Hidden Hurdles: Evaluating Informal Barriers to Primary Healthcare Access Among Undocumented Migrants in Switzerland

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Hidden Hurdles: Evaluating Informal Barriers to Primary Healthcare Access Among Undocumented Migrants in Switzerland

By Arantxa Bonifaz Rosas

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Abstract

Undocumented migrants face heightened difficulties in accessing healthcare due to a combination of legal, financial, and social challenges. Informal barriers to accessing healthcare further exacerbate poor health outcomes among undocumented migrants. In Switzerland, where undocumented migrants have the right to health insurance, barriers to receiving healthcare continue to restrict their access to essential services, such as primary healthcare (PHC). Employing a meta-analysis approach, this qualitative study aimed to broaden existing research on informal barriers hindering access to PHC for undocumented migrants, with a particular focus on the Swiss context. The identified informal barriers centered around health insurance, fear of deportation, and sociocultural factors. Accessibility of health insurance was challenged by financial and administrative barriers. Fear of deportation precluded undocumented migrants from taking out health insurance or seeking healthcare services. Lastly, sociocultural factors, such as limited health literacy and intercultural and linguistic differences, hindered mutual understanding between patients and providers, challenging the effective provision of PHC for this population. Public hospitals, migrants NGOs, and interpreting services play a vital role in mitigating informal barriers to PHC. Nevertheless, gaps in PHC accessibility and ongoing efforts to mitigate informal barriers remain. Thus, there is a need for policies addressing the multidimensional challenges and systemic barriers that restrict access to PHC services among undocumented migrants in Switzerland.
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Introduction

Over the past five decades, the global migrant population has increased globally (International Organization for Migration, 2022). Located at the center of Europe, Switzerland has become a popular destination for migrants. Since 1990, the migrant population in Switzerland has continued to increase in numbers (United Nations (UN), 2020). As of 2022, nearly 40% of the population in Switzerland has a migration background (Federal Statistical Office, 2022). “Migrant” is an umbrella term that can be defined as any person who is moving or has moved across international borders or within a state, irrespective of their legal status, voluntariness, reasons for migration, or length of stay (International Organization for Migration (IOM), 2022). Individuals are differentiated by their reasons for movement and legal status, encompassing asylum seekers, refugees, and migrants. Within the term “migrant,” individuals may differ according to their legal status, and consequently their rights to basic services. In Switzerland, undocumented migrants are foreigners who enter the country with or without a visa and reside there without authorization (State Secretariat for Migration, 2018).

Undocumented migrants are faced with unique social and health challenges due to their vulnerable and precarious life conditions in their host countries (Bilger et al., 2011, page 44). Since they are not legally recognized by their host governments, they are not protected by the country’s legal framework and do not have access to rights such as education, employment, or healthcare (Regional Office for Central, N. A., and the Caribbean, n.d.) The International Federation of the Red Cross and Red Crescent Societies (IFRC) described barriers to these basic services, including health services, among migrants as a humanitarian crisis (IFRC, 2018). Migrants face different types of barriers to healthcare depending on their host countries. In “migrant-unfriendly” or “migrant-indifferent” contexts, migrants are positioned at disadvantage...
relative to the host countries’ populations as legal frameworks and policies may deprive or exclude them from national health frameworks (IFRC, 2018, page 14). These formal barriers can present as policies that restrict access to healthcare based on legal status, unaffordable services, or impossible pre-requisites for undocumented migrants (IFRC, 2018, page 4). Even in countries with “migrant-friendly” frameworks that grant undocumented migrants equal access to basic services under the law, informal barriers to accessing these services persist in practice (IFRC, 2018, page 8). In this context, “informal barriers” refer to implicit obstacles that hinder access to healthcare services among undocumented migrants (IFRC, 2018, page 8), such as linguistic and cultural obstacles, limited health literacy, unawareness of available services, discrimination, and differing levels of policy implementation.

In Switzerland, where health insurance is compulsory for everyone, undocumented migrants may find increased accessibility to basic healthcare services (Federal Office of Public Health (FOPH), 2023). Nonetheless a gap between healthcare policies and healthcare provision and care persists in practice (Efionayi-Mäder and Wyssmüller, 2011b). Informal barriers such as cross-cultural and linguistic differences, lack of knowledge of entitlements and available services, and limited health literacy limit access to healthcare services among migrants in Europe (Chiarenza et al. 2019). More specifically, these barriers may hinder adherence to care practices or access to preventative healthcare services among undocumented migrants (World Health Organization (WHO), 2022, page 54). The latter is particularly important as this phenomenon can lead to poor health outcomes in this population later in life (WHO, 2022). However, informal barriers to primary healthcare (PHC) access for undocumented migrants in Switzerland remain unclear. Thus, this study will (i) identify informal barriers to PHC for undocumented migrants in Switzerland, (ii) assess current efforts to mitigate these barriers, and (iii) identify remaining gaps
in implementation. Understanding such barriers and gaps can inform policy revision and development to expand PHC access for undocumented migrants.

**Research Methodology**

To conduct a comprehensive understanding of informal barriers to PHC services among undocumented migrants in Switzerland, this qualitative study employs a meta-analysis approach engaging qualitative studies, case studies, and national and international reports from the existing literature. Peer-reviewed sources were identified on an online search engine (Google Scholar) using the following key terms: undocumented migrants, primary healthcare, barriers, and Switzerland. For non-peer-reviewed sources, only sources from reputable, governmental, and international institutions were included in the analysis. Some of these sources were in Swiss official languages (French and German), thus these sources were translated using an online translator engine. Findings from the literature were complemented by available resources in the online media and personal communication with relevant parties in the context of PHC access for undocumented migrants. For the purposes of this study, a diverse set of perspectives were included in the analysis: researchers, PHC and other healthcare providers, migrant refugees, undocumented migrants, insurance employers, migrant non-governmental organization (NGOs), and interpreting services. By including these diverse viewpoints, this study aimed to capture a holistic comprehension of the undocumented migrant experience in PHC in Switzerland.

