



National Programme on Migration and Health

2008–2013 results and priorities for 2014–2017

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1. Background

The National Programme on Migration and Health aims to promote the health of the migrant population in Switzerland and thereby help ensure health equity. The evaluation has confirmed that the priorities of the programme are set correctly, that cantons, municipalities and other stakeholders welcome the Confederation's involvement and that measures at the national level remain necessary. The Federal Council therefore decided to extend to programme by four years until the end of 2017.

The Federal Office of Public Health (FOPH) has been involved in the area of migration and health since the early 1990s. In 2002, the National Programme on Migration and Health 2002–2007 was launched. Based on evaluation recommendations, the 2008–2013 follow-up programme was developed and implemented. This document summarises the progress of this implementation and outlines objectives and measures planned for the extension phase 2014–2017. These measures are also designed to assist migrant integration – because health and the ability to integrate go hand in hand. Poor health can hamper integration in education, work and one's living environment, and, conversely, a lack of integration often has a negative effect on health.

1.1 Migrant health in Switzerland

Switzerland's migrant population is heterogeneous: a smaller share can be found in groups with a higher income and higher levels of education, whereas the majority of migrants in Switzerland have a lower level of education and lower income than the population average and are more often affected by poverty, unemployment and health problems. Immigrants from the former Yugoslavia, Turkey, Portugal, Sri Lanka and Africa often belong to disadvantaged segments of society, and this has a negative effect on their health, particularly as they get older. The same applies to some of the immigrants from Italy and Spain, who have been living in Switzerland for decades. Currently, some 4% of the foreign nationals residing in Switzerland can be classed in the asylum sector (at the end of 2012, some 80,000 persons, including those with recognised refugee status and temporarily admitted persons). There are also an estimated 100,000 undocumented immigrants ("sans papiers") living in Switzerland, often under precarious conditions.

Since immigration of skilled workers was initially promoted in the 1990s, and as a result of the bilateral agreements with the EU, the share of well-educated and higher-earning migrants has been increasing. At the same time, however, there are still high rates of immigration in industries with low levels of qualification (hospitality, construction, agriculture). In addition, many of the immigrants who arrived some time ago (also with poorer education and low social status) have stayed in Switzerland with their families. In their case, there is an accumulation of risks and problems relating to their employment situation, social position and health. Scientific studies show that their health situation in various areas is worse than that of the native population.

State of health: For migrants living in Switzerland, the main problem areas are the following: higher newborn and infant mortality, higher rates of abortions and complications in pregnancy and birth, higher maternal mortality, poorer dental health in children and adolescents, more frequent infection with sexually transmitted, parasitic and other communicable diseases, more mental health disorders, more occupational problems, greater risk of accidents at the workplace and a greater risk of disability. Compared with the native population, migrants who have been living in Switzerland for some time describe their own health as significantly worse. Older persons and females are particularly exposed to health problems.

Health behaviour: Migrants often have inadequate knowledge about healthy behaviour and they frequently experience communication problems in their interactions with healthcare institutions. There are major differences in the diet and exercise habits between the migrant and the native population. On average, migrants have less healthy behaviour patterns.

Smoking rates are also significantly higher in some groups, as are obesity problems. Migrant children are particularly affected.

Communication problems: An estimated 200,000 persons living in Switzerland do not understand any of the national languages. This does not include those who, while able to hold an everyday conversation, need language support in more complex conversations. Around 700,000 persons do not speak any Swiss national language as their main language. Direct communication with their doctor poses problems for a significant number of these people. Persons in the asylum sector have even greater comprehension problems.

1.2 Causes of health inequality

The causes for the above health inequality can be found at various levels:

- **Migration-related factors:** Traumatic experiences, exposure to violence, poor healthcare in the country of origin, and discrimination, uncertain residence status and poor knowledge of the national languages in Switzerland will have an adverse health effect.
- **Socio-economic situation:** A majority of the migrant population have a lower level of education and income compared to the population average, they work more often in industries with low wages and precarious working conditions and are affected to a greater degree by poverty and unemployment. As is the case with the native population, a lower social position is a significant risk factor for worse health and less beneficial health behaviour.
- **Lack of knowledge and poor health literacy:** Limited knowledge of the healthcare system and poor health literacy can lead to medical services only being used at a late stage or not at all.
- **Structuring of the healthcare system:** Healthcare services often take too little account of the needs of migrants living in Switzerland (insufficient patient and target group orientation, communication difficult to understand for non-native speakers).

