



Access to care for vulnerable migrants in Switzerland: today and tomorrow

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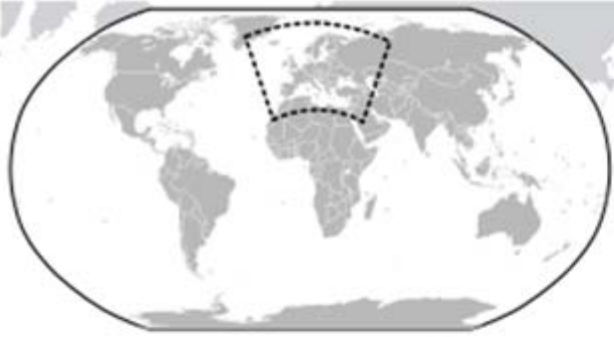
Vulnerable Population Unit
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Médicale
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Migration is a fact of life...

Category of migrant	Population estimates
Internal migrants	~ 740 million (stock in 2009) ⁱ
Immigrants	Annual flow between 2005-2010 ~ 2.7 million with a stock of ~ 214 million international migrants in 2010 ⁱⁱ
Migrant workers	~ 100 million (stock in 2009) ⁱⁱⁱ
International students	~ 2.1 million (stock in 2003) ^{iv}
Internally displaced persons	51 million (stock in 2007) includes those displaced by natural disasters and conflict. (UNHCR)
Refugees	15.2 million (stock beginning of 2009) ^v
Asylum seekers or refugee claimants	838 000 (stock beginning of 2009) ^{vi}
Temporary – recreational or business* travel	922 million in 2008 ^{vii}
Trafficked persons (across international borders)	Estimated 800 000 per year (2006). ^{viii} There are no accurate estimates of the stocks and flows of people who have been trafficked. ⁱ
Migrants in irregular situation	?



- ❑ Federal State
- ❑ 26 cantons
- ❑ 4 languages
- ❑ 7.5 mios residents
- ❑ 23% foreigners
 - ❑ (> 40% GE/VD)
- ❑ Right to health
 - ❑ Art. 12 Fed const.

