

Barriers to Treatment and Care for Migrant Community

Ann Ferrara

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Barriers to Treatment

Identifying Barriers and Related Issues

Access to Care: Urban, Periurban, and Rural

- Are there any Clinics/Hospitals/Pharmacies near pt?

If so, where? If not, where is the nearest one?

What are the opening hours?

What does it cost, if uninsured (or is it free)?

Is transportation available?

Do they speak my language or do I have to bring a translator?

If employed - How much time will I have to miss work?

Will anyone I know see me there?

Barriers cont'd

INTERACTIVE MODE (20 minutes per session)

- 1- Participants will be asked to list barriers they know and are common among those they are working with).
- 2- Looking for Solutions: Exercise will be conducted in 4 groups, and given several barriers to write down possible solutions.
- 3 – Each group will have 5 min to report to whole group
Discussion will follow.

Migration and Health Care Challenges

Economics/Costs of Health Care

- Requirements per country to be insured – to be discussed.
 - Employer/employee pays health insurance – who is responsible for payments/co-payments?
- Is there a fine for being uninsured?
- How does this affect HIV? HepB/C? TB?
- Are non-citizens included in Prevention programs?
- Eg GGD in The Netherlands

Barriers to Testing, Treatment & Care

Continuity of Care: may test one place,
but continue treatment elsewhere.

Mobile populations: migrant workers/seasonal workers:
work in multiple parts of one country, or across EU and
UK (NB will Brexit affect some?). Refugees/Asylum
seekers. College students/Youth looking for work.

Registration/Address: Are Requirements flexible prior
to being testing/treated at a clinic?

Criminalization of HIV: do migrants know the laws of
their host country? Who provides information?

Overcoming Barriers

Providing SOLUTIONS – Interactive Discussion

Translators – anonymous (eg Tolktelefoon in NL)

Free clinics and Mobile clinics

Mobile phones (codes used for test results); reminders of appointments, special events/peer group support.

Skype contact (Messenger? WhatsApp?) for follow-up, care & support

- What does your country or organization offer?
- Eg MSF in Brussels, GGD in Amsterdam, PLHIVA (Does this already exist for migrants?)

Support/Peer groups and Information in own language

Health Promotion Activities

Advocacy/Lobbying (NB in later session)



Barriers to Treatment

- Public Transport access/availability to nearest clinic
- Physician and clinic hours of operation
- Status is insecure in host country/Temporary stay
- Economic issues (unemployed/self-employed/minor)
- Uninsured/co-payment
- Access and availability of ARV's 2nd & 3rd line, PEP, PrEP; cotrimoxazole/Bactrin; acyclovir)
- Language
- Cultural (traditions & taboos, eg circumcision, FGM, scarification; shaman/traditional healers)
- Racial or Ethnic group discrimination
- Sex worker discrimination
- LGBTI discrimination

Barriers to Treatment cont'd

Gender

Sexual orientation (eg LGBTI; terminology such as MSM),

Educational level attained/Literacy

Disclosure issues with sexual partner

Alcohol/Drug Abuse (interaction with treatment) - Higher
risk for comorbidity

Risk of Violence or Intimate Partner Violence

Living with many people/lack of privacy

Barriers to Treatment cont'd

- Special consideration for vulnerable populations

Refugees/Asylum seekers and undocumented migrants.

Pregnant women

Children and Adolescents (Minor status til age of 16? Or 18 years of age?)

What are the differences per immigrant group in their home country vs EU or UK?)