HEPscreen
SCREENING FOR HEPATITIS B AND C
AMONG MIGRANTS IN THE EUROPEAN UNION

Access to chronic hepatitis B/C treatment among undocumented migrants, asylum seekers and people without health insurance in six EU countries

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Background

Chronic viral hepatitis B and C are a leading cause of liver cancer and cirrhosis. Effective antiviral treatment exists that slows progression, delays the onset of cirrhosis and reduces the risk of liver cancer. The largest burden of chronic hepatitis B/C infection in most EU countries is found among migrants from hepatitis B/C endemic areas. However, previous studies suggest that migrants experience unequal access to health care in general and outline the complexity and gene of health care entitlements. No previous studies have explored access to antiviral treatment for chronic HBV/HCV among different migrant groups.

Aim

As part of HEPscreen, a EU project, we investigated if treatment for chronic hepatitis B/C in six EU countries - the UK, Germany, the Netherlands, Hungary, Italy and Spain – was restricted for three population groups at increased risk of being chronically infected:

1)Undocumented migrants,
2)Asylum seekers and
3)People without health insurance.

Methods

An online survey was developed, translated into the six national languages and sent by email to specialist secondary care experts, identified mainly through professional and clinical networks, in the six study countries. The survey was available between July and September 2012. We asked if treatment for chronic hepatitis B/C was restricted for the three different population groups above using a four-point scale:

1)no restrictions
2)some restrictions
3)significantly restricted
4)completely restricted

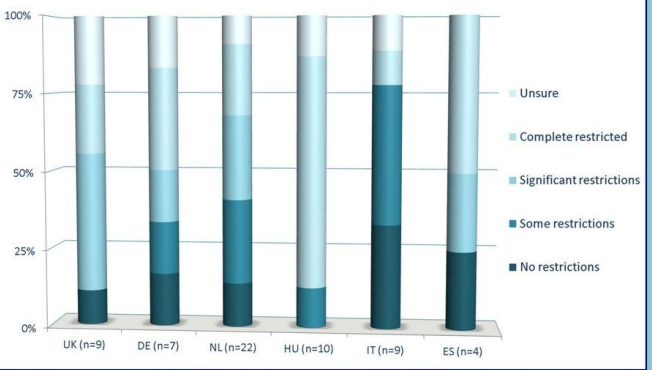
Response rate

The response rate was 27% (63/235). Most respondents were gastroenterologists/ hepatologists involved in the care of chronic hepatitis B/C patients on a weekly basis.

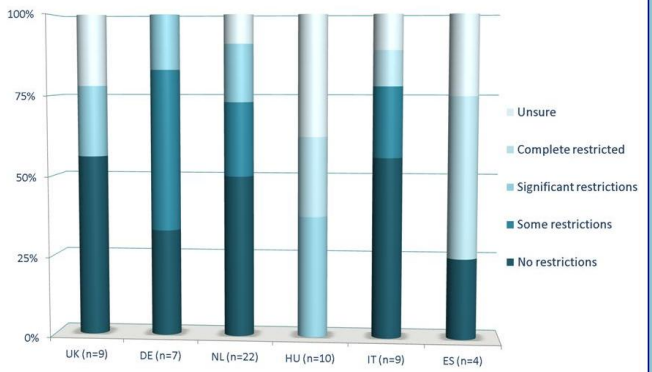
Results

The bar diagrams below show antiviral treatment restrictions for chronic hepatitis B/C reported by secondary care specialists for their country, restricted to those with a clinical role/involved in the care of patients (hence n=61).

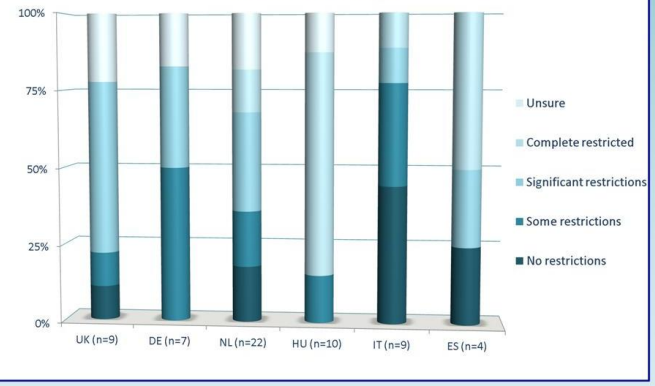
Is chronic hepatitis B/C treatment restricted for undocumented migrants?



Is chronic hepatitis B/C treatment restricted for Asylum Seekers?



Is chronic hepatitis B/C treatment restricted for people without health insurance coverage?



Discussion

The most restrictions in access to treatment were reported across all population groups in Hungary. The least restrictions in access to treatment are reported in Italy.

However, a lack of consensus among professionals about the scale of treatment restrictions for these population groups is observed in most countries. This suggests a lack of awareness about or differing interpretation of entitlement to treatment among specialists involved in the care of patients.

Two approaches to deal with differing interpretation/enforcement of entitlement guidelines have been suggested: 'functional ignorance' where the legal status of somebody who needs health care is neither asked for or is not monitored; and 'partial acceptance', where, for example, specific sub-groups of migrants without permission to stay may have the right to certain limited hospital and outpatient treatment in the case of sickness or accidents, as well as to preventive care (Karl-Trummer et al. (2010)).

However, cautious interpretation is needed as health care system context (as opposed to quality of care or provision) may explain some of these differences.

Key messages

❑Significant or complete restrictions to treatment for chronic hepatitis B/C among **undocumented migrants** and **people without health insurance** were reported in all study countries.

❑Access to treatment for **asylum seekers** was significantly or completely restricted in Hungary.

❑There was **a lack of consensus** among specialist secondary care professionals involved in the care of patients about access to treatment.

❑This lack of consensus may either be an important explanation of or in fact caused by **the limited existence of screening** programmes that target migrant populations.

❑Secondary care specialist may adopt 'functional ignorance' or 'partial acceptance' as mechanisms to deal with uncertainty about entitlement to treatment among their patients.

❑**Migrants** are an important **risk group** for chronic hepatitis B/C infection and restricted entitlement to treatment is an important **ethical consideration** in the planning and implementation of **screening** among these risk groups.

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