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Final report SSPH+ Project:

Addressing health care management for Refugees and Migrants at two distinct primary care settings in Switzerland – a feasibility study

Dear SSPH+ Faculty,

The MIGHA study was designed as a feasibility study, aiming to support a larger evidence-based application package for a prospective cohort study in migration medicine. Overall, this has been a highly successful endeavor, as we have acquired a large grant to study the health care needs in migrants in Ethiopia (NIIDS study, Stanley Thomas Johnson Foundation, 2.8mio CHF over 4 years). The questionnaire developed during the MIGHA study represented a most valuable backbone upon which the new international dataset is currently being designed.

In the MIGHA study we aimed to assess how public health relevant information is collected from migrants and refugees presenting at two migration health centers with different language and management settings in Switzerland – the study sites foreseen were Basel and Geneva. Unfortunately after over a year of joint development and establishing a new collaboration, the Geneva team expressed their wish to not participate in the implementation of the study protocol.

The qualitative study was then conducted through interviewing general practitioners (GPs) from the Basel area from 25th Jan 2019 through 29th Jan 2020. We developed a dedicated questionnaire, and a standardized health record form addressing the central migrant health issues, the data of which fed into a comprehensive database.

Out of a total n=174 invited GPs, n=60/174 responded to the invitation (34% response rate), and provided relevant answers to allow for selection of interviewees. Overall n=20/174 provided in-depth interviews (12%). All interviewed GPs reported on treatment and care of health-care seeking asylum seekers, migrants, and refugees in their practices. Out of the 20 interviewed GPs, 3/20 (15%) used to work as physicians for asylum centers, 3 (15%) only just started working in migration medicine, and 7 (35%) considered themselves as a migration specialists.



The interviews reflected that among all reasons for immigrants' and local patients' GP consultations, the most frequently observed clinical findings were associated with psychological and psychosocial problems including, anxiety disorders, sleep disorders, chronic lower back pain, and posttraumatic distress syndrome. Language barriers seems to be the main difficulty in the physician-patient relationship, and interestingly, no GP witnessed any sort of insurance and related problems with patients of migration background. GPs regularly requested medical information from initial reception centers (BAZ) and the subsequent relocation centers (i.e. vaccination status, prior treatment issues etc.).

Overall a total of 174 GPs from 4 cantons of NW Switzerland were sent an invitation and brief questionnaire to select GPs that had experience with migration medicine and those who saw patients belonging to asylum seekers, migrants and refugees. Data summarized in Table 1.

Table 1. Overview of GPs who received an invitation letter.

Cantons	Female		Male		Total	
	N	%	N	%	N	%
Aargau (AG)	0	0	1	0.9	1	0.6
Baselland (BL)	29	49.2	46	40.0	75	43.1
Basel Stadt (BS)	29	49.2	68	59.1	97	55.7
Solothurn (SO)	1	1.7	0	0.0	1	0.6
Total	59	100	115	100	174	100

Overall, 60 out of 174 invited GPs responded (response rate of 34%), and 20 were selected for a detailed full-length interview, based on their experience and exposure to migration medicine. Nine (45%) were female participants and 11 (55%) were males. A total of 12 participants (60%) were from BS, 7 (35%) from BL, and 1 (5%) from SO.

Table 2. Overview of the outcomes of contact procedures.

Contacted via		Female	Male	Total
Mail per post	1x	9	11	20
	2x			
	>2x			
Telephone call	1x	5	9	14
	2x			
	3x			
	>3x			
	No telephone call	4	2	6
E-Mail written	1x	2	3	5
	2x	4	1	5
	3x	0	1	1
	>3x	1	3	4
	No E-mail written	2	3	5
FAX	FAX sent	0	0	0

The last interview was conducted on the 29th Jan 2020 and currently we are analyzing the dataset. The MIGHA study serves as a Masters project for a young MD student (Ms. Johanna Oehri), who will summarise and present a more detailed investigation of what the most common reasons are for refugees

and migrants to seek advice at the primary health care level in NW Switzerland. Analyses have started and first results are promising, and will provide the basis for at least on publication in peer-reviewed literature.

Due to the dropout of the Geneva site, the planned part on how migrants' health requirements are identified and addressed in the context of different language barriers and primary care systems can unfortunately not be addressed. However, we have compensated this lack by expanding the questionnaire substantially and the collected data is of higher quality and detail, which required much longer individual interviews, many of which were performed in multiple sessions.

Overall this has been a highly fruitful project – despite the lack of comparisons with Geneva – and has paved the way forward in shaping migration medicine – locally, nationally and internationally.

Of additional importance, we have set up a joint teaching course in Geneva - with colleagues from Swiss TPH, HUG and UniGE as another benefit of this project – on the topic: "*Migration and health: determinants, challenges and actors*", which will take place end of March in Geneva.

Course facilitators are:

Yves Jackson, MD, PhD Geneva University Hospital and University of Geneva

Afona Chernet, MedSci, PhD, Swiss TPH, University of Basel.

Daniel Paris, Prof. MD, PhD, Swiss TPH, University of Basel.

We will be most happy to provide the complete summary of all findings and results in an additional detailed final report as soon as these data are available. Naturally, we will share the data and findings with all members of the SSPH+ community and we would be willing to report on the topic at a faculty meeting or to organise a parallel workshop/discussion.

Your faithfully,



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