



# ACCESS TO HEALTHCARE FOR UNDOCUMENTED MIGRANTS IN SWITZERLAND PRACTICES



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International Centre for  
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## A CONTEXT FULL OF CONTRASTS

In most of the countries analysed, a gap can be observed between standards defined by human rights regarding access to healthcare for undocumented migrants (UDM) and care provision in practice.

This discrepancy is particularly pronounced in Switzerland. Although all UDM living in the country are entitled to basic medical help, the implementation of healthcare is not guaranteed. This is the case, because necessary measures that facilitate actual access to healthcare (information, administrative support, etc.) are impeded by immigration regulations.

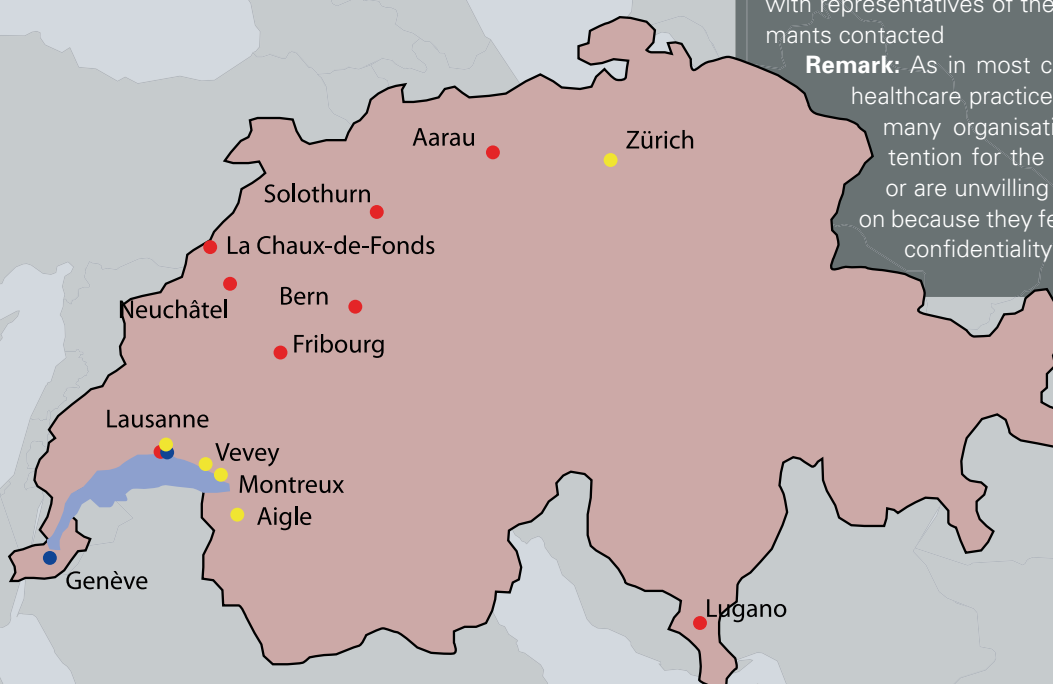
Thus, practices providing services to undocumented migrants face a dilemma, which is addressed differently in various local contexts: on the one hand they need to provide essential health care services, on the

other hand, this may conflict with migration control issues.

Compulsory membership to health insurance through integration in the mainstream care system may solve the dilemma. For example, the financing may be secured either through beneficiaries themselves or cantonal authorities (or jointly). Currently, this condition is only met under certain circumstances, i.e. in cities or communities, where sufficient premium subsidies are granted, or for particular categories of UDM whose expenses are covered by social services (children, beneficiaries of emergency aid, overstayers with a stable income, etc.). Consequently the level and modalities of healthcare provision accessible to UDM are extremely variable between cantons or cities and groups of UDM (see Policy Factsheet Switzerland).

### Location and type of the surveyed facilities:

- Type 1 NPO - private sector
- Type 2 Public hospital
- Type 3 Public (co) financed facility for specific risks



### The practice database

([http://www.nowhereland.info/?i\\_ca\\_id=370](http://www.nowhereland.info/?i_ca_id=370))

**Number of collected facilities** offering healthcare for UDM (so called "practices"): 14 (other practices were surveyed in the report)

**Method:** questionnaire and phone or personal interviews with representatives of these organisations or other informants contacted

**Remark:** As in most countries, collecting data about healthcare practices has often posed a challenge: many organisations prefer avoiding public attention for the support they provide to UDM, or are unwilling to disclose sensitive information because they fear losing funding, or risking the confidentiality of their clients.