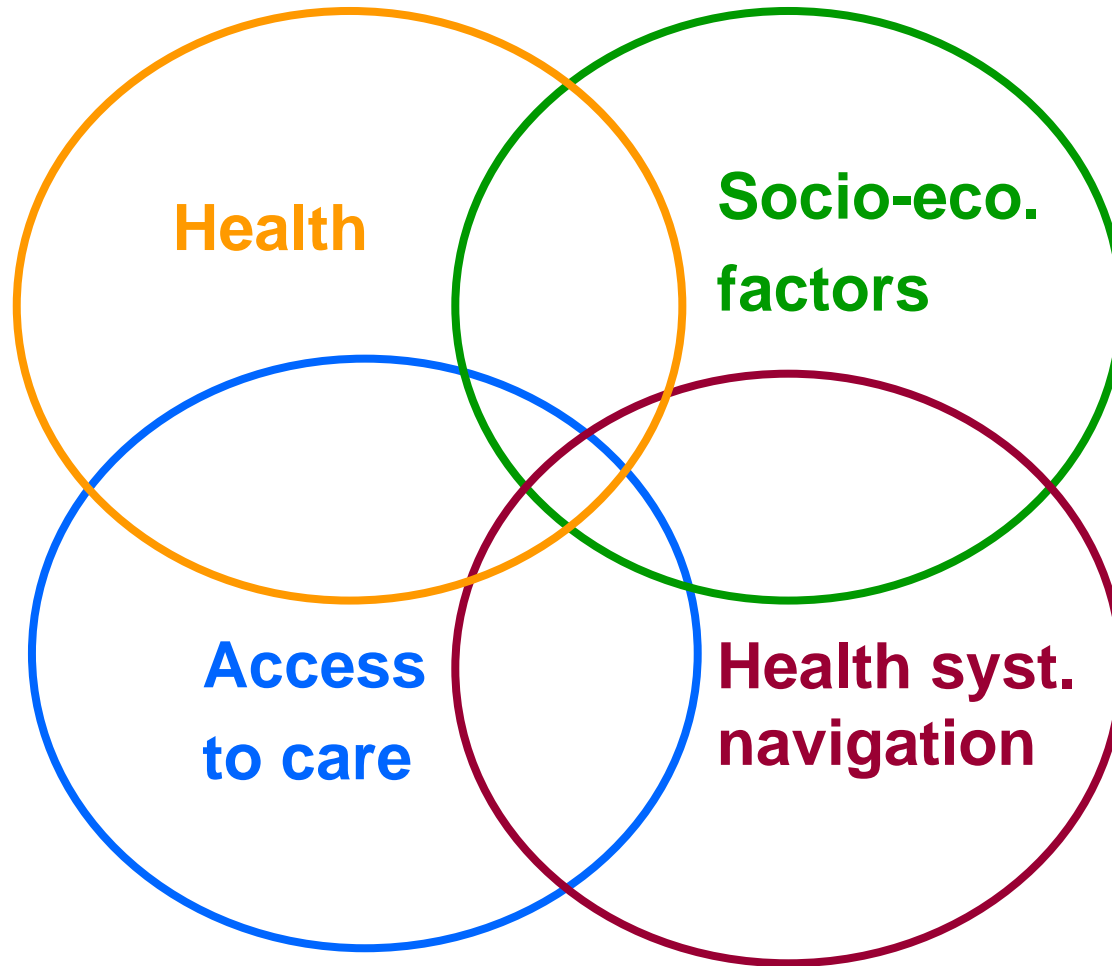




Access to care - CH

- Compulsory health insurance
- Same cost - same service for all
- 150-250 € /month
- 10% at charge + 200-1500 €/year
- Access to PCP and specialists
- Canton-based healthcare organisation
- High quality
- 12% GDP

Vulnerable migrants





Asylum seekers

- 40'000
 - GVA 4000
 - VD 4500
- Health insurance paid by Cantons
 - facilitated access to care
- Specific networks
- PCP gatekeepers
 - VD: nurse practitioner
- Regulated access to specialists



Migrants in irregular situation

- 75'000-150'000
 - GVA 10-15'000
 - VD 12-15'000
- Economical > rejected & failed asylum seekers
- Adults > children/adolescents/seniors
- Domestic employment > construction
- Urban area
- Multiple communities
 - Latin America, South-East Europe, Asia, North Africa



Social situation

- Poor / very poor socio-economical situation
- Instable employments, lack of control
- High financial burden (passage, family)
- Low social support
- <5% health insurance



Harmful social determinants of health



Need for global health services



Health-related needs

- Complexity (bio-psycho-social)
- Culturally-sensitive
- Specific medical problems (incl. vaccination against H1N1)
- Affordability / accessibility



Access to care - barriers

- Structural

- cantons health system organisation
- legal conflict : right to health vs illegal residency

