National policies for delivering hepatitis B and C services for refugees and migrants among Member States of the WHO European Region

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Review of national policies on HIV, TB and hepatitis services in WHO/Europe (2021)





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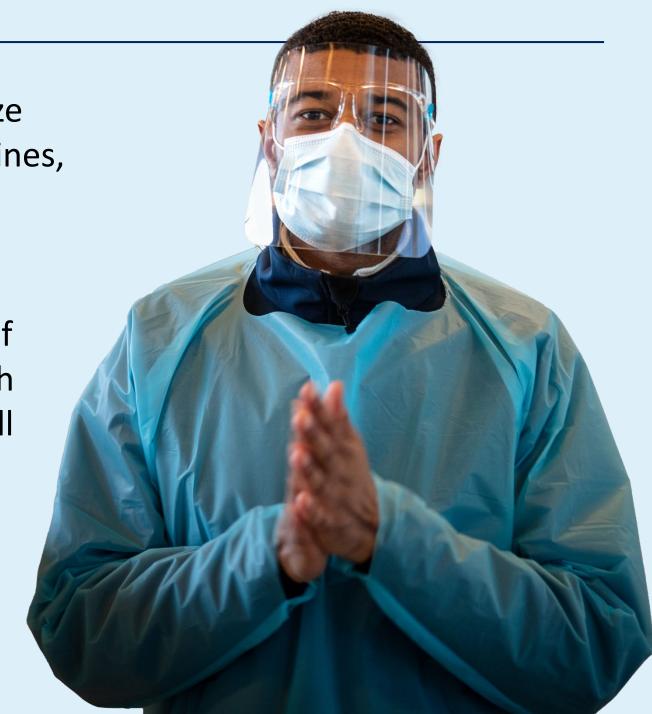
Review

National policies for delivering tuberculosis, HIV and hepatitis B and C virus infection services for refugees and migrants among Member States of the WHO European Region

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"The aims of the review were to analyze national policies, strategies and guidelines, which have been developed and implemented to address refugee and migrant health and TB/HIV/HBV/HCV infection and to provide an overview of areas where national policies align with WHO/ECDC guidance and gaps that still need addressing."





Methodology

- Peer-reviewed and grey literature in English (30 November 2020) and Russian (23 March 2021) to identify relevant articles published since inception of the databases.
- Other relevant articles were recommended by team members of the WHO networks for TB, HIV, Hepatitis and Migration.
- Of the 260 articles included in the systematic review, most were reviews of international policy, either for the WHO European Region or for the EU/EEA. Other types included policy and guideline documents, plus empirical studies reporting policy analyses and surveys of reports by country experts on national policies and guidelines



HBV/HCV

WHO: first action plan for viral hepatitis for the WHO European Region adopted by all 53 Member States in 2016²¹

Action plan goal: eliminating viral hepatitis as a public health threat in the WHO European Region by 2030 through reducing transmission, morbidity and mortality. Global targets of 80% reduction in new chronic infections and 65% reduction in mortality from the 2015 levels. Recommendations to reach these targets that relate to refugees and migrants:

- Improved data are necessary both within a country's health system to integrate with broader HIS and in cross-border systems to enable better continuity of care
- 50% of all people living with chronic hepatitis
 B and C to be diagnosed by 2020 through improved testing and screening
- Prevention of mother-to-child transmission through screening pregnant women from countries not implementing universal HBV vaccination and access to post-exposure prophylaxis for newborns, where needed
- Reducing sexual transmission: ensuring access to dedicated sexual and reproductive health services
- Strengthening human resources using community-based organizations and peer-support workers for vulnerable populations such as refugees and migrants

ECDC recommendations for refugees and migrants¹⁹:

- HBV screening and treatment to be offered to refugees and migrants from intermediate- and high-prevalence countries (≥2 and ≥5% HBsAg positivity, respectively)^h
- HBV vaccination to be offered to all refugee and migrant children and adolescents from intermediate- and high-prevalence countries who do not have evidence of vaccination or immunity
- HCV antibody screening to be offered to refugee and migrant populations from HCV-endemic countries (≥2% positivity)
- Refugees and migrants with anti-HCV antibodies to undergo RNA testing and those testing positive to be linked to care and treatment

Table 2. Summary of WHO European Region countries with identified policies or guidelines relating to TB, HIV, HBV and HCV infection and refugees and migrants, and the alignment of these with WHO and ECDC guidance

ТВ	HIV	HBV/HCV
Belgium	Azerbaijan	France
Finland	Bosnia and Herzegovina	Italy
France France	Bulgaria	<mark>uk</mark> 🖺
Germany	Cyprus	-
Greece	Czechia	
reland .	France	
taly .	Greece	
The Netherlands	Israel	
Norway	Kazakhstan	
Russian Federation	Kyrgyzstan	
pain	Luxembourg	
weden	Russian Federation	
witzerland	Turkmenistan	
<mark>JK</mark>	Ukraine	
	<mark>uk</mark>	
Of all (n = 53) WHO European	Of all $(n = 53)$ WHO European	Of all $(n = 53)$ WHO European
Region countries:	Region countries:	Region countries:
14 (26%) have any identified TB	15 (28%) have any identified HIV	3 (6%) have any identified
guidance/policies	guidance/policies	HBV/HCV guidance/policies
3 (15%) have guidance/policies in	3 (6%) have guidance/policies in	2 (4%) have guidance/policies in
alignment with the WHO/ECDC	alignment with the WHO/ECDC	alignment with the WHO/ECDO



Policy considerations

- Support the WHO in initiating discussions with Member States whose policies do not align with WHO and ECDC recommendations on delivering HBV and HCV services to refugees and migrants to facilitate policy change;
- Improve the online accessibility of national guidelines and policies on HBV and HCV prevention, diagnosis, treatment and care of refugees and migrants, including the evidence base informing policy development;
- Develop and implement schemes to improve awareness among refugees and migrants of relevant policies and guidelines that promote patients' rights;
- Support national initiatives to address misinformation, stigma and discrimination regarding refugees and migrants and encourage and improve inclusive approaches, such as promoting health literacy;
- Conduct comprehensive assessments of barriers to health (including language, cultural and physical barriers, legal barriers and entitlements, fear of registration and deportation, out-of-pocket payments, discrimination and stigma, insufficient training for health and social services providers);
- Strengthen routine health data collection to improve monitoring of migration health data and optimize targeted screening strategies through:
 - o Integrating migration health data into national health information systems;
 - O Disaggregating health data by refugee and migrant subgroups using WHO-recommended core variables.
- Strengthen health systems by:
 - Providing awareness training on refugee and migrant health for healthcare practitioners to increase their adherence to national policies and guidelines; and
 - o Developing initiatives to improve service delivery for refugees and migrants by removing barriers to access and utilizing facilitators; and





Thank you