While most of these perspectives were gathered from secondary sources, insights from migrants, migrant NGOs, and interpreting services were gathered in the form of formal and informal interviews. In an informal interview, valuable insights from migrants in Switzerland were collected. Due to the informality of the conversation, the interview followed an unstructured format, with questions focusing mostly on healthcare access and experiences for
migrants. Communication between the researcher and migrants was facilitated by a translator who asked the questions in the migrants’ language and translated their responses to English. To conceal the identity of these migrants, personal information and legal status was not disclosed. Nevertheless, this interview provides insightful information regarding the general migrant experience in Swiss healthcare. The perspective of migrant NGOs is equally relevant and important to truly understand the experiences of migrants in the Swiss context. Thus, the director and founder of L’Association pour la Promotion des Droits Humains (APDH), Madame Badia El Koutit, was also interviewed for this study following an in-person semi-structured interview format. APDH, an NGO based in Geneva, has worked very closely with migrants in Switzerland for the past 15 years, especially migrants from Middle Eastern and North African backgrounds. Therefore, her expertise and past experiences with migrants provided valuable perspective to the research regarding obstacles and strategies to health, cultural, and social integration in this population. Lastly, madame Isabelle Fierro-Mühlemann, the head of the community interpretation sector in Appartenances, was interviewed to provide insights regarding cultural mediation and interpretation in healthcare. This semi-structured interview took place over Zoom and questions were asked in English and the interviewee responded in French. These responses were transcribed by online software (Microsoft Word) and translated partly by the researcher and Google. Appartenances is an organization dedicated to promoting the well-being and autonomy of migrants, providing the largest community interpreting services in Switzerland. With nearly 20 years of experience in this field, madame Fierro-Mühlemann provided key insights into the importance of cultural mediation and interpretation services in migrant health and its practices.

Formal interviewees were informed of the conducted research study and its purpose. Moreover, formal interviewees were asked for consent regarding identity and affiliation
disclosure, use of quotes, and interview audio-recordings prior to the interview. While informal interviewees were willing to answer the researcher’s questions, they were not fully informed of the study’s purpose. Similarly, they were not asked for consent for identity disclosure, therefore, insights gathered from these interviews will be treated as anonymous. Perspectives from undocumented migrants were also gathered from Jossen, 2018 and Weidtmann, 2015, thus complementing and expanding on the perspectives provided by informal interviewees.

Language barriers in primary and secondary sources is a major limitation in this study, though it was partially overcome by the utilization of translating software (Google translate). Language barriers during interviews somewhat limited the ability of the researcher to ask clarifying or follow-up questions. Language barriers were also present in the analysis of secondary data, including a case study and news report, which were translated using Google translate. Lastly, the sample of interviewees is relatively small which may limit the generalizability of findings. However, this limitation was partially overcome by utilizing case studies involving undocumented migrants and healthcare (Jossen, 2018 and Weidtmann, 2015)

**Literature Review**

Switzerland’s long and rich history of migration has contributed to its large foreigner population. At the end of the 19th century, Switzerland became a popular destination for immigrants, particularly political refugees and asylum seekers (Swiss Federal Archives, 2019). Today, nearly 40% of the Swiss population is comprised of migrants (Federal Statistical Office, 2022). Among them, an estimated 90,000 migrants are undocumented and often live in precarious conditions, thus increasing their susceptibility and vulnerability to health risks and poor health outcomes (Federal Office of Public Health (FOPH), 2023). A study conducted by the Swiss Federal Statistical Office found that migrants in Switzerland reported poorer physical and
mental health conditions than those without a migration background (Feral Statistical Office (OFS), 2020). Moreover, perceived health among migrants deteriorated with their length of stay in Switzerland (OFS, 2020).

The factors contributing to poor health outcomes among migrants in Switzerland can be explained by the social-ecological model which posits that the context before, during, and after migration affects the health of migrants. More specifically, the social-ecological model helps identify the micro-, meso-, and macro-level factors that influence health. In the context of this study, migrant health is a product of multiple and dynamic factors, including individual and lifestyle factors, social and community networks, living and working conditions, and general socioeconomic, cultural, and environmental conditions (WHO, 2022, page 16). To achieve a comprehensive and effective approach to promoting and protecting the health of migrants, policymakers and healthcare providers must consider and address the myriad factors affecting migrant health at the individual, social, and structural levels.

Within the socio-ecological model factors lie “formal” and “informal” barriers that hinder access to healthcare among undocumented migrants in Switzerland. As defined by the IFRC, formal barriers limit access to healthcare at the legal, financial, and policy levels, whereas informal barriers operate at the social, cultural, and interpersonal levels (IFRC, 2018, page 8). Together, formal and informal barriers, pose significant challenges for undocumented migrants seeking healthcare (World Health Organization (WHO), 2022, page 54). In Switzerland, health insurance is mandatory for all residents, including undocumented migrants, thus extending their healthcare coverage and ensuring their access to healthcare services (FOPH, 2023). Moreover, healthcare providers and insurance companies are strictly obliged to maintain patient confidentiality to protect undocumented migrant patients from legal complications and
deportation (Bilger et al., 2011). Despite the support for financial coverage, healthcare integration, and social services provided by the government and international and local non-profits (NPOs) in Switzerland (FOPH, 2023; Bilger et al., 2011), formal and informal barriers to healthcare persist among the undocumented migrant population, resulting in limited healthcare coverage and underutilization of essential health services.

Migrants, particularly undocumented migrants, tend to underutilize medical services in their host countries, which can lead to undetected diagnoses, lack of treatment, and poor health outcomes. A systematic review of healthcare utilization patterns in Europe revealed mixed patterns among migrants based on the type of healthcare service and host country (Graetz et al, 2017). For PHC, half of the studies reviewed revealed higher utilization of services among migrants compared to host populations, whereas the other half of the studies reviewed revealed underutilization of PHC services among migrants (Graetz et al, 2017). Similarly, this study found lower utilization of outpatient clinics and health screenings among migrants, which can have negative implication on their immediate and future health. The limited data and comparability in the existing literature, however, complicates a Europe wide comparison (Graetz et al, 2017). Nevertheless, a comprehensive understanding of healthcare utilization patterns among migrants and their underlying mechanisms are necessary to identify and address barriers to healthcare faced by migrants. Therefore, there is an urgent need for country- and context-specific analyses of healthcare utilization patterns among migrants to better understand their health needs.

In the Swiss context, access to healthcare services among undocumented migrants remains unclear given the mixed findings in the literature. A study conducted by the Swiss federal office of statistics (OFS) found no systemic differences in healthcare access between migrants and non-migrants in Switzerland (OFS, 2020). Other studies, however, have found that
undocumented migrants face various and multi-leveled challenges when accessing medical care in Switzerland (Bilger et al., 2011; Blanc, 2023), resulting in the underutilization of healthcare services in this vulnerable population (Tzogiou et al., 2021). The underutilization of healthcare services among migrants in Switzerland cannot be explained by the “healthy migrant effect”—the idea that recent migrants exhibit better health outcomes than the native population—since research supports poorer health outcomes in migrant populations compared to non-migrant populations in Switzerland (OFS, 2020). Therefore, the underutilization of healthcare services in migrant populations suggests that migrant populations experience barriers to healthcare access.

