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# Migrant Access to Healthcare: A Study of Undocumented Migrant Access to Sexual Healthcare & Family Planning Services in Switzerland in 2016

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# Migrant Access to Healthcare: A Study of Undocumented Migrant Access to Sexual Healthcare & Family Planning Services in Switzerland in 2016

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## Abstract:

The Swiss healthcare system has experienced a significant influx of vulnerable migrants over the past few years. This presents a challenge to providers and policy makers to account for and provide aid to these non-Swiss citizens, such as undocumented migrants (UDM), whose status and circumstances may impede their access to healthcare. Along with this, various cultural barriers may present further challenges to access to the health system. This paper explores UDM access to health through the lens of sexual healthcare and family planning. In examining sexual health, the issues of sexually transmitted infections (STIs), HIV/AIDS, and sexual violence were chosen to provide a general framework of the issue. The paper also evaluates what family planning services are accessible to UDM in examining the issues of contraception and abortions. The barriers that UDM face in accessing these sexual healthcare and family planning services in Switzerland were studied and the health system's responses in combatting these barriers to care are explored and evaluated. The study concludes in presenting a series of potential future actions to further improve UDM access to sexual healthcare and family planning services as well as the greater health system in Switzerland.

## Preface

I became inspired to begin this project after discussing immigration laws in Switzerland in the spring of 2015. With the increase in global migration in recent years and Switzerland's reputation for leading the way in international aid, I was surprised to learn of the stringency of these laws and of the vote in 2014 in favor of the implementation of immigration quotas into law.<sup>1</sup> This caused me to consider how Switzerland's policies concerning migration affect the capacities of vulnerable migrants, such as undocumented migrants (UDM) in Switzerland.

Given Switzerland's renowned health system, I decided to examine the way in which this health system might account for this migrant population. I began to deliberate over the health of the vulnerable migrants in Switzerland and what barriers might exist for them in accessing the Swiss health services. Throughout the year leading up to my arrival in Switzerland and over the course of the first few months in the country, I became familiar with the Swiss health system and the issue of migrant health on an international scale. However, with the exception of a briefing on migrant mental health and access to psychological services in Switzerland, the question of migrants' access to the Swiss health system persisted without an answer.

Therefore, in a prior local case study, I decided to conduct a study of migrant access to health services regarding a specific disease: HIV/ AIDS. Given its both transmissible and chronic nature, as well as the stigma that HIV/AIDS often carries with it, this disease presented a fascinating challenge to the Swiss health system. I examined how HIV prevalence in the migrant population impacted the epidemic, as well as various barriers to access vulnerable migrants faced in regards to HIV/AIDS services. This study also demonstrated the various actions being taken to

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<sup>1</sup> "Immigration quotas approved by voters," *Swissinfo.ch*, accessed April 4, 2016, <http://www.swissinfo.ch/eng/in-depth/immigration-quotas-approved-by-voters>.

combat these barriers to access. My research into this subject sparked my interest in the broader issue of sexual health and family planning in Switzerland.

In constructing this research project, I returned to my original line of inquiry: UDM in Switzerland and their interactions with the Swiss health system. Through some preliminary research into the UDM population, I discovered that young women comprised the majority of this population. Young women face particular health concerns compared to other populations, such as heightened sexual health and family planning needs. Thus, my interest in the UDM population and my desire to examine sexual health and family planning in Switzerland aligned to form the subject of this independent study project: the study of undocumented migrant access to sexual healthcare and family planning services in Switzerland.

When I arrived in Switzerland, as a pre-medical student studying Global Health, I wanted to become a medical doctor and to obtain a masters degree in public health in order to serve those in need on an international humanitarian level. However, this study has shown me the importance of examining and addressing most vulnerable populations within one's own country of origin. Along with this, conducting this Independent Study Project brought to light the many ways in which I might be able to work with and help such vulnerable populations in conjunction with clinical medicine going forward.

### **Acknowledgements**

While formally an Independent Study Project, I could not have completed this project without the support and guidance of those who helped me in my research efforts and in developing my work. I would like to recognize the academic director, Dr. Alexandre Lambert, as well as Dr. Anne Golaz and Mrs. Françoise Flourens, for both helping me develop my research

plan and for encouraging me to continue to pursue this issue as extensively as possible. My academic advisor, Dr. Astrid Stuckelberger, and my major advisor, Dr. Bradley Stoner, also provided invaluable direction and counsel throughout the process of this project. I would also like to thank Mr. Nathan Schocher, Dr. Mathieu Rougemont, Mr. David Perrot, Mrs. Denise Wetzl, Dr. Ariel Eytan, Mrs. Lorenza Betolli Musy, Mrs. Badia Koutit, Dr. Jyoti Sanghera, Professor Sandro Cattacin, Mrs. Linda Stoll, Mrs. Gaëlle Martinez, Mrs. Mireille Wehrli, Mrs. Christine Sieber, Mrs. Venus Sharifi, and Dr. Yves Jackson for taking the time to speak with me and for providing me with information and guidance on this subject. Finally, I would like to give a special thanks to those who have supported me along the way throughout my academic pursuits and who continue to inspire me to pursue my interests and goals, namely Mary Ellen Egbert, Peter Michael Egbert, Matthew Reed Egbert, Rosemary Francis Stevenson, and Pablo Alberto Cuartas. I feel very fortunate to have such an extensive network of support and guidance, and it is thanks to all of these aforementioned individuals and all of the other people who have touched my life that this research was made possible.

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## Abbreviations List

AIDS/SIDA	Acquired immunodeficiency syndrome/syndrome d'immunodéficience acquise
APDH	Association pour la Promotion des Droits Humains (APDH)
ART	Anti-retroviral therapy
CAMSCO	Consultation ambulatoire mobile de soins communautaires
CTI	<i>Chlamydia trachomatis</i> infection
EPER	Entraide Protestante Suisse
FOPH	Federal Office of Public Health
HIV/VIH	Human immunodeficiency virus/virus de l'immunodéficience humaine
HUG	Hôpitaux Universitaires de Genève (University Hospital of Geneva)
IDU	Intravenous Drug User(s)
IOM	International Organization on Migration
IUD	Intrauterine device
LAMal	Loi federal sur l'assurance maladie
MSM	Men who have sex with men
NGO	Non-governmental organization
STI	Sexually transmitted disease
UDM	Undocumented migrant(s)
UNOHCHR	United Nations Office of the High Commissioner for Human Rights
WHO	World Health Organization

### **IOM Key Definitions to Note:**

**Migrant:** “IOM defines a migrant as any person who is moving or who has moved across an international border or within a State away from his/her habitual place of residence, regardless of (1) the person’s legal status; (2) whether the movement is voluntary or involuntary; (3) what the causes for the movement are; or (4) what the length of stay is.”<sup>3</sup>

**Irregular migration:** “Movement that takes place outside the regulatory norms of the sending, transit and receiving countries. There is no clear or universally accepted definition of irregular migration. From the perspective of destination countries it is entry, stay or work in a country without the necessary authorization or documents required under immigration regulations. From the perspective of the sending country, the irregularity is for example seen in cases in which a person crosses an international boundary without a valid passport or travel document or does not fulfill the administrative requirements for leaving the country. There is, however, a tendency to restrict the use of the term "illegal migration" to cases of smuggling of migrants and trafficking in persons.”<sup>4</sup>

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<sup>3</sup> “Key Migration Terms,” *The International Organization on Migration* (2011), accessed May 2, 2016, <https://www.iom.int/key-migration-terms#Irregular-migration>.

<sup>4</sup> Ibid.

## Introduction

Europe currently faces what many refer to as a ‘migration crisis,’ an unprecedented influx of migrants from throughout the world. Within this, Switzerland maintains one of the highest percentages in Europe of foreigners compared to permanent populations.<sup>5</sup> In 2015, the migrant population of Switzerland accounted for 29.39% of the total resident population.<sup>6</sup> Along with this, foreigners constitute approximately about a quarter of the labor force.<sup>7</sup> In certain cantons of Switzerland, foreigners account for an even greater portion of the population, such as in Geneva, where 41% of the population is made up of foreigners.<sup>8</sup> While not all foreigners are migrants, this mention of foreigners likely includes a sizeable portion of migrants.

Within this population of migrants exists the sub-population of undocumented migrants who are lacking legal residency permits to live in the country. In Switzerland, an undocumented migrant (UDM) is defined more specifically as someone who:

- Entered Swiss territory illegally;
- Entered legally but stayed in the country after the expiration of her visa/residence permit;
- Failed to renew a residence permit due to changes in the law or changes in economic status (e.g. after losing a job or, in the case of a permit linked to one’s marital status, after becoming divorced);

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<sup>5</sup> “Countries: Switzerland,” *International Organization for Migration*, last modified September, 2012, accessed April 5, 2016, <http://www.iom.int/countries/switzerland>.

<sup>6</sup> “Where we’re from interactive map: Switzerland,” *UN DESA*, (2015), <http://www.iom.int/world-migration#source>.

<sup>7</sup> “National Programme ‘Migration and Health’ (2014-2017),” *Federal Office of Public Health*, (2010): 1, accessed April 5, 2016, <http://www.bag.admin.ch/themen/gesundheitspolitik/07685/12533/13720/index.html?lang=en>.

<sup>8</sup> Deborah Glejser, Denise Wetzel, Emilien Jeannot, and Sophie Durieux Paillard, “Abstract #2364: HIV/AIDS-related knowledge and behaviors of precarised migrants in the Geneva area, Switzerland,” *Groupe SIDA Genève*, (Unpublished), accessed April 4, 2016, <http://www.aidsimpact.com/2015/Academics/Programme/abstract/?id=2364>.



- Unsuccessfully applied for or was rejected asylum.<sup>9</sup>

As of 2010, between 70,000 and 180,000 undocumented migrants were said to reside in Switzerland.<sup>10</sup> When referring to UDM throughout this study, it will be in reference to the vulnerable UDM population. In general, the UDM in Switzerland fall into three categories. First, the majority of UDM in Switzerland are female workers from Latin America.<sup>11</sup> It is important to note, however, that there are also a significant number of UDM females from the Caribbean, Sub-Saharan Africa, Eastern Europe, and Asia.<sup>12</sup> In Geneva alone, the estimated number of UDM is between 8,000 and 12,000 individuals, and 80% of these individuals are women.<sup>13</sup> The other two main categories of the UDM population are male rejected or dismissed asylum seekers from the Balkans, Africa, or Asia, and over-stayers who are third-country nationals. Across these categories, the majority of UDM in Switzerland are between the ages of 20 and 40, and they typically live in urban areas.<sup>14</sup> While this generalization of the population is founded in information obtained surrounding UDM, they are still a diverse group of individuals that have different migration histories and socio-economic backgrounds.

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<sup>9</sup> Chantal Wyssmüller and Denise Efonayi-Mäder, “Health Care in NowHereLand: Improving services for undocumented migrants in the EU,” *University of Neuchâtel, Swiss Forum for Migration and Population Studies, The University of Neuchâtel, and The International Center for Migration Policy Development*, (2011): 9, accessed May 1, 2016. <http://files.nowhereland.info/795.pdf>.

<sup>10</sup> Buchser, Corinne, “Ex-illegal immigrant shares her story,” *Swissinfo.ch*, December 10, 2010, accessed May 6, 2016, <http://www.swissinfo.ch/eng/ex-illegal-immigrant-shares-her-story/29056572>.

<sup>11</sup> Denise Efonayi-Mäder and Chantal Wyssmüller, “Access to Healthcare for Undocumented Migrants in Switzerland: People,” a collaboration of *Swiss Federal Office of Public Health: Swiss Forum for Migration and Population Studies, The University of Neuchâtel, and the International Center for Migration Policy Development*, (2011): 2, accessed April 29, 2016. [http://research.icmpd.org/fileadmin/ResearchWebsite/Project\\_material/Health\\_Care\\_for\\_UDM/factsheet\\_people\\_en\\_small.pdf](http://research.icmpd.org/fileadmin/ResearchWebsite/Project_material/Health_Care_for_UDM/factsheet_people_en_small.pdf).

<sup>12</sup> Chantal Wyssmüller and Denise Efonayi-Mäder, “Health Care in NowHereLand: Improving services for undocumented migrants in the EU,” *University of Neuchâtel, Swiss Forum for Migration and Population Studies, The University of Neuchâtel, and The International Center for Migration Policy Development*, (2011): 11, accessed May 1, 2016. <http://files.nowhereland.info/795.pdf>.

<sup>13</sup> Maya Herting Randall, Olivia Le Fort Mastrota, and Djemila Carron, *Les droits des femmes sans statut legal à Genève*, Université de Genève: 2, accessed April 4, 2016. <http://www.unige.ch/droit/lawclinic/Brochure-complete.pdf>

<sup>14</sup> Denise Efonayi-Mäder and Chantal Wyssmüller, “Access to Healthcare for Undocumented Migrants in Switzerland: People,” a collaboration of *Swiss Federal Office of Public Health: Swiss Forum for Migration and Population Studies, The University of Neuchâtel, and the International Center for Migration Policy Development*, (2011): 2, accessed April 29, 2016. [http://research.icmpd.org/fileadmin/ResearchWebsite/Project\\_material/Health\\_Care\\_for\\_UDM/factsheet\\_people\\_en\\_small.pdf](http://research.icmpd.org/fileadmin/ResearchWebsite/Project_material/Health_Care_for_UDM/factsheet_people_en_small.pdf).

Despite their large presence, however, UDM have proven to be less healthy than the local population, likely due to exposure to greater health risks and difficulties accessing healthcare services. The Federal Constitution of the Swiss Confederation (Article 12) indicates that all people are entitled to “assistance when in need,” including “essential resources to lead a dignified human existence.”<sup>15</sup> The Federal Tribunal referred to ‘basic medical care’ in this jurisdiction, and experts interpret this to include non-emergency cases. However, this legal right has proven to exist more as a framework than a practice.