The accumulation of these factors leads to particularly pronounced multiple stresses in the case of migrants.

2. Results of the Programme on Migration and Health 2008–2013

2.1 Mandate and action areas

The National Programme on Migration and Health is being implemented on behalf of the Federal Council. It aims to improve migrant health in Switzerland and mainly benefits people of lower social status, a lack of health literacy and corresponding health problems. The programme is guided by international standards, in particular by WHO and EU initiatives as well as recommendations of the Council of Europe and the Bratislava Declaration. It pursues a vision of health equity and also represents the FOPH's contribution to the national integration policy.

A basic principle of the integration policy is that integration is one of the government's core tasks and involves all levels of government in conjunction with social partners, non-governmental organisations and migrant and refugee community organisations. The aim is for the federal agencies and offices to develop measures, within their areas of operation, for integrating foreign nationals. Integration is considered a task of the existing structures (control structures), including the healthcare system.

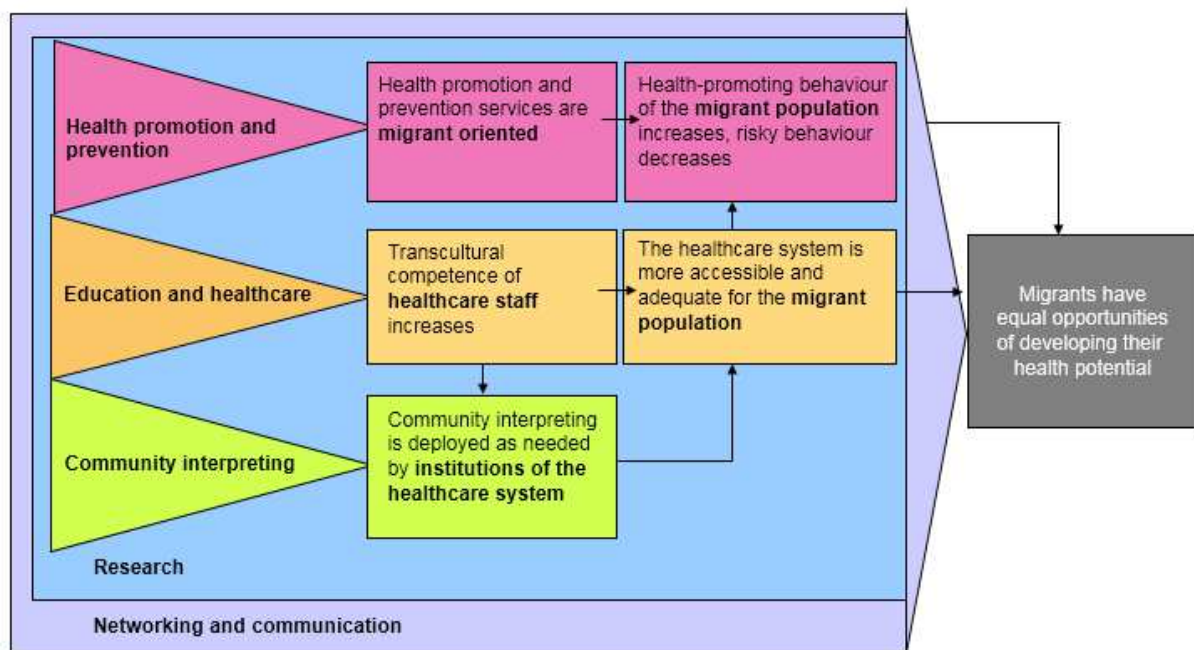
The FOPH designed the previous stages of the programme (2002–2007 and 2008–2013) with the involvement of the Federal Office for Migration (FOM), the Federal Commission on Migration (FCM), the Swiss Conference of the Cantonal Ministers of Public Health (CMPH), the Forum for the Integration of Migrants, the Conference of Cantonal and Municipal Integration Delegates as well as in consultation with the cantons and other federal agencies.