## Three main types of practices providing healthcare to UDM in Switzerland

On the basis of organisational characteristics, the Swiss services surveyed can be categorised as follows:

1) The most common type (8 facilities of the database): low-threshold medical or social drop-in centres run by non-profit organisations (NPO) of the private sector, which facilitate access to healthcare for UDM, and sometimes also for other marginalized patients. They facilitate access by referring UDM to health professionals or institutions who are members of a network which offers free or low-cost healthcare. Four sub-categories which vary according to the type of social and/or health care provided can be distinguished:

- ✓ Service with an outreach approach: the staff (nurses and key mediators) of the project/institution concerned, although primarily aiming to carry out preventative outreach work, simultaneously open doors to primary healthcare;
- ✓ Low-threshold contact point targeting UDM or people with a precarious legal status, offering general social and legal advice, and working to open doors to medical care;
- ✓ Drop-in centres with a nurse;
- ✓ Drop-in with a GP and specialist access.

2) Services which are integrated into public university hospitals (in Lausanne and Geneva), and which provide a wide range of medical/healthcare services that are also accessible to UDM (3 practices). While the services in Geneva (Mobile Community Healthcare Unit of HUG) follow an outreach approach, the services in Lausanne (Vulnerable Population Unit of the Department of Ambulatory Care and Community Medicine) are not 'mobile', and thus work in cooperation with non- or semi-governmental low-threshold structures in Lausanne.

3) Publicly (co-)financed services offering specialised care in specific areas of healthcare and for specific groups at risk (3 practices). In most cases, UDM only constitute a small minority of the target population, but they enjoy access to counselling and diagnosis in the area of sexual and reproductive health, psychiatric or addiction care, etc.

### Unfolding non-profit initiatives of the private sector

Over the past decade, specialised counselling and care facilities for UDM were set up in most bigger cities, and in 10 of the 26 Swiss cantons. In most of the cases, the initiatives were taken by the private sector and initially targeted vulnerable populations in general. Later, they began focusing primarily on UDM. This means that the great majority of the services surveyed are non-profit initiatives aiming to facilitate access to healthcare for UDM and other groups with limited access to healthcare (see textbox type 1). Many services are based on a double gate-keeping system – nurse-to-GP, GP-to-specialised-care – and were able to gain at least

limited public support. They also managed to establish codified procedures for collaboration with the mainstream healthcare sector.

### Limited but growing access to mainstream medical care

Only in Lausanne and Geneva, the two biggest cities in the French-speaking part of the country, did the impetus to facilitate the access to healthcare for UDM come from the public sector. In these cities, the development of specialised services was closely linked to community-care development, research activities and training. In both cases, specialised facilities (type 2) are integrated into public hospitals, and provide a wide range of medical/health care also accessible to UDM.

UDM are also addressed – as along with the general population – by publicly (co-)financed services offering specialised care in specific health fields (type 3).

These can be prevention and counselling services in the areas of sexual and reproductive health and sexually transmitted diseases, targeting mainly sex workers. They can also be victim assistance services, or services offering counselling and therapy related to mental health.

In various contexts, bridges between NPO-run facilities and the mainstream healthcare system have been encouraged through private-public partnerships. This was done to respond pragmatically to the healthcare needs of UDM. Simultaneously several measures have been taken to assist UDM in taking out health insurance, which facilitates access to all physicians and public hospitals. However, while insurance affiliation still seems to remain limited to a minority of adult UDM (no statistical evidence available), newborn or school children are almost systematically insured in several cities, and premium sub-

sidies – which cover the whole insurance premium for children – are generally granted.