Barriers to healthcare access among migrants in Switzerland are especially present in PHC. Research revealed that migrants are less likely to visit the doctor but more likely to visit the emergency department, thus indicating that barriers to PHC access exists among migrants, including undocumented migrants, exists in Switzerland (Tzogiou et al., 2021). These barriers have great implications on the health of migrants as well as the Swiss healthcare system. Restricted access to healthcare may lead to undetected health diagnoses and an increased burden of poor health outcomes in the migrant population. PHC is the first line of defense in healthcare, playing a pivotal role in preventive care, disease detection, and treatment (Better Health, 2015). Moreover, PHC is the most “inclusive, equitable, cost-effective, and efficient” strategy to protect people’s physical and mental health (WHO, 2023). Therefore, a PHC approach is designed to provide foundational and accessible healthcare for everyone, including migrants. In practice, however, existing barriers in PHC hinder accessibility to healthcare services among undocumented migrants, leading to the underutilization of PHC services in this population (Tzogiou et al. 2021). Moreover, restricted PHC access among migrants leads to the reliance on the emergency department (Tzogiou et al. 2021), which can lead to an increased burden on
emergency services, straining of resources, and poor-quality care (Sartini et al. 2022). Therefore, a comprehensive analysis on barriers to PHC among migrants is imperative to identify and address these barriers, with the ultimate goal of protecting the health of migrants.

While research on barriers to healthcare access among migrants in Switzerland has been conducted, research on PHC access focusing on the undocumented migrant population remains limited. Cross cultural and linguistic differences, lack of knowledge of entitlements and available services, financial costs, and limited health knowledge and literacy have been identified as informal barriers to healthcare access among migrants (Chiarenza et al. 2019; Tzogiou et al. 2021). However, these barriers differ across contexts and migrant sub-groups, having a greater impact on first-generation and culturally different migrants (Tzogiou, 2021). Barriers to healthcare faced by undocumented migrants are further compounded by their lack of documentation, fear of deportation, and limited legal protection (Efionayi-Mäder and Wyssmüller, 2011a). Informal barriers are particularly important to identify since they are deeply rooted in cultural, social, and interpersonal dynamics, thus making them less obvious and more likely to go unnoticed. In light of the existing barriers to PHC access among migrants in Switzerland and the limited research on undocumented migrants, this paper will aim to identify informal barriers to PHC specific to undocumented migrants, identify current efforts to mitigate these barriers, and identify gaps in implementation.

Analysis

Informal Barriers to PHC in Switzerland

I. Healthcare Insurance

In Switzerland, healthcare is access is regulated by compulsory private health insurance, providing almost “universal healthcare coverage,” albeit with financial costs. The federal act on
health insurance (Krankenversicherung (KVG)) mandates health insurance for everyone residing in Switzerland, including undocumented migrants (FOPH, 2018). Despite universal health insurance eligibility in Switzerland, barriers to obtaining health insurance remain among undocumented migrants, restricting their access to essential health services.

**Financial Costs**

One of the main reasons undocumented migrants refrain from taking out health insurance is due to its high cost. A study examining the underlying factors of health inequalities between migrant and non-migrants in Switzerland identified healthcare insurance as a restriction to healthcare access among migrants (Tzogiou et al., 2021). Although undocumented migrants are covered by Swiss “universal healthcare coverage,” they are required to pay high out-of-pocket payments, co-payments, at the point of care. Co-payments are usually 10% of the cost their treatment with a maximum of 700 Swiss francs (CHF) (Jossen, 2018, page 16). Moreover, all patients are required to pay monthly premiums, which vary according to insurance plan and cantonal policy in Switzerland (Weidtmann, 2015). In 2022, the average monthly premium in Switzerland was estimated to be CHF 315 (or $319) per month and was estimated to increase up to CHF 397 ($451) per month for adults (Swissinfo, 2022). In addition to costly premium payments, individuals must pay annual excess fees ranging from CHF 300 to CHF 2,500 (Jossen, 2018, page 16); the higher the annual excess paid, the cheaper the monthly premiums will be. Moreover, federal policy mandates that everyone in Switzerland obtains health insurance within 3 months of arrival to the country (FOPH, 2018). After the three-month mark, health insurance providers can charge penalty fees to individuals seeking to take out health insurance (Weidtmann, 2015, page 16). Therefore, further deterring undocumented migrants from seeking health insurance in the first place to avoid incurring all these financial costs.
Insurance and healthcare expenses pose an affordability challenge for vulnerable populations, such as undocumented migrants, thus precluding them from taking out health insurance. These financial burdens are further exacerbated by lower household income and higher rates of unemployment in the undocumented migrant population in Switzerland (Tzogiou et al., 2021), resulting in less willingness to seek healthcare and poor health outcomes in this population. In Weidtmann, 2015, an interview with an employee from the Swiss Red Cross (Schweizerisches Rotes Kreuz (SRK)), shone light on the reality of many undocumented migrants. The SRK employee described it as a “vicious cycle” created by expensive monthly insurance premiums and out-of-pocket payments that deter undocumented migrants to underutilize healthcare services leading to undetected diagnoses and untreated maladies, which, in turn, results in worse health outcomes that may require more expensive treatment and care (Weidtmann, 2015, page 32).

While undocumented migrants without insurance are still entitled to health care and financial assistance, this may only apply to life-threatening situations (Weidtmann, 2015, page 16). Moreover, migrants in Switzerland have indicated that in their experiences when accessing healthcare, their health treatment and care is prioritized by healthcare providers over their ability to pay for insurance or the treatment and care costs (Jossen, 2018, page 79; personal communication with a migrant in Switzerland, October 12, 2023). Nevertheless, incurring financial costs of care and treatment after consultation or the provision of personal information at the point of care still present as deterrents to accessing healthcare among uninsured undocumented migrants. This, coupled with costly insurance expenses (annual excess, monthly premiums, and out-of-pocket payments at point of care) and limited household income and high
unemployment rates preclude undocumented migrants in Switzerland from taking out healthcare insurance and thus access healthcare services.