Within the context of UDM’s right to health and the large portion of young, female UDM in Switzerland, the issue of sexual health and family planning is of great concern. In this study, UDM interaction with the Swiss health system through sexual healthcare and family planning services will be evaluated by identifying barriers that UDM face in accessing the health system as well as efforts made to combat these barriers such that expansion of care and improvement of UDM health may be attained. A select few sexual health and family planning issues - namely contraception, abortions, STIs, HIV/AIDS, and sexual violence - were chosen to provide a foundational understanding of the sexual health and family planning capacities of UDM and to provide a framework through which further discussion of access and barriers to access could be facilitated. Contraception was studied to investigate the ability of UDM to avoid unintended pregnancies and acquiring disease, and abortion was examined to evaluate the response to unintended pregnancies. Sexually transmitted infections (STIs) were included in an effort to consider how the health system addresses such highly transmissible diseases in the population of UDM. Migrants’ experiences in having HIV/AIDS and in accessing corresponding health

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<sup>15</sup> Wyssmüller, Chantal and Denise Efonayi-Mäder. “Health Care in NowHereLand: Improving services for undocumented migrants in the EU.” *University of Neuchâtel, Swiss Forum for Migration and Population Studies, The University of Neuchâtel, and The International Center for Migration Policy Development*. (2011): 6, accessed May 1, 2016. <http://files.nowhereland.info/795.pdf>

services was studied to present the compelling issue of how the Swiss health system copes with and addresses this transmissible and yet chronic disease in the vulnerable population of UDM. Sexual violence was also studied in the context of UDM in order to acknowledge the risk that UDM face of being victims of sexual violence and the benefits and limitations to their access to health services. The barriers UDM face in accessing sexual healthcare and family planning services were studied through the framework of these issues, and the means of combatting these barriers were both presented and evaluated.

### **Literature Review**

Sources across various domains of study were utilized to inform this analysis in order to construct a comprehensive line of inquiry that was grounded in literature and contributed to the field of study. This was accomplished through the use of various governmental publications in conjunction with studies and brochures constructed by non-governmental organizations and health facilities, as well as scholarly articles written by experts in the field of health and migration. Among this literature, a few sources more heavily informed this study.

Studies conducted by and in collaboration with Densie Efionayi-Mäder, project leader and deputy director of the Swiss Forum for Migration and Population Studies of the University of Neuchâtel, provided a foundational and yet comprehensive understanding of the UDM population in Switzerland and their interactions with the health system. Her studies on specific demographics of the population of UDM as well as the exploration of some of the issues UDM face further inspired the premise of this study. Explanations of the policies and practices currently in place that are detailed throughout her studies provided a basis for further analysis in this study and contributed to the considerations of what could be improved.

Medical doctors Yves Jackson and Hans Wolff, sometimes in collaboration with one another, also contributed significantly to the understanding of UDM health and access to health services on more of a clinical level. Their topics of study ranged from general health behaviors to specific sexual healthcare and family planning issues, such as pregnancy care, abortions, and STIs, within the UDM population, and thus their studies were particularly relevant in examining UDM's interaction with sexual healthcare and family planning services. It is also important to note that they, unlike many other clinical researchers, chose to make their participant population specifically UDM instead of more generally focusing on migrants. As a result of this, a significant amount of the clinical data included in this study originates from their work, and their analysis somewhat informed the analysis in this study.

The work of Sandro Cattacin, a professor at the University of Geneva in the field of sociology, influenced this study insofar as policy is concerned. Within his papers on migration and health, his analysis of the political framework surrounding migration as well as his studies of the health system in larger contexts provided a broader understanding of the context within which UDM access to healthcare falls. Along with this some of his studies of migrants and health, such as a study concerning difference sensitivity, informed recommendations developed through the course of this study.

A significant portion of the literature consulted was sponsored or published by the Swiss Federal Office of Public Health (FOPH). This generated an understanding of the Swiss public health framework within which migration and health exist, as well as brought to light the issues that the federal government deemed in need of research. The studies conducted generally focused on broader issues of health in Switzerland, though some studies focused on migration in the context of certain health issues.

The International Organization on Migration (IOM) was also consulted to carefully define the relevant terms concerning migrant status and the international framework of migration. Through this broad lens, quantitative data on migration to Switzerland was obtained. This information gathered from the IOM laid at the foundation of this project.

Through the utilization of the aforementioned sources, as well as many others, this study employed the frameworks of migration and health to examine UDM access to the Swiss healthcare system. This was accomplished by linking various specific health studies to introduce a general overview of the sexual health and family planning capacity of UDM. Studies on the health system were used to develop an informed analysis of the observed state of health of UDM and deduce a series of barriers that UDM face that prevent access to the healthcare system. Following this, various brochures and annual reports were utilized to support primary research as to the current efforts in place to combat these barriers. In response to this, some studies concerning how to more effectively expand healthcare access somewhat informed the discussion of these efforts. This study therefore contributes uniquely to this field of study in its use of the sexual health and family planning among UDM as a basis for analysis of barriers to the Swiss healthcare system, as well as its uniting of prior research and current efforts to categorically analyze current efforts to combat these barriers and the ways in which efforts could be improved to better aid UDM health and access to the healthcare system.

### **Research Questions**

In the context of increased migration into Switzerland, I sought to analyze how UDM interact with the Swiss health system through sexual healthcare and family planning services. To explore this issue, the following research questions guided my work:

- What is the state of sexual health and family planning capacity of UDM in Switzerland as compared to those with legal residency permits?
- What barriers exist for UDM in accessing Swiss sexual healthcare and family planning services?
- What is being done to combat these barriers to access that UDM face in accessing these services?
- What is the efficacy of and the response to these efforts?

Through attending to these questions, more questions arose, and I will address the findings that these questions generated in my analysis.

### **Methodology**

This study was constructed through the study of primary and secondary sources. Secondary sources both framed and complemented the use of primary sources throughout the study, as they were used to provide a contextual framework and a general understanding of the issues of sexual health and family planning in Switzerland and among the UDM population. Preliminary research was conducted on online databases to find scholarly articles and reports regarding UDM in Switzerland and sexual health and family planning for UDM. Materials published by the various relevant individuals and organizations consulted were also examined. Upon visiting different organizations and conducting interviews, this resource base was further expanded to include the examination of other resources, such as articles, annual reports, pamphlets, or other educational materials, published by interviewees or their affiliated organizations. Some news articles and less academic articles were also consulted, with reservations, in order to include the voice of the Swiss people and the migrant population.

Primary sources were obtained through both informal and formal interviews with experts in the fields of migrant health or sexual health and family planning. The experts were found via online searches and connections with other experts, and they were recruited via e-mail and telephone conversations. Prior to the interview, email acceptance was received and explanation of the objectives of the study and ISP policies were explained. All interviews were conducted in French or English, depending on the fluency and preference of the interviewee. These interviews were of a semi-structured nature, as a series of questions was drawn up in advance, but further follow-up questions were also asked to allow the conversation to flow more freely to what the interviewee considered pertinent or important information. All interviews were recorded with the permission of the interviewees and later transcribed. Due to the particular vulnerability of UDM and the sensitive nature of the subject of sexual health and family planning, no vulnerable populations were consulted in the construction of this research project, thus respecting ethical frameworks and both the rights and health of UDM. Instead, experts in the field of migrant rights and health as well as experts and health practitioners in the field of sexual health and family planning were consulted. Ethical considerations were taken into account in the interviews with experts by informing the interviewees of the nature of the project, reminding them of their right to abstain from answering questions and to end the interview at any time, and by asking if their names could be included in this study.

The formal interviews were held at either the interviewees' place of work or outside the workplace, depending on the preference of the individual being interviewed. Formal interviews were conducted with the following individuals. Dr. Mathieu Rougemont, the head of Internal Medicine and Infectious Disease at the University Hospital of Geneva was consulted regarding HIV and STIs in Switzerland and what the University Hospital does to facilitate migrant access

to HIV/AIDS related healthcare. An interview with Lorenza Betolli Musy, a leading counselor, midwife, and sexologist at the University Hospital of Geneva's Sexual Health and Family Planning unit, was held to gather information on the specific issue of sexual health and family planning among UDM in Geneva and to discuss what this program does to combat these issues and provide these services. An interview was held with Gaëlle Martinez, part of the organization Entraide Protestante Suisse (EPER), to discuss the way in which EPER, in collaboration with the Sexual Health and Family Planning Unit and various other organizations concerning sexual health and the health of vulnerable populations, works to educate, integrate, and improve the lives of migrants such as UDM. Given the prominent population of migrant women and UDM that are employed through the sex work industry, an interview was held with Mireille Wehrli of Aspaspie to discuss how sexual health and family planning are affected by this line of work and what services are both available and accessed by these women. Mr. David Perrot, the Director of Prevention Projects for Groupe SIDA Genève, was interviewed regarding HIV/AIDS among the migrant population in Switzerland, drawing special attention to vulnerable migrants and Groupe SIDA Genève's efforts to address the needs of this population.. Denise Wetzel, the nurse in charge of prevention projects of Programme Santé Migrants and of Groupe SIDA Genève further elaborated on HIV and STIs among the vulnerable population of migrants with which she works extensively, and how Programme Santé Migrants plays a role in addressing UDM's sexual health issues. A meeting was held with Dr. Ariel Eytan, psychiatrist at the University Hospital of Geneva, in an effort to examine the interplay of mental health and sexual health. Badia Koutit of L'association pour la Promotion des Droits Humains (APDH) provided the perspective of an NGO that concerned itself with the rights of vulnerable individuals, such as UDM, and discussed how to educate these vulnerable individuals as to their rights.. Venus Sharifi, a colleague of



Badia. Koutit at APDH, was spoken with, per the suggestion of Badia Koutit, to discuss the round table and education programs, which sometimes focus on sexual health and family planning, that APDH holds for migrants, asylum-seekers and refugees. In order to further understand migrants' rights to health and to explore the issue of sexual health and family planning from a rights-based policy perspective, Dr. Jyoti Sanghera of the United Nations Office of the High Commissioner for Human Rights (UNOHCHR) was interviewed. Professor Cattacin was consulted for similar reasons, due to his academic expertise in policy surrounding migration and healthcare for UDM.

The informal interviews were conducted over the phone with the following individuals. Nathan Schocher, director of the program for people living with HIV, was consulted to gain a general understanding of HIV in Switzerland and to gain a foundational understanding of Groupe SIDA Genève, which is very heavily engaged in migrant health. In an effort to gain a greater understanding of the state of UDM health and what resources are available to UDM in Zurich, the author spoke with Linda Stoll, employee of the Swiss Red Cross in Zurich and head of the project Meditrina that provides primary care for UDM. Katrine Thomasen, a legal advisor in the European division of the Center for Reproductive Rights, was also contacted to establish a greater understanding of what political and legal frameworks are in place regarding reproductive rights and UDM. Santé Sexuelle Suisse serves somewhat as the head organization of all sexual health and family planning centers in Switzerland, and thus Christine Sieber, head of the project concerning migrants, was contacted to discuss the topic of study and the organization. Finally, Yves Jackson, head of the medical unit of Centre de soins de la consultation ambulatoire mobile de soins communautaires (CAMSCO) was consulted to discuss his research in the field of UDM and sexual health as well as to further understand his work with UDM and what it entails.

Limitations of this study are related to both the limited amount of time given for the project and the limited geographic range of those interviewed. A few select sexual health and family planning issues were chosen to guide this study due to time constraints. Further examination of other sexual health issues, such as but not limited to female genital mutilation, pelvic human papilloma virus, and genital ulcer disease, should also be studied in relation to UDM access to sexual health and family planning services in Switzerland. Furthermore, additional primary research including more individuals from different cantons would be necessary to develop a more comprehensive report on UDM access to sexual healthcare and family planning services and prevention methods on a cross-cantonal scale.

## **Analysis**

### ***Context of Sexual Health and Family Planning Among UDM***

In order to understand how UDM interact with the sexual healthcare and family planning services in Switzerland, it is necessary to comprehend the current state of health of UDM as compared to those with legal residency permits in Switzerland. The sexual health and family planning capacity of individuals was measured through an examination of select subjects concerning sexual health and family planning to provide a broad overview of the condition of sexual health and family planning capacity of UDM. The issues chosen were: contraception, abortions, STIs, HIV, and sexual violence. The relevant data related to the specific sexual health and family planning issues is detailed below, and it will inform the rest of the analysis.

#### **Contraception**

The contraceptive choices available to people living in Switzerland are quite extensive, and, in turn, contraceptive usage is highly prevalent on a population level. In 2009, Switzerland

ranked 8<sup>th</sup> among over 200 countries in use of contraceptives by women between the ages of 15 and 49, with 82% using a form of contraceptives and 78% using modern forms of contraception.<sup>16</sup> Family planning centers in Switzerland, mandated by federal law since 1981, facilitate this high usage of contraception methods through free counseling services regarding pregnancies and family planning.<sup>17</sup> Use of the hormonal pill spread quickly throughout Switzerland shortly following its introduction into the market. Various other contraceptive methods such as the intrauterine device (IUD), and the injection are also promoted throughout Switzerland. The prevalence of voluntary sterilization as a form of contraception is markedly high in Switzerland as well, distinguishing itself from neighboring countries. Condom usage, given the additional protective benefits it offers through its contraceptive functioning in blocking fluid transfer, had been heavily promoted since the 1980s and the AIDS Epidemic; however, experts consulted through this research suggested that condom usage is on the decline in younger populations.<sup>18</sup> Consistent with this conclusion, more than 100,000 packs of the morning-after pill, a form of emergency contraception, are sold, on average, per year.<sup>19</sup> Data could be found detailing the average prices of contraceptives, and little data differentiating contraceptive usage and access across cantons could be deduced.