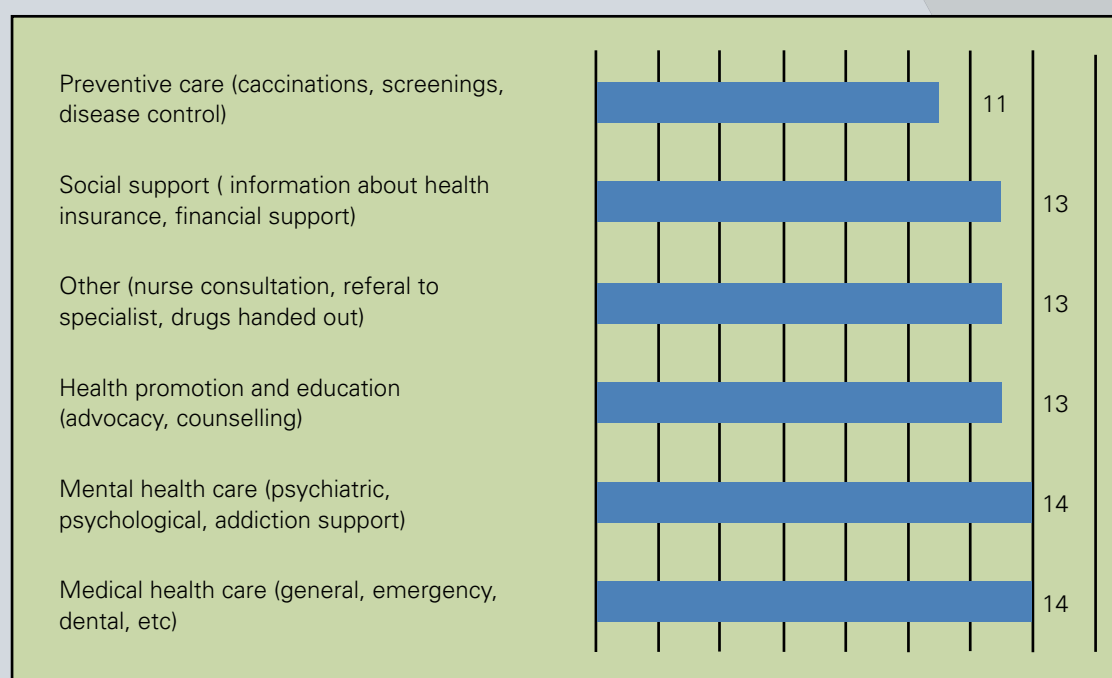
### Specific need for mental health problems


The types of services provided tend to reflect the needs of UDM, which are not fundamentally different from those of the general population. In the database only services which offer at least medical care or counselling were included (see table).

Compared to the general population many UDM seem to suffer from some form of mental or physical distress due to the precariousness, that characterises their daily lives and working conditions.

This is the reason why all of the services analysed offer not only mental health care, but also almost all of them offer social support or other types of information. Since health related issues are rarely considered a priority in the life of a UDM as long as s/he feels healthy, prevention and screenings are frequently postponed; this may explain why such services are provided slightly less often.

### Services provided by the 14 facilities included in the database (multiple answers possible)





The majority of the organisations (11) do not require any documents of the patients, while an identity card or passport is asked “if available” in public services. If UDM possess a health insurance card they usually show it as most other patients seeking help would.

### **Considerable regional differences observed**

Differences between cantons are not only due to the particular profile of the UDM population, but also due to the prevailing ‘political opportunity structures’. Public and official opinion about of the role of the state in healthcare varies across all policy fields, as do party politics. To illustrate this point, patterns of cooperation between public and private hospitals can be mentioned: while such partnerships do exist in the German-

speaking part of the country, they are rarely publicised and formalised like in some of the francophone cantons. This is an obstacle in terms of trust-building and the predictability of decision-making for NGOs and for the UDM concerned.

During the past years, many of the surveyed facilities have undergone various organizational changes and are still developing. New regulations concerning emergency aid (since 2004 and 2008) have also affected existing services and partnerships, which once again vary between cantons.

Although certainly not perfect, providing universal access to mainstream medical care via basic health insurance is certainly a major asset of the ‘Swiss system’. It constitutes a flexible approach for integrating established local solutions into the national framework of social insurance.

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](http://www.nowhereland.info/?i_ca_id=410).**

For more information please visit the following websites:  
**[www.nowhereland.info](http://www.nowhereland.info); [www.research.icmpd.org](http://www.research.icmpd.org); [www.migration-population.ch](http://www.migration-population.ch)**

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