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Equitable health care in the context of migration

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Summary

The health policy guiding principle of equitable access to healthcare faces barriers in the context of migration, on the part of both those affected and the health system. The operationalised measurement of health inequity, the training and sensitisation of healthcare professionals regarding needs-based care, diversity, transcultural and socio-medical aspects, and ensuring high-quality communication are among the measures that can contribute to reducing inequitable care (e.g. underuse) in this population.

Introduction

Recent events, such as the increase in the number of refugees worldwide and the COVID-19 pandemic, have unmasked the unequal distribution of health and illness in the Swiss population [1–3]. Social determinants of health such as low income and education, communication difficulties or an uncertain residence status are associated with impaired health and an increased risk of physical and mental illness. Avoidable differences in health status resulting from social inequalities are called “health inequities” [1]. They originate from increased exposure to various stress and risk factors (e.g. unhealthy living and working conditions) and a lack of resources. Typically, these factors do not exist in isolation but in combination, which significantly limits an individual’s ability to influence their health or deal with an illness in the best possible way. In addition, according to the “inverse care law”, disadvantaged populations receive fewer health services than more privileged ones despite having higher levels of unmet needs [3]. However, measures to promote public and individual health and prevention can only be successful if *all* members of a population are reached equitably [4]. According to the Federal Office of Public Health (FOPH), the Swiss health system is based on the principles of solidarity and openness and must therefore be accessible to all [5].

People with a migration background are disproportionately likely to face an accumulation of social risk factors and limited access to the health system [1]. Living in deprived residential areas, a lack of social integration, and limited access to education, the labour market or leisure activities can all affect the health status.

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The proportion of the permanent resident population in Switzerland with a migration background has increased steadily in recent years, reaching 40% for the first time in 2022; of these individuals, 80% were born abroad (first generation) [6]. The migrant population is highly heterogeneous and includes people with low to very high socioeconomic status. The individuals negatively affected by social determinants of health do not represent a marginal group but a relevant proportion of the population that is seen by health professionals of all disciplines in regular medical care. Consequently, barriers to healthcare access can have far-reaching effects (see table 1 for details [1, 7, 8]).

Barriers to access to health care for patients with a migration background

Communication, building a trusting relationship and continuity of care can be challenging in the treatment of patients with a migration background [9]. These challenges need to be considered in the context of both the specific local health system and the patient.

Communication difficulties are among the most relevant barriers to access to care. When these difficulties arise, (intercultural) interpreters should be involved in consultations to avoid the risks associated with the use of lay interpreters. Unfortunately, there is no standardised regulation throughout Switzerland regarding remuneration for this service. This particularly affects the outpatient sector, where, depending on the canton, either the patients or the hospitals and private practices themselves are expected to cover the costs. Additionally, a lack of understanding during the consultation on the part of the patient and/or the healthcare professional can have serious consequences (see table 1). In the field of mental health, appropriate treatment is not possible without sufficient linguistic and transcultural understanding [8]. In addition, the legal obligation to provide information and obtain “informed consent” cannot be guaranteed without a qualified translation.

Apart from language barriers, the use of stereotypes or prejudices, a lack of understanding of the patient’s cultural background and medical anthropological aspects (the patient’s understanding of health, illness and the treatment required) represent important barriers to adequate care. Fac-

Table 1:
Consequences of access barriers to equitable health care for patients with a migration background.

Level	Consequences
Society	Loss of productivity due to sick leave
	Reduced potential for social inclusion
Health system	Additional costs due to multiple avoidable consultations or hospital stays
	Additional costs due to a lack of, incorrect or delayed treatment of illnesses
Health professional	Insufficient knowledge of the patient's medical history (incomplete assessment)
	Reduced quality of diagnosis and treatment
	Accumulation of medical errors
	Impossibility to comply with medico-legal requirements
	Frustration, insecurity, dissatisfaction
Patient	Progression/chronification of untreated or incorrectly treated illnesses
	Uncertainty, mistrust towards health professionals or health system
	Under-utilisation of health services
	Reduced adherence/compliance
	Increased psychological distress

tors such as religion, tradition and education can play an important role. For example, not everyone is familiar with the concept of mental health or midwife-led antenatal care as it is applied in Switzerland. In addition, stigmatisation, for example, related to abortion, contraception and consulting a psychologist, can lead to social exclusion. Insufficient familiarity with the Swiss health system or the experience of discrimination can also lead to deliberately or unconsciously refraining from using health care services.

Measures for equitable health care

Development and implementation of a standardised national framework across Switzerland

Concerning the provision and remuneration of (intercultural) interpreting services and medical care, including for undocumented migrants, inter-cantonal regulations at the federal level are needed to ensure equitable access to the health care system throughout Switzerland. This also includes adapting information and prevention strategies to the needs and living conditions of the target groups [10]. The often complex living situations and various social determinants of health of patients with a migration background require the consistent alignment of health care towards the biopsychosocial model, appropriately trained professionals, interprofessional collaboration and the establishment of a network of closely cooperating health professionals [11].

