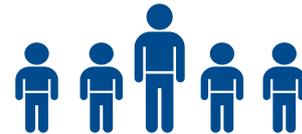


Liver Disease and Migrant Health

The current system of providing healthcare to asylum seekers and migrants is failing, resulting in unnecessary prevalence of liver disease, infection with hepatitis viruses and alcohol abuse.



In 2017, six hundred and fifty thousand first-time asylum seekers applied for international protection in the Member States of the EU.



Over 80% of the first-time asylum seekers in the EU-28 in 2017 were less than 35 years old. Nearly one third were under 18 years old. Three quarters of applicants aged between 14 and 35 were male.

European governments should adopt a public health and human rights-based approach to migrant health. Asylum seekers and irregular migrants must have knowledge of their rights in health related matters and be granted access to affordable and timely healthcare treatment in patient-friendly, non-discriminatory settings.

PUBLIC HEALTH

Some liver diseases, particularly Hepatitis A, are often acquired en-route during migration or after migration to host countries due to poor reception facilities, while sexual transmission of Hepatitis B and C (and of HIV) may result from abuse in the same settings.

REDUCING TRANSMISSION RISK

European countries must improve reception facilities for migrants to remove preventable sources of Hepatitis A infection such as overcrowding, lack of access to decent sanitation and washing facilities and unsafe food and water. All facilities must be upgraded to meet the minimum levels mandated in the EU asylum seekers directive.

SCREENING

Data suggests that screening is cost-effective, depending on the disease and migrant sub-groups screened, but it is clear that screening policies need to be improved and better targeted towards the migrant groups that need them. Screening programmes, for newly arrived migrants, preferably at the port of arrival, should be expanded to include HBV and HCV, and be finalised to provide early access to curative treatment for all infected (HCV) or adequate long-term suppressive therapy when needed (HBV).

ALCOHOL CONSUMPTION

Levels of exposure to alcohol may change radically after migration into Western countries, from regions where there are religious, social or financial constraints on the use of alcohol. Information about the risk of abusive alcohol use should be provided early and effectively.

HUMAN RIGHTS

Migrants, particularly those undocumented or asylum seekers, often fall out of safety nets and are not appropriately informed about their rights to receive appropriate healthcare in the host country.

ACCESS TO TREATMENT

Healthcare is a human right as defined by the United Nations and migrants and asylum seekers should not be excluded from health systems or denied access to treatment. Unfortunately, they are and there is evidence that such practices have resulted in increased mortality rates for undocumented migrants.

PUNITIVE LEGISLATION

In several countries, legislation or payment conditions restrict the ability of non-nationals and undocumented migrants to access non-emergency care or specialist care in a secondary setting. Long-term or lifelong treatments, as with all other types of health support, must be maintained through national and super-national networks able to provide continuity of care for migrants who continue to move across countries.

INFORMATION

Research suggests that migrants do not have adequate information about their rights to seek healthcare and medical professionals may also not be well-informed about their right to care, particularly given the complexity of rules determining eligibility based on residence status and other factors. This can lead to improper refusals to register and treat vulnerable migrant patients. The use of cultural mediators able to communicate in the migrant's own language must be implemented to facilitate access and use of healthcare facilities in the host country.

INTERVENTIONS TO TACKLE LIVER CONDITIONS

Treatment should be offered to migrants suffering treatable liver conditions, such as HCV through direct acting antivirals. People who are newly arrived who suspect they have not been vaccinated for HBV should be vaccinated. Advice on the health risks of alcohol consumption and injecting drug use should be provided where possible to at-risk populations.

MEDICAL ETHICS

The ethical obligations of healthcare workers towards their patients are being compromised in some EU Member States as a result of changes to national immigration legislation.

REMOVE THE ROLE OF PHYSICIANS IN IMMIGRATION ENFORCEMENT

There is a growing trend for healthcare workers to be drawn into immigration enforcement systems. At least six European nations require healthcare workers to report undocumented migrants who seek treatment to the immigration authorities, or make available non-clinical patient records for tracing purposes. A healthcare worker's first priority is to treat patients in need. HCPs should not be forced into breaking the law in order to comply with their ethical obligations towards patients. Governments must not require healthcare workers to report undocumented migrants to the police or immigration authorities.

In July 2018 the European Parliament adopted a resolution calling on Member States to ensure that organisations and individuals offering humanitarian assistance to undocumented migrants should not be criminalised. EASL welcomes this expression of support from MEPs.

HEALTHCARE WORKFORCE

Healthcare professionals are not always aware of their obligations to provide treatment to irregular migrants and asylum seekers.

TRAINING AND EDUCATION

Healthcare professionals should be trained on their obligations to treat migrants and asylum seekers - who must be involved in discussions on their treatment decisions and treated with respect and in a culturally sensitive manner. European and national level medical societies should engage with EU and member state authorities to promote the creation and funding of specialist training and integration programmes for migrant healthcare workers.

RECOGNISING THE VALUE OF MIGRANT AND REFUGEE HEALTHCARE WORKERS

In a time of increasing shortages of specialist doctors in European countries such as Germany and the UK, EASL recommends that efforts should be made by all European countries to quickly recognise migrants' medical qualifications and develop training and inclusion programmes for migrant doctors to integrate quickly into employment in their host state.

