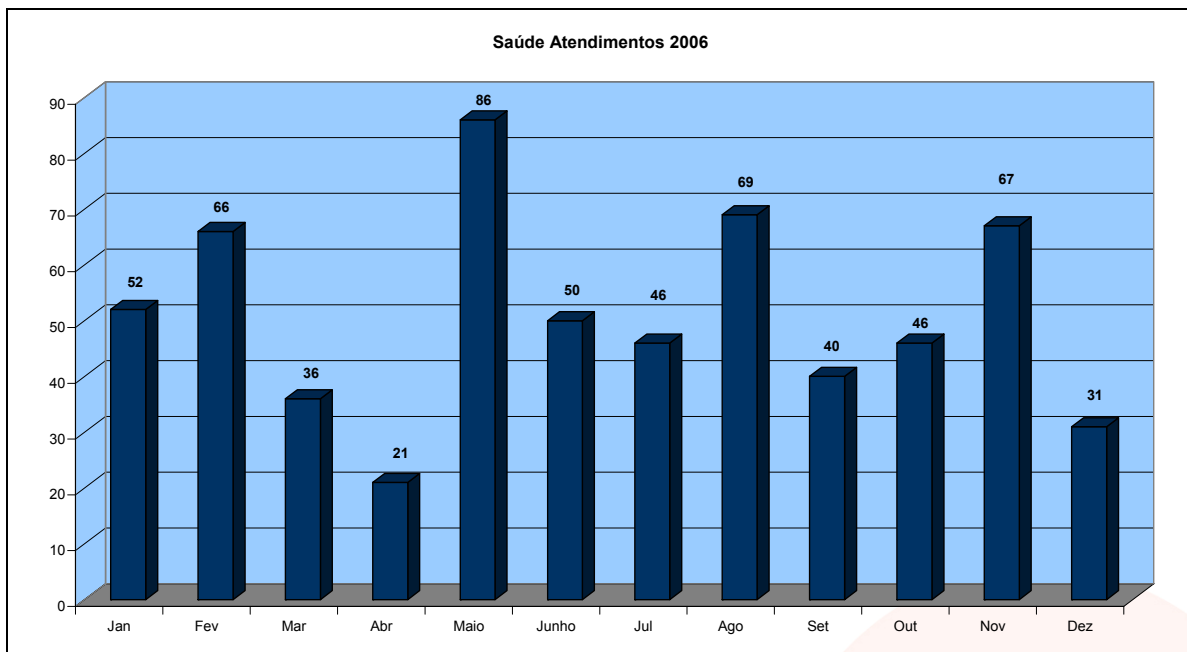
In the specific case of the Health Support Office, a team with two socio-cultural mediators has been mainly answering to problems related to immigrants' access to the health services in Portugal. Although by law the immigrants (even the ones that have an illegal status) have the right to health care in Portugal, several hospitals and health centres refuse to give them support. Accordingly the Health Support Office of CNAI has a fundamental role of both informing immigrants about their rights and duties on the





access to health services in Portugal and creating awareness of the health services to immigrant rights defined by the law. This office does not provide health care but mainly is defined as a provider of health care rights for immigrants.

The Health Support Office receives in average around 600 users per year (please see the graph below):



To support immigrants in understanding the formalities that are behind the access to health services in Portugal, ACIDI has been promoting the publication of several informative brochures: (1) *Health Guide for Immigrants* (also available in the internet<sup>33</sup>) and (2) a special chapter on health services in a brochure with a framework on legislation and services that immigrants need to be aware of – *Immigration in Portugal. Useful Information.*

In articulation with the General Health Directorate of the Ministry of Health, ACIDI also had promoted an informative campaign about tuberculosis. In that context several

<sup>33</sup> See <http://www.oi.acime.gov.pt/docs/rm/Brochuras/saude.pdf>





Alto Comissariado  
da Saúde



Coordenação Nacional para a  
Infecção VIH/sida

brochures in Portuguese and in Russian with relevant information about tuberculosis (e.g. symptoms) were distributed.

With a similar strategy, the ACIDI supported the National AIDS Commission in the definition and publication of an informative brochure for immigrants about sexually transmitted diseases. As in the former case, the contents of the brochure were also translated to Russian.





## E. Migrants questionnaire Study

### Introduction

Research about migration and infectious diseases remains insufficient due to a lack of reliable data and complexity of the issue. Although only limited data are available concerning migrants' health status and prevalence of infectious diseases, migration has been associated with an increased vulnerability to infectious diseases, particularly HIV/AIDS, TB and Hepatitis C.

Migrants – especially those with irregular status – face conditions that can render them more vulnerable to infectious disease and poor health. Some of the factors that make migrants more vulnerable to infectious diseases are related to migration process, social determinants of health, lack of epidemiological surveillance and limited access and utilisation of healthcare and social services.

Even in countries with universal coverage and access to healthcare, migrants do not regularly take advantage of services available. Despite the lack of representative data, consistent studies suggest that migrants face several obstacles to access to appropriate HIV related services, including health education, prevention, testing, treatment, care and support for these populations. In addition, relatively little information exists on the accessibility of healthcare system for migrants, the quality of care they receive, their satisfaction with care and problems experienced by them in the healthcare system. A growing body of research literature seems to indicate that migrants' access to healthcare may be affected by individual, socio-cultural, economic, administrative, and political barriers.