While generally Switzerland has a high usage of contraception, this is not representative of the more vulnerable populations living in Switzerland, such as UDM. A study on pregnant, undocumented women showed that 61% of UDM were unaware of emergency contraception,

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<sup>16</sup> "Contraceptive Use Among Married Women Ages 15-49, by Method Type," *Population Reference Bureau*, 2015, accessed May 2, 2016, <http://www.prb.org/DataFinder/Topic/Rankings.aspx?ind=42>.

<sup>17</sup> "Universal Period Review: Review of Switzerland at the 14<sup>th</sup> UPR session in October 2012," *Santé Sexuelle Suisse & Sexual Rights Initiative*, (2012): 4, accessed May 4, 2016, [https://www.sante-sexuelle.ch/wp-content/uploads/2013/04/Submission\\_UPR.pdf](https://www.sante-sexuelle.ch/wp-content/uploads/2013/04/Submission_UPR.pdf).

<sup>18</sup> Mathieu Rougemont, (HUG: Unité VIH/SIDA & Services de maladies infectieuses), interview by author, in-person interview, Geneva, Switzerland, March 31, 2016.

<sup>19</sup> Clare O'Dea, "The secret of Switzerland's low abortion rate," *Swissinfo.ch*, October 3, 2012, accessed May 3, 2016, [http://www.swissinfo.ch/eng/fertility-matters\\_the-secret-of-switzerland-s-low-abortion-rate/33585760](http://www.swissinfo.ch/eng/fertility-matters_the-secret-of-switzerland-s-low-abortion-rate/33585760).

compared to 9% of those with a legal residency permit.<sup>20</sup> Even for those who are aware of contraceptive methods, contraception is privately paid for, and thus many groups of women, such as UDM women, are inhibited by their social and financial status from accessing contraception and preventing unwanted pregnancies. While some family planning centers can assist patients monetarily for short periods of time in accessing these services, this cannot be sustained for the long-term.<sup>21</sup> A study also showed that UDM cited infrequent intercourse, belief of infertility, and the stopping of contraception, whether due to insufficient number of pills, side effects, or lack of funding, as other reasons for not utilizing contraceptive methods.<sup>22</sup> UDM women, in turn account for 75% of unintended pregnancies.<sup>23</sup> The vast majority of these UDM women (79%) who had unintended pregnancies, did not use any contraceptive measures or used unreliable contraceptive measures, such as condoms, retraction, or the temperature method.<sup>24</sup> Thus, UDM women face a starkly different situation in terms of contraception than the general trends in Switzerland.

## **Abortions**

Approximately one in five women in Switzerland undergo an abortion.. The rate of abortions in Switzerland remained relatively stable between 2004 and 2011, and now a slight decrease in abortions has been observed since 2011. As of 2014, the rate of women between the ages of 15 and 44 years old who undergo abortion in Switzerland is approximately 6.3 women per year per 1,000 women.<sup>25</sup> Comparatively speaking, this rate of abortion is low when

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<sup>20</sup> Hans Wolff, Manuella Epiney, Ana P Lourenco, Michael C Contanza, Jacqueline Delieutraz-Marchand, Nicole Andreoli, Jean-Bernard Dubuisson, Jean-Michel Gaspoz, and Olivier Irion, "Undocumented migrants lack access to pregnancy care and prevention," *BMC Public Health*, 8 (2008): 4, doi:10.1186/1471-2458-8-93.

<sup>21</sup> "Universal Period Review: Review of Switzerland at the 14<sup>th</sup> UPR session in October 2012," *Santé Sexuelle Suisse & Sexual Rights Initiative*, (2012): 5, accessed May 4, 2016, [https://www.sante-sexuelle.ch/wp-content/uploads/2013/04/Submission\\_UPR.pdf](https://www.sante-sexuelle.ch/wp-content/uploads/2013/04/Submission_UPR.pdf).

<sup>22</sup> Hans Wolff, Manuella Epiney, Ana P Lourenco, Michael C Contanza, Jacqueline Delieutraz-Marchand, Nicole Andreoli, Jean-Bernard Dubuisson, Jean-Michel Gaspoz, and Olivier Irion, "Undocumented migrants lack access to pregnancy care and prevention," *BMC Public Health*, 8 (2008): 4, doi:10.1186/1471-2458-8-93.

<sup>23</sup> *Ibid*, 4.

<sup>24</sup> *Ibid*, 3.

<sup>25</sup> "Statistique des interruptions de grossesse 2014: Etat des lieux de l'interruption de grossesse en Suisse," *Swiss Federal Office of Health, Neuchâtel* (2015): 1, accessed May 3, 2016, <http://www.bfs.admin.ch/bfs/portal/fr/index/themen/14/02/03/dos/04.html>.

considering other European countries. The rate of abortions is greatest among those who are between 20 and 24 years old,<sup>26</sup> and the vast majority of these women (58%) living in Switzerland and undergoing an abortion are single. These abortions generally occur for psychosocial reasons, such as lack of financial security, having enough children already, feeling unfit to raise a child, work or educational circumstances, or that the partner does not or no longer wants the child.<sup>27</sup>

Rates of abortions indicate important inter-cantonal differences as well. Though a notable 72% of voters and nearly all cantons voted in favor of emergency contraception in 2002,<sup>28</sup> certain cantons, namely Wallis and Appenzel Innerhoden, did not vote in favor of this legal change.<sup>29</sup> While the cantons of Geneva, Vaud, Neuchâtel, Tessin, Bâle Ville, and Zurich have above average abortion levels, the central cantons' abortion rates were much lower than the average. Despite these lower rates, abortions did show an increase in Schaffhausen, Valais, and Nidwalden.<sup>30</sup> This data suggests that abortion access and frequency are dependent on a canton's policy.

When differentiating migrants from the greater Swiss population, the rate of abortions substantially differs from the national average. In the aforementioned study of abortion in Switzerland, foreign women living in Switzerland comprised 30% of these interventions, and the rate of abortions tends to be significantly higher among sub-populations of these foreign women, particularly among women from Africa (35.1 per year per 1000 women) and women from Latin

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<sup>26</sup> "Statistique des interruptions de grossesse 2014: Etat des lieux de l'interruption de grossesse en Suisse," *Swiss Federal Office of Health, Neuchâtel* (2015): 1, accessed May 3, 2016, <http://www.bfs.admin.ch/bfs/portal/fr/index/themen/14/02/03/dos/04.html>.

<sup>27</sup> *Ibid.*, 3.

<sup>28</sup> Clare O'Dea, "The secret of Switzerland's low abortion rate," *Swissinfo.ch*, October 3, 2012, accessed May 3, 2016, [http://www.swissinfo.ch/eng/fertility-matters\\_the-secret-of-switzerland-s-low-abortion-rate/33585760](http://www.swissinfo.ch/eng/fertility-matters_the-secret-of-switzerland-s-low-abortion-rate/33585760).

<sup>29</sup> "Vorlage Nr. 487: Resultate in Den Kantonen," *Schweizerische Bundeskanzlei*, June 2002, accessed May 04, 2016, <https://www.admin.ch/ch/d/pore/va/20020602/can487.html>.

<sup>30</sup> "Statistique des interruptions de grossesse 2014: Etat des lieux de l'interruption de grossesse en Suisse," *Swiss Federal Office of Health, Neuchâtel* (2015): 2, accessed May 3, 2016, <http://www.bfs.admin.ch/bfs/portal/fr/index/themen/14/02/03/dos/04.html>.

America (15.2).<sup>31</sup> These statistics don't account for UDM women, and thus the Federal Office of Health noted that this data is likely an underestimation of the actual rates of abortions in women from origin countries. Given the innate differences by canton, a study was conducted surrounding abortions, specifically in the canton of Vaud. Vaud was also the only canton to study residency status of individuals within their study on abortions. In this study, foreign women composed 51% of abortions conducted while they only constituted 27% of the female population in the canton between the ages of 14 and 49.<sup>32</sup> More specifically to UDM women, in 2012 17.4% of foreign women who underwent an abortion in the canton were women without residency permits or having the permits N, F, or L. These results indicate that abortion is a significant concern for UDM women, and this might be linked to the obstacles in accessing contraception.

### **Sexually Transmitted Infections (STIs)**

Throughout the world, since the 2000s, rates of STIs have been continually increasing. More than 340 million new cases of STIs resulting from bacterial and protozoal infections occur each year.<sup>33</sup> In Switzerland, rates of STIs have also demonstrated upward trends in recent years. To demonstrate this trend with STIs, chlamydia trachomatis infection (CTI), the most frequent STI in Switzerland, will be taken as an example.<sup>34</sup> CTI, is frequently asymptomatic, but if left untreated, it could lead to serious sexual health issues, such as chronic pelvic pain, ectopic

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<sup>31</sup> "Statistique des interruptions de grossesse 2014: Etat des lieux de l'interruption de grossesse en Suisse," *Swiss Federal Office of Health, Neuchâtel* (2015): 1, accessed May 3, 2016, <http://www.bfs.admin.ch/bfs/portal/fr/index/themen/14/02/03/dos/04.html>.

<sup>32</sup> Florence Moreau-Gruet and Stéphane Luyet, "Population migrante et santé: Analyse de la statistique médicale des hôpitaux," *Federal Office of Public Health: Neuchâtel*, (2011): 24, accessed May 4, 2016, [http://www.bag.admin.ch/themen/gesundheitspolitik/07685/12533/13721/index.html?lang=de&download=NHZLpZeg7t,lnp6I0N TU042I2Z6lnIacy4Zn4Z2qZpnO2Yquq2Z6gpJCKeX1\\_fWym162epYbg2c\\_JjKbNoKSn6A--](http://www.bag.admin.ch/themen/gesundheitspolitik/07685/12533/13721/index.html?lang=de&download=NHZLpZeg7t,lnp6I0N TU042I2Z6lnIacy4Zn4Z2qZpnO2Yquq2Z6gpJCKeX1_fWym162epYbg2c_JjKbNoKSn6A--).

<sup>33</sup> "Global Strategy for the Prevention and Control of Sexually Transmitted Infection: 2006-2015," *The World Health Organization* (2006): 1, accessed May 3, 2016, [http://apps.who.int/iris/bitstream/10665/85239/1/9789241564625\\_eng.pdf](http://apps.who.int/iris/bitstream/10665/85239/1/9789241564625_eng.pdf).

<sup>34</sup> Hans Wolff, Ana Lourenço, Patrick Bodenmann, Manuela Epiney, Monique Uny, Nicole Andreoli, Olivier Irion, Jean-Michel Gaspoz, and Jean-Bernard Dubuisson, "Chlamydia trachomatis in undocumented migrants undergoing voluntary termination of pregnancy: a prospective cohort study," *BMC Public Health* 8, no. 1 (2008): 1, doi:10.1186/1471-2458-8-391.

pregnancy, and pelvic inflammatory disease with subsequent risk of infertility.<sup>35</sup> The number of positive CTI tests has been steadily increasing in both men and women for the past decade, amounting to 7,203 cases in 2011.<sup>36</sup> Within this, significantly more cases of CTI were observed in women than in men. Among these women, 50% of those diagnosed were between the ages of 15 and 24 years old, whereas men diagnosed with CTI were mostly between the ages of 25 and 34 years old.<sup>37</sup>

The rate of new CTI cases differed greatly between cantons. Urban cantons, particularly in Geneva, Basel-Stadt, Zurich and Vaud, presented significantly more new cases of CTI than the average rate in 2010/2011 of 87 cases per 100,000 inhabitants.<sup>38</sup> Consistent with this finding, while the incidence rate of CTI increased throughout Switzerland, the canton of Vaud experienced the greatest increase from 2007/2008 to 2010/2011. With the exception of Ticino/Grisons, the rate of CTI in other regions was notably below average.<sup>39</sup>

Various studies on the UDM population have demonstrated that UDM face a significantly higher risk of CTI. Two studies examined the prevalence of CTI in UDM women undergoing abortions to those with a residency permit. These UDM women were generally young, and they mainly originated from Latin-America, followed by parts of Africa, Asia, and Europe. The majority of these women were single and working in low-wage jobs. These multivariate studies found that neither being female, unmarried of Central and South American origin nor having low education was shown to increase risk of CTI infection. However, young UDM were shown to

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<sup>35</sup> Hans Wolff, Ana Lourenço, Patrick Bodenmann, Manuella Epiney, Monique Uny, Nicole Andreoli, Olivier Irion, Jean-Michel Gaspoz, and Jean-Bernard Dubuisson, "Chlamydia trachomatis in undocumented migrants undergoing voluntary termination of pregnancy: a prospective cohort study," *BMC Public Health* 8, no. 1 (2008): 2, doi:10.1186/1471-2458-8-391.

<sup>36</sup> "HIV and other sexually transmitted infections in Switzerland: epidemiological overview (2007-2011)," *Federal Office of Public Health*, (October 2012): 10.

<sup>37</sup> *Ibid.*, 10.

<sup>38</sup> *Ibid.*, 10.

<sup>39</sup> *Ibid.*, 10.

have a four times greater risk of CTI than those with residency permits.<sup>40</sup> Along with this, the prevalence among UDM women who were younger than 25 years old and who reported having had more than two sexual partners in the prior year was even higher. This greatly increased risk could be somewhat explained by the fact that the population of UDM studied included mainly young, sexually active females. However, the increased risk is also largely explained by the use of insecure contraceptive methods, such as the use of the calendar method as a form of contraception, that many UDM utilize, as well as the way in which UDM women are more than twice as likely not to use any contraceptive method.<sup>41</sup> Above all, the increased risk of CTI among UDM women is indicative of less CTI detection and increased transmission among their sexual partners, which demonstrates poor access to the Swiss healthcare system and potentially poor education on the subject of STIs.