The main objectives of the programme are as follows:

- Migrants are informed and their competencies supported so that they can act independently and engage in healthy behaviour.
- Health promotion and prevention programmes include the migrant population.
- Healthcare institutions are also accessible to and adequately equipped for migrants, with healthcare staff having migrant-specific expertise.
- Professional community interpreting is deployed as needed.
- Additional knowledge about the health of the migrant population is available and accessible to interested parties.

The programme includes the action areas “Health promotion and prevention”, “Education and healthcare”, “Community interpreting” and “Research”. The interaction among these areas produces the following picture:

Impact model: National Programme on Migration and Health



Target groups of the programme: In accordance with the Foreign Nationals Act, the Confederation’s specific integration measures for migrants as implemented by the cantons, and the integration measures package (integration measures of the Confederation) in principle address all foreign nationals who have legal residence and the prospect of longer-term residence status, i.e. some 1.8 million persons. From a health policy point of view, however, the particularly vulnerable groups of undocumented immigrants (“sans papiers”) and asylum seekers must also be included, as the Swiss Health Insurance Act explicitly applies to all persons resident in Switzerland.

2.2 Projects and implementation status

The Programme on Migration and Health serves as a national umbrella for numerous activities of the cantons and various NGOs (non-governmental organisations), which welcome the Federal Government’s commitment and consider it necessary. The programme provides momentum for activities on the part of other stakeholders helping to achieve the objectives. Most projects that are implemented under the programme have been planned and launched by the FOPH with the involvement of relevant stakeholders (cantons, umbrella organisations and NGOs). There is close cooperation with the FOM in all areas of action. Depending on the issue in question, other federal agencies are also involved (in particular the Federal Statistical Office, the State Secretariat for Education, Research and Innovation,

the Federal Social Insurance Office, the Service for Combating Racism and the Federal Office of Sport).

The most important projects of the Programme are explained briefly below, along with their progress status.

Health promotion and prevention
Centre of competence <i>migesplus</i>
On behalf of the FOPH, the Swiss Red Cross (SRK) operates the national centre of competence <i>migesplus</i> for the translation, production and dissemination of health information in the most common languages of the migrant population. It is well established among specialists and the migrant population and is in high demand. 226 publications from 130 institutions in a total of 30 languages are currently available on www.migesplus.ch . In 2012, a total of 75,000 publications were ordered.
Health Guide to Switzerland
The publication "Health Guide to Switzerland" was developed by the Swiss Red Cross on behalf of the FOPH; it helps migrants find their way around the Swiss healthcare system. In 18 languages, it provides information on medical care and explains the health, accident and invalidity insurance schemes. With over 200,000 copies ordered, the Health Guide has for years been the most popular brochure on <i>migesplus.ch</i> . In 2011 it was updated for the third time and reprinted. 2012 also saw the publication of a special health guide for older migrants.
National prevention programmes and activities
The programme team is committed to ensuring that national prevention programmes and activities also include the migrant population. To this end, there is cooperation within the FOPH with the following areas in particular: national prevention programmes and the Campaigns Section (on the subjects of HIV-AIDS, drugs, alcohol, tobacco, pandemic) as well as health and accident insurance, mental health, transplant medicine, communicable diseases, combatting infectious diseases in prison. External partners in promoting migrant-oriented prevention services include in particular Health Promotion Switzerland, the Swiss Council for Accident Prevention, the Swiss Office for the Coordination of Addiction Facilities, Swiss Cancer Screening and the Swiss Cancer League.
Cantonal needs analyses
With the financial and conceptual support of the FOPH, various cantons are reviewing whether their health promotion and prevention services also include the migrant population. The needs analyses resulting from this process support the networking of relevant stakeholders and create conditions for implementing specific improvements. As at the end of 2013, analyses from 15 cantons have been received (BS, SG, VD, VS, TI, ZG, FR, JU, LU, NE, BE, BL, SO, GE, TG).
Prevention of female genital mutilation
Since 2005, the FOPH has been responsible for implementing the Roth-Bernasconi motion "Sexual mutilation performed on women. Awareness and prevention measures" and is heading a task force on this issue. Information material for various target groups has been developed, in particular a prevention brochure for migrant women that is available in 7 languages and a handbook for medical professionals. With the aim of protecting girls and women living in Switzerland from female genital mutilation, Caritas Switzerland (on behalf of the FOPH and the FOM) is carrying out prevention work in cooperation with the target group and cantonal institutions (in the social, integration and health areas).
Prevention project "From migrants for migrants"
On behalf of the FOPH, the Forum for the Integration of Migrants is also involved in health questions, with specialists educating migrants on various issues such as diet, exercise, depression, alcohol and tobacco. These multipliers then organise prevention events in their native language in their associations and networks. This outreach and relationship-oriented prevention work can address even migrants who are difficult to reach and improve their health literacy.
Education and healthcare
"Interaction and quality" e-learning tool
The FOPH is developing continuing education modules in the form of an e-learning tool, which should allow healthcare staff to improve their interaction skills and the quality of their interventions when dealing with patients of a different sociocultural (particularly migrant) background. The tool will be available (free of charge) to interested professionals in German, French and Italian.
Migrant Friendly Hospitals (MFH)
With the Migrant Friendly Hospitals project, the FOPH contributes to the development of migrant-friendly centres of competence. The FOPH supports selected hospitals in the design and implementation of appropriate strategies. The hospitals focus in particular on promoting their staff's competency in dealing with patients of very different backgrounds, optimising the use of professional community interpreters and improving access and quality of treatment for the migrant population. The following hospitals and hospital groups are collaborating in the project:

