

## VIRAL HEPATITIS PREVENTION BOARD

**Addressing viral hepatitis among Europe's migrant and refugee population: lessons learnt and the way forward**

ANTWERP, BELGIUM

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# Learning objectives

- What information is available on viral hepatitis in migrants and refugees, highlighting areas of concern and public health threats
- How to enhance access to healthcare, focusing on viral hepatitis
- Benefits and challenges of implementing guidelines for testing, treatment and vaccination of migrants
- Potential collaboration between different stakeholders to enhance prevention and control
- Lessons learnt from projects and initiatives
- Relationship with WHO's elimination goals for 2030
- Achievements, challenges and the way forward

# Terminology

- Refugees: legally, a person who has fled their own country because they are at risk of serious human rights violations and persecution there
- Asylum seekers: a person who has left their country and is seeking protection from persecution and serious human rights violations in another country, but who has not yet been legally recognized as a refugee and is waiting to receive a decision on their asylum claim
- Migrants: no internationally-accepted legal definition, but generally understood to be people staying outside their country of origin, who are neither asylum seekers nor refugees, e.g.
  - Economic
  - Undocumented
  - First-generation and second-generation
  - Marginalized, vulnerable, excluded (not “illegal”) ... populations

# International organizations supporting migrant health

- Two groups: intergovernmental organizations and international nongovernmental organizations (non-State actors) – different approaches: top down and bottom up; there appears to be a gap in the middle
- Both seemed to describe the same problem from opposite sides, with government funding being constantly squeezed, demand increasing, and NGOs objecting to being seen to be expected to undertake what is seen as charitable work as governments back away
- Both doing the best they can with limited resources - funding and staffing – within the limits of the mandates of their members and donors
- Civil society demonstrating a strong response, within its remit
- Lack of leadership was highlighted several times; in addition, there is no structured approach, with a multiplicity of individual or local actions
- “A new political stance, more to do with viral hepatitis than migrants” but we should be aware that viral hepatitis is only one of migrants’ concerns and sometimes low on the list compared with trauma and basic needs; constant, sustainable support is needed to deal with VH

# The European Situation

- A land of migrants, whose contributions have been many, and of forgotten people with health needs and challenges who are being told they are not welcome and face a hostile environment; migration increasingly becoming a highly politicized issue, with right-ward shifts evident in many countries
- Numbers of migrants are increasing (already 10% or more in several countries, including the UK), arriving via numerous routes and for multiple reasons: persecution, poverty, emergencies, civil conflict, war, ...
- Many countries from which migrants depart have less favourable health situations than the host countries, with higher prevalence rates, threatening the import of diseases; risk factors for viral hepatitis often the same as those that lead to emigration
- Realization that hepatitis B and C do not monopolize the epidemiological situation; outbreaks of hepatitis A are increasingly problematic; D cannot be ignored; B – “a neglected tropical disease” (the view from the UK)
- We are not on track to meeting WHO’s elimination goals for 2030 and most countries are not approaching the intermediate goals set for 2025

# European Responses

- WHO Regional Office for Europe has responded with a regional action plan on migrant health 2023-2030, which includes universal health coverage, social inclusion, strengthening health governance and policy-making, and partnerships; the Office receives data from the 53 Member States in the European Region and is increasing collaboration between its Migration and Health Programme and HIV and Hepatitis Team at the regional level (e.g. publishing a joint report on policies on migration and HIV, hepatitis and TB)
- ECDC collects and publishes data for EU/EEA countries and estimates burdens of disease, models scenarios, surveys payment and reimbursement policies for testing, tracks progress towards WHO's intermediate goals for elimination for 2025 as well as data on migrants and routes of transmission of viral hepatitis
- The European Commission's "Europe's Beating Cancer Plan" covers virus-induced cancers such as HCC; its Expert Group on Public Health is leading work forward on cancer and vaccination
- The Cancer RADAR project (collect data, quantify and predict); concept proved in the Kingdom of the Netherlands
- The EU programme VH-COMSAVAC - Multi-country Viral Hepatitis COMMunity Screening, Vaccination, and Care is being implemented in Greece, Italy and Spain

# European Responses - Continued

- Numerous laudable and successful local projects and programmes for viral hepatitis in migrant populations (a model programme to eliminate viral hepatitis in Campania, Italy; the findings of the SEIEVA surveillance system in Italy; targeted “opportunistic screening” of multiethnic minorities for HBV in Belgium using POC testing and a dedicated nurse/collaborator; HEPARJOK, an educational tool being tested in Spain; HepMig Pilot Study to design a well-accepted study to understand access to health care and burden of VH in Germany)
- The German experience of an outbreak of hepatitis A in a refugee shelter is a wake up call, underlining need to build trust; need to consider introducing vaccination and improving protective measures among care givers (recommendation in place but not implemented at full scale)
- Amongst others, Catalonia a centre of excellence for innovative projects and strategies; use of point-of-care testing, dried blood spots, different protocols; programmes for sex workers including transgendered women, PWID, homeless people