Access to and utilisation of available health and social services can decrease morbidity and mortality, improve quality of life and contribute to a potentially more productive and satisfying life. Yet, despite this knowledge, there remains very little research on the multiple components and influences that determine HIV infection, illness behaviour and access to universal clinical and social HIV care.

Changing migration trends pose new challenges for understanding the equation of migration and health (HIV infection, in particular), and also access and utilization of healthcare services. Migrants are identified as a group with specific needs for HIV/Aids-related health education, prevention, testing, treatment and care. The impact on and use of health services by migrants need to be further explored to inform services delivery to these groups and to ensure their access to appropriate healthcare. Recognise and be sensitive to the needs of migrants and their life experience could equally contribute to achieve health for all. To meet these demands and to further reduce barriers, coherent and comprehensive strategies for this target group involving both politics and healthcare system have to be developed.

## Objectives

This exploratory study aims to present data about socio-demographics characteristics of migrants and describe migrants' access and utilization of healthcare services, including prevention (information and testing) and treatment. The study also explores information about these issues, specifically to HIV/AIDS, STI, TB, and HC.

The research findings can contribute to improve access, utilization and quality of healthcare services. And, in particular to develop policies and strategies that promote appropriate HIV related services to migrants, including health education, prevention, treatment, care and support.





## Method

### Data Collection

Data were collected through an anonymous questionnaire survey apply to all migrants presented at the National Immigrant Support Centre, in Lisbon. The questionnaire was carried out over a 1 month period during the working hours.

To facilitate access by diverse groups, the questionnaire was applied in Portuguese and English. Oral informed consent was obtained.

### National Immigrant Support Centre (CNAI)

The CNAIs (National Immigrant Support Centres) emerged as an integrated response to the problems of integration which immigrants who had chosen Portugal as a host country were faced with. The CNAIs have been designed and are managed to provide quality for the user and maximise efficacy and efficiency, providing socio-cultural mediators to deal with each case on the basis of its particular needs, within a friendly environment. The Institutions and public Departments represented in CNAI are the Inspectorate General of Work (IGT), Social Security, Service for Border Control and Aliens (SEF), the Ministry of Education and the Ministry of Health. In Lisbon, CNAI opens from Monday to Friday from 8h30 to 16h30. In 2006, CNAI had attended 299.736 immigrants. The origin countries of most CNAI users were Brazil (26%), Ukraine (21%), Cape Verde (13%), Angola (9%), Romania and Moldavia (8% both). Some immigrants were also from S. Tome and Principe (5%), Guinea Bissau (4%), China and Russia (3% both). The majority of CNAI users (57%) are male and 43% are women. Considering immigrants age, most CNAI users (41%) are between 25 and 35 years old, 29% are between 35 and 45 years old and 15% are between 45 and 65. 15% of the immigrants that use the CNAI are less than 25 years old.



### **Sample**

The sample included 1531 immigrants presented at the National Immigrant Support Centre, in Lisbon during the survey period.

### **Questionnaire**

The questionnaire included items about socio-demographic characteristics, access and utilization of healthcare services on the migrant's self-reported. Socio-demographic items included nationality, origin country, date of birth, time in Portugal, employment status, immigration status, educational level, housing conditions, and economic situation. Questionnaire included data about access and utilisation of healthcare services, in general and Portuguese national health system. It also included information about prevention (information and testing), treatment and obstacles in access and utilization of healthcare services specifically to Tuberculosis, Sexually Transmitted Infections, HIV/AIDS and Hepatitis C.

### **Data analysis**

In this preliminary data analysis, it will be presented only descriptive data analyses.





## Results

### 1. Socio-demographic characteristics

		n	%
Sex	Women	705	46.6
	Men	808	53.4
Age	<=25 years	316	20.9
	26-30 years	343	22.7
	31-40 years	551	36.4
	>40 years	303	20.0
Educational level	None or primary	101	6.7
	Secondary	1110	73.4
	University or higher	302	20.0
Employment Status	Unemployed	200	13.2
	Student	95	6.3
	Housekeeper	4	0.3
	Retired	2	0.1
	Employed	1212	80.1
Housing (property)	Own/Family	250	16.5
	Rent	1182	80.6
	Social housing	34	2.3
	Homeless	1	0.1
Housing (type)	Flat	1238	81.9
	Villa	232	15.3
	Hostel	8	0.5
	Slum	11	0.7
	Others	24	1.6
Persons living in the same household	Alone	98	6.5
	Nuclear family	925	61.1
	Expanded family	133	8.8
	Other immigrants	253	16.7
	Colleagues	35	2.3
	Others	69	4.6
Number of persons living in the same household	1	98	6.5
	2	343	22.7
	3	392	25.9
	4	322	21.3
	5	192	12.7
	>5	166	11.0
Nationality of persons	Same	892	76.6