Systematic data collection

To identify and successfully address barriers, systematic and continuous data collection on health inequity is essential to make equitable access measurable and thus verifiable. At present, data describing barriers to health care access in Switzerland (e.g. language barriers/need for interpreters, information on socioeconomic or residence status) are not systematically collected or reported. Within this context, various actors, such as the Swiss Health Network for Equity, university hospitals and the FOPH, are advocating for the use of standardised indicators to record health equity in Switzerland [12].

Awareness raising and training of health professionals

There is a need to raise awareness of equity and migration health-related topics across all levels and institutions (including medical schools, universities of applied science and hospitals) and health-related disciplines. This will require the use and expansion of established education and training programmes and the provision of needs-based support to strengthen the migration and health workforce. In larger institutes and hospitals, it may be useful to establish a central point of contact for equity- and migration-related topics who can provide advice and access to training opportunities and facilitate the use of interpreting services, among other things.

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Potential competing interests
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References

1. Weber D. Chancengleichheit in der Gesundheitsförderung und Prävention in der Schweiz, Begriffsklärungen, theoretische Einführung, Praxisempfehlungen. Grundlagenbericht. 2020; Bern: GFCH, BAG, GDK.
2. Morisod K, Grazioli VS, Schlüter V, Bochud M, Gonseth Nusslé S, D'Acremont V, et al. Prevalence of SARS-CoV-2 infection and associated risk factors among asylum seekers living in asylum centres: A cross-sectional serologic study in Canton of Vaud, Switzerland. J Migr Health. 2023;7:100175. http://dx.doi.org/10.1016/j.jmh.2023.100175.
3. Riou J, Panczak R, Althaus CL, Junker C, Perisa D, Schneider K, et al. Socioeconomic position and the COVID-19 care cascade from testing to mortality in Switzerland: a population-based analysis. Lancet Public Health. 2021 Sep;6(9):e683–91. http://dx.doi.org/10.1016/S2468-2667(21)00160-2.
4. Kleinberger U, Eser Davolio M, Schwarz N, Adili K, Merminod G. Lessons learned aus der Covid-19-Kommunikation mit der Migrationsbevölkerung. 2023; Zürich: ZHAW Zürcher Hochschule für Angewandte Wissenschaften. Available from: https://doi.org/http://dx.doi.org/10.21256/zhaw-30354.
5. Bundesamt für Gesundheit (BAG). Gesundheitliche Chancengleichheit. 20. 03 2024. Available from: https://www.bag.admin.ch/bag/de/home/strategie-und-politik/nationale-gesundheitsstrategien/gesundheitliche-chancengleichheit.html
6. Bundesamt für Statistik (BFS), Sektion Demografie und Migration. Bevölkerung nach Migrationsstatus. 2023. Available from:

https://www.bfs.admin.ch/bfs/de/home/statistiken/bevoelkerung/migration-integration/nach-migrationsstatuts.html

7. Spiess M, Schnyder-Walser K. Chancengleichheit und Gesundheit – Zahlen und Fakten für die Schweiz – Hintergrunddokument. August 2018; Bern: socialdesign ag, im Auftrag des Bundesamtes für Gesundheit (BAG).
8. Kiselev N, Pfaltz M, Haas F, Schick M, Kappen M, Sijbrandij M, et al. Structural and socio-cultural barriers to accessing mental healthcare among Syrian refugees and asylum seekers in Switzerland. Eur J Psychotraumatol. 2020 Feb;11(1):1717825. http://dx.doi.org/10.1080/20008198.2020.1717825.
9. Brandenberger J, Tylleskär T, Sontag K, Peterhans B, Ritz N. A systematic literature review of reported challenges in health care delivery to migrants and refugees in high-income countries - the 3C model. BMC Public Health. 2019 Jun;19(1):755. http://dx.doi.org/10.1186/s12889-019-7049-x.
10. Jachmann A, Saffuri R, Eijer H, Brown AD, Karamagioli E, Pikoulis E, et al. Trauma consultations in a Swiss tertiary emergency department: comparison of asylum seekers and the local population-Patient characteristics and patterns of injuries, a retrospective study. PLoS One. 2022 Nov;17(11):e0277418. http://dx.doi.org/10.1371/journal.pone.0277418.
11. Cignacco E, Zu Sayn-Wittgenstein F, Sénac C, Hurni A, Wyssmüller D, Grand-Guillaume-Perrenoud JA, et al. Sexual and reproductive healthcare for women asylum seekers in Switzerland: a multi-method evaluation. BMC Health Serv Res. 2018 Sep;18(1):712. http://dx.doi.org/10.1186/s12913-018-3502-2.
12. Courvoisier D, et al. Messung der Versorgungsgerechtigkeit in Schweizer Spitälern: Machbarkeit und Fallstudie. PRIORITY-Studie: Panorama of Indicators on Equity in Healthcare. Studie im Auftrag des Bundesamtes für Gesundheit. Bern: BAG; 2023.

Supplementary file

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