

Migration and Public Health

The Confederation's strategic orientation 2002-2006
Summary



Swiss Federal Office
of Public Health

This Strategy has been drawn up by the Swiss Federal Office of Public Health (SFOPH) in collaboration with the Federal Office for Refugees (FOR), the Swiss Federal Aliens Office (SFAO) and the Federal Commission for Foreigners (fcf).



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Foreword

People from all over the world come to our country for extremely different reasons. They are fleeing from poverty, war or terror and hope to find a better future.

But are these expectations fulfilled? The fact is that migrants to Switzerland often live under difficult conditions.

Research findings prove what we know from practical experience: some of the migrant population are exposed to health risks. In addition, access to the health system for foreigners, who make up around 20% of the resident population of Switzerland, is often more difficult than for the Swiss.

On the basis of the WHO target "Health for all in 2000" and in order to deal in concrete terms with the problems in the area of "migration and health", the Swiss Federal Public Health Office (BAG) has drawn up the present strategy in collaboration with the Federal Refugees Agency (BFF), the Federal Office for Aliens (BFA) and the Swiss Aliens Commission (EKA). The strategy shows the problem areas and their causes and defines the axes of intervention and the targets that are to be achieved.

With the realisation of the strategy a fundamental step is to be taken towards solidarity and equality of opportunity for all in the Swiss health system. This step is also decisive for the integration of migrants, because health and integration are inter-related.

On the one hand, the state of a person's health has a direct influence on the process of integration. For example, people who have no health problems familiarise themselves much more easily with the working environment. On the other hand, difficulties with integration can have an effect on health. Some people suffer from mental problems as a result of isolation and uncertainty.

Overlapping collaboration between various players and between different state levels will be necessary to pursue this strategy.

Together with the federal government, this calls for and requires the involvement of the cantons, of specialist organisations and of networks of the migrant population.

Only in this way will our health system achieve that level of openness that enables people of both sexes, different origins and all social classes to obtain suitable medical treatment and to take over responsibility for their own health.

A handwritten signature in blue ink, consisting of a stylized 'R' followed by a horizontal line and a diagonal stroke.

Ruth Dreifuss

The Government's starting point

The Government's starting point: a holistic understanding of public health and the improvement in the health of the entire population

The Swiss Confederation is committed to recognising health problems in the population and alleviating them by means of specific measures. It assumes a dynamic and holistic understanding of health. In this context health primarily means quality of life. Social and economic security, the freedom to design one's own private life and lifestyle, and confidence in the authorities, contribute to quality of life as much as proper nutrition, living circumstances that are conducive to good health, or appropriate behaviour. Good education and a healthcare system that is accessible to all are further important factors affecting quality of life and therefore health; poverty continues to be the greatest risk to health. A holistic approach to health also includes mobilising processes and potential within the population. This approach depends on sharing responsibility between individuals, organisations and institutions. In particular, individuals and groups should become able to satisfy their own needs, wishes and hopes, and to participate actively in designing and changing their environment. Over the coming years the healthcare measures for the migrant population are also characterised by this holistic approach and the aim is to continue with these within the framework of the integration policy. The Federal Strategy presented here for the "Migration and Public Health" sector is intended to reinforce the efficacy of these measures.

The “Migration and Public Health” Strategy

Background: How the migrant population is disadvantaged, and the consequences of this for their health

The “Migration and Public Health” Strategy is the result of a broadly based expert investigation and extended consultation process. The background and starting point for the Strategy is an analysis of the state of health of migrants. The living and social welfare conditions of these individuals differ significantly from those of the native population. These differences can be explained by the fact that migrants are often exposed to specific disadvantages, affecting several levels, including:

Disadvantages based on social class and gender lead to health risks

- The majority of migrants come from lower social classes or disadvantaged sectors of the workforce, which has harmful effects on their health. The gender segregation of the labour market often gives migrant women the lowest status in the hierarchy of income, qualification and professional status. The consequences of this situation are increased health risks and a limited perception of their own interests.

Uncertain residence status has impacts on health

- The uncertainty of residence status is a key factor in the increased health risk among asylum seekers and sometimes also of people with a limited right of residence (e.g. nightclub dancers with L permits). Foreign wives’ lack of a residence permit in their own right creates a dependence on their Swiss husbands that is often harmful to their (physical and mental) health. Migrant women are over-represented in women’s refugees.

Illegal¹ residents risk even more

- This uncertainty of residence status particularly affects unauthorised residents who have a job and possess limited social rights.