## **HIV/AIDS**

Switzerland, in comparison to other western European countries, maintains a relatively high prevalence of HIV/AIDS in the population at large. Within the population, approximately 0.4% of people are seropositive, bringing the number of people currently living with HIV/AIDS in Switzerland to around 25,000.<sup>42</sup> An estimated 590 new cases of HIV were diagnosed in 2014, and new HIV diagnoses have remained comparatively stable around this number throughout recent years.<sup>43</sup> Within these new cases, the majority occur among men having sex with men (MSM), but prevalence among heterosexual individuals, especially women, has come to play a

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<sup>40</sup> Yves Jackson Paul Sebo, Gaelle Aeby, Patrick Bovier, Beatrice Ninet, Jacques Schrenzel, Phillipe Sudre, Dagmar Hallar, Jean-Michel Gaspoz, and Hans Wolff, "Prevalence and Associated Factors for *Chlamydia trachomatis* Infection Among Undocumented Immigrants in a Primary Care Facility in Geneva, Switzerland: A Cross-Sectional Study," *J Immigrant Minority Health*, 12 (2010): 911, DOI 10.1007/s10903-010-9354-4.

<sup>41</sup> Hans Wolff, Ana Lourenço, Patrick Bodenmann, Manuella Epiney, Monique Uny, Nicole Andreoli, Olivier Irion, Jean-Michel Gaspoz, and Jean-Bernard Dubuisson, "Chlamydia trachomatis in undocumented migrants undergoing voluntary termination of pregnancy: a prospective cohort study," *BMC Public Health* 8, no. 1 (2008): 3, doi:10.1186/1471-2458-8-391.

<sup>42</sup> "Statistics on HIV/AIDS," *Aide Suisse Contre Le SIDA*, accessed April 6, 2016, <http://www.aids.ch/en/faq/hiv-test/statistics.php>.

<sup>43</sup> "Données épidémiologiques VIH/sida en 2014," *Groupe SIDA Genève: Rapport D'activités en 2014*, (2014): 7.



large role in the epidemic in Switzerland, as approximately 39% of all infections in Switzerland are a result of heterosexual contact. Insofar as other modes of transmission are concerned, Intravenous Drug Use (IDU) has stabilized at a low level of about 22 cases per year, and Mother To Child Transmission (MTCT) in Switzerland is considered essentially non-existent.<sup>44</sup>

The cases of HIV are unevenly distributed throughout the Swiss cantons. This is particularly observed in comparing the more urban versus the more rural cantons. The greatest number of new HIV infections occurs in Zurich, followed closely by Geneva and Vaud. The lowest rates of HIV diagnosis occurred in the Swiss Plateau (the cantons of Argovie, Bâle-Campagne, and Soleure) and Eastern Switzerland (the cantons of Appenzell Rhodes Intérieures, Appenzell Rhodes Extérieures, Saint-Gall, Schaffhouse, and Thurgovie). The cantons also differ in the most prevalent mode of transmission. Zurich's HIV diagnoses remain mainly (67%) among MSM, which is much higher than the Swiss average for 2010-2011, whereas in Geneva, Vaud and much of the French-speaking part of Switzerland, the largest proportion of infections (62% in Geneva and 55-56% in Vaud) was due to heterosexual contact.<sup>45</sup> The nationality of those infected in these areas serves as a probable explanation for this, as these areas sustain nearly double the national proportion of people from high-prevalence countries (24-28% in this area v. 14% in Switzerland overall). Along with this, the canton of Bern maintains a slightly higher proportion of HIV diagnoses as a result of IDUs than the national average (10% in Bern v. 4% overall).<sup>46</sup>

One must note that HIV/AIDS tends to affect more vulnerable populations, and the prevalence of HIV/AIDS among migrants, particularly UDM, in Switzerland exemplifies this

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<sup>44</sup> "HIV and other sexually transmitted infections in Switzerland: epidemiological overview (2007-2011)," *Federal Office of Public Health*, (October 2012): 9.

<sup>45</sup> *Ibid.*, 7.

<sup>46</sup> "HIV and other sexually transmitted infections in Switzerland: epidemiological overview (2007-2011)," *Swiss Federal Office of Public Health*, (October 2012): 7.

trend. Of the new cases of HIV diagnosed in 2014 in Switzerland, 18% of these new diagnoses were among heterosexual migrants from high prevalence countries, mainly sub-Saharan Africa.<sup>47</sup> In support of this, the Voluntary Counseling and Testing (VCT) study in Geneva also showed that of those seeking VCT, approximately 61% were from sub-Saharan Africa.<sup>48</sup> A study conducted on HIV/AIDS-related knowledge and behaviors of vulnerable migrants in the Geneva area revealed that approximately 35% were UDM or without residency permits. This remains consistent with the issues of circumstance and access that affect the health of undocumented migrants. Insofar as transmission is concerned, recent HIV diagnoses among the migrant population from high prevalence countries indicate that 60% of those diagnosed believe they were infected in their country of origin, while 16% believe they were infected in Switzerland.<sup>49</sup> Along with this, though federal migration statistics show the majority of migrants originating from various European countries,<sup>50</sup> over the course of the past 5 years, migrants from sub-Saharan Africa have constituted between 16 and 23% of the new HIV cases in Switzerland.<sup>51</sup> These findings indicated not only a differentiation in HIV prevalence among certain populations of migrants, but also that this population that has a significant health need is not well accounted for on a federal level. Insofar as transmission of HIV is concerned, the aforementioned high relative rate of heterosexual transmission in French-speaking cantons is nearly entirely restricted

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<sup>47</sup> Denise Wetzel, Emilien Jeannot, and Sophie Durieux-Paillard, "Niveau de connaissances et comportement en matière de prévention du VIH/sida au sein d'une population de migrants précaires à Genève," *Hôpitaux Universitaires Genève: Programme santé migrants*, (Unpublished): 2.

<sup>48</sup> Deborah Glejser, Denise Wetzel, Emilien Jeannot, and Sophie Durieux Paillard, "Abstract #2364: HIV/AIDS-related knowledge and behaviors of precarised migrants in the Geneva area, Switzerland," *Groupe SIDA Genève*, (Unpublished), accessed April 4, 2016, <http://www.aidsimpact.com/2015/Academics/Programme/abstract/?id=2364>.

<sup>49</sup> Denise Wetzel, Emilien Jeannot, and Sophie Durieux-Paillard, "Niveau de connaissances et comportement en matière de prévention du VIH/sida au sein d'une population de migrants précaires à Genève," *Hôpitaux Universitaires Genève: Programme santé migrants*, (Unpublished): 2.

<sup>50</sup> "Migration et intégration – Indicateurs: Population issue de la migration," *Office fédéral de la statistique*, (2016), accessed April 5, 2016 <http://www.bfs.admin.ch/bfs/portal/fr/index/themen/01/07/blank/key/04.html>.

<sup>51</sup> Luciano Ruggia, "UNGASS Country Progress Report 2012: Switzerland," *UNGASS Country Progress Report* (31 March 2012): 26, accessed April 1, 2016, [http://www.unaids.org/sites/default/files/en/dataanalysis/knownyourresponse/countryprogressreports/2012countries/ce\\_CH\\_Narrative\\_Report\[1\].pdf](http://www.unaids.org/sites/default/files/en/dataanalysis/knownyourresponse/countryprogressreports/2012countries/ce_CH_Narrative_Report[1].pdf).

to cases with foreign nationals,<sup>52</sup> of which a UDM are a part. As this evidence shows, the UDM population suffers the health consequences of these challenges, whether that be due to sociocultural or linguistic reasons or due to their residence status, and limitations in accessing the Swiss health system.

### **Sexual Violence**

Sexual violence is defined by the WHO to be:

“any sexual act, attempt to obtain a sexual act, unwanted sexual comments or advances, or acts to traffic, or otherwise directed, against a person’s sexuality using coercion, by any person regardless of their relationship to the victim, in any setting, including but not limited to home and work.”<sup>53</sup>

This definition includes both intimate partner violence and non-partner sexual violence. While sexual violence is not exclusively directed towards women, women tend to be the victims of sexual violence. In Switzerland, 39% of women reported to have experienced either physical or sexual violence at the hands of a man throughout their life. However, the most recent survey on the prevalence of violence on Switzerland took place in 2004, and the results of these surveys, along with more descriptive national criminal statistics are not publicly available.<sup>54</sup> That being said, a study comparing the sexual health of pregnant women 1.3% of pregnant women with legal residency permits to be in Switzerland reported exposure to sexual violence during pregnancy.<sup>55</sup> Further illustrative of the issue of sexual violence in Switzerland is the way in which there are only six women’s centers for survivors of sexual violence – two centers run by hospitals, two run by independent women’s NGOs, and two without any further information.

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<sup>52</sup> “HIV and other sexually transmitted infections in Switzerland: epidemiological overview (2007-2011).” *Swiss Federal Office of Public Health*, (October 2012): 8.

<sup>53</sup> “World Report on Violence and Health: Chapter 6 Sexual Violence,” *The World Health Organization*, 149, accessed May 5, 2016, [http://www.who.int/violence\\_injury\\_prevention/violence/global\\_campaign/en/chap6.pdf](http://www.who.int/violence_injury_prevention/violence/global_campaign/en/chap6.pdf).

<sup>54</sup> “Country Report 2013: Switzerland,” *The Wave Network*, 193, accessed May 5, 2016, accessed May 5, 2016 <http://www.wave-network.org/sites/default/files/02%20Switzerland.pdf>.

<sup>55</sup> Hans Wolff, Manuella Epiney, Ana P Lourenco, Michael C Contanza, Jacqueline Delieutraz-Marchand, Nicole Andreoli, Jean-Bernard Dubuisson, Jean-Michel Gaspoz, and Olivier Irion, “Undocumented migrants lack access to pregnancy care and prevention,” *BMC Public Health*, 8 (2008): 8, doi:10.1186/1471-2458-8-93.

With so little resources available to address and account for issues of sexual violence, it is likely that while a rough estimate of the occurrence of sexual violence in Switzerland may be deduced from the percentage of individuals that experience violence of any sort, both this statistic and any other sexual violence statistics are likely gross underestimates of what occurs. It should be noted that further information by canton of sexual violence could not be obtained.<sup>56</sup>

The migrant population of women, particularly the UDM women, face an even greater risk of sexual violence. As of 2011, 4.5 times more migrant women were recognized as survivors of sexual violence than Swiss women.<sup>57</sup> Further supporting this evidence, the aforementioned study examining the sexual health of pregnant women indicated that 11% of the UDMs in the study experienced sexual violence during pregnancy.<sup>58</sup> The increased prevalence of sexual violence among the UDM women has been linked to various risk factors of vulnerability, poor living and working conditions, as well as the stress, insecurity, and isolation that can occur as a result of migration.<sup>59</sup> Due to these issues combined with both cultural frameworks and status issues, there is an underreporting of the sexual violence that occurs within this population, and few statistics exist illustrating this issue further.<sup>60</sup>

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<sup>56</sup> “Country Report 2013: Switzerland,” *The Wave Network*, 193, accessed May 5, 2016, <http://www.wave-network.org/sites/default/files/02%20Switzerland.pdf>.

<sup>57</sup> Nasseira Stitelmann-Dhif, “Femmes issues de pays tiers victimes de violences conjugales: entre protection et discriminations,” *Haute école de travail de Genève* (2013): 56, accessed May 5, 2016, [http://doc.rero.ch/record/208708/files/Bachelor\\_Stitelmann.pdf](http://doc.rero.ch/record/208708/files/Bachelor_Stitelmann.pdf).

<sup>58</sup> Hans Wolff, Manuella Epiney, Ana P Lourenco, Michael C Contanza, Jacqueline Delieutraz-Marchand, Nicole Andreoli, Jean-Bernard Dubuisson, Jean-Michel Gaspoz, and Olivier Irion, “Undocumented migrants lack access to pregnancy care and prevention,” *BMC Public Health*, 8 (2008): 8, doi:10.1186/1471-2458-8-93.

<sup>59</sup> Nasseira Stitelmann-Dhif, “Femmes issues de pays tiers victimes de violences conjugales: entre protection et discriminations,” *Haute école de travail de Genève* (2013): 56, accessed May 5, 2016, [http://doc.rero.ch/record/208708/files/Bachelor\\_Stitelmann.pdf](http://doc.rero.ch/record/208708/files/Bachelor_Stitelmann.pdf).

<sup>60</sup> *Ibid*, 56.

## ***Common Barriers Undocumented Migrants Face in Accessing Sexual Healthcare and Family Planning Services***

Taking into effect the aforementioned state of sexual health and family planning capacity among UDM as compared to individuals living in Switzerland with legal residency permits, a series of common barriers to access across these health issues were observed. More specifically, a series of financial, social, psychological, and geographic were identified as preventing UDM from accessing sexual healthcare and reproductive services. These barriers are identified and explained within the framework of the specific subjects of sexual health chosen for this study.