Basel University Hospital; Hospitals of Solothurn & Cantonal Hospital Aarau; Zurich Children's Hospital with the University Children's Hospital of Basel & the Children's Hospital of Eastern Switzerland St. Gallen; University Hospital Centre of the Canton Vaud; Geneva University Hospital. With the involvement of H+, the national umbrella organisation of public and private hospitals, these hospitals will present their strategies and measures to a wider specialist public at a national conference in September 2013.

Community interpreting

Quality assurance and training subsidies

On behalf of the FOPH and the FOM, the community interpreters' umbrella organisation INTERPRET ensures the quality of service and training of community interpreters. In addition, INTERPRET works to raise awareness and promote community interpreting in the healthcare sector. A total of 19 agencies and 8 training institutions are operating in the German-, French- and Italian-speaking parts of Switzerland. To date, 770 community interpreters have been certified in a total of 60 languages. They work more than 85,000 hours annually in the healthcare field.

National telephone interpreting service

With the national telephone interpreting service (tel: 0842 442 442), the FOPH intends to facilitate healthcare access for migrants with poor knowledge of the national languages. It aims to improve communication between specialists and patients and enhance the quality and success of interventions. The telephone interpreting service is particularly suitable for emergency situations as it is immediately available around the clock. Since April 2011, the service has been offering the following interpreting languages: Albanian, Arabic, Italian, Kurdish, Portuguese, Russian, Serbian/Croatian/Bosnian, Somali, Spanish, Tamil, Tigrinya and Turkish.

Research and knowledge transfer

Health monitoring of the migrant population (GMM)

Following on from the Swiss Health Survey, in 2004 and 2010 selected groups of migrants were asked in their mother tongue about their health situation, their health behaviour and their use of healthcare services. The telephone surveys were conducted in Portuguese, Turkish, Serbian, Albanian, Somali, Tamil, German and French. The GMM data were analysed in depth in various studies. Future surveys of selected target groups are, if possible, to be integrated in the regular Swiss Health Survey.

Communication

A wide specialist public and health policy decision-makers must be regularly informed with the aim to support the implementation of the National Programme on Migration and Health, raise awareness regarding its concerns and promote a broad impact and acceptance. Regular information on research results and the projects in the various action areas is provided in particular via the website www.miges.admin.ch, via the *Migration and Health* newsletter, the FOPH publication *Spectra* and external trade journals or websites.

Implementation of the Programme on Migration and Health has been evaluated. Evaluation results confirm that the programme makes an important contribution to quality assurance, optimisation of care services and encouraging individual responsibility, as well as contributing to health equity and protection against discrimination in healthcare that cannot be provided elsewhere.