**Administrative Challenges**

While health insurance companies are legally obliged to offer health insurance to all recipients irrespective of their legal status (FOPH 2018), in practice, administrative challenges and reluctancy from insurance providers restrict healthcare insurance availability and access for undocumented migrants. Insurance companies may be reluctant to provide insurance to undocumented migrants because they are concerned that this population may only take out insurance when immediate healthcare is needed, meaning that their healthcare costs would not be covered by monthly premium payments (Jossen, 2018, page 71). For this reason, insurance companies are very sensitive to hospital visits immediately after signing a contract with undocumented migrants (Jossen, 2018, page 76). To prevent this from happening, healthcare insurance companies will come up with different reasons as to why they cannot provide insurance to undocumented migrants, “[…] this was the wrong form you used. Or, in the beginning, a lot of applications just went missing” (Jossen, 2018, page 72). Navigating these administrative barriers is especially challenging for undocumented migrants as their limited understanding of the Swiss healthcare system, insurance policies, entitlements, and available services, coupled with language barriers, compounds the difficulty they face in overcoming these obstacles, and consequently their ability to take out health insurance in Switzerland. Additionally, these combined challenges make it extremely difficult for undocumented migrants who do take out health insurance to receive the best and most affordable insurance plan (Jossen, 2018, page 75), exacerbating their financial situation and willingness to continue their insurance plan or seek healthcare.
Insurance companies are not legally allowed to explicitly deny insurance to undocumented migrants, instead, these companies employ systematic administrative barriers to complicate the process of obtaining health insurance for undocumented migrants and the NGOs that assist them. NGOs usually intervene to assist with insurance applications and help undocumented migrants overcome the insurance companies’ administrative challenges. However, NGOs may also face reluctance from insurance companies and there are instances where they may even abandon the process because “[insurers] make things so complicated” (Jossen, 2018, page 72). Moreover, insurers who do provide insurance to undocumented migrants must keep a balance between their willingness to cooperate and not becoming too attractive to NGOs for undocumented migrants to take out insurance. Consequently, as revealed by an interview with an insurance employee, insurance companies negotiate with NGOs and attempt to persuade them to look for insurance elsewhere, thereby shifting the financial responsibility of undocumented migrants to another insurance provider (Jossen, 2018, page 72). Ideally, multiple insurers would “take turns” and rotate patients on an annual basis to distribute the financial responsibility across different providers (Jossen, 2018, page 72). However, this approach may result in unstable healthcare insurance for undocumented migrants and lack of retention of this population in the insurance and health system. Another concern for insurance companies is medical tourism—the practice of individuals traveling to another country to only seek healthcare and treatment due to lower costs or specialized services. Due to this concern, insurance companies may refuse to sign or rescind insurance contracts with undocumented migrants when they leave Switzerland (Jossen, 2018, page 76).

Although the Swiss health system takes pride in its compulsory health insurance system, granting everyone access to health insurance, the aforementioned barriers pose significant
challenges for both undocumented migrants and the NGOs supporting them. Even in
Switzerland, where health insurance is available to everyone, financial and administrative
obstacles continue to exist, restricting health insurance access to undocumented migrants. These
limitations feed into the vicious cycle that perpetuates the health inequalities experienced by
migrants in Switzerland (Tzogiou et al., 2021), placing undocumented migrants in a particularly
vulnerable position with increased financial health burdens, despite their limited work
opportunities, and restricted access to health insurance and consequently healthcare services.

II. Fear of Deportation

In Switzerland, an illegal stay is a misdemeanor punishable for up to one year in prison
(Weidtmann, 2015, page 20). Undocumented migrants can be expelled from Switzerland at any
point if caught by authorities and lack of compliance may even lead to deportation. Fear of
deporation is another major informal barrier to healthcare access faced by undocumented
migrants worldwide (IFRC, 2018). This barrier to healthcare can be mitigated by eliminating
requirements to report undocumented migrants to authorities at healthcare settings. In
Switzerland, neither insurance companies nor healthcare providers are allowed to share personal
information of undocumented migrants to migration authorities (OFS, 2020). Nevertheless, fear
among undocumented migrants in Switzerland persists affecting their willingness to take out
health insurance, despite being obligatory, and accessing PHC when needed.

Taking out Health Insurance

Fear of deportation among often prevents undocumented migrants from taking out health
insurance. In general, undocumented migrants tend to avoid contact with any organization
related to the state, including healthcare and insurance institution, in fear that they will find out
of their legal status (Jossen, 2018, page 37). In order to take out health insurance, undocumented
migrants have to provide personal information, such as name, address, and proof of residence, which undocumented migrants lack (Jossen, 2018, page 37). Sometimes, undocumented migrants may provide the wrong address, which complicated the process of taking out health insurance for the insurance providers. Other times, undocumented migrants simply do not provide this information. However, when no proof of residence is provided, insurance companies sometimes violate data protection rules by cross-checking with municipalities to check for a registration confirmation of the patient. This has no negative consequences for those who are registered, but for undocumented migrants it can lead to deportation (Jossen, 2018, page 37). Moreover, data protection rules are also violated if insurance companies contact authorities to rule out double-insurance and/or clarify the timeline the patient has been insured for. Similarly, in case of missed payments, insurance companies may consult authorities regarding the whereabouts and place of residence of the patient (Wiedtmann, 2015, page 20). Due to all of these loopholes and violations of the data protection rules by insurance companies, undocumented migrants in Switzerland remain reluctant to take out health insurance.

Once enrolled in health insurance, undocumented migrants may still fear deportation. Missed monthly payments to the insurance company, can lead to debt enforcements (Weidtmann, 2015, page 31), exposing undocumented migrants to legal issues and further exacerbating their fear of deportation. As seen in an interview with an undocumented migrant in Weidtmann, 2015, undocumented migrants may accidentally overpay the insurance companies in fear of missing monthly payments and facing debt enforcement (Weidtmann, 2015, page 31). High insurance expenses, as well as the pressure to adhere to punctual monthly payments in fear of deportation, may further deter migrants from taking out health insurance.