Language problems and exclusion lead to difficulties in accessing the healthcare system

- As well as their living circumstances, migrants’ contacts with social institutions in the host country are also marked by their cultural outlook and by the extent to which they have mastered the language (problems of making themselves understood, understanding of roles, values, religion). The perception of migrants also plays a role here (exclusion, discrimination). Migrants often work in sectors with lower social

¹ Without any permit or visa

recognition. These framework conditions have deleterious effects on health. For example, the health of migrant women is considerably worse than that of migrant men.

Trauma as a consequence of the migration process

- The causes and consequences of the migration process (displacement, trauma, flight, experience of torture) can also significantly influence the living and health conditions of migrants.

The vulnerability of migrants indicates a need for action

These problems should not mask the fact that migrants also show specific resources that may sometimes compensate for other disadvantages (social networks, the generally better health of people who emigrate). But we must assume that the health hazards increase significantly if the factors “class”, “language-dependent access barriers”, “precarious situation” – quite apart from possible traumatisation through war – reinforce one another. Experts in the healthcare sector herefore agree that we should assume a generally high vulnerability to disease among the migrant population, which calls for appropriate measures.

Intervention fields 2002–2006

First measures in the 1990s

The need for action in the “Migration and Public Health” sector was recognised at the beginning of the 1990s with the targeted promotion of measures in selected groups of different national origins. The issue of cost in the asylum sector was also extensively debated. These debates produced initiatives at national and cantonal level.

Using this Strategy to strengthen the “Migration and Public Health” initiatives

This “Migration and Public Health” Strategy aims to reinforce these initiatives and to develop them further in a systematic way. It pursues a holistic approach and is committed to the principle of equal opportunities. This requires a healthcare system that is open enough to allow people of both sexes, different origins and all social groups to receive appropriate healthcare. Institutions should in future plan and be oriented towards the entire population.

The Strategy’s objective: reorientation of the healthcare system towards the needs of a pluralistic and heterogeneous society

The longer-term objective of this “Migration and Public Health” Strategy is a healthcare system whose institutions are in a position to give attention to a society and clientele whose nature and needs have changed as a result of migration. For example, the understanding and professional handling of the specific needs of a heterogeneous clientele in a pluralistic society should be encouraged during both basic and advanced training of medical personnel. This goal can only be achieved within the framework of a longer-term revision of healthcare education.

Five concrete fields of intervention, which are particularly effective in combination, for 2002–2006

The practical experience and research findings on which we have based this Strategy allow priorities to be set in five areas of intervention for the period 2002–2006:

- Education (basic education, advanced and continuing training),
- Public information, prevention and health promotion,
- Healthcare provision,
- Therapy for traumatised asylum seekers,
- Research (basic research, evaluation and monitoring).

If access to the healthcare system is to be improved, and if specific services are to be provided, it will be necessary to start on these five levels. The areas of intervention listed contain measu-

res aiming for a range of goals. Their order follows the priorities of implementation and financing. These principal areas of intervention are presented briefly below, listing the individual elements of the Strategy, although successful implementation of the programme requires them to be implemented in combination and with the potential for interaction.

Education

- Education sector** Based on equal opportunity and adequate service provision, three aspects are foremost in the education sector:
- **Training in interpreting and intercultural mediation** An officially recognised training for interpreters will be established in the healthcare and social sectors. Objective: improvement of understanding in healthcare through professional interpreting services. An officially recognised training for intercultural mediation will be established in the healthcare and social sectors. Objective: improvement in communication and public information, prevention and health promotion within the migrant population through professional interpreting and intercultural mediation.
 - **Advanced and continuing education** Possibilities for advanced training and continuing education in the healthcare professions will be developed, to enable sufficient attention to be given to situations that are specific to migration and gender. These educational possibilities will involve doctors, the nursing staff and management of service providers in the healthcare system. In addition, the feasibility of incorporating sensitisation to these issues into basic professional healthcare training should be investigated. Objective: an improved understanding of migrant issues within the healthcare system.
 - **Reinforcing the expertise of specialists in the care and treatment of migrants** Objective: The Confederation's main goal in the educational sector over the next five years is to establish professional basic and advanced training and recognised certification for interpreting and intercultural mediation (in the healthcare and if possible the social sector). In addition, regular advanced and continuing educa-

tion courses in “Migration and Public Health” should be provided for all healthcare professions, ensuring that training is provided in all parts of the country and that access is flexible through open approval procedures.

Public information, prevention and health promotion

Public information, prevention and health promotion

In the field of intervention that relates to public information, prevention and health promotion, two areas focusing on the values of personal responsibility, equal opportunity and adequate service provision should be developed:

Empowerment

■ Within the migrant population, healthcare sector initiatives to mobilise relevant self-help resources should be promoted. This should improve the general impact of preventive measures and health behaviour. Objective: health promotion and empowerment.

