# ACCESS TO HEALTHCARE FOR UNDOCUMENTED MIGRANTS IN SWITZERLAND

## PEOPLE


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## INCREASING DIVERSITY OF THE UNDOCUMENTED MIGRANT POPULATION IN SWITZERLAND

Although there is only limited evidence available on the number and structure of the undocumented migrant (UDM) population in Switzerland, recent studies show that it has become more diverse in terms of age, duration of residence and migration background. The proportion of persons aged over 40, of long term residents, and of children who grew up in Switzerland has increased. The data collected for Switzerland within the NowHereLand survey, reflect the growing diversity of UDM's profile and the variety of situations in which they live (see www.nowhereland.info).
UDM also differ from one another in terms of their integration into the labour market, living and housing conditions, integration into social and family networks etc.

These characteristics impinge on the health situation and behaviour of those seeking assistance in healthcare facilities across Switzerland. For the Swiss study on "Access to healthcare for Undocumented Migrants in Switzerland" 14 such facilities were surveyed (see Practices Factsheet).
Experts interviewed and a few UDM were equally asked about health needs and strategies of this population. We found that the majority of the surveyed facilities, and in particular those in urban centres, has a predominantly female UDM clientele. In smaller towns and rural areas, more men than women tend to seek help.

### The profile of UDM in Switzerland

Roughly speaking, based on the results within the NHL and other studies, three UDM profiles can be distinguished:

1. Typical undocumented workers are young to middle-aged South American females;

2. Rejected or dismissed asylum seekers are usually young males from the Balkans, Africa or Asia;

3. Overstayers are typically other third-country nationals who have lost his or her right to stay in Switzerland.

1. **The majority of UDM** living in Switzerland **are aged 20 to 40 and live in urban areas.** Many women from Latin America work in (several) households, while others work in hotels and restaurants, or in the sex industry. Men originating from South-eastern Europe are also often undocumented workers, and frequently work in the construction sector, for removals firms, in farming and such like. Even though some may have been earning a living in Switzerland for several years and are even able to support a family in Switzerland, many UDM rely on an irregular income.

2. **Unsuccessful asylum seekers** often find no employment at all, or do not work regularly. This subgroup of UDM is dominated by men, many from Africa (Maghreb and Sub-Saharan Africa), and others from Eastern Europe, Turkey or (Central) Asia (Iran, Iraq, Afghanistan and Mongolia). They either benefit from emergency aid or support from friends and families.

3. **Overstayers** including low-skilled and highly-skilled workers, on the contrary, are more likely to be supported by their social network, possibly remaining affiliated to a health insurance and thus accessing mainstream health care.

## Main health concerns similar to those of other underprivileged population groups

According to comparative empirical research, undocumented migrants in Switzerland face quite similar health concerns to those in other countries. Ailments related to precarious accommodation and working conditions are frequently observed by professionals.
This is the case because the life of many UDM is characterised by deprivation and a lack of vital resources. Such conditions must be considered harmful if not actually pathogenic – negative effects on health are not only immediate, but they can also develop years later. Somatic problems are often work-related, such as accidents, musculoskeletal problems, backaches, or allergies.
Many of our informants also mentioned dental care as a major need of UDM, just as of other underprivileged population groups. Other somatic symptoms frequently described by UDM seeking help from our informants are gastrointestinal troubles, ophthalmological problems, and respiratory or skin diseases.

## Specific diseases observed

However, it is observed that some diseases are more frequent than in other population groups. Examples include certain sexually transmittable or infectious diseases like HIV or tuberculosis (TB), which is a highly relevant issue for public health.
With regard to undocumented women in need of sexual and reproductive care, the study along with other research, identified a high proportion of unintended pregnancies among the undocumented population, which combined with difficult living conditions can lead to a high number of abortions.