Accessing PHC Services
Discrepancies in utilization of healthcare services among undocumented migrants can be attributed to fear of deportation (Bilger et al., 2021). Getting to the hospital can be a stressful experience for undocumented migrants who need to choose between high public transportation costs or risking getting questioned by conductors and authorities, risking exposure of legal status (Jossen, 2018, page 62). Once at the hospital, fear of deportation among undocumented migrants continues due to a lack of knowledge on data protection rules among undocumented migrants and the non-adherence to these rules by insurance and healthcare providers (Weidtmann, 2015, page 32). In Wiedtmann, 2015, an interview with an SRK employee revealed that undocumented migrants are likely to not insist on their rights if they are violated in healthcare settings due to fear of getting migration authorities involved and getting deported (Weidtmann, 2015, page 32). In an interview with the director of APDH, she confirmed that the migrants she works with in Geneva are afraid to go to the hospital at first (personal communication with APDH director, November 14, 2023). Moreover, she shared that sometimes at the point of care, migrants are asked to pay for their consultation even though this should not happen since their healthcare should be covered by social assistance (personal communication with APDH director, November 14, 2023). According to her, this is one way Swiss hospitals attempt to prevent medical tourism, however she also emphasized that hospitals never report patients to the authorities. Undocumented migrants, however, are especially vulnerable to rights violations or policy infractions as they are often hesitant to argue with healthcare staff and officials in fear of being reported to the authorities.

III. Sociocultural Factors

The culture of undocumented migrants shapes their health beliefs, practices, and preferences. Culture has an impact on patient-provider relationships, trust, and communication, especially
when these two are from different cultures. Moreover, cultural beliefs and language may impact their acceptance of health diagnoses, procedures, and treatment, especially for stigmatized maladies. Similarly, preconceived cultural stigmas and taboos may impact health knowledge among migrants, limiting their health literacy. Therefore, cross-cultural and linguistic differences must be identified and addressed to enhance the effectiveness of healthcare services for undocumented migrants.

Cross-Cultural Differences

In Switzerland, underutilization of PHC services is particularly prominent among culturally different migrants, indicating cultural differences as a barrier to PHC (Tzogiou et al., 2021). Migrants may be more susceptible to experiencing cultural differences due to their diverse backgrounds, upbringing, and cultural norms in their country of origin. Language, religion, health-related stigma based on cultural norms and previous healthcare experiences may influence the healthcare beliefs among migrants. Undocumented migrants are particularly vulnerable to cultural challenges to healthcare due to their previous experiences with authorities and healthcare professionals in their country of origin, transient country, and host country. Thus, it is crucial to address cross-cultural differences between patients and healthcare providers to foster effective communication and mutual understanding between the two.

One of the biggest differences migrants face in the Swiss healthcare system is that healthcare providers prioritize health over healthcare costs and legal status. According to migrants, health is a priority in Switzerland (personal communication with a migrant in Switzerland, October 12, 2023). In cases of emergency, doctors will always treat patients first regardless of their ability to pay or their legal status (personal communication with migrants in Switzerland, October 12, 2023). In their home countries, however, migrants are used to paying
before receiving healthcare, even in life and death situations (personal communication with
migrants in Switzerland, October 12, 2023; Jossen, 2018, page 45). According to undocumented
migrants, in their countries, some healthcare providers refuse treat people unless they pay, which
can lead to health complications and death in life and death situation (Jossen, 2018, page 45 and
79). This is particularly surprising for undocumented migrants as they usually expect high
healthcare costs and their legal status to prevent them to receive healthcare. Due to their past
experiences in healthcare in their countries of origin, undocumented migrants may assume that
they will not receive healthcare if they cannot afford it, resulting in the underutilization of PHC
services in this population.

Cultural beliefs may also influence how health diagnoses are delivered to and understood
by patients from a migrant background. The culture and social norms from the patient’s country of
origin can influence how they respond to disease prevention, diagnoses, and treatment. It is
especially important to take cultural beliefs into account when discussing stigmatized topics such
as sexual and reproductive health and mental health. According to the director of APDH, mental
health and sexual and reproductive health tend to be the most sensitive topics among migrants in
Switzerland (personal communication with APDH director, November 14, 2023). Due to cultural
beliefs, migrants from traditional countries may struggle accepting mental health diagnoses for
their children, influencing their willingness to seek or accept special services (personal
communication with APDH director, November 14, 2023). Similarly, menstruation and topics
revolving around women’s health were identified as “taboo” among migrant communities in
Switzerland (personal communication with APDH director, November 14, 2023). According to
female migrants, they tend to shy away from sharing gynecological health problems with male
health professionals (personal communication with migrants in Switzerland, October 12, 2023).
Therefore, it is important for healthcare professionals to consider how social norms, namely gendered norms, and cultural beliefs may impact patient-provider communication, the disclosure of health issues among migrants, and their willingness to pursue treatment.

Religion may also influence migrants’ healthcare beliefs and views on illness. During the COVID-19 pandemic, some migrants believed that their religion protected them from COVID-19 (personal communication with APDH director, November 14, 2023). According to migrants, they could not get COVID-19 because they were protected by their God, leading to a dismissal of preventative measures during the global pandemic (personal communication with APDH director, November 14, 2023). These perspectives pose potential risks to the health of migrants and those around them. Given the strong influence of culture and religion on health beliefs, providers must take into consideration these perspectives to provide culturally sensitive and effective PHC services to migrants in Switzerland.

Linguistic Barriers

Limited knowledge on the language of the host country poses significant challenges for migrants to navigate and utilize the healthcare system (WHO, 2022, page 16). Language is foundational to effective communication between patients and healthcare providers. Language barriers occur when adequate and direct communication between patients and providers is impossible due to language differences (Jaeger et al., 2019) The vulnerability of undocumented migrants can be heightened by language barriers that hinder their integration into healthcare. In the context of healthcare, undocumented migrants’ inability to effectively communicate their health concerns and priorities can lead to miscommunication, misdiagnoses, inadequate medical care, dependance on translators, and medical distrust.
Linguistic barriers, coupled with limited knowledge on entitlements and the health system in their host country, restricts the utilization of health services among undocumented migrants. In Switzerland, official documents delineating the rights and entitlements for undocumented migrants in Switzerland are often only offered in the local official languages (FOPH, 2023; personal communication with APDH director, November 14, 2023), thus creating difficulties in spreading awareness of available healthcare services for undocumented migrants in Switzerland. Even when undocumented migrants are aware of available services and utilize them, language barriers persist in healthcare practice, creating misunderstandings that can further marginalize the health and wellbeing of this population. For instance, taking out health insurance for undocumented migrants is further challenged by language barriers between patients and insurers. Insurance documents, including payment reminders and monthly bills, are delivered in local Swiss languages, which can lead to miscommunication between patients and providers, as well as missed payments (Weidtmann, 2015).