		n	%
living in the same household	Different	273	23.4
	0	719	58.8
Children cohabitants	1	276	22.6
	2	150	12.3
	>2	104	8.3
	1	107	7.1
Number of rooms	2	410	27.2
	3	584	38.7
	4	286	19.0
	>4	126	8.3
	Economic situation (subjective)	Very insufficient	119
Insufficient		634	41.9
Sufficient		756	50.0
Good		4	0.3
Origin Country	Very Good	0	0.0
	African	522	34.8
	Asian	44	2.9
	East European	178	11.9
	Latin American	758	50.5
Legal status	Legal	783	53.6
	Irregular	121	8.3
	In process of regularization	557	38.1
	Portuguese nationality	Yes	60
No		1452	96.0
Years living in Portugal	0-2	294	19.4
	2-4	292	19.3
	4-9	634	41.0
	>9	293	19.4
	Years away from country of origin	0-2	294
3-4		292	19.3
5-9		634	41.0
>9		293	19.4

## 2. Access and utilization to health services

In this section it will be described data concerning access and utilization of healthcare services in general, and national health system (NHS).



<b>Use of Health services in case of need</b>	n	%
Don't know	55	3.6
Health Centre	1057	69.9
Hospital	430	28.4
Traditional medicine	1	0.1
Private medicine	89	5.9
NGO's mobile units	2	0.1
Other	9	0.6

<b>"Ever use" NHS services/facilities</b>	n	%
Yes	1189	78.6
No	324	21.4

<b>NHS - Satisfaction level (n=1189)</b>	n	%
Very unsatisfied	65	5.5
Unsatisfied	200	16.9
Indifferent	99	8.4
Satisfied	766	64.6
Very Satisfied	55	4.6

<b>Obstacles to access and utilization of NHS (n=1189)</b>	n	%
None	478	40.2
Cost	40	3.4
Language	16	1.3
Distance	26	2.2
Waiting time	597	50.2
Health Professionals	213	17.9
Receptionists*	107	50.2
Doctors*	35	16.4
Nurses*	136	63.8
Laboratory technician*	5	2.3
Fear of losing job	11	0.9
Other	114	9.6

\* Only who respond health professionals







### 3. TB, STI, HIV and HC

In this section it is described data concerning utilisation of health services related to Tuberculosis (TB), Sexually Transmitted Infections (STI), HIV/AIDS and Hepatitis C (HC).

Knowing someone infected	TB		STI		HIV		HC	
	n	%	n	%	n	%	n	%
Yes	197	15.8	121	9.7	261	20.9	179	14.3
No	1053	84.2	1129	90.3	988	79.1	1071	85.7

Health services utilisation	TB		STI		HIV		HC	
	n	%	n	%	n	%	n	%
Don't know	153	10.1	145	9.6	147	9.7	92	6.1
Don't know the disease	4	0.3	3	0.2	6	0.4	27	1.8
Health Centre	591	39.1	609	40.3	593	39.2	517	34.2
Hospital	702	46.4	665	44.0	663	43.8	565	37.3
NAC (AIDS Coordination)	4	0.3	28	1.9	46	3.0	1	0.1
Traditional medicine	0	0.0	1	0.1	1	0.1	1	0.1
Private medicine	85	5.6	91	6.0	89	5.9	72	4.8
NGO's mobile units	0	0.0	0	0.0	0	0.0	0	0.0
Other	26	1.7	28	1.9	28	1.9	19	1.3





Source of information	TB		STI		HIV		HC	
	n	%	n	%	n	%	n	%
Can't get information	7	0.5	8	0.6	11	0.7	8	0.6
Don't need information	11	0.7	15	1.0	16	1.1	9	0.7
Friends and family	102	6.8	100	6.6	98	6.5	69	5.5
Doctors	952	63.2	944	62.7	946	62.9	831	66.5
Nurses	23	1.5	20	1.3	20	1.3	17	1.4
TV, Radio, Newspapers	42	2.8	41	2.7	42	2.8	31	2.5
Internet	308	20.4	315	20.9	310	20.6	231	18.5
NGOs	22	1.5	23	1.5	22	1.5	19	1.5
Pharmacy	20	1.3	16	1.1	15	1.0	15	1.2
Other	20	1.3	23	1.5	24	1.6	20	1.6

NHS - information about TB, STI and HIV/Aids	n	%
Yes	139	9.2
No	1373	90.8

NHS - Obstacles about information received (n=130)	n	%
None	120	86.3
Language	1	0.7
Cost	2	1.4
Inadequate information	5	3.6
Confused information	10	7.2
Incorrect information	1	0.7



Testing	TB		HIV		HC	
	n	%	n	%	n	%
Yes	402	26.6	775	51.2	426	34.1
No	1111	73.4	728	48.8	823	65.9
<b>How Many years (since last test)</b>	media n	1 <sup>st</sup> Q-3 <sup>rd</sup> Q	media n	1 <sup>st</sup> Q-3 <sup>rd</sup> Q	media n	1 <sup>st</sup> Q-3 <sup>rd</sup> Q
	3	1-7	2	1-4	2	1-5
<b>Country (last test )</b>						
Portugal	192	48.0	477	61.7	210	52.4
Other	208	52.0	296	38.3	191	47.6