## Mental health concerns are particularly frequent

Representatives of the surveyed facilities report that UDM attending their services are, generally speaking, not in a good condition of well-being. Most of them suffer from mental or physical distress due to the precariousness, that characterises their daily lives. The fear of denunciation, arrest, deportation, and an insecure future weighs on them.
Rejected or dismissed asylum seekers, in particular, suffer from inactivity and a lack of perspective on their life once their 'migration plan' has failed. Those who benefit from cantonal welfare support (so called emergency aid) are housed in collective accommodation or spend nights in drop-in centres, which they have to leave the following morning.
Virtually all facilities that offer healthcare to rejected asylum seekers report considerable and increasing mental health issues leading sometimes to addictive behaviour or even psychotic reactions.

## Main obstacles to accessing health care

Several factors effectively prevent undocumented migrants from seeking healthcare, even when appropriate services would in theory be available to them. UDM's cautious attitude is related to:

- how well informed they are with regard to their rights to healthcare and to the services available to them;
- (often well-founded) concerns, when considering using healthcare services – generally related to finances, which they might not be able to afford;
- the way in which they evaluate the risk related to accessing healthcare –not being able to pay for it, possible discovery of their irregular stay, and obstruction of a possible future regularisation.

The risk of accessing mainstream care and being subjected to debt collection by insurance companies or hospitals depends on the specific local context and always has to be considered by NGOs when UDM access the mainstream healthcare system.

## Varying strategies accessing health care

Though many UDM are aware that their projects for the future depend, to a large extent, on their physical condition, health related issues are rarely considered a priority in their life. Prevention and screening as well as general healthcare are postponed, unless UDM are seriously ill. It was observed that they wait significantly longer than legal residents before seeking care. As a consequence, the health problems of UDM have often developed into serious problems by the time they seek healthcare. This means that they often require urgent and costly treatment.

Interestingly, a contrasting tendency is observed for those who have access to mainstream health services through so-called emergency aid. Unsuccessful asylum seekers receiving emergency aid rarely delay consultation. They are usually more aware of their rights and attempt to assert these rights since they do not fear denunciation. At the time of the survey, however, beneficiaries of emergency aid were not equally affiliated to a health insurance in all cantons (see Policy Factsheet).

These contrasting tendencies make it difficult to draw clear conclusions concerning the situation and attitudes of all UDM in Switzerland. The strategies vary according to migration trajectories, former immigration status, and current place of residence.

Although there are several indications that only a minority of undocumented adults is have a health insurance plan, it is noteworthy to state that under the most favourable conditions, UDM in need of treatment may immediately enjoy full access to health care as would any other citizen. This holds true for those – especially so-called overstayers – who have both the necessary knowledge and means to pay for health insurance, and who live in a place where they do not encounter administrative obstacles to such an affiliation. Since cantonal authorities subsidise health insurance costs for children in most of the cases, it can be assumed that access to mainstream care is facilitated in their case. However as many of the patients concerned are likely to remain unidentified (as UDM) by doctors and nurses, it is virtually impossible to estimate how many UDM are integrated into the mainstream health insurance system.

This fact sheet was written within the framework of a study entitled "Access to Healthcare for Undocumented Migrants in Switzerland", which was conducted in close collaboration with the EU project Healthcare in NowHereLand.

The Swiss study was commissioned by the Swiss Federal Office of Public Health (FOPH) to the International Centre for Migration Policy Development (ICMPD). Together with the Swiss Forum for Migration and Population Studies (SFM) at the University of Neuchâtel and the Trummer & Novak-Zezula OG in Vienna, the ICMPD collected information on policies, practices of healthcare provision and healthcare needs and strategies of undocumented migrants in Switzerland as well as performed an assessment of selected practice models.

The full reports and all factsheets (policies, people, practices) are available at:
**http://www.nowhereland.info/?i_ca_id=410.**

For more information please visit the following websites:
**www.nowhereland.info; www.research.icmpd.org; www.migration-population.ch**

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