In Switzerland, language barriers continue to restrict access to essential PHC services among migrants. A questionnaire on language barriers among non-hospital PHC providers revealed that over 90% of physicians in both rural and urban Switzerland face language barriers in consultations with patients (Jaeger et al., 2019). The most common methods to overcome these language barriers included interpreting by adult and family friends, gestures and body language, or settling for restricted communication (Jaeger et al., 2019). These strategies, however, may pose additional challenges to migrants as they may not feel comfortable enough to discuss sensitive health topics in the presence of another family member or friend. Moreover, interpretation can be equally difficult for family members or friends due to socio-cultural taboos.
around sensitive and personal health topics (Ebden et al., 1988), leading to misleading and inaccurate interpretation between patients and healthcare providers.

The use of professional interpreters provides the best quality of translations (Jaeger et al., 2019) and can mitigate linguistic barriers faced by undocumented migrants in Switzerland. While the use of professional interpreters at the point of care was not very common in non-hospital PHC settings (Jaeger et al., 2019), professional interpreter services are available at hospital PHC departments in the cantons of Vaud and Geneva (personal communication with APDH director, November 14, 2023; personal communication with migrants in Switzerland, October 12, 2023). These cantons have adopted policies that allow provision to healthcare services to undocumented migrants (Jossen, 2018, page 17), therefore professional interpreters are more widely available at PHC settings in these regions. In cantons where these policies have not been adopted yet, access to professional interpreters may be limited due to constrained financial and human resources.

**Health Literacy**

Health literacy is defined as the ability to obtain, process, and comprehend basic health information and services in order to make appropriate health decisions (Fox et al., 2021). Health literacy is a challenge for the general population in Switzerland (Weiss, 2022, page 23), but undocumented migrants may experience greater challenges due to language barriers, limited knowledge on their host country’s healthcare system, cultural beliefs, and heightened vulnerability navigating the healthcare and legal system. Moreover, within the undocumented migrant population, health literacy is impacted by language proficiency and socio-economic status (WHO, 2022, page 54). Cultural and linguistic barriers may limit communication between
patients and providers (WHO, 2022, page 55), further challenging undocumented migrants’ comprehension of their own health and the larger Swiss healthcare system.

In Switzerland, physicians are aware that a significant number of patients, both migrants and non-migrants, may not completely understand what the physician is saying (Weiss, 2022, page 23). This is especially challenging when the patient and provider do not speak the same language, which is often the case for undocumented migrants. Thus, there is a need for an alternative approach to medical explanation that provides a visual and simplified explanation for patients, especially for those with a migration background. Cultural influences, such as stigmas and taboos, also limit the discussion of sensitive topics in health (WHO, 2022, page 24), exacerbating limited health literacy levels among migrants in Switzerland.

**Efforts to Mitigate Informal Barriers to PHC**

Due to Switzerland’s decentralized healthcare system, the availability of PHC services for undocumented migrants and its policy implementation vary across cantons (Peng, 2023). Moreover, cantons retain power on how to implement and finance healthcare access for undocumented migrants in Switzerland (Wiedtmann, 2015, page 15). Cantonal discrepancies in policy implementation and the availability of healthcare services for undocumented migrants indicate that barriers to PHC access among migrants are specific to each region. This section will identify and assess PHC and other services available for undocumented migrants in Switzerland, though it is important to note that these services are specific to their region. To identify PHC programs and facilitators, available PHC services to undocumented migrants were evaluated. Additionally, the efforts of migrant and interpreting NGOs will be discussed as they play a crucial role in addressing the remaining gaps to PHC among undocumented migrants.

**1. Services Integrated into Public Hospitals**
**PHC Services: CAMSCO**

The Consultation Ambulatoire Mobile de Soins Communautaires (CAMSCO) is a unit within the outpatient clinic of the Hôpitaux Universitaires de Genève (HUG) that provides PHC in Geneva to populations living in precarious conditions, including undocumented migrants (HUG, 2023). The CAMSCO operates in a medico-social gatekeeping approach that regulates access to care among undocumented migrants and combines nursing, medical, and social services to offer complete healthcare and integration services to undocumented migrants (HUG, 2023). Through nursing care, CAMSCO provides general healthcare evaluation and prevention services, health education, and specialized healthcare orientation to undocumented migrants. Additionally, the CAMSCO collaborates with the HUG social services to provide guidance on social integration processes for undocumented patients during initial first visit to CAMSCO. A follow-up session with a social worker is scheduled to monitor the legal processes of these patients. These social services remain available to assist undocumented migrants with any administrative, legal, or financial challenges they may face at any point (HUG, 2023). According to the head of CAMSCO, Dr. Yves Jackson, their goal is to holistically address the social determinants of health that impact the health of undocumented migrants because “[translated from French to English] there is no point in treating people if it is to put them back in an environment that will make them sick again” (RTS, 2022).

The services provided by the CAMSCO alleviate some of the stressors and financial burdens associated with seeking PHC for undocumented migrants in Switzerland. While the PHC services at the CAMSCO are not completely free of charge for everyone, patients who are not able to pay can still benefit from these services (RTS, 2022). CAMSCO operates on a donation system through which service and medical costs are covered by funding and modest
medical payments from patients who can afford them (RTS, 2022). Thus, CAMSCO alleviates the financial burden from high monthly insurance premiums and out-of-pocket payments at the point of care, and instead offers free or low-cost PHC services for undocumented migrants.

Due to limited funding and staff, CAMSCO provides limited consultations on a daily basis with a maximum of 30 patients a day (RTS, 2022). Patients can make appointments online prior to consultation to ensure they receive care, or walk-in at the clinic, though their consultation may not be guaranteed due to the daily patient cap. When the daily patient cap is reached, healthcare staff at CAMSCO may guide them to alternative healthcare services. In cases of emergency, immediate care may be provided, or patients will be guided to the emergency department for further consultation (RTS, 2022).

Fear of denunciation continues to exist even in CAMSCO, where PHC and social services are specifically targeted for undocumented migrants. Prior to consultation, patients are asked to provide a form of identification (passport, residency card, bus card, etc), however undocumented migrants often lack these documents (RTS, 2022). Even if they do have these documents, undocumented patients are reluctant to provide this information in fear of denunciation. Healthcare staff is aware of this concern among undocumented, therefore, they accommodate by allowing patients to provide information on a post-it note (RTS, 2022).

