Addressing the Liver Health Needs of Migrant Populations in Europe

Executive Summary and Key Messages

Strengthening the public health response to migrant health needs is crucial for improving liver health and eliminating viral hepatitis in the European region. The region faces a large number of people on the move with increasing numbers of vulnerable migrants, including displaced persons, refugees, and asylum seekers, who often experience poor general and liver health. This document focuses on these vulnerable migrant groups, as defined by the International Organization for Migration (IOM), including asylum seekers, refugees, migrants in irregular situations, and undocumented migrants. It also addresses migrants who, upon arrival in the country of destination, face marginalisation and additional vulnerabilities, including challenges to communication and integration, and xenophobia. Ensuring the health needs of migrant populations is a priority for policy makers and health service providers, aligned with the principle of the right to health for all. Despite commitments to equity in Universal Health Coverage (UHC) in the WHO European region, policy implementation gaps persist concerning migrant populations. This policy recommendation updates actions/interventions to safeguard migrants' liver health by reducing health inequalities and applying UHC, ensuring no migrant is left behind in the WHO European Region.

Key Actions to Ensure Liver Health in Migrants:

- Provide universal liver healthcare for migrants, ensuring inclusive and equitable access to prevention and control services.
- Promote liver health through culturally sensitive and linguistically appropriate awareness campaigns tailored to migrant populations.
- Reduce health inequities in the liver care pathway by developing equitable healthcare system models that overcome stigma, discrimination, and other cultural, social, and structural barriers faced by migrant populations.
- Enhance capacity-building initiatives for evidence-based holistic liver health care, including screening, diagnosis, treatment, and retention in care for migrant populations.
- Provide access to comprehensive, culturally sensitive, and linguistically adapted services for the prevention, early diagnosis, and treatment of viral hepatitis, alcohol-related liver disease and metabolic dysfunction-associated steatotic liver disease (MASLD) at all levels of healthcare, including for migrant populations in prisons.
- Scale up investments in health systems for migrant liver care including addressing viral hepatitis through scaling up case-finding, diagnosis, and access to treatment and care, tackling the harmful use of alcohol as well as programmes to mitigate unhealthy diets, steatohepatitis and obesity among migrant populations.

- Improve the research and monitoring of migrant populations' health needs and barriers to prevention, vaccination, and healthcare within each country's health system through dedicated EU funds.
- Enhance awareness among health professionals and build confidence and skills in risk communication and in understanding and addressing liver health inequities that affect migrants,

Reducing Liver Health Inequities for Migrants in the European Region

Migration to and within Europe has been increasing, reshaping the native populations of most European countries. The WHO Regional Committee for Europe adopted an Action Plan for Refugee and Migrant Health, defining specific key actions to ensure an inclusive approach across the migratory journey and people-centered health services[2]. The New Pact on Migration and Asylum, agreed upon by the European Parliament and the Council in December 2023, establishes a common approach to migration and asylum, emphasizing solidarity, responsibility, and respect for migrants' human rights. It defines action plans and concrete measures including financial support to Member States for border management and combating migrant smuggling [2,3].

Political will and commitment are required to provide sufficient funding to address evidence gaps and develop evidence-based policies for migrant liver health within UHC. Tackling liver diseases in migrant communities requires a holistic approach, co-designed with migrant communities, integrating public health interventions and universal access to care. EASL advocates for innovative, equitable, evidence-based policies and sustainable financial mechanisms to enable migrant[1] [4],[5] access to liver disease prevention and health services.

Preventing Liver Disease in Migrants

Viral Hepatitis: Migrant populations bear a disproportionately high burden of hepatitis B and C due to various risk factors before arriving in Europe [6-8]. Hepatitis B vaccination is an effective tool to prevent HBV and HDV infection and related chronic liver disease and liver cancer, especially if given early in life as part of the childhood schedule. Antenatal HBV screening programs with targeted interventions for mothers with HBV infection and their infants can prevent mother-to-child transmission among migrants. However, migrants are at risk of lower coverage for essential health services including antenatal care (ANC) and childhood immunisation particularly screening for HBsAg in ANC and prevention of mother-to-child transmission (PMTCT) of hepatitis B through hepatitis B vaccination. Key actions to prevent chronic infections of both HBV and HDV include HBV vaccination of newborns at birth and vaccination of any non-immunised migrant populations.