The Programme's priorities are in accordance with the Federal Council's mandate, statutory guidelines on integration policy and international recommendations. From the stakeholders' point of view, the Confederation's involvement is undisputed, given the sustained pressure to take action, the need for coordination at a national level and the Confederation's role model function, which should lend clarity and legitimacy to the subject. Sustained anchoring of projects launched so far has not yet been successful in all areas, however; the aim is to achieve this by the end of 2017.

The Programme on Migration and Health is also in line with current political developments at the national and cantonal levels, as well as with the strategic objectives of the FOPH, as formulated in the overview "Health 2020" (published on 23/1/2013) on the basis of the Federal Council's health policy priorities: The health prospects of the most vulnerable population groups are to be improved, their risks minimised and solidarity between the population groups secured. All population groups are to have the same opportunities to live a healthy life. Special attention should be given to children and adolescents, persons with a low income or poor education, the elderly and migrants.

3. Priorities and measures for 2014–2017

The extension of the National Programme on Migration and Health (2014–2017) should be used to secure a sustainable future for the projects launched and strengthen cooperation with the partners (in particular the cantons). The need for action was based on the programme evaluation and specified in discussions with various partner organisations.

The extension phase will set the following priorities, whereby embedding into the national integration policy should be reinforced. The cantons' commitment to the migrant population is to be promoted, and important target groups with whom there has hitherto been too little contact are to be re-approached (e.g. outpatient care, general practitioners, the Spitex home nursing service and elderly migrants).

3.1 Action area: Health promotion and prevention

At the national and cantonal levels, the aim is to work towards ensuring that migrant-oriented health promotion and prevention are implemented into existing and proposed strategies or measures. The matter should be considered a relevant part of quality development. Recommendations of the cantonal needs analyses (supported by the FOPH) should be considered when developing measures.

Support should continue for the national centre of competence *migesplus* for the translation, production and dissemination of health information in the most common languages of the migrant population. *Migesplus* also has an important role in advising organisations involved in health promotion and prevention to improve their ability to address migrants with their services.

Prevention projects continue to have too little contact with less educated migrants from socio-economically disadvantaged groups. The information channels that would allow contact with these target groups must be developed further. It should be investigated whether and in what form health-related information can increasingly be offered in places frequented by the target group (such as printed and online magazines, portals of migrant clubs or organisations). It might also be possible to reach a large part of the target group effectively through measures at the workplace.

Preventive work in the area of female genital mutilation should be continued, as there is an increasing in-migration of persons from countries where this type of bodily mutilation (which is a criminal offence in Switzerland) is practised.

Measures 2014–2017:

Health promotion and prevention
<i>Substrategy 1: Migrant-oriented structuring of existing prevention and health promotion services at the national level</i>
<ul style="list-style-type: none">• Mainstreaming the subject of migration and public health as a cross-sectoral task in the continued development of the Confederation's prevention policy.• Integrating the subject of migration and health into the assessment criteria of the Tobacco Control Fund.• Building up cooperation with other stakeholders (e.g. Infodrog, health leagues).
<i>Substrategy 2: Encouraging migrant-oriented health promotion and prevention at the cantonal level</i>
<ul style="list-style-type: none">• Organising cantonal networking meetings in conjunction with the Association of Cantonal Representatives for the Promotion of Public Health in order to support knowledge transfer and exchange of experiences.• Developing coordination with the foundation Health Promotion Switzerland in the area of cantonal programmes.
<i>Substrategy 3: Closing existing information gaps</i>
<ul style="list-style-type: none">• Continuation and development of www.migesplus.ch in collaboration with the Swiss Red Cross, and

closing any central information gaps.
Substrategy 4: Identifying and using relevant information channels of the migrant population
<ul style="list-style-type: none"> • Opening up new information channels and placing prevention messages in selected media of the migrant population. • Supporting outreach prevention work in difficult-to-reach target groups.
Substrategy 5: Awareness-raising, prevention and networking in the area of female genital mutilation (FGM)
<ul style="list-style-type: none"> • Heading the national FGM working group (FOM, FDFA, terre des femmes, UNICEF, Caritas Switzerland). • Implementing a set of prevention and awareness measures with various partner organisations and selected cantons.