### **Financial Barriers: Insurance and Income**

Principal among these challenges facing UDM is the economic barrier of the compulsory health insurance. As a resident in Switzerland, regardless of residency status, individuals “have both the right and the obligation to take out health insurance covering basic healthcare services” according to the Loi fédérale sur l’assurance maladie (LAMal).<sup>61</sup> One must subscribe himself to a health insurance or that of a legal guardian, in case of illness or injury, within three months of establishing residence in Switzerland.<sup>62</sup> An individual must pay a monthly insurance premium, and should they fall ill, the individual must also pay all fees up to the amount of their chosen annual excess, which can range from CHF 300 to CHF 2500 for adults. Once the insured individual has reached their annual excess, the health insurer pays ‘all’ the remaining treatment costs. That being said, the patient must still contribute 10% of the treatment costs up to and

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<sup>61</sup> Chantal Wyssmüller and Denise Efonayi-Mäder, “Health Care in NowHereLand: Improving services for undocumented migrants in the EU,” *University of Neuchâtel, Swiss Forum for Migration and Population Studies, The University of Neuchâtel, and The International Center for Migration Policy Development*, (2011): 10, accessed May 1, 2016. <http://files.nowhereland.info/795.pdf>

<sup>62</sup> “Loi fédérale sur l’assurance-maladie,” *Le Conseil fédéral*, (January 2016), accessed April 6, 2016, <https://www.admin.ch/opc/fr/classified-compilation/19940073/>.

including CHF 700.<sup>63</sup> Regardless of the mandatory nature of the universal health insurance coverage in Switzerland, more than 90% of Geneva's UDM population remains uninsured,<sup>64</sup> and this is likely of a similar level or worse across other cantons. Vulnerable migrants, especially those that are undocumented, often cannot pay for the minimum insurance, let alone the other costs that accessing health services involves, and thus UDM often fail to acquire health insurance. « Déjà pour... [les] Suisse, c'est considérable. Vous imaginez une femme sans-papiers qui travaille... C'est juste impossible,» [...Already, for the Swiss it's considerable. You imagine a undocumented women who works... It's just impossible].<sup>65</sup>

Accessing the health system has high monetary costs, especially if one cannot maintain health insurance. An HIV test alone costs CHF 60 if taken outside of doctor or hospital recommendation or if one does not have health insurance.<sup>66</sup> Treatment for HIV/AIDS in the way of antiretroviral medication is expensive. While it has decreased in price since this study, the average cost of antiretroviral treatment per day, as expressed in the value of 1999 Swiss Francs (CHF) was about CHF 17.8.<sup>67</sup> Along with this, those with HIV must use these medications consistently and for the rest of their life. Even for those with health insurance, contraception is not covered by the compulsory insurance and is not inexpensive. Women may be encouraged to utilize an intra-uterine device for cost effective purposes, as monthly costs of contraceptive pills often prove to be more costly, but regardless, most contraceptive methods come at a significant

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<sup>63</sup> Veronika Bilger, Christina Hollomey, Chantal Wyssmüller, and Denise Efonayi-Mäder, "Health Care for Undocumented Migrants in Switzerland: Policies – People – Practices," *University of Neuchâtel, Swiss Forum for Migration and Population Studies, The University of Neuchâtel, and the International Center for Migration Policy Development*, (2011): 9, accessed May 1, 2016, [http://gbif.ch/files/content/sites/sfm/files/nouvelles%20publications/Booklet-Publikation\\_FINAL\\_03082011\\_A5.pdf](http://gbif.ch/files/content/sites/sfm/files/nouvelles%20publications/Booklet-Publikation_FINAL_03082011_A5.pdf).

<sup>64</sup> Sebo, Paul, Yves Jackson, Dagmar M. Haller, Jean-Michel Gaspoz, Hanz Wolff, "Sexual and Reproductive Health Behaviors of Undocumented Migrants in Geneva: A Cross Sectional Study," *J Immigrant Minority Health*, 13 (2011): 511, DOI 10.1007/s10903-010-9367-z.

<sup>65</sup> Lorenza Betolli Musy (HUG: Santé sexuelle et planning familial), interview by author, in-person interview, Geneva, Switzerland, April 18, 2016.

<sup>66</sup> "HIV Test." *Aide Suisse Contre Le SIDA*, accessed May 5, 2016, <http://www.aids.ch/en/faq/hiv-test/hiv-test.php>.

<sup>67</sup> Lowy, A. Costs of Treatment of Swiss Patients with HIV on Antiretroviral Therapy in Hospital-based and General Practice-based Care: A Prospective Cohort Study," *AIDS Care* 17, no. 6 (August 2005): 704, doi:10.1080/09540120412331336689.

cost.<sup>68</sup> While the compulsory health insurance is obliged to cover the costs of legal abortions, without this insurance abortions are costly, as the average cost of pharmacological termination is CHF 650 and a surgical termination costs approximately CHF 1,000.<sup>69</sup> This high cost could drive women to undergo illegal and potentially health jeopardizing abortions or to not undergo an abortion despite their desire to, which could result in other health issues for the mother and the child.

Many UDM are in life situations fraught with deprivation and lack of vital resources.<sup>70</sup> If UDM have a job at all, it is often an insecure form of employment in which they receive an unsteady income are in constant fear of losing their job.<sup>71</sup> UDM women tend to be employed more often than men, particularly in the sectors of domestic work and the sex industry. Men of this status, on the other hand, often work in construction for removal firms, in the farming sector, and other such domains. Even if these forms of employment could sustain a family, regardless of whether UDM have been in Switzerland for years and have been working, they often still earn irregular incomes.<sup>72</sup> Thus, with this minimal earnings and the irregularity of their income, many agree that due to these financial constraints, “l’essentiel n’est pas forcement la santé en première [the first priority is not necessarily health].”<sup>73</sup>

### **Social Barriers: Stigmatization and Language**

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<sup>68</sup> Lorenza Betolli Musy (HUG: Santé sexuelle et planning familial), interview by author, in-person interview, Geneva, Switzerland, April 18, 2016.

<sup>69</sup> Susan Misicka, “Abortions to remain covered by health insurance,” *Swissinfo.ch*, February 9, 2014, accessed May 4, 2016, [http://www.swissinfo.ch/eng/voters--choice\\_abortions-to-remain-covered-by-health-insurance/37889424](http://www.swissinfo.ch/eng/voters--choice_abortions-to-remain-covered-by-health-insurance/37889424).

<sup>70</sup> Veronika Bilger, Christina Hollomey, Chantal Wyssmüller, and Denise Efiionayi-Mäder, “Health Care for Undocumented Migrants in Switzerland: Policies – People – Practices,” *University of Neuchâtel, Swiss Forum for Migration and Population Studies, The University of Neuchâtel, and the International Center for Migration Policy Development*, (2011): 45, accessed May 1, 2016, [http://gbif.ch/files/content/sites/sfm/files/nouvelles%20publications/Booklet-Publikation\\_FINAL\\_03082011\\_A5.pdf](http://gbif.ch/files/content/sites/sfm/files/nouvelles%20publications/Booklet-Publikation_FINAL_03082011_A5.pdf).

<sup>71</sup> Ibid, 44.

<sup>72</sup> Ibid, 43.

<sup>73</sup> Lorenza Betolli Musy (HUG: Santé sexuelle et planning familial), interview by author, in-person interview, Geneva, Switzerland, April 18, 2016.

Vulnerable migrants, such as UDM, with sexual health or family planning issues often face a double stigmatization and discrimination, which, in turn, can have adverse effects on their health and prevent them from accessing health services. “With the heightened xenophobia today, rather than expanding the understanding of migrants, what we are seeing is a shrinking of the definition of migrants,”<sup>74</sup> and an increased stigmatization of the migrant population. Accompanying this stigmatization from the host community, migrants with various sexual health or family planning issues also encounter stigmatization within their own communities. Many participants interviewed in this study noted the way in which sexual health and family planning are topics that are still somewhat taboo among migrant communities, particularly among African<sup>75</sup> and certain parts of Asia.<sup>76</sup> Dr. Rougemont illustrated this in explaining the way in which one of his patients, originally from Congo, comes from Neuchâtel to the HIV clinic in Geneva every six to avoid people in her community learning about her status.<sup>77</sup> This often leads to an increase in nondisclosure and may increase the risk of transmitting infections to partners. In a study concerning HIV positive migrant women from sub-Saharan Africa that were living in Switzerland, fear of stigmatization and exclusion were the main reasons for their non-disclosure.<sup>78</sup> It is critical, however, to note, that this stigmatization depends highly on the country from which the migrant originates, and if said migrant lives in an urban or rural area.<sup>79</sup> Along with this, these migrant women usually did not disclose their HIV status within their sub-Saharan

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<sup>74</sup> Jyoti Sanghera (UNOHCHR), interview by author, in-person interview, Geneva, Switzerland, April 19, 2016.

<sup>75</sup> Luciano Ruggia, “UNGASS Country Progress Report 2012: Switzerland,” *UNGASS Country Progress Report* (31 March 2012): 26, accessed April 1, 2016, [http://www.unaids.org/sites/default/files/en/dataanalysis/knownyourresponse/countryprogressreports/2012countries/ce\\_CH\\_Narrative\\_Report\[1\].pdf](http://www.unaids.org/sites/default/files/en/dataanalysis/knownyourresponse/countryprogressreports/2012countries/ce_CH_Narrative_Report[1].pdf).

<sup>76</sup> Badia Koutit (APDH), interview by author, in-person interview, Geneva, Switzerland, April 18, 2016.

<sup>77</sup> Mathieu Rougemont (HUG: Unité VIH/SIDA & Services de maladies infectieuses), interview by author, in-person interview, Geneva, Switzerland, March 31, 2016.

<sup>78</sup> Brikela Sulstarova, Francesca Poglia Mileti, Laura Mellini, Michela Villani, and Pascal Singy, “HIV disclosure and nondisclosure among migrant women from sub-Saharan Africa living in Switzerland,” *AIDS Care*, 27, no. 4 (2015): 453, <http://dx.doi.org/10.1080/09540121.2014.963497>.

<sup>79</sup> Denise Wetzel (Programme Santé Migrants), interview by author, in-person interview, Geneva, Switzerland, April 5, 2016.



communities, their religious communities, or the workplace.<sup>80</sup> Likewise, in particularly religious migrant communities such as the Spanish and Portuguese communities, women face stigmatization for undergoing an abortion. Thus, regardless of their health and desires and irrespective of their ability to care for a child at that moment in their life, women want to continue the pregnancy.<sup>81</sup> Sexual violence is also somewhat of a new focus of sexual health efforts and a new concept for some among this vulnerable population.<sup>82</sup> The novelty of the subject, the potential stigmatization that could accompany self-identifying as a victim, and the heightened vulnerability of those who experienced sexual violence lead to the avoidance of discussion and research surrounding sexual violence among UDM and other such vulnerable migrant populations.

Accompanying this stigmatization, many migrant populations face a significant language barrier, which can pose a serious barrier to accessing sexual health and family planning services. While many health programs are placing greater emphasis on the expansion of the languages the staff or interpreters can accommodate, this remains an issue, particularly in the medical setting. Some of this stems from the way in which “the population of undocumented women in Geneva is a rapidly changing population.”<sup>83</sup> A natural, rapid turnover of communities occurs every couple of years as a result of migration, and thus it poses a challenge both in applying a targeted intervention and accommodating language barriers. CAMSCO was created to accommodate vulnerable individuals, like UDM, who faced difficulties in accessing healthcare services. CAMSCO, like many other health facilities, has put in place teams with language capacities that

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<sup>80</sup> Brikela Sulstarova, Francesca Poglia Mileti, Laura Mellini, Michela Villani, and Pascal Singy, “HIV disclosure and nondisclosure among migrant women from sub-Saharan Africa living in Switzerland,” *AIDS Care*, 27, no. 4 (2015): 453, <http://dx.doi.org/10.1080/09540121.2014.963497>.

<sup>81</sup> Lorenza Betolli Musy (HUG: Santé sexuelle et planning familial), interview by author, in-person interview, Geneva, Switzerland, April 18, 2016.

<sup>82</sup> Badia Koutit (APDH), interview by author. in-person interview, Geneva, Switzerland, April 18, 2016.

<sup>83</sup> Yves Jackson (CAMSCO), interview by author, phone interview, Geneva, Switzerland, April 28, 2016.

cover as broadly a range of populations as possible, but certain languages, like Mongolian<sup>84</sup> and Farsi,<sup>85</sup> are particularly challenging to account for. Though interpretation in some form is necessary, interpreters can render health access more difficult in some ways, as “c’était parfois l’interprète lui-même qui se sentait mal à l’aise ou qui tentait d’éviter” [it’s sometimes the interpreter himself that feels awkward or who tries to avoid] a particular subject.<sup>86</sup> As a result, people often become dependent on friends or other support networks to help fill in this language gap where the health system is failing to provide for their needs. Demonstrative of this is the way in which Venus Sharifi frequently volunteers to interpret for those in her discussion group and her friends in medical settings.<sup>87</sup> Along with these challenges that can occur as a result of a lack of people understanding the native language of a migrant, the way in which Switzerland maintains four native languages, two of which are native only to Switzerland, can also limit the ability of migrants to adapt linguistically, thus reinforcing the language barrier.

### **Psychological Barriers: Fear and Perceived Lack of Security**

The irregular status of UDM often inspires a level of general stress and fear, which greatly impacts their health and their access of the health system. It is not that UDM arrive with inherently worse mental health, and, while some level of insecurity and uncertainty develops due to the change in context,<sup>88</sup> in fact, during the first few weeks or months people get well adapted.<sup>89</sup> But after this initial adaptation, there is a level of insecurity that plagues UDM – will they be able to remain in Switzerland with their families? Or will they be sent back to their country of origin? “The fear of denunciation, arrest, deportation and an insecure future”

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<sup>84</sup> Yves Jackson (CAMSCO), interview by author, phone interview, Geneva, Switzerland, April 28, 2016.

<sup>85</sup> Venus Sharifi (APDH), interview by author, in-person interview, Geneva, Switzerland, April 26, 2016.

<sup>86</sup> Lydia Manzanares and Luciano Ruggia, “Le VIH/sida et autres infections sexuellement transmissibles auprès des populations migrantes,” *Swiss Federal Office of Public Health*, (2011): 35.

<sup>87</sup> Venus Sharifi (APDH), interview by author, in-person interview, Geneva, Switzerland, April 26, 2016.