Raising the awareness of service organisations in the healthcare sector

■ The second field concerns service providers in the healthcare sector, who should be made aware of the need to aim their services towards a heterogeneous audience, and to exploit the possibilities for further training in this field. Objective: to promote understanding for concerns that are specific to migration and gender, as a basis for implementing measures.

Systematic public information on “Migration and Public Health”

Objective: The Confederation’s goal over the next five years is the systematic promotion of interventions that help to convey information on the healthcare system, prevention and health promotion within the migrant population. The optimum design of measures and activities requires suitable instruments and procedures. The Confederation is committed to presenting successful projects to the wider public and recommending them for imitation. The key service providers in Switzerland will also be sensitised to the subject of migration and health.

Healthcare provision

Healthcare provision

Three packages of measures are announced for healthcare provision. The orienting values are equality of opportunity and adaptation of the service to the specific needs of the migrant population.

Removing barriers to access

■ Easily accessible services will be promoted in areas with a high density of migrants. Objective: Removal of access barriers to healthcare and more targeted mediation.

Reference services

■ In addition, mediation and coordination services will be promoted, to offer various services and improve coordination between service providers, and between providers and the migrant population (reference services). Objective: better allocation of services, better collaboration between service providers, targeted provision of care.

Use of interpreters

■ Interpreters should increasingly be employed in the healthcare sector. Objective: Improvement of communication between service providers and their clientele.

Opening up the healthcare system: without red tape help and interpreting services

Objective: The Confederation's objective in terms of healthcare provision is to promote the establishment of easily accessible services in areas, particularly in existing institutions. These should provide help with health problems without red tape. In all regions and at national level the aim in the final analysis is to establish, mediation and coordination services for the healthcare sector, and where possible for the social sector as well. These institutions provide interpreting services in all regions; their funding has yet to be finalised. The entire healthcare system should be opened up to such interpreting services.

Therapy for traumatised asylum seekers

Trauma therapy

In the trauma therapy field the focus of attention is on two aspects which are primarily geared towards the values of adequate service provision and equal opportunity.

Specialised services for people who have been traumatised

- Services for people who have been traumatised by war or are victims of torture must be adapted both to a unique problem and to specific need. Additional support should therefore be given on the one side to the specialised services and their efficacy regularly evaluated. Objective: Improvement of existing provision, particularly for traumatised people with a longer-term residence perspective.

Low-threshold services for traumatised asylum seekers

- On the other side there are an inadequate number of low-threshold services for asylum seekers who have been traumatised (and here women and children are the particular targets of the relevant services). Objective: Establishment of easily accessible, decentralised services for traumatised people, particularly for those whose long-term residence is unclear.

Differentiated services for trauma victims

Objective: In the therapeutic sector, the Confederation's objective is to provide services for traumatised people that are differentiated, rapidly accessible and decentralised. Temporary and short-term solutions are to be particularly promoted. Furthermore, the possibility of supporting needs-related projects for treating trauma as part of a returnees' programme to particular countries of origin should also be investigated.

Research

Research

Three areas of research are inadequately covered. Overcoming this lack is a higher-level task, since adequate and appropriate measures can only be implemented if they have the necessary scientific foundations and support.

Problem-oriented basic research

- Problem-oriented basic research should be used to analyse specific issues (including gender issues) from medium-term perspective. Objective: To offer aid based on research that allows measures to be appropriately directed.

Monitoring the health of the migrant population

- Monitoring the health of the migrant population will provide epidemiological information as a starting point for developing

migration- and gender-specific measures. Objective: Identification of new problems and development of aids to setting future priorities.

Evaluation of the measures

- The implementation of the measures will be accompanied by regular evaluations of their efficiency and efficacy. Objective: Measurement of efficiency and efficacy, so that lessons can be learned from projects.

Research supports development of measures

Objective: Over the next five years, problem-oriented basic research and the evaluation of measures should systematically support the development of measures in “Migration and Public Health”. The establishment of a monitoring system for the health and health behaviour of the migrant population is of prime importance.

Implementation of the Strategy, and responsibilities

Coordinated approach

These areas of intervention must be supported by a general policy that contains the framework conditions for integrating Switzerland's migrant population, providing a holistic health approach (policies on admissions, naturalisation, anti-racism and anti-discrimination measures, the labour market, integration and equal opportunities). The measures proposed here should therefore be coordinated with the organisations concerned with migration policy, both at a federal level and in the cantons and communes. Experts in the healthcare sector believe that better coordination between these organisations and more knowledge of health issues for migrants, as well as more targeted care for this group, will result in cost savings for the healthcare system. This may defuse the debate over limiting insurance cover for asylum seekers. Experts also believe that a thorough sensitisation of the healthcare system to target group-specific aspects will mean that measures in the migration sector also have a positive impact on Swiss people who experience similar problems to some of the migrant population.