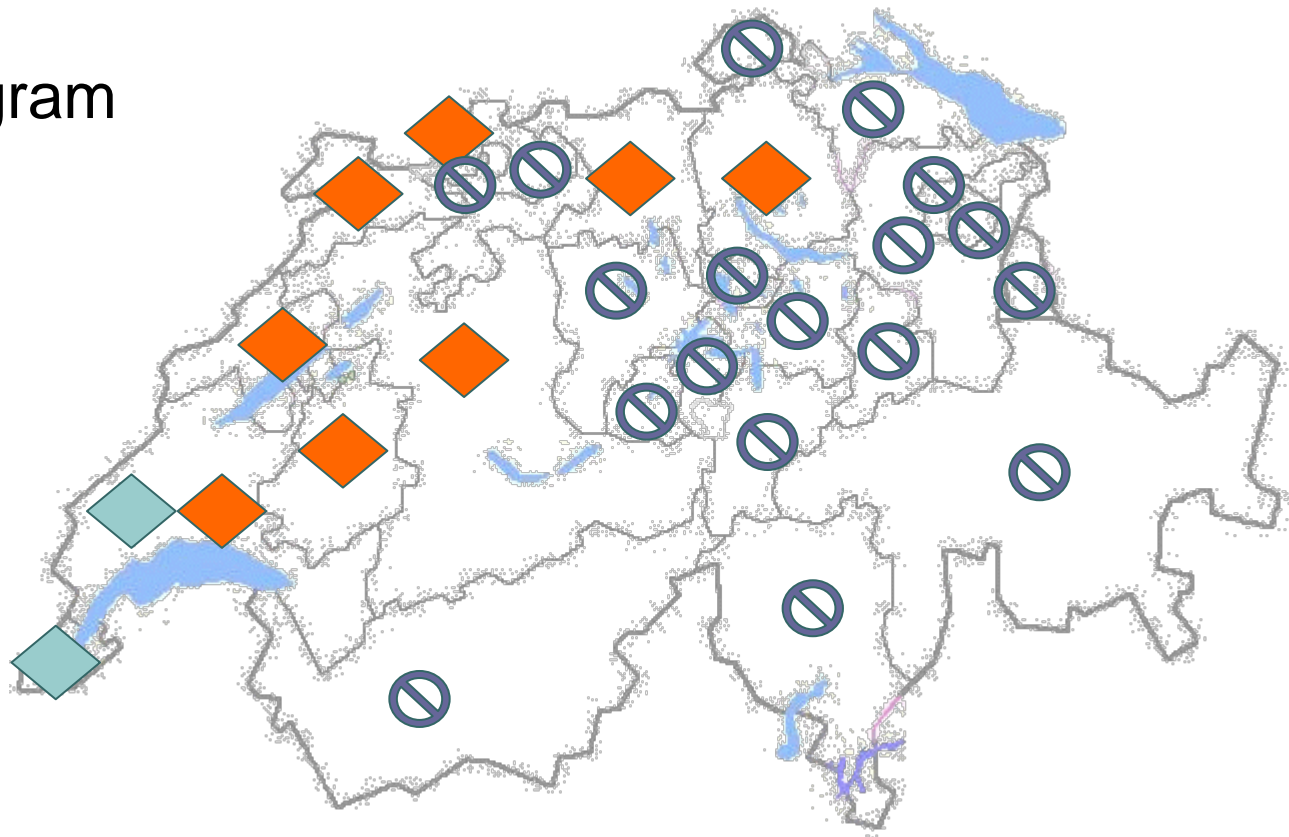
- Individual

- cost
- fear
- language
- information

Cantons

- 3 models

- Public or mixed with NGO
- NGO
- No program





Public-based program

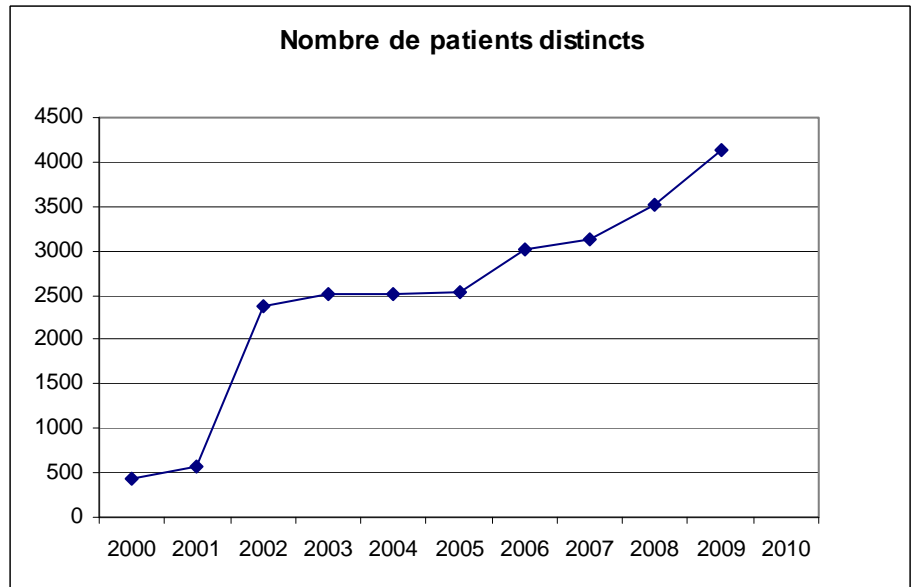
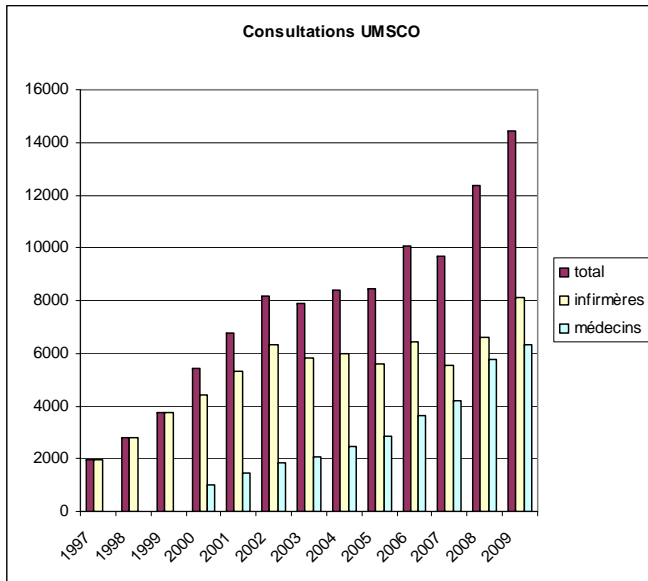
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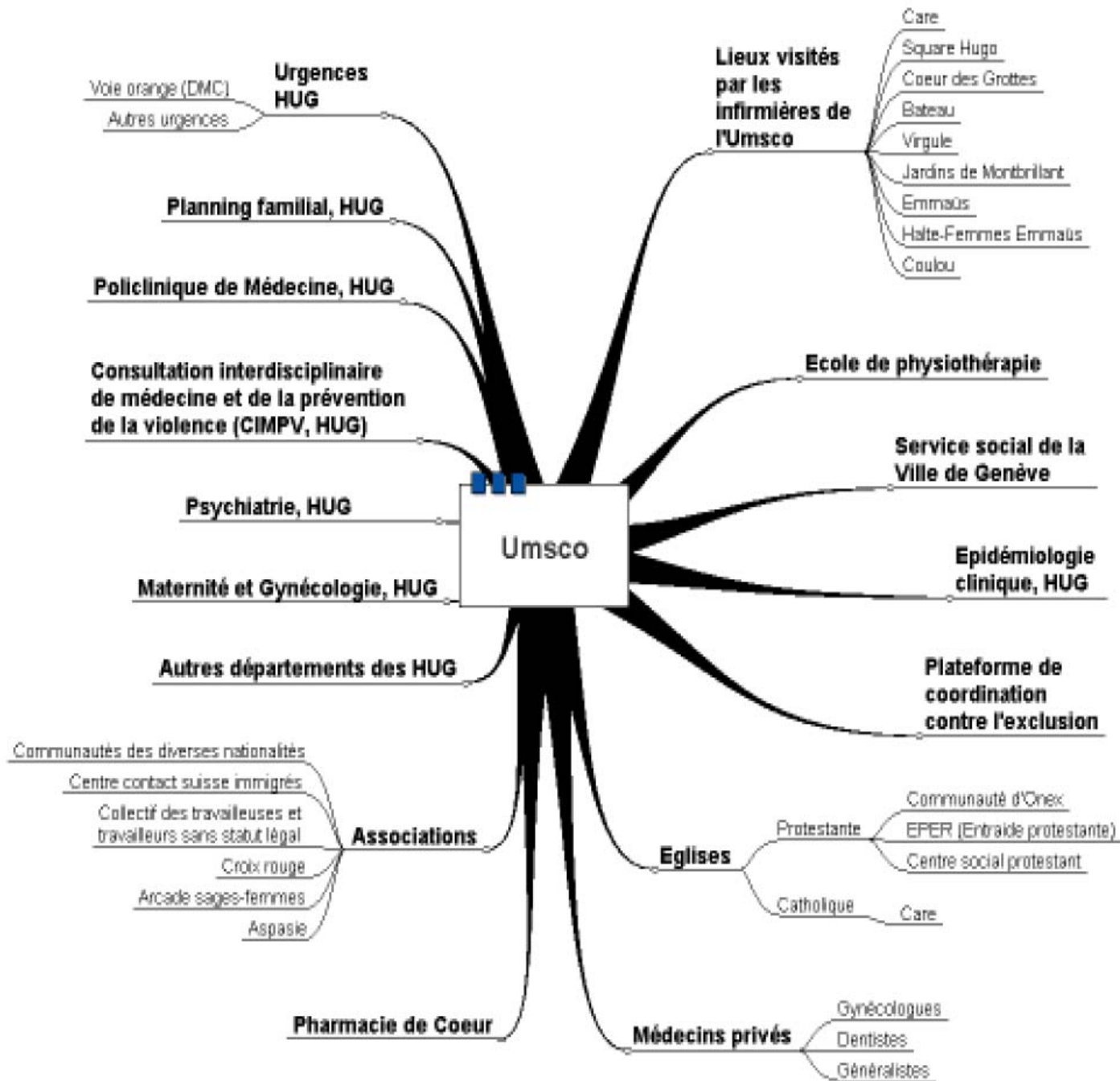
- Programme santé migrants (PSM)
 - Rejected & failed asylum seekers
- Unité mobile de soins communautaires (UMSCO)
 - Migrants in irregular situation

- ✓ Access, coordination, research, education
- ✓ Global approach – multidisciplinary team
- ✓ Strong political / institutionnal support

UMSCO

- Gatekeeping (medical, social)
- Networking
- Affordability / cost-sharing







Vaud

- Lausanne
 - Vulnerable Population Unit (PMU)
 - Transversal
 - Multidisciplinary
- Point d'Eau (NGO)
- Facilitated access to health insurance through subsidies



Rational for public based program

- Enforcing laws and basic human rights
- Protecting extremely vulnerable individuals
- Preventing adverse consequences of delayed access to care
 - Medical
 - Financial
- Protecting host population health
 - H1N1, Tb, Chagas,...



Conclusions

- Vulnerable migrants have specific health needs
- Legal basis
- Overcoming barriers needs political / grassroots commitment
- Unequal chance to access care in Δ cantons
- Lack of federal control on law enforcement and disparities



Challenges

- Knowing more to:
 - Care better
 - Educate better
- Reducing inequalities among regions
- Promoting quality
- Ensuring safety
- Enforcing right



LES SAUVIS-PAPIERS :