<sup>88</sup> Sandro Cattacin, “Migration and Health. Ontological Security and Pluralist Inclusion,” in *Migrants and Healthcare: Responses by European Regions*, Copenhagen: World Health Organization, 2010, 5, accessed April 20, 2016. <http://archive-ouverte.unige.ch/unige:40302>.

<sup>89</sup> Ariel Eytan (HUG: Psychiatrie Générale), interview by author, in-person interview, Geneva, Switzerland, April 13, 2016.

combined with the stresses of insecure employment, irregular income, and the daily struggles of survival foster an unhealthy mental state.<sup>90</sup> This is particularly true for asylum seekers, who also must cope with the failure of their ‘migration plan.’<sup>91</sup> Then, this poor mental state holds the potential to negatively affect other aspects of a UDM’s health. In particular, “all people with mental disorders, they are at an increased risk of transmission of sexual disorders.”<sup>92</sup> Along with this, with such a high percentage of the UDM population being females, it is critical to note that “young women with severe mental disorders... are more at risk of being sexually abused and are more at risk of teenage and unwanted pregnancies,”<sup>93</sup> thus this psychological barrier impacts the sexual health and family planning capacity of UDM.

This general sense of fear and insecurity not only can affect one’s mental and physical health, but also it can greatly impede a UDM’s access of the Swiss healthcare system. UDM are new to the health system and tend to lack an understanding of their rights, and thus there exists an underlying fear accessing or contacting ‘official’ services.<sup>94</sup> Insofar as their rights are concerned, many don’t understand their right to consent, and thus often a UDM maintains a “fear of getting treated... or hospitalized against one’s will.”<sup>95</sup> Along with this, the confidentiality within the healthcare system is often misunderstood or doubted, and many falsely believe that accessing the healthcare system could put them at a high risk of their irregular residency status being

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<sup>90</sup> Veronika Bilger, Christina Hollomey, Chantal Wyssmüller, and Denise Efonayi-Mäder, “Health Care for Undocumented Migrants in Switzerland: Policies – People – Practices,” *University of Neuchâtel, Swiss Forum for Migration and Population Studies, The University of Neuchâtel, and the International Center for Migration Policy Development*, (2011): 44, accessed May 1, 2016, [http://gbif.ch/files/content/sites/sfm/files/nouvelles%20publications/Booklet-Publikation\\_FINAL\\_03082011\\_A5.pdf](http://gbif.ch/files/content/sites/sfm/files/nouvelles%20publications/Booklet-Publikation_FINAL_03082011_A5.pdf).

<sup>91</sup> Ibid, 44.

<sup>92</sup> Ariel Eytan (HUG: Psychiatrie Générale), interview by author, in-person interview, Geneva, Switzerland, April 13, 2016.

<sup>93</sup> Ariel Eytan (HUG: Psychiatrie Générale), interview by author, in-person interview, Geneva, Switzerland, April 13, 2016.

<sup>94</sup> Chantal Wyssmüller and Denise Efonayi-Mäder, “Health Care in NowHereLand: Improving services for undocumented migrants in the EU,” *University of Neuchâtel, Swiss Forum for Migration and Population Studies, The University of Neuchâtel, and the International Center for Migration Policy Development*, (2011): 26, accessed May 1, 2016, <http://files.nowhereland.info/795.pdf>.

<sup>95</sup> Ariel Eytan (HUG: Psychiatrie Générale), interview by author, in-person interview, Geneva, Switzerland, April 13, 2016.

discovered and, as a result, deported.<sup>96</sup> This is particularly true in the case of sexual violence, as it is an issue that is accompanied by its own list of fears and other psychological effects and, in turn, inherently challenges people to come forward as survivors. In the case of sexual violence, the separation of the immigration of authorities from the health system and potentially legal counsel is often poorly understood and UDM do not often access healthcare following sexual violence as a result. Then, there is the fear of one's inability to afford healthcare services that compounds all of these other stresses. Often, UDM become "convinced that they will be unable to pay for care, and thus be reported to immigrant authorities at the latest when they fail to pay the bill."<sup>97</sup> As a result, this fear and this feeling of insecurity inspires behavior patterns that lead to health issues and failure to access to health system. Under these circumstances, outreach may be the only means of "establishing mutual trust as a basis for a consultation."<sup>98</sup>

### **Location Within Switzerland**

In terms of migrants right to healthcare, relative cantonal autonomy affects the implementation of immigration and integration policies, as well as social welfare and health systems.<sup>99</sup> The canton of Geneva, for example, prioritizes health access for vulnerable populations like UDM notably more so than many other cantons. The Geneva canton Ministry of Health actually funds the Consultation Abulatoire Mobile de Soins Communautaires (CAMSCO), which provides access to preventative and curative care, as well as rehabilitation to vulnerable populations and contributes to public health interventions.<sup>100</sup> However, the canton of Geneva is understood to have exemplary public health efforts and better access to services for

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<sup>96</sup> Chantal Wyssmüller and Denise Efionayi-Mäder, "Health Care in NowHereLand: Improving services for undocumented migrants in the EU," *University of Neuchâtel, Swiss Forum for Migration and Population Studies, The University of Neuchâtel, and the International Center for Migration Policy Development*, (2011): 20, accessed May 1, 2016.

<http://files.nowhereland.info/795.pdf>.

<sup>97</sup> Ibid, 22.

<sup>98</sup> Ibid, 26.

<sup>99</sup> Ibid, 10

<sup>100</sup> Yves Jackson (CAMSCO), interview by author, phone interview, Geneva, Switzerland, April 28, 2016.

UDM. Along with this, there are cantonal differences in laws regarding sex work. Geneva requires individuals to register with the police, thus attracting documented migrants, and engages in surveillance of these workers to facilitate the prevention and promotion of the health of the sex workers. In contrast to Geneva, the canton of Vaud, does not require this registration, which draws UDM to the sex industry of the canton, and this policy increases the vulnerability of this population and brings about a degradation of health in the population.<sup>101</sup> The social and economic support migrants have access to also differs canton by canton, in the way of what aid programs are offered and what access UDM can attain as a result. All of these inter-cantonal differences, which are influenced by the political and cultural nature of the canton, can have significant effects on UDM's access to health services. Women often seek care in western Switzerland, namely Geneva, Lausanne, and Fribourg, as well as in Zurich and Basal, as these cantons offer more services to such vulnerable populations.<sup>102</sup>

To some degree, canton stands as a less significant distinction for UDM access to health services, particularly sexual health and family planning services, than the difference in access between rural and urban Switzerland. Generally, "health-supportive structural resources" are more prevalent in the urban areas and western region of Switzerland than in rural areas and the northern, central and eastern parts.<sup>103</sup> When consulted, expert Professor Sandro Cattacin highlighted the way in which not much is done on the rural level to enable access to health services for UDM.<sup>104</sup> This was supported by the general trend of a "comparative health advantage" of those in urban environments as demonstrated by lower fertility rates and lesser

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<sup>101</sup> Lydia Manzanares and Luciano Ruggia, "Le VIH/sida et autres infections sexuellement transmissibles auprès des populations migrantes," *Swiss Federal Office of Public Health*, (2011): 23.

<sup>102</sup> Chantal Wyssmüller and Denise Efonyi-Mäder, "Health Care in NowHereLand: Improving services for undocumented migrants in the EU," *University of Neuchâtel, Swiss Forum for Migration and Population Studies, The University of Neuchâtel, and The International Center for Migration Policy Development*, (2011): 14, accessed May 1, 2016.

<http://files.nowhereland.info/795.pdf>.

<sup>103</sup> *Ibid*, 19.

<sup>104</sup> Sandro Cattacin (Université de Genève: Institut de recherches sociologiques), interview by author, in-person interview, Geneva, Switzerland, April 20, 2016.

infant mortality rates than rural communities, indicating potentially greater contraceptive or abortion access and generally better health conditions. While these factors are related to underlying determinants of health, such as sanitation and nutritional improvements, this is also indicative of easier access to contraception and the Swiss health system.<sup>105</sup> In this way, the distinction between rural and urban living environments could have significant effects on the access of UDM to sexual healthcare and family planning services.

### ***What is Being Done to Combat These Issues***

In an effort to improve health and access of UDM in terms of sexual healthcare and reproductive services, a series of programs and services have been developed. These programs and services address the various barriers in unique ways but had shared bases of how they intended to improve the health status and access to health of UDM. Due to this, the efforts have been categorized and analyzed such that general trends and practices could be distilled.

#### **Addressing Financial Concerns: Insurance Aid and Free Treatment**

In an effort to combat the financial barriers preventing UDM from accessing the health system, programs and services were developed to target different aspects of the financial limitations of UDM. These programs account for the high likelihood that UDM lack the ability to maintain a health insurance and that they often engage in low-income work. In turn, these efforts collaboratively provide alternate coverage for medications and other health services.

As an UDM, if an individual is HIV positive and unable to maintain a health insurance, the University Hospital of Geneva, in collaboration with Groupe SIDA Genève, developed a means of covering medical costs for a short duration of time. The “Fonds de Solidarité” was

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<sup>105</sup> Christopher Dye, “Health and Urban Living,” *American Association for the Advancement of Science*, 319, no. 5864 (2008): 767, accessed May 6, 2016. <http://www.jstor.org/stable/20053313> .

instituted to cover the treatment costs for a six-month period for vulnerable HIV/AIDS positive patients who otherwise would be uninsured and unable to pay for treatment.<sup>106</sup> Vulnerable individuals, like UDM, can apply to this fund, and if accepted to receive the coverage, these individuals can receive HIV treatment as they would if they were paying for the compulsory insurance. After receiving aid through this fund, one can reapply to continue this coverage for one more six-month period, in total for a maximum of one year, and after this point other arrangements must be made.<sup>107</sup>

Various efforts have also been developed to allow vulnerable, uninsured populations, like UDM, free access to medications. Much of this free access to medication is facilitated by the development of community pharmacies, of which there are approximately 16 in Geneva.<sup>108</sup> These pharmacies utilize recycled medications, meaning medicines that patients may bring back to the pharmacy because they have an allergy to the medication or due to difficulties with side effects. The pharmacists then sort these medications and, within the validity period of the medication, they make them accessible to these vulnerable populations and distribute them to health services targeted toward such populations, such as CAMSCO. These pharmacies actually cover “around one third or one fourth of our [CAMSCO’s] needs in terms of drugs, so it’s a very useful strategy.”<sup>109</sup> A similar strategy is applied to provide anti-retroviral therapies (ARTs) to individuals with HIV in the ‘emergency pharmacy’ at the University Hospital of Geneva, though on a much more temporary basis.<sup>110</sup>

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<sup>106</sup> Mathieu Rougemont, (HUG: Unité VIH/SIDA & Services de maladies infectieuses), interview by author, in-person interview, Geneva, Switzerland, March 31, 2016.

<sup>107</sup> Mathieu Rougemont, (HUG: Unité VIH/SIDA & Services de maladies infectieuses), interview by author, in-person interview, Geneva, Switzerland, March 31, 2016.

<sup>108</sup> Yves Jackson (CAMSCO), interview by author, phone interview, Geneva, Switzerland, April 28, 2016.

<sup>109</sup> Yves Jackson (CAMSCO), interview by author, phone interview, Geneva, Switzerland, April 28, 2016.

<sup>110</sup> Mathieu Rougemont, (HUG: Unité VIH/SIDA & Services de maladies infectieuses), interview by author, in-person interview, Geneva, Switzerland, March 31, 2016.

CAMSCO, like some other health services, also counters these financial issues by undertaking efforts that allow the testing and treatment of vulnerable populations, like UDM, for free. Through this, testing for STIs is offered for free, as are the respective treatments. Within this, CAMSCO responds to existing health problems but also places a “strong emphasis on preventive medicine.”<sup>111</sup> As a result, such free testing is conducted even among asymptomatic individuals. Pregnancy tests are also covered and encouraged as early as possible, and a specific program within CAMSCO facilitates UDM pregnant women’s access to further care.<sup>112</sup>

Insofar as family planning is concerned, there are also some services that are free to all that UDM have the possibility of using. Switzerland created a federal law in 1981 that guaranteed “free access to counseling and help in matters concerning pregnancies and family planning throughout Switzerland.”<sup>113</sup> Though free contraceptives are not part of this policy, it does provide a basis on which family planning can be discussed and improved in certain aspects for UDM.

### **Efforts Targeted at Specific Populations**

Various population-specific approaches have been developed in an effort to address the specified sexual health and family planning challenges and barriers to access of particular migrant and UDM communities. These programs and services tend to target populations based on origin, job sector, or socio-economic conditions within these populations, and they attempt to evaluate the specific circumstances of the given sub-population and develop practices and policies to address their issues. An example of these targeted approaches is detailed below to illustrate the way in which these population-specific efforts are enacted and their effects.

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<sup>111</sup> Yves Jackson (CAMSCO), interview by author, phone interview, Geneva, Switzerland, April 28, 2016.

<sup>112</sup> Yves Jackson (CAMSCO), interview by author, phone interview, Geneva, Switzerland, April 28, 2016.

<sup>113</sup> “Universal Period Review: Review of Switzerland at the 14<sup>th</sup> UPR session in October 2012,” *Santé Sexuelle Suisse & Sexual Rights Initiative*, (2012): 4, accessed May 4, 2016. [https://www.sante-sexuelle.ch/wp-content/uploads/2013/04/Submission\\_UPR.pdf](https://www.sante-sexuelle.ch/wp-content/uploads/2013/04/Submission_UPR.pdf).