Cross-cultural differences and linguistic barriers are addressed at CAMSCO through the HUG’s transcultural consultation and interpretation services. In intercultural care situations, transcultural consultation can take place over the phone or in-person in a joint consultation with the patient and the requesting clinician (HUG, 2022a). Cultural mediators can facilitate the mutual understanding between patient and providers, thus leading to more effective care. Interpretation services provided at the HUG, including CAMSCO, are free for patients (HUG,
2022b). At CAMSCO, however, many of the nurses speak the same languages as the undocumented patients they attend (RTS, 2022). Interpretation services and bilingual healthcare staff improves communication and trust between intercultural patient and providers. According to the director of APDH, when doctors speak Arabic—most common language among migrants in APDH—and understand the patient’s culture, migrants are more likely to trust them (personal communication with APDH director, November 14, 2023). This is particularly important for undocumented patients as they tend to experience greater difficulties trusting medical providers due to their general distrust and fear of authorities and government associated institutions. Improved communication and a comprehensive mutual cultural understanding between patients and providers overcome medical distrust between undocumented patients and healthcare providers, leading to more effective provision of PHC to this vulnerable group.

2. Migrant NGOs

Social and Healthcare Integration: APDH

Based in Geneva, APDH offers communication and intercultural support for vulnerable migrant populations, including undocumented migrants. The primary goal of APDH is to integrate migrants by spreading awareness to migrants, especially women, about their rights and entitlements under local policies (APDH, 2023). In the context of healthcare integration, APDH director describes the role of the NGO as a “mediation between migrants and hospitals” (personal communication with APDH director, November 14, 2023). APDH aims to integrate migrants in the healthcare system by providing appropriate resources and information such that migrants may understand and utilize these resources. For instance, APDH uses WhatsApp to better reach its beneficiaries and share important legal and health information in a language that they would understand, which is often Arabic (personal communication with APDH director,
November 14, 2023). This form of communication allows for the effective sensibilization of health information to migrants, especially around sensitive and important topics such as breast cancer, colon cancer, and diabetes (personal communication with APDH director, November 14, 2023). Similarly, this communication allows for spreading awareness about changing policies pertaining to migrant, thus informing migrants on their entitlements and rights.

A comprehensive understanding of the migrant experience and the cultural beliefs and influences in this population is necessary to effectively integrate migrants into the social and healthcare system. Since APDH is mostly run by migrants, they are able to better address the needs and concerns of migrants. APDH is aware of how cultures from more traditional countries can impact healthcare and discussion around sensitive health topics, especially menstruation (personal communication with APDH director, November 14, 2023). To mitigate stigma and taboo around women’s health, APDH holds weekly roundtable meetings with health professionals where these health topics are sensibilized to migrants, offering a space for beneficiaries to discuss these topics and ask questions about their own health (personal communication with APDH director, November 14, 2023). Another stigmatized topic among migrants is mental health, which is especially important for undocumented migrants as they are more likely to suffer negative mental health outcomes due to their precarious living conditions. As a result, APDH sensibilizes mental health among migrants by providing an intercultural explanation that bridges language and cultural gaps and encouraging them to receive psychiatrist services if needed (personal communication with APDH director, November 14, 2023).

APDH facilitates access to PHC services through mediation and healthcare networks. As previously stated, migrant patients feel more comfortable receiving healthcare from doctors who understand their culture and language (personal communication with APDH director, November
14, 2023). As a result, APDH has a list of doctors who speak Arabic and can provide healthcare services to their beneficiaries. For doctors who do not speak Arabic, APDH often provides translation services for its beneficiaries over the phone, thus facilitating communication between patients and providers and alleviating them from additional interpretation services costs.

3. Interpreting Services

*Cultural Mediation and Interpreting Services: Appartenances*

Appartenances is an NGO that provides cultural mediation and interpretation services to hospitals, schools, and other social services (personal communication with head of the Appartenances’ community interpreting sector, November 23, 2023). These services are essential to effective provision of PHC to migrants as they set a foundation for communication and mutual understanding between patients and providers. According to the head of Appartenances’ community interpreting sector, the primary role of interpreters is to translate and facilitate communication between patients and providers, however it is also important that the interpreter pays attention to the patients’ reactions to intervene and better explain the situation to the doctor (personal communication with head of the Appartenances’ community interpreting sector, November 23, 2023). At the same time, it is important for interpreters’ to maintain a balance between mediating intercultural differences and not making assumptions on the patients’ reactions to certain health topics. For instance, mental health is typically a “taboo” subject for migrants, however, interpreters are trained to not rush into mediating unless the patient shows discomfort (personal communication with head of the Appartenances’ community interpreting sector, November 23, 2023).

Moreover, since all interpreters and mediators in Appartenances are migrants, they have a better understanding of the migrants’ experiences and cultural backgrounds, therefore providing
culturally sensitive support for better healthcare provision. For instance, interpreters may employ intercultural mediation in the delivery of diagnoses and advice healthcare providers on how to appropriately deliver these news to the patient. In some cultures, for instance, fatal illnesses are typically not announced directly to the patient, but rather to the patient and their family (personal communication with head of the Appartenances’ community interpreting sector, November 23, 2023). Therefore, interpreters play a vital role in bridging cultural gaps and facilitating communication between providers and patients, thereby contributing to effective PHC provision to migrants in Switzerland.

**Remaining Gaps**

1. **PHC Services**

   While CAMSCO expands the accessibility of PHC services for undocumented migrants in the Geneva area, some barriers remain in practice. Due to financial constraints, healthcare costs can only be completely covered for some patients (RTS, 2022). Those who can afford to pay for healthcare services may be asked to do so, even if it is a modest payment. Hence, while financial burdens to PHC among undocumented migrants are largely alleviated, they are not eliminated. In addition to limited funding, CAMSCO faces limited staffing which results in a limited number of consultations per day (RTS, 2022). Consequently, some patients may not obtain the essential treatment they require, exacerbating their health problems. Making appointments online prior to consultation can be difficult for undocumented migrants since their precarious living conditions and language barrier limit their internet access and ability to navigate the web, particularly in a foreign language (personal communication with APDH director, November 14, 2023).

   Undocumented migrants may face challenges just getting to CAMSCO to receive healthcare.
Seeking healthcare in this vulnerable population is further challenged by the operation hours of CAMSCO, which is only open on weekdays in the mornings during working hours (HUG, 2023). Since most undocumented patients work in the informal sector (RTS, 2022), it may be difficult for them to miss work and risk losing employment to seek healthcare. Moreover, to reach CAMSCO in Geneva, undocumented migrants may have to incur the cost of public transportation to avoid questioning from conductors and authorities. Similarly, despite strict medical confidentiality and reassurance from CAMSCO, undocumented patients still fear denunciation, further deterring them from seeking healthcare services. This fear is intensified when patients are asked to provide proof of identification prior to consultation. Thus, there is a need to develop more accessible and flexible PHC options, minimizing transportation costs and implementing practices to alleviate denunciation fear among undocumented patients.