# Screening and burden of disease: policies and strategies

- Policies and strategies are insufficient by themselves if funding is neither planned nor secured
- Screening – a CDC-style policy of screening all adults for hepatitis B and C once in their lifetime could be considered across Europe - some countries in Europe are already implementing this policy. Stronger recommendation on ECDC and WHO level could facilitate roll-out in other countries.
- Control and management of viral hepatitis in Ukrainian refugees in Poland – shock to a health bureaucracy that had become complacent about viral hepatitis; huge, unprecedented and generous response – costs not disclosed
- WHO EURO has reviewed policies and practices in 10 host countries as well as the Russian Federation in terms of services for refugees from Ukraine
- ECDC and EASL in collaboration with WHO issued a joint statement – ensuring high-quality viral hepatitis care for refugees from Ukraine



# Health inequalities – policies and initiatives in Europe

- IOM's electronic Personal Health Record; continuing to respond to WHA resolution (2008) on migrant health and UN Global Compact on Migration. Problem is not policy but complexity of access to health care. The e-PHR is currently being piloted
- Refugees – mental health and harm reduction are major issues, not just in Ukrainian refugees but generally, especially as a consequence of traumas experienced before and during migration
- For people who use drugs similar harm reduction and treatment services need consideration, with an understanding of local needs and responses; to that end a study being undertaken in four cities to help to design integrated services. Correlation has published a report on policy implementation
- The conclusions of a study on reducing inequalities in vaccine uptake (not VH) may be applied to VH: e.g. difficulties in registration of migrants, free vaccination or not, lack of awareness of administrative steps, legal status, lack of trust in public services, importance of gatekeepers, populations are not heterogeneous

# Innovative solutions and approaches

- Bike clinics (London)
- Mobile vaccination teams (Flanders)
- General conceptual framework for understanding how to improve vaccination coverage among newly arrived immigrants
- Translation of materials into the languages of migrants, from Mongolian and Swahili, to Sylheti and Chinese
- Cultural adaptations and communication tools about viral hepatitis, social attitudes, health systems and rights (e.g. movies and games); the digital IS-MiHealth tool being developed to provide targeted recommendations to health professionals for migrants in primary care centres in Catalonia
- Further development of health mediators (many references) and peer educators (several countries, recalling experience in Romania with Roma described in a previous VHPB meeting); they are considered essential for empowerment (language and culture) and follow-up

# Issues, challenges and needs and recommendations

- Harmonize or align policies on migrants' health between Member States - a unique opportunity now
- Identify policy-makers for lobbying, for instance: health ministers who are member of bodies such as WHO's Executive Board who set health agendas or member of the European Commission's Expert Group on Public Health (currently setting the agenda on vaccination as well as cancer)
- The broad diversity of migrant populations results in the design and delivery of services locally yet this leads to fragmentation and lack of coordination
- Recommend that a leading intergovernmental body such as WHO fill the role of a "thinking head", coordinating "micro-elimination activities" or acting as a clearinghouse for numerous innovative and practical local projects that could lead to avoidance of duplication, along the lines of PICUM, an umbrella organization for undocumented migrants and social justice in Brussels
- Harmonize or align policies on migrants' health between Member States - a unique opportunity now

# Issues, challenges and needs and recommendations - Continued

- Guidelines often based on clinical trials based in high-income countries and lacking sub-Saharan input, raising questions about relevance for migrants from continental Africa. (However, WHO is revising guidance on best practice for clinical trials to remedy this defect.)
- Community engagement – finding “champions”, health mediators and peer educators, and how to identify such individuals – takes time to train and invest in such a person; valuable work of NGOs partnering with sex workers (Catalonia)
- Building trust
- Respecting cultural sensitivities and providing linguistic services (translated information, interpreters, etc)
- Overcoming stigmatization, discrimination and vaccine hesitancy
- Access becomes even more challenging for undocumented migrants
- Link up services (from prisoners and sex workers to street care and PWID)
- Poor health literacy (at community level) but also low viral hepatitis awareness at community, political and health professional levels

# Issues, challenges and needs and recommendations - Continued

*Several of these issues were picked up and elaborated in the group discussion at the end of the meeting*

- Migrants often maintain links with their families and communities back in high-prevalence countries
- Data – need to build evidence bases; limitations on data recognized – blind spots, accuracy etc; continued need for sound data but complicated, for example, by reticence of migrants to respond to questionnaires and international policies such as the EU's GDPR
- Ensure transfer back of data and knowledge to countries of origin of migrants, accompanied by more research into the role of ethnicity
- Funding – many times its lack was bemoaned, yet hardly any reports on cost of illness and exclusion, cost benefits, cost savings or cost-efficiency analyses that could be used to persuade policy-makers
- Few examples presented of cost savings, benefits, efficiency: “cost effectiveness can be demonstrated” the group discussion heard but more analyses would be useful (politicians need simple outlines of the problem, solution and cost before they might advocate a policy)
- Comprehensive and sustainable support is needed for dealing with viral hepatitis among the other difficulties migrants face
- Opportunity: in many initiatives, the initial focus is on other conditions - thereby enabling VH to be brought into consideration
- A mechanism is needed for the disseminate information on the numerous initiatives and to encourage interdepartmental cooperation at government level

# Good practices for improving care

- Four groups: policy (the apex of the pyramid?), prevention, testing and treatment
- Each reviewed barriers and challenges, opportunities, and the way forward, a highlighting many of the themes that arose during the meeting; a full summary will appear on the website in due course



Pandora's box: brings about great troubles or misfortune, but also holds hope