Sub-Saharan African migrants, of which some are UDM, have contributed to the new HIV cases in Switzerland in a significant way for many years. From 2007 to 2012, migrants from sub-Saharan Africa constituted between 16 and 23% of the newly diagnosed cases of HIV in Switzerland.<sup>114</sup> Thus, to account for and address the needs of this specific migrant population, Afrimedia was developed in 2002. The Afrimedia program aims to raise awareness concerning HIV/AIDS among migrants and, along with this, to both inform and direct these migrants to services that are available to them. In order to carry out the project, proximity-based activities are implemented in formal and informal meeting places in the migrant community.<sup>115</sup> More specifically, within this program mediators educate migrants on HIV/AIDS and STIs along with the various testing and advice services at their disposal. The mediators put together free information events and advice sessions for migrants as well. Currently, the project is training new mediators to continue these efforts.<sup>116</sup>

### **Improving Health Literacy**

For various linguistic and sociocultural reasons, the migrant population, particularly the UDM population, often lacks some understanding of sexual health promotion and family planning. While required to watch a film concerning sexual health upon arrival in Switzerland, migrants often retain little if any information from this film. It usually makes them aware of the value of getting tested, but beyond that there are often misconceptions regarding sexual health that are prevalent in the population. In response to this, many organizations and programs have developed different brochures promoting sexual health and family planning, indicating what

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<sup>114</sup> Luciano Ruggia, "UNGASS Country Progress Report 2012: Switzerland," *UNGASS Country Progress Report* (31 March 2012): 26, accessed April 1, 2016, [http://www.unaids.org/sites/default/files/en/dataanalysis/knownyourresponse/countryprogressreports/2012countries/ce\\_CH\\_Narrative\\_Report\[1\].pdf](http://www.unaids.org/sites/default/files/en/dataanalysis/knownyourresponse/countryprogressreports/2012countries/ce_CH_Narrative_Report[1].pdf).

<sup>115</sup> *Ibid.*, 26.

<sup>116</sup> "Migration," *Aide Suisse Contre Le SIDA*, accessed April 5, 2016, <http://www.aids.ch/en/what-we-do/projects/migrants.php>.

resources are available within the given organization and throughout Switzerland. However, a few key efforts to improve health literacy of UDM stand out among other forms of education.

In an effort to address the lack of health literacy regarding HIV among the vulnerable migrant population, University Hospital of Geneva and Groupe SIDA Genève collaborated to produce a series of photo-novels concerning HIV/AIDS and general sexual health promotion. Written and organized by Denise Wetzel, these photo-novels were based off of a series of photo-novels that were created in France. The French photo-novels lacked a large element of diversity, presenting solely Africans as the infected and primarily Caucasian individuals as the doctors. Here in Switzerland, the migrant population is much more diverse, and thus it was somewhat necessary to alter the materials such that it related to the population they were addressing.<sup>117</sup> These photo-novels present a diverse cast of characters who, over the course of a series of relatively romantic yet realistic encounters, confront and must cope with various sexual health issues, including the use of condoms, the nature and transmission of STIs and HIV, the importance of getting tested, etc. Medical jargon was purposely avoided to enable the deepest comprehension possible, and the ethnically diverse characters chosen to have sexual health issues emphasized that sexual health issues can afflict any population. The photo-novels were placed in waiting rooms and other public places in order to be accessible. Translated into various languages, the photo-novels were targeted toward migrant and refugee populations, but they were informative for the population at large. They were well received by the migrant population, and in fact, Denise Wetzel noted that in her VCT sessions, patients would come in from the waiting room and ask her questions regarding sexual health and HIV based off of what they read. However, while this method is improving the health literacy of the migrant population to some extent, one must note that approximately 20% of the individuals that the Santé Programme

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<sup>117</sup> Denise Wetzel, (Programme Santé Migrants), interview by author, in-person interview, Geneva, Switzerland, April 5, 2016.

Migrants encounters are illiterate.<sup>118</sup> Thus, further measures must be taken to account for this illiterate migrant population. Groupe SIDA Genève's implementation of a series of three workshops related to migrant health somewhat addresses this issue and provides a means of instilling this information in a different way.<sup>119</sup>

Complementing these efforts, APDH organizes round table discussions through its FemmesTISCHE program in an effort to promote awareness and discussion on issues such as health and sexual health. These round tables are held at the host's apartment and conducted in their native language. A series of photos are passed around and the women are supposed to present and discuss the photo and the issue it depicts. Throughout this, the host poses questions concerning the specific topic and women's lives.<sup>120</sup> Within this round table, hosts try to address "les mots taboo," such as sexuality, sexual health and family planning, and sexual violence are addressed. Considered delicate subjects, the hosts speak with those attending the round table to determine what the group feels comfortable discussing and to create a trusting, safe environment in which people feel comfortable talking about more difficult topics. Thus, despite the taboo or challenging nature of discussing such a topic, discussions concerning how and where to access the health system for specific sexual health and family planning issues, and held. Throughout such discussions, women discuss and work through the definitions of issues like sexual health and family planning, how one can protect against sexually transmitted diseases, and the nature of their relationship with their partner. These exchanges aid the women substantially in understanding and accessing the health system in this domain.<sup>121</sup> Furthermore, these discussions perpetuate a chain of understanding in that women are prompted to discuss the ways in which

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<sup>118</sup> Denise Wetzel, (Programme Santé Migrants), interview by author, in-person interview, Geneva, Switzerland, April 5, 2016.

<sup>119</sup> David Perrot, (Groupe SIDA Genève), interview by author, in-person interview, Geneva, Switzerland, April 1, 2016.

<sup>120</sup> Andrea Fuchs, Sibilla Schuh, and Ines Tsengas, *Be Healthy Stay Healthy*, Zurich: FemmesTISCHE, 2008.

<sup>121</sup> Venus Sharifi (APDH), interview by author, in-person interview, Geneva, Switzerland, April 26, 2016.

they can convey this information regarding sexual health and family planning to their children at some point or who, if they feel incapable, could take on this task. In this way, many generations become more health literate as a result of these discussions.

While educating individuals in markedly different ways, both of these efforts improve a UDM's capacity to gain access to information concerning sexual health and family planning, as well as to both process and understand the information they receive. This new knowledge base holds the potential to act as both a preventative measures for future sexual health and family planning issues, as well as a pathway to accessing the health system. Thus, improving the health literacy of UDM facilitates greater access to the Swiss health system and better sexual health and family planning capacity.

### **Outreach: Going to the Population in Need**

As Dr. Yves Jackson stated, "If we just wait for the people to come to us, the natural barriers will persist. So we need to be proactive and go into the community, addressing different needs."<sup>122</sup> While speaking towards CAMSCO's efforts in providing health services on the ground for those who need it, the need and benefit for outreach programs is a well-understood concept within the public health community. In an effort to ensure that UDM receive sexual healthcare and family planning services, many interventions have been put in to practice within the UDM communities themselves. If such efforts were not undertaken, due to the various aforementioned barriers, UDM likely would not venture to health facilities or related programs when in need of sexual healthcare and family planning services. Thus, nearly all organizations and clinics implemented some programs on the ground in the UDM or vulnerable migrant community they were trying to affect.

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<sup>122</sup> Yves Jackson (CAMSCO), interview by author, phone interview, Geneva, Switzerland, April 28, 2016.

Both Gaëlle Martinez of EPER and Badia Koutit of APDH spoke to their conducting outreach through different religious communities among other programs. While both EPER has protestant origins, their practice no longer has such religious undertones. Instead, EPER utilizes this history to gain access to communities they might not otherwise have the chance to contact and to instill knowledge of health issues, like sexual health and family planning, in these communities.<sup>123</sup> Likewise, APDH conducts similar community outreach in mosques and the Islamic community in an effort to better inform these communities in the field of health and sexual health.<sup>124</sup> In this way, though EPER and APDH are secular organizations today, imbedding themselves in such communities helps their efforts gain support and allows the organizations to affect more people.

As part of *Aspasie Prévention Migrantes (APM)*, *Aspasie* sends a team to the massage salons, the bars, the cabarets, and the neighborhood of *Pâquis*, where some sex workers are employed, to provide the sex workers with information and advice concerning their sexual health and family planning. In 2014 alone, the organization conducted 287 visits to the various sites where ‘indoor’ sex work occurs.<sup>125</sup> And by going to the sex workers, *Aspasie’s* team was able to establish 920 contacts, of which 44% were new.<sup>126</sup> The number of new contacts is particularly significant in that it demonstrates how many more individuals were informed or reminded of the issues of risk reduction, prevention, and their rights and obligations as sex workers. While the sex workers with in Geneva that *Aspasie* works for are documented migrants, the means of affecting change still apply.

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<sup>123</sup> Gaëlle Martinez (EPER), interview by author, in-person interview, Geneva, Switzerland, April 25, 2016.

<sup>124</sup> Badia Koutit (APDH), interview by author, in-person interview, Geneva, Switzerland, April 18, 2016.

<sup>125</sup> Marianne Schweizer, “Rapport d’Activité 2014,” *Aspasie*, (2015): 3, accessed April 25, 2016.

[http://www.aspasie.ch/files/20150512 ASP\\_RA2014\\_13\\_v.pdf](http://www.aspasie.ch/files/20150512 ASP_RA2014_13_v.pdf)

<sup>126</sup> *Ibid*, 3.

These examples of outreach towards the UDM community in the field of sexual health and family planning are illustrative of the positive effects that result from going to the community in need. However, they are only part of a movement towards such programs, as many other programs and services in this field utilize outreach methods to implement change in the UDM community.

### **The Continuation of the National Program “Migration and Health” (2014-2017)**

The Federal Office of Public Health (FOPH) developed the National Program “Migration Health” primarily to benefit “primarily migrants of low social status and limited health literacy who suffer from corresponding health problems.”<sup>127</sup> The program aims to establish health equity through the advancement of the health situation and health behavior of the migrant population. In order to attain this objective, the program places an emphasis on health promotion and prevention programs within the migrant population, as well as increasing both education and health literacy. Along with this, the program facilitates the growth and maintenance of the interpreting community and the specialization of health care personnel in migration-specific information. Some of the notable projects that the National Program “Migration Health” supports includes but is not limited to the Migrant Friendly Hospitals program, the national migesplus.ch platform, and the setting of indicators to record migration status in health surveys.<sup>128</sup> In essence, this program improves migrant access to the general health system, through which sexual health and family planning services could be more easily utilized.

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<sup>127</sup> “National Programme ‘Migration and Health’ (2014-2017),” *Federal Office of Public Health*, (2010): 1, accessed April 5, 2016, <http://www.bag.admin.ch/themen/gesundheitspolitik/07685/12533/13720/index.html?lang=en>.

<sup>128</sup> *Ibid*, 2.

### *Discussion of the Efforts in Place*

Having presented the current state of UDM's interaction with the Swiss health system through sexual healthcare and family planning services, an evaluation of the current efforts in place was conducted. A careful analysis concluded various areas in need of further study and ways in which the efforts could be improved. Through the examination of these efforts, a series of suggestions as to how they could be improved to generate greater UDM health and access to healthcare services.

#### **Reception of these Efforts**

Few studies have been conducted as to the reception of such efforts to improve UDM access to sexual healthcare and family planning services. Based on the annual reports of various organizations, it is clear that UDM are accessing these programs and services, but the opinions of the population receiving this aid and the way in which these programs affect their lives is not often evaluated. Such studies are necessary to determine if and how programs are addressing the barriers that UDM face and how they can be improved.

Aspasie conducted one study, at the request of the Federal Office of Public Health; among documented sex workers in Geneva to evaluate the response to their outreach efforts and whether the sex workers felt these efforts had beneficially changed their practice. Of those that responded to the evaluations, 100% of the sex workers were glad to have received this education and acknowledged that the education Aspasie provided them had positively impacted their work practices.<sup>129</sup> Mireille Wehrli continuously highlighted that, one must proceed when hesitation in receiving such a result, but the study gave a form of evidence that their efforts were well received and had a positive effect.<sup>130</sup>

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<sup>129</sup> Mireille Wehrli (Aspasie), interview by author, in-person interview, Geneva, Switzerland, April 25, 2016.

<sup>130</sup> Mireille Wehrli (Aspasie), interview by author, in-person interview, Geneva, Switzerland, April 25, 2016.

More research like that conducted by Aspasia needs to be done among the UDM population. In order to best help any population, one must inquire as to their needs and what aid they would like to see implemented. UDM should be awarded this same ability. Doing so would allow aid programs to understand the effects of their efforts and how they can modify the programs and services currently in place to be more effective.

### **Loss of Funding for the Continuation of Beneficial Programs**

While criticisms exist towards the current responses, many programs are affecting positive change in the sexual health and family planning capacity of UDM, but many are losing much if not all of their funding. As Mireille Wehrli noted, “beaucoup de responsabilité est mis sur l’association... mais on n’a pas d’argent,” [A lot of responsibility is placed on the association, but we don’t have the money].<sup>133</sup> Ideally, organizations would like to continue programs despite this lack of financial support, but this is not possible. Some case studies of this issue arose throughout this research project.

In 2006, the Swiss Federal Office of Public Health mandated that the Programme Santé Migrants, a unit of the University Hospital of Geneva do a pilot project of voluntary HIV testing and counseling (VCT) on the most vulnerable of the migrant population.<sup>134</sup> Through VCT, an individual undergoes counseling to help enable said individual to make an informed decision about being tested for HIV. This decision must be entirely voluntary and the individual’s confidentiality must be maintained.<sup>135</sup> UNAIDS now includes VCT among its best practices, as it plays a role not only in HIV prevention, but also as an entry point to care for those with HIV. Along with this, VCT allows people to learn more about and accept their HIV status in a

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<sup>133</sup> Mireille Wehrli (Aspasia), interview by author, in-person interview, Geneva, Switzerland, April 25, 2016.

<sup>134</sup> Denise Wetzel (Programme Santé Migrants), interview by author, in-person interview, Geneva, Switzerland, April 5, 2016.