2. Social and Healthcare Integration

APDH offers guiding services and activities to effectively integrate migrants into Swiss culture, society, and healthcare. However, beneficiaries may still face barriers in accessing PHC due to the complexity of the Swiss healthcare system. For instance, migrants face challenges navigating health insurance due to the overwhelming amount of insurance options and plans for each insurance company (personal communication with migrants in Switzerland, October 12, 2023). This is especially challenging when telemarketers target migrants who may accidentally end up buying multiple insurance plans, and thus incur greater financial burdens for insurance. At the policy level, there is a need to standardize or reduce insurance options to facilitate the process of taking out health insurance (personal communication with migrants in Switzerland, October 12, 2023). At the community level, NGOs can provide workshops dedicated to the
process of taking out insurance to better support migrants, especially undocumented migrants who may have specific needs and concerns regarding healthcare and legal processes.

Similarly, patriarchal practices can reinforce traditional gender roles among migrants, restricting health and financial agency among migrant women (personal communication with APDH director, November 14, 2023). For instance, when migrant women go to the hospital with their husbands, healthcare providers must separate them to enable women to freely speak about their health without the pressure of their husband’s presence (personal communication with APDH director, November 14, 2023). Similarly, money from social assistance is usually given to the husband, depriving women’s from financial independence. This is concerning since finances are often a cause for domestic violence among migrants (personal communication with APDH director, November 14, 2023). Therefore, social and health services need to be aware of cultural sensitivities and act upon them to better protect the health and wellbeing of vulnerable groups among migrants, particularly women.

3. **Cultural Mediation and Interpretation Services**

In the context of healthcare, Appartenances provides invaluable services that mitigate intercultural and linguistic differences between patients and providers, fostering mutual understanding and maximizing the quality of care provided. Nevertheless, some gaps in the utilization and effectiveness of interpretation services remain among undocumented migrants. One of the major gaps in accessing these services among undocumented migrants are the costs. The beneficiaries of Appartenances are primarily institutions, such as hospitals, and they are the ones who cover the costs of interpretation services (personal communication with head of the Appartenances’ community interpreting sector, November 23, 2023). In private practices,
interpretation services may lack funding and doctors may not want to pay for these services, passing the financial burden onto the patients.

The growing privatization and commodification of interpretation and cultural mediation services pose great challenges to the access and quality of services (personal communication with head of the Appartenances’ community interpreting sector, November 23, 2023). Appartenances relies on funding and beneficiaries to sustain their operation, however, private and for-profit interpretation services can increase competition for beneficiaries and thus pose challenges to the funding of NGOs like Appartenances. Interpretation services should not be “lucrative” but rather something that is made accessible to institutions and marginalized communities who need it most. Therefore, the privatization of these services creates ethical implications by creating inequalities in access to these services. Moreover, the privatization of these services may compromise the quality of interpretation because these organizations may prioritize profit over comprehensive training and cultural competence. Due to the vital role of interpreters and cultural mediators in healthcare provision, inequalities in accessibility and poor quality of services can lead to misunderstanding between patients and providers, and consequently poor health care services for migrants.

Conclusion

Utilizing insights from interviews with experts and migrants and analyzing case studies, reports, and qualitative studies from the existing literature, this study successfully identified informal barriers to PHC among undocumented migrants, current efforts to mitigate these barriers, and remaining gaps in implementation. The major informal barriers to PHC access among undocumented migrants in Switzerland were rooted in three major dimensions: health insurance, fear of deportation, and sociocultural factors. Health insurance presented as a
challenge for undocumented migrants primarily due to high costs and administrative challenges in obtaining and utilizing health insurance. Fear of deportation prevents undocumented migrants from taking out health insurance in the first place and consequently accessing PHC services. Lastly, sociocultural factors present challenges to seeking and receiving PHC in undocumented migrants. Cross-cultural differences and linguistic barriers, coupled with limited health literacy among undocumented migrants, limits mutual understanding between patients and providers. This, in turn, may result in misunderstandings regarding medical information, treatment, and preventive care, posing challenges to the effectiveness of PHC provision in this population.

In Switzerland, current efforts to mitigate these informal barriers in PHC among undocumented migrants primarily come from public hospitals with outpatient clinics catering to this population. Migrant NGOs play an important role in orienting and integrating migrants into the social and healthcare system, addressing and mitigating some of the existing gaps in PHC services for undocumented migrants in Switzerland. Nevertheless, gaps in the effective and appropriate provision of PHC services among undocumented migrants remain, namely in the domains of finance, fear of deportation, health insurance, social support, and limited access to interpretation services. To address these remaining gaps local policies need to be developed and strictly implemented to protect the identity and health of undocumented migrants in Switzerland. The national expansion and funding of PHC services tailored to undocumented migrants is also needed to make PHC more accessible in this population and to better address their unique health challenges. Furthermore, adopting CAMSCO’s model, PHC services should aim to address the social determinants of health among undocumented migrants to provide a more comprehensive and holistic approach to PHC and better protect the health of this vulnerable population. Lastly,
at the community-level, it is imperative that migrant NGOs continue to work with undocumented migrants to identify and bridge the existing gaps in PHC services for this population.

Given the vast diversity within the undocumented migrant population, there is a need for further research in health needs and PHC services specific to migrant sub-groups focusing on age, gender, ethnicity, and socioeconomic status. Targeted research would allow for a holistic comprehension of the diverse healthcare needs, concerns, and beliefs within this population. By identifying these different factors, policymakers and healthcare professionals can design and provide more culturally sensitive PHC services to undocumented patients, improving health outcomes in this population. Moreover, since health is largely impacted by politics, culture, and society, targeted research may shine light upon the intersections between these factors and their consequent influence on health. Such nuanced understanding can inform policies that address the healthcare needs of undocumented migrants, as well as the systemic barriers rooted in political and social structures that contribute to poor health outcomes in this population.
Abbreviations

APDH: L’Association pour la Promotion des Droits Humains

CAMSCO: Consultation Ambulatoire Mobile de Soins Communautaires

HUG: Hôpitaux Universitaires de Genève

IOM: International Organization for Migration

NGO: Non-Governmental Organization

IFRC: The International Federation of Red Cross and Red Crescent Societies

UN: United Nations

PHC: Primary Healthcare
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