

SUISSE
SCHWEIZ
SVIZZERA

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ACCESS TO HEALTH FOR MIGRANTS:

Focus on NGO-based systems

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Origin

The existence of NGOs is in keeping with the history of solidarity in the western world :

- Christian charity
 - Heritage of the Age of Enlightenment
- Humanitarian actions are strongly marked by this historical legacy.




Associatif model

- Historically, the legitimisation of the status of "Association" gradually allowed the exercise of political pressure against the Authorities.

Legitimacy vs Representation

- No representation is comparable to a politically elected official.
- But a legitimacy founded on a understanding of society problems, quality of their actions, work and contribution to reflexion on societal questions

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- NGOs have experience of access to health care for vulnerable people in their projects. For expl: MDM as well as MSF
 - In Switzerland, pilot projects for the most vulnerable populations:
Undocumented migrants : RSM, Fri-santé, Meditrina.

OUR ORGANISATION

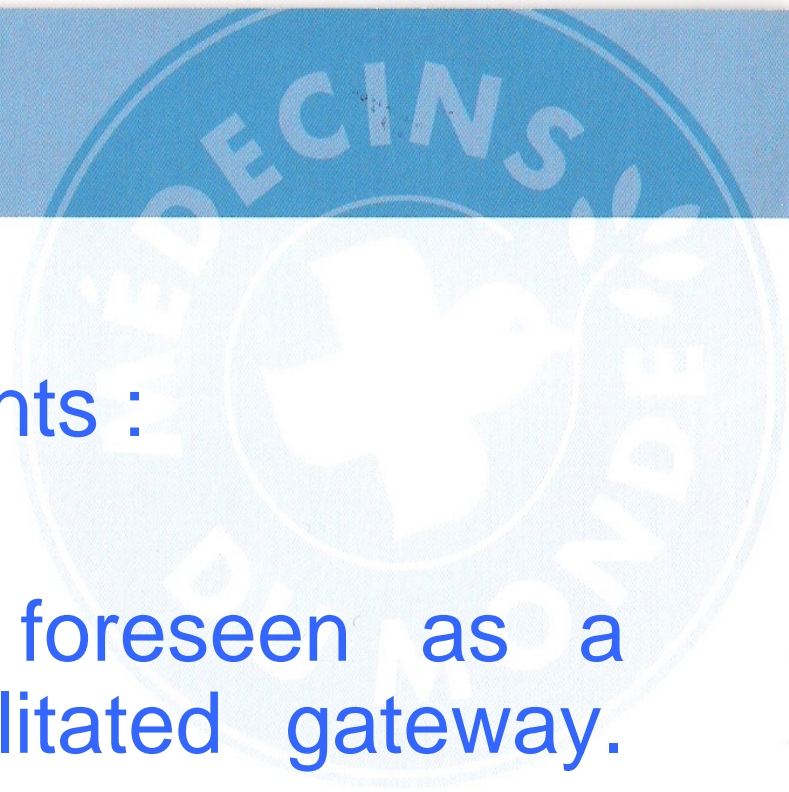
- **Médecins du Monde** is an association of international solidarity which relies on the support of its members and voluntary workers to provide medical care to the world's most vulnerable people, including in Switzerland

MDM-Suisse HAS CHOSEN TO TAKE ACTION TO:

- Promote the right to access health services for all
- Take a stand against all forms of discrimination and exclusion from health care
- Strengthen the organisation of healthcare systems without substituting the state's role
- Testify to situations of obstruction to health care and lobby for an effective change.

RSM

- In the case of our national projects three of the four previous points apply
- Outline the weakness of the health system at two levels
 - 1 : access to structures
 - 2 : access to LAMal

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- RSM has two components :
 - health + social
 - Medical network not foreseen as a substitute but as facilitated gateway.
Projects with 2 objectives :
 - 1 : access to health care,
 - 2 : health promotion
 - Free guidance and treatment at reduced fees.

Beneficiaries

- Majority of undocumented migrants, asylum seekers and others and even Swiss who cannot or do not know how to gain access to healthcare



- Right to healthcare exists but the actual access conditions do not allow the most vulnerable to exercise it.

Barriers

- Ignorance of the system,
- Fear of being denounced,
- Financial problems
- Insurance problems: the importance of the NGO being the intermediary to assistance with administrative procedures and to giving advice that may be positive or negative.

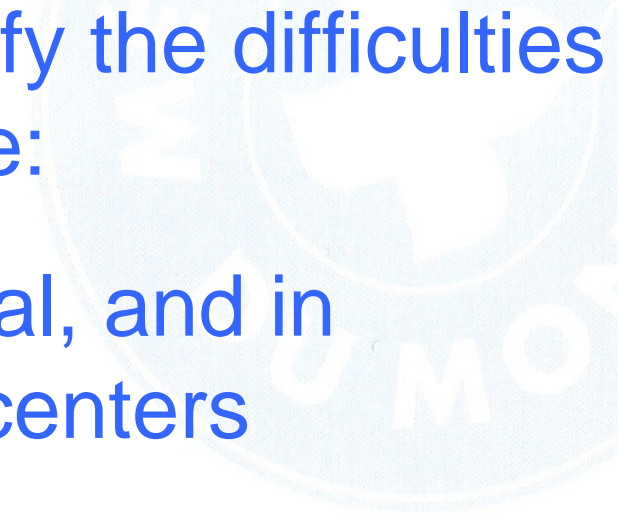


Socio-cultural factors

- The socio-cultural factors can shape interpretation and the local representations
- Therefore important to take them into account in practice

RSM, Fri-santé, Meditrina

- Need is variable and changing according to the size of the canton but still very pertinent

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- **Practices** which magnify the difficulties of access to health care:
 - Discrimination in general, and in particular in treatment centers
 - Refusal of treatment
 - Administrative complexities
 - Lack of appropriate information


- **Consequences are :**

- Delay in treatment
- Treatment abandoned
- Lack of follow-up



CONCLUSIONS

- Only **6%** of immigrants come for health reasons

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- Immigration for health reasons is thus in no way related to easy access to health care
 - Therefore, facilitating access to health care would not result in an increase in immigration



- The countries of Europe and Switzerland are stable
- It would cost more humanely and financially not to assume responsibility for these populations

CHALLENGES



Objective:

- For the state to answer to its responsibilities and thus for the projects to become obsolete
- Equal access to prevention and healthcare for every person living in Switzerland, without discrimination, neither of administrative (legal) status, nor financial capacity