3.2 Action area: Education and healthcare

Migration-specific competence of healthcare staff should continue to be promoted. It is important to ensure that healthcare institutions are also accessible and adequately equipped for migrants.

With the “Interaction and quality” e-learning tool, an instrument for continuing education is available for healthcare staff as from 2014, which should be made known to potential users and whose use should be encouraged.

As part of the project Migrant Friendly Hospitals (MFH), the hospitals involved have, between 2010 and 2013, implemented a number of measures which should be anchored in the institutions and have a broad impact. To this end, the exchange of information is to be promoted between MFH and other hospitals that were not previously involved in the project.

Contrary to the case with inpatient hospital care structures, existing measures only had minimal influence on outpatient structures. Measures are, therefore, to be defined and implemented that will support primary care providers in dealing with migrants. In addition, the migrant population’s access to Spitex home nursing services is to be improved.

In accordance with current research findings, the focus should in future also be on older migrants, whose health is significantly worse than that of the native population of the same age. Action is also needed in the area of the migrant population’s sexual and reproductive health (elevated newborn and infant mortality, higher rates of pregnancy and birth complications as well as abortions, higher maternal mortality and higher prevalence of sexually transmitted diseases).

Measures 2014–2017:

Education and healthcare
Substrategy 1: Integration of transcultural competence into training courses
<ul style="list-style-type: none"> • Inclusion of migration and health concerns in the training and continuing education courses of university and non-university health professions.
Substrategy 2: Making learning material available
<ul style="list-style-type: none"> • Valorisation of “Interaction and quality” e-learning tool for healthcare professionals.
Substrategy 3: Migrant-oriented structuring of healthcare institutions
<i>Migrant Friendly Hospitals (MFH)</i>
<ul style="list-style-type: none"> • Supporting a sustainable anchoring of the measures initiated between 2010 and 2013 in the hospitals involved. • Supporting the knowledge transfer in other hospitals, and valorisation of good practical examples as part of a national coordination platform.

<p><i>Outpatient healthcare</i></p> <ul style="list-style-type: none"> • Definition and implementation of measures to support primary care providers in dealing with the specific health needs of the migrant population. • Definition and implementation of measures to improve migrant population's access to Spitex services.
<p><i>Substrategy 4: Promoting the health of older migrants</i></p>
<ul style="list-style-type: none"> • Definition and implementation of measures to promote the health of older migrants in close cooperation with member organisations of the national forum "Age and Migration".
<p><i>Substrategy 5: Improving healthcare of specific target groups</i></p>
<ul style="list-style-type: none"> • Reviewing the necessity of and options for improving the health of specific target groups (e.g. asylum seekers and traumatised refugees) in close cooperation with the FOM and the working group "Border Health Services".
<p><i>Substrategy 6: Promoting reproductive health of the migrant population</i></p>
<ul style="list-style-type: none"> • Definition and implementation of measures in the area of sexual and reproductive health with selected stakeholders (e.g. Sexual Health Switzerland, Swiss Cancer Screening, Swiss Federation of Midwives).

3.3 Action area: Community interpreting

When it comes to community interpreting, quality assurance is a primary concern, for which the national umbrella organisation INTERPRET is responsible. Financing for this organisation should continue as part of a performance mandate between the FOPH and the FOM. INTERPRET is responsible for uniform quality standards (certification including language tests for official languages and interpreting languages, Federal PET Diploma, accreditation of training modules) as well as for public relations and awareness-raising work in the areas of education, social affairs and health. Particularly in hospitals, there is still a great need to raise awareness among decision-makers and users. While in everyday hospital life, recourse to community interpreting services admittedly involves a greater outlay, an interpreted conversation can prevent misdiagnosis, unnecessary examinations or treatments and the resulting costs, as well as improving patient compliance.