A large proportion of migrants in Europe could be infected with viral hepatitis because they are coming from highly endemic countries and may not have been protected through vaccination programmes or due to risk exposure during migration. Moreover, migrants may be not covered by health insurance and health

[1] A migrant term is used for displaced populations, asylum seekers, refugees, migrants in irregular situations and undocumented migrants, as well as migrants, who at their destination, are marginalized and facing vulnerabilities, such as language barriers, difficulties integrating and xenophobia (4,5).

policies and miss out on prevention, diagnosis, and timely treatment for liver diseases. There are also restrictions on providing antiviral therapy to undocumented migrants and those without health insurance. Additionally, migrants who are aware of their liver disease may not be linked to care, highlighting the ongoing need to address stigma, low health literacy, and other barriers preventing migrants from engaging with care [9]. Eliminating viral hepatitis as a public health issue is crucial to effectively address the morbidity and mortality incurred by cirrhosis and liver cancer[10-14].

In order to address this problem European countries should:

- Provide comprehensive HBV vaccination programmes for all children and key population groups with high HBV vaccination coverage in line with national policies, accommodating the diverse needs of different migrant populations. Develop tailored strategies to ensure migrant populations who are not fully vaccinated are offered vaccination.
- Develop strategies to understand and combat misconceptions about vaccinations and align actions across services for an effective and collective response.
- Understand and develop locally adapted strategies to address misinformation and stigma related to viral hepatitis.
- Implement effective strategies to improve awareness and prevention of viral hepatitis and screening, diagnosis (HBV, HDV in those positive for HBsAg, and HCV) and treatment accessibility and uptake, in close collaboration with migrant communities and assisted by cultural and linguistic mediation.
- Increase investments to scale up integrated services for hepatitis case-finding, screening, and diagnosis together with outreach services tailored for and engaged with migrant populations.
- Ensure the provision of antiviral therapy for the full course of hepatitis C treatment with direct-acting antiviral agents and/or at least 90 days of hepatitis B antiviral therapy for patients in transit to other countries.

- Provide, if required, a medical certificate detailing the hepatitis status of individuals at the time of testing, along with any treatment indications, for use in the country of destination or during the migration journey.
- Ensure equivalence to the local community in relation to the prevention and control of hepatitis for migrant populations in prison settings.

Reducing Alcohol Use Disorder (AUD) and Preventing Alcohol-related Liver Disease (ArLD): Patterns of harmful alcohol use are influenced by social determinants, including migration status and cultural and ethnic backgrounds [14,15.] A higher risk of alcohol and drug misuse is observed among those who migrate during childhood, those who have experienced adverse or stressful events, and second-generation

immigrants with low socioeconomic status [16]. Reducing alcohol consumption significantly impacts reducing liver disease risk, and interventions supporting migrant communities in maintaining healthy alcohol use practices are necessary [17,18]. Research and prevention actions should consider and address pre-migration, transit-related, and post-migration stressors.

To address this problem European countries should:

- Implement and evaluate the effectiveness of national policy measures to prevent harmful use of alcohol among migrant populations.
- In collaboration with migrant communities, develop culturally and language-sensitive integrated social and medical services for treating alcohol and drug use disorders that better address the needs of migrants.
- Increase awareness among health professionals in primary and secondary care to identify risk drinkers and create referral pathways to treatment that accommodate migrants' needs.