<sup>135</sup> “Voluntary Counselling and Testing (VCT): UNAIDS Technical Update,” *UNAIDS Best Practice Collection*, (2000): 3, accessed May 5, 2016, [http://www.unaids.org/sites/default/files/en/media/unaids/contentassets/dataimport/publications/irc-pub01/jc379-vct\\_en.pdf](http://www.unaids.org/sites/default/files/en/media/unaids/contentassets/dataimport/publications/irc-pub01/jc379-vct_en.pdf).



supportive, confidential environment.<sup>136</sup> Throughout this program, “VCT Migrants,” the Swiss Federal Office of Public Health mandated that the University Hospital provide financial support for the program. Despite the programs success in expanding care for to this population of more vulnerable migrants, namely asylum seekers, refugees, and UDM, and despite its finding that the rate of testing among these at risk populations is insufficient,<sup>137</sup> after the mandated length of the study, the University Hospital decided for financial reasons to no longer support the project.<sup>138</sup> The doctors of the canton found a solution by procuring some funding from the University Hospital and combining this with the support of Groupe SIDA Genève, but nevertheless funding was lost and the project has been negatively impacted as a result.

The project “Don-Juan,” targeted towards the male clients in the sex industry, also experienced this similar pulling of funding.<sup>139</sup> Migrants make up a large portion of the women who work in the sex industry. While it differs from canton to canton, dependent on the nature of laws surrounding sex work in each canton, whether this population of women is largely made up of documented or undocumented, the population of women within this line of work include a significant portion of UDM women. The clients of the sex industry often demand services without protection, and in certain forms of sex work the clients frequently misunderstand the situation and are violent with the sex workers. The Swiss Federal Office of Public Health financed this project for organizations, like Aspasia, to get to know these clients and to educate them.<sup>140</sup> Educating this clientele as to the nature of the industry, the importance of protection, and how to treat the sex workers protects both parties involved. Recently, the FOPH decided to

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<sup>136</sup> Voluntary Counselling and Testing (VCT): UNAIDS Technical Update,” *UNAIDS Best Practice Collection*, (2000): 1, accessed May 5, 2016, [http://www.unaids.org/sites/default/files/en/media/unaids/contentassets/dataimport/publications/irc-pub01/jc379-vct\\_en.pdf](http://www.unaids.org/sites/default/files/en/media/unaids/contentassets/dataimport/publications/irc-pub01/jc379-vct_en.pdf).

<sup>137</sup> Denise Wetzel, Emilien Jeannot, and Sophie Durieux-Paillard, “Niveau de connaissances et comportement en matière de prévention du VIH/sida au sein d’une population de migrants précaires à Genève,” *Hôpitaux Universitaires Genève: Programme santé migrants*, (Unpublished): 13.

<sup>138</sup> Denise Wetzel (Programme Santé Migrants), interview by author, in-person interview, Geneva, Switzerland, April 5, 2016.

<sup>139</sup> Mireille Wehrli (Aspasia), interview by author, in-person interview, Geneva, Switzerland, April 25, 2016.

<sup>140</sup> Mireille Wehrli (Aspasia), interview by author, in-person interview, Geneva, Switzerland, April 25, 2016.

pull the funding for this program because, while experts in the study of sex work and the education of sex workers, such as Mireille Wehrli, would like clients of the sex industry to be grouped in the population at risk, the authorities at the FOPH deemed these individuals to merely be part of the general Swiss population and in no need of such a program. The FOPH commended the program and encouraged Aspasia and others to continue these efforts without their funding, but these efforts could not be made possible without financial support.<sup>141</sup> Therefore, while a search for funding is underway, this program faces the threat of discontinuation.

As demonstrated by these examples, while funding should also encourage innovative approaches to the issue of sexual healthcare and family planning services among UDM, the continuation of pilot programs that are effective require financial support. In this way, greater consideration for the continuation of effective programs must be taken, and funding must be understood to be vital to the continuation of these efforts.

### **The Need for Long-Term Solutions To Financial Barriers**

Current efforts to expand UDM access to sexual healthcare and family planning services depend largely on short-term solutions that provide aid to UDM for what is deemed a sufficient amount of time to ameliorate their situation, and after this the aid is withdrawn. However, the majority of the UDM population is already employed and encounters few opportunities to improve their socioeconomic situation. The work sectors in which such UDM have the capacity to work are often limited to low-income jobs that lack regularity in income.<sup>142</sup> And the high cost of living in Switzerland poses a challenge in and of itself. When high health insurance prices and

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<sup>141</sup> Mireille Wehrli (Aspasia), interview by author, in-person interview, Geneva, Switzerland, April 25, 2016.

<sup>142</sup> Veronika Bilger, Christina Hollomey, Chantal Wyssmüller, and Denise Efonayi-Mäder, “Health Care for Undocumented Migrants in Switzerland: Policies – People – Practices,” *University of Neuchâtel, Swiss Forum for Migration and Population Studies, The University of Neuchâtel, and the International Center for Migration Policy Development*, (2011): 45, accessed May 1, 2016, [http://gbif.ch/files/content/sites/sfm/files/nouvelles%20publications/Booklet-Publikation\\_FINAL\\_03082011\\_A5.pdf](http://gbif.ch/files/content/sites/sfm/files/nouvelles%20publications/Booklet-Publikation_FINAL_03082011_A5.pdf).

additional costs accessing the health system can incur, both with and without insurance, UDM face little opportunity to improve their circumstances and their capacity to subscribe to the compulsory health insurance as these programs assume to be possible. As a result, after receiving aid for a short period of time, UDM are often left unable to access the health system, particularly in terms of sexual healthcare and family planning services.

The program to aid those UDM without health insurance to access HIV/AIDS services is illustrative of this need to alter the way in which aid is provided. If unable to subscribe to the compulsory health, UDM with HIV/AIDS can apply, as mentioned above, for aid through the “Fonds de Solidarité” created by the University Hospital of Geneva.<sup>143</sup> If approved for aid, this program funds HIV/AIDS treatment for the UDM for six months, and, after receiving aid the UDM can reapply once more to receive coverage for up to a maximum of one year. Once the period of coverage runs out, if the individual lacks insurance altogether and they cannot pay for the antiretroviral medication necessary to treat HIV/AIDS, health specialists cannot prescribe treatment. In the event that this should occur, the University of Geneva has established an emergency pharmacy, but it only maintains a small stock and it is “a very temporary situation.”<sup>144</sup> If no long-term payment solutions are found and a humanitarian permit B cannot be obtained, the migrant may be sent back to his country of origin to continue treatment.<sup>145</sup>

In order to improve access to care for UDM, more sustainable, long-term solutions must be developed. While, to some extent, efforts targeted at educating the UDM population and improving their health literacy do have lasting effects, long-term structural and organizational

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<sup>143</sup> Mathieu Rougemont, (HUG: Unité VIH/SIDA & Services de maladies infectieuses), interview by author, in-person interview, Geneva, Switzerland, March 31, 2016.

<sup>144</sup> Mathieu Rougemont, (HUG: Unité VIH/SIDA & Services de maladies infectieuses), interview by author, in-person interview, Geneva, Switzerland, March 31, 2016.

<sup>145</sup> Mariana Duarte, Mélissa Llorens, Camille Vallier, Sascha Moore Boffi, and Régis Blanc, “Renvois & Accès Aux Soins: Enjeux juridiques et conséquences sur le plan humain de la pratique suisse en matière de renvois d’étrangers à la santé précaire,” *Groupe SIDA Genève and Observatoire Romand*, (May 2015): 3.

support is needed to more effectively expand access and to improve the sexual health and family planning capacity of the UDM population.

### **Implementing Difference Sensitivity and a Trans-Categorical Framework**

In response to the various health issues and barriers to accessing the healthcare system that vulnerable populations, such as UDM, face, the Swiss apply a communitarian approach. A communitarian approach seeks to address a problem or series of problems through population-specific methods. Though the aforementioned population-specific public health efforts can benefit the target population, this approach has many limitations. This is in part due to the way in which the communitarian approach is founded on a level of difference orientation within a given society.<sup>146</sup> Within this framework of difference orientation, public health efforts are developed to take in to consideration the cultural influences of behavior and to develop policies that are “close to the communities and their reproductive logic.”<sup>147</sup> In this way, communitarian efforts are somewhat discriminatory and enclose communities within the framework of these efforts. This becomes problematic in that “a person is a person and not a culture.”<sup>148</sup> Along with this, communitarian solutions limit the circumstances in which policy can be applied and institutionalized. As a result, the expansion of care and access in a population-specific manner also fails to account for the dynamic nature of migration and the “ethnic communitarisation process.”<sup>149</sup> Thus, population-specific approaches do not present the best way of addressing the health issues and challenges to access that UDM face.

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<sup>146</sup> Sandro Cattacin and Milena Chimienti, “Difference Sensitivity in the Field of Migration and Health: national policies compared,” *University of Geneva: Working Paper of the Department of Sociology*, 1 (2007): 37, accessed April 20, 2016. <http://archive-ouverte.unige.ch/unige:40962>.

<sup>147</sup> *Ibid*, 40.

<sup>148</sup> Sandro Cattacin (Université de Genève: Institut de recherches sociologiques), interview by author, in-person interview. Geneva, Switzerland, April 20, 2016.

<sup>149</sup> Sandro Cattacin and Milena Chimienti, “Difference Sensitivity in the Field of Migration and Health: national policies compared,” *University of Geneva: Working Paper of the Department of Sociology*, 1 (2007): 39, accessed April 20, 2016. <http://archive-ouverte.unige.ch/unige:40962>.

Therefore, there is a need to apply difference sensitivity along with the implementation of a general, trans-categorical framework based more on the idea of equity and non-discrimination. This concept of difference sensitivity is founded on the implementation of “systematic – structural – empathy for differences in systems.”<sup>150</sup> This would entail altering the health system in the way of management and quality control to include more advocacy and active participation of those being addressed, as well as normalizing difference sensitivity training among health professionals and migrants. Within this, the model of difference sensitivity must also avoid applying exclusionary principles on a multi-dimensional level “at the risk of forgetting differences, migrant dynamics, and communitarian acceptance of the chosen inclusion tactic.”<sup>151</sup> Structuring responses in this way entails adopting a trans-categorical framework, as a result of which policies can be institutionalized to address situations across different populations and more enduring change and aid can be put into effect for UDM and other vulnerable populations. Thus, the adoption of difference sensitivity and a trans-categorical framework could enable efforts to have greater efficacy and more long-lasting, sustainable impacts.

## **Conclusion**

In examining UDM access to the Swiss healthcare system through the lens of sexual healthcare and family planning services, this study showed that UDM maintain a worse state of health across the specific sexual health and family planning issues studied, which in part may be accounted for due to their circumstances coupled with the various barriers that prevent UDM from accessing the healthcare system. In response to this, many programs and services have been

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<sup>150</sup> Sandro Cattacin and Milena Chimienti, “Difference Sensitivity in the Field of Migration and Health: national policies compared,” *University of Geneva: Working Paper of the Department of Sociology*, 1 (2007): 37, accessed April 20, 2016. <http://archive-ouverte.unige.ch/unige:40962>.

<sup>151</sup> *Ibid*, 41.

developed that share somewhat generalized modes of intervention to improve the health and the access to healthcare of UDM in Switzerland. While many of these intervention methods do benefit the UDM population in certain ways, critical analysis of these efforts showed many areas in which such interventions could be modified and improved. However efforts must continue to be made to improve UDM's worse sexual health and expand UDM access to the health system.

In order to more accurately discuss the UDM population in terms of health and other issues going forward, developing more comprehensive language concerning migration and the various sub-populations that fall under the umbrella term of a migrant will be critical. For the purpose of this paper, the definitions of the IOM were used, but migration is a very nuanced topic and it is difficult to say in absolute terms what a migrant is and what a migrant is not. And within the population of migrants, each sub-group faces somewhat similar but yet rather distinct situations. Nearly all individuals interviewed expressed the need to distinguish vulnerable migrants as a population spanning the various sub-groups. However, defining vulnerability in this sense was found to be a consistent challenge in discussing the topic. Thus, greater efforts must be made to resolve these challenges with the terminology surrounding migration.

Above all, in order to better address any of the health issues and barriers, the universal right to health that all people, including UDM, are entitled to must become more of a priority. From an international human rights perspective, "UDM have a right to access preventive, curative, and palliative care."<sup>152</sup> Insofar as rights to sexual health and family planning are concerned, this would include "contraception, testing, treatment for HIV and STIs... [and] safe and legal abortion."<sup>153</sup> However, UDM's right to these services fails to be fully acknowledged in

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<sup>152</sup> Katrine Thomasen (Center for Reproductive Rights: Geneva Office), interview by author, phone interview, Geneva, Switzerland, April 28, 2016.

<sup>153</sup> Katrine Thomasen (Center for Reproductive Rights: Geneva Office), interview by author, phone interview, Geneva, Switzerland, April 28, 2016.

Switzerland. The issue of migration is incredibly politically charged, and in this way it can be difficult to navigate what responsibilities a nation and a people have towards those of different countries of origins, particularly when these individuals lack legal residency permits. As a result, this study was conducted with a focus on UDM right to health as opposed to the political debate surrounding that right. While one cannot completely separate politics from an issue, changing the discussion and taking more of a rights based approach will be necessary to truly implement the Universal Healthcare that Switzerland claims to have in place.

Going forward, further research should be conducted specifically on UDM. Some research has been done in this capacity, and these sources served as the basis for this study, but much more must be done. Many studies have been conducted on migration and health as a broad issue, but the migrant population is a diverse group of people with different migration histories, socio-economic backgrounds, and residency statuses, and all of these factors influence an individual's health and ability to access health services on some level. In order to more fully and accurately illustrate this, it will be important to include the voices of the UDM population and their specific interactions with the systems in place, such as the health system, in Switzerland. Therefore, while further quantitative data must also be collected, an emphasis on qualitative data in the way of ethnographic research should be encouraged.

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