A project group with various partners will coordinate the implementation of the Strategy

To realise the proposed interventions, the Strategy is therefore aimed at various Federal Offices, cantonal and communal authorities, and private organisations that are already successful within the healthcare sector. At federal level a project group will be established to coordinate the different plans, projects and resources, and to support the implementation of the Strategy. This project group will also consider the possibility of including regional and cantonal organisations and coordinatory platforms in the future.

Funding through various organisations: FOR, FOPH, SFAO-fcf at federal level, cantons and private organisations

Funding for the implementation of this Strategy will continue to be borne by the organisations who have so far been active in this field. At federal level this is primarily the Federal Office for Refugees, which already supports specific integration projects and is taking on the financing of basic health insurance for asylum seekers (Federal Law on Asylum). The Federal Office for Public Health has also been involved for years in the field of "Migration and Public Health" (federal grant for preventive healthcare). Today, the Federal Aliens Office is a possible partner in the funding of concrete projects (Article on integration in the new Federal Immigration Law), insofar as these can be assigned by the

priority programmes of the SFAO and fcf. In addition to these governmental organisations at federal level, the cantonal authorities, aid agencies, the Stiftung Gesundheitsförderung Schweiz (Swiss Health Promotion Foundation; Law on Sickness Insurance) and individual organisations within the migrant population will also become financially involved in this area.

**Continuous building
of a “resource alliance”**

These organisations will remain relevant to the implementation of the Strategy. In terms of funding, the continued building of a “resource alliance” to maintain the current financial support and extend it over the next five years, will be encouraged.

**The federal funding
needed is estimated at about
CHF 25.85 million**

The Confederation will promote this resource community and participate substantially in funding implementation. The federal funds necessary for direct implementation are estimated at about CHF 25.85² million for the period 2002–2006. However, successful implementation requires all the relevant organisations to make efforts to improve the situation. This calls for financial cooperation between cantons and cities, aid agencies and health insurance companies (in their specific areas of intervention). It can however be foreseen that the health insurance companies will only become involved if satisfactory solutions can be found to the increased insurance risk of asylum seekers.

**Successful implementation
of the Strategy depends
on the work and commitment
of all affected organisations**

The successful implementation of this Strategy will depend on the willingness of organisations in this area to be more open to a world that is becoming increasingly pluralistic. Organisations within the migrant population are potential partners just as the various service organisations in the healthcare sector, and must be won over to the implementation of the Strategy. The project group will have the task of convincing the various organisations. Finally, successful implementation of the Strategy depends on the work and commitment of all those involved.

² This sum should be understood as a maximum figure (depending on the outcome of the FOR project on care for traumatised asylum seekers).

Glossary

Service providers in the healthcare and social sector

The use of the term “service providers” in this text encompasses the entire provision side of services in the healthcare and social sector. Hospitals, physicians, nutritionists and psychologists are examples of service providers.

Interpreters in the healthcare and social sector

This describes an activity that is based on professional standards and makes possible the communication between two persons of different languages in the healthcare and social sector. Interpreting takes place in a face-to-face situation. This activity comprises the verbal translation of a formulated statement from one language into another. It also involves the semantic level of communication.

Holistic approach to healthcare

This approach has been proposed by the World Health Organization (WHO Ottawa Charter) and serves most countries as a guide to healthcare policy. It encompasses the physical, mental and social wellbeing of the individual and also aims to increase autonomous responsibility in life.

Integration of migrants

Integration describes the approach to a society in which the equal participation of migrants in social, political and economic life is realised. The aim is to form a society of people characterised by mutual respect for difference.

Intercultural mediation in the healthcare and social sector

This describes an activity, based on professional standards, which comprises the mediation between different life-worlds and lifestyles in the intercultural field of migration. It recognises the interests of the different systems (groups, individuals and institutions). Intercultural mediation therefore provides an opportunity for meeting others, conveys information and raises people’s awareness of the concerns at hand. The cultural intermediary collaborates actively with social networks. Intercultural mediation is outreach work, and is often supported by multipliers. Multipliers, as members of a particular population group and/or setting, are able to pass on information within these structures. Intercultural mediation is not the same as conflict mediation.

Migrants In this text, “migrants” are those people who have either come to Switzerland from another country (external migration), or have a direct migration background in their family (offspring of migrants). The term does not exclude returning Swiss or their children.

Multipliers We use the word “multipliers” to describe people who are used by professional cultural intermediaries to disseminate information in those groups or settings to which the multipliers have simpler access.

Language versions

Albanian

Arabic

German

▶ **English**

French

Italian

Croatian

Portuguese

Russian

Serbian

Spanish

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