Addressing Metabolic Dysfunction-Associated Steatotic Liver Disease (MASLD) The disease burden for migrants is increasingly shifting to chronic illnesses like obesity, diabetes, hypertension, cardiovascular diseases, and MASLD, often left undiagnosed and uncontrolled [19]. Although the evidence is not specific to migrant populations, food insecurity leading to unhealthy diets based on affordable, ultra-processed foods high in sugar and fat and low in fruits, vegetables, and other healthy foods has been linked to an increased risk for MASLD[6, 20]. Psychological disorders acquired during migration are related to harmful dietary habits, tobacco and alcohol consumption, and lack of exercise [21]. Additionally, low maternal socioeconomic status and education level increase the risk and severity of MASLD in offspring during adulthood[22]. Overweight and obesity among migrant children are growing concerns, with higher risks compared to host country counterparts[23].

To address this problem European countries should:

- Offer targeted support to migrant children and parents for improved dietary habits and physical activity, with particular attention to language barriers and health literacy.
- Working in partnership with migrant communities, promote culturally, linguistically, and economically sensitive structured lifestyle interventions to treat obesity, MASLD, and related chronic diseases.
- Develop strategies to minimise food insecurity and optimize the availability of healthy meals and foods for migrant populations (e.g., food vouchers, low-cost food markets, or free healthy meals prescribed as part of medical treatment).

- Implement policy measures to restrict aggressive marketing of harmful products such as ultra-processed foods, tobacco, sugar-sweetened beverages, and alcohol, particularly targeting and affecting migrant populations.

Reducing Inequities in the Liver Care Pathway: The integration of migrants into national health and welfare systems varies across European countries. Even when refugees and migrants are included under UHC, they often face difficulties accessing liver healthcare and retention in care, especially those who are undocumented migrants. Additionally, countries offering healthcare for migrant populations often limit it to emergency care. Restrictions on liver disease therapy and drugs for liver cancer also exist for undocumented migrants and those without insurance. The complexity of current liver care models, fear of deportation or detention, lack of awareness of entitlements, cultural sensitivity, language barriers, and low health literacy deter migrants from accessing general and liver healthcare [6,21,24].

Low health literacy and stigma are major barriers to recognising illness and seeking help among migrants, potentially also affecting how healthcare providers interact with patients who have viral hepatitis, alcohol use disorder, or obesity. Healthcare professionals should be trained to provide culturally sensitive care, overcoming stigma and discrimination [25]. Multilingual, multicultural outreach programs involving patient advocates can address these barriers by facilitating communication between healthcare providers and migrants. Ensuring that quality liver care is delivered to migrants is critical for fostering trust between the migrant community and healthcare professionals.

To address this problem European countries should:

- Address legal, cultural, and structural barriers to liver healthcare access and utilisation faced by migrants.
- Ensure equitable access of migrants to liver healthcare services to improve the early diagnosis and prevention of advanced chronic liver disease.
- Reduce the complexity of current liver care models and remove restrictions on primary health care for migrants.
- Promote actions to improve migrants' health literacy and awareness around early diagnosis, lifestyle modification, and treatment options for viral hepatitis, alcohol use disorders, alcohol-related liver disease, and MASLD, assisted by linguistic and cultural mediators.
- Provide interpreters and cultural mediators to ensure confidentiality and accurate health information communication, including the ability to translate the results of liver disease investigations.
- Develop multilingual and multicultural outreach programs/strategies to optimise linkage and retention in care alongside harm reduction and appropriate social services, designed to overcome

stigma, discrimination, and cultural and social barriers for migrants with viral hepatitis, alcohol use disorder, or MASLD.

- Implement policies allowing the treatment of chronic liver disease and the collection and sharing of health data on migrants across European countries, to facilitate cross-border continuity of care, guaranteeing full protection of personal data, and shielding migrants in irregular situations from possible data transfer to immigration authorities.
- Enhance awareness among health professionals and build confidence and skills in risk communication, addressing liver health inequities that affect migrants, working together with interpreters and cultural mediators.
- Engage the migrant community in liver health activities and care, empowering them to participate in advocacy, service delivery, and policymaking to ensure equity in protecting liver health.

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