Financing of interpreting service costs in the healthcare sector is not standardised in Switzerland. Some cantons settle fees for interpreting services within the service agreements they conclude with the university or cantonal hospitals. General practitioners are unable to charge health insurance companies for interpreting services, as it is not a mandatory service under the Health Insurance Act (HInSA). Two parliamentary motions proposing to regulate financing for community interpreting throughout Switzerland by way of a revision to the HInSA were rejected. Alternative models must be found, especially for general practitioners and pharmacists. The use of community interpreting in doctors' networks must be pursued further and tested in model projects.

The national telephone interpreting service launched by the FOPH continues to need the support of the federal government. Its introduction into complex hospital structures and processes requires more time, patience and awareness-raising than expected. In hospitals, prison healthcare services, with Border Health Services at reception and processing centres, with medical and ambulance services and in pharmacies, there is still a great potential for using the telephone interpreting service.

Measures 2014–2017:

<p>Community interpreting</p>
<p><i>Substrategy 1: Promoting quality assurance and development</i></p>
<ul style="list-style-type: none"> • Consolidating and continuing existing quality assurance measures through the support of the umbrella organisation INTERPRET in certifying and conducting the Federal PET Diploma Examination for community interpreters as well as in PR work on the subject (together with the FOM). • Support of needs-based training of community interpreters.

Substrategy 2: Promoting the use of community interpreting

- Continuing and intensifying measures to promote the use of community interpreting at inpatient facilities, in close cooperation with Migrant Friendly Hospitals.
- Promoting community interpreting in outpatient services (general practitioners, pharmacies, Spitex home nursing service, prison healthcare services).
- Developing new and innovative suggestions and models for financing community interpreting.

Substrategy 3: Promoting the use of the national telephone interpreting service in the healthcare system

- Measures to promote financial independence and sustainability of the national telephone interpreting service, in particular support of needs-based training of community interpreters.

3.4 Action area: Research

Research continues to be necessary in the area of migration and public health, and the FOPH has an important function in this action area, both as a provider of money and as a driving force. Notwithstanding the many insights that have been gained in recent years, there are still significant gaps in knowledge, for example regarding quality of treatment in the face of communication difficulties, regarding problems in accessing healthcare or regarding discrimination in the healthcare system.

The available data on the health situation of migrants are based mostly on surveys; more objective data are scarce. For this reason, there is a need for action in terms of migrant-specific adaptation of various statistical surveys in Switzerland. Adaptation of these statistics should be continued in cooperation with the relevant offices at the FOPH and the Federal Statistical Office. Only when the migrant population is recorded in official health statistics is it possible to observe their health in a sustained and objective manner and to take targeted health policy measures. Otherwise, there is the risk of not reaching the very people who are most vulnerable in terms of health.

The two health surveys of the migrant population that have been carried out to date (GMM I and GMM II) are an important data basis for the Confederation's involvement in the area of migration and health. Collection of such health data among the migrant population should be continued (e.g. within the framework of the Swiss Health Survey), especially since there are hardly any other data available on the migrant health situation in Switzerland.

A wide specialist public continues to be regularly informed about research results and projects of the Programme on Migration and Health, with the aim to assist implementation of the programme, raise awareness for its concerns and promote broader impact and acceptance.

Measures 2014–2017:

Research and knowledge transfer**Substrategy 1: Adaptation of data collection and health reports**

- Adaptation concept for the Swiss Health Survey (additional variables, conducting the survey in the main languages of the migrant population).
- Reviewing the adaptation of other surveys (e.g. survey among schoolchildren, addiction monitoring, outpatient statistics).
- Raising the cantons' awareness of the importance of incorporating the migrant population in cantonal healthcare reports.

Substrategy 2: Launching specific research projects (departmental research)

- Implementation and valorisation of research projects to support action areas on such issues as:
 - Care research: access problems, use of emergency services and polyclinics, treatment quality, compliance, discrimination in healthcare
 - Benefit and effect of community interpreting
 - Evaluation of selected projects

- Organisation of an annual meeting with interested researchers with the aim of initiating further research projects on the subject.

Substrategy 3: Communication regarding the Programme on Migration and Health

- Continued implementation of communication tools, in particular the website for the migration and health programme at www.miges.admin.ch, the *Migration and Health* newsletter and articles in trade journals.

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