



Nobody left behind - Improving access to healthcare for underserved people

Organised by MSD

A photograph of a person's hand holding a small white dog in front of a window with blinds. The text is overlaid on the image.

Nobody Left Behind

***Improving Access to
Healthcare for
Underserved People***

#EHFG2017

#healthinequalities

#EUhealth

#healthsystems



Denis Onyango

African Advocacy Foundation

Migration and Health

The Facts

- *The right to health is a fundamental human right*
- *EU Member States are signatories to the 1966 ICESCR treaty which upholds the right to mental and physical health of all residents, regardless of their immigration status*
- *Migrants are not an economic pressure on healthcare systems and are less likely to use the system than regular residents*
- *Barring access or charging for access deters migrants from seeking preventative/early stage care until it becomes a medical emergency*
- *Obstacles and legal constraints built into the health system often blocks access to care or has a negative impact on the quality of care*

The Issues

- *Economics*
- *Public Health*
- *Human Rights*
- *Racism*
- *Healthcare systems*



HIV Testing and Access To Care for Migrants Across Europe

- Despite universal access being key to achieving 90-90-90 goals, only 10 countries out of 49 countries in WHO European Region report free access (OptTEST 2017)*
- Nearly 4 out of 10 people with HIV are migrants in the EU country of diagnosis. In 2015, of the 25,785 new diagnosed cases, 37% were migrants*
- Most HIV-positive migrants in Europe acquired HIV post-migration: 45% among sub-Saharan African, 72% migrant MSM, 58% heterosexual men and 51% women.*

*Fola, 28
from Nigeria*

Barriers:

- Restrictive practises- complex health systems, eligibility criterias, fees*
- Legal barriers – 13 of 49 countries do not provide treatment to migrants*
- Stigma, discrimination and racism*
- Cultural, faith and language barriers*
- Criminalisation of PLWH - non-disclosure, potential/perceived exposure*
- Confidentiality - fear information will be shared with immigration depts*
- Limited interventions to empower migrants to access healthcare*
- Poverty, destitution, poor living conditions*
- Partner violence, trafficking, modern slavery*





Anastacia Ryan

*International Committee on the
Rights of Sex Workers in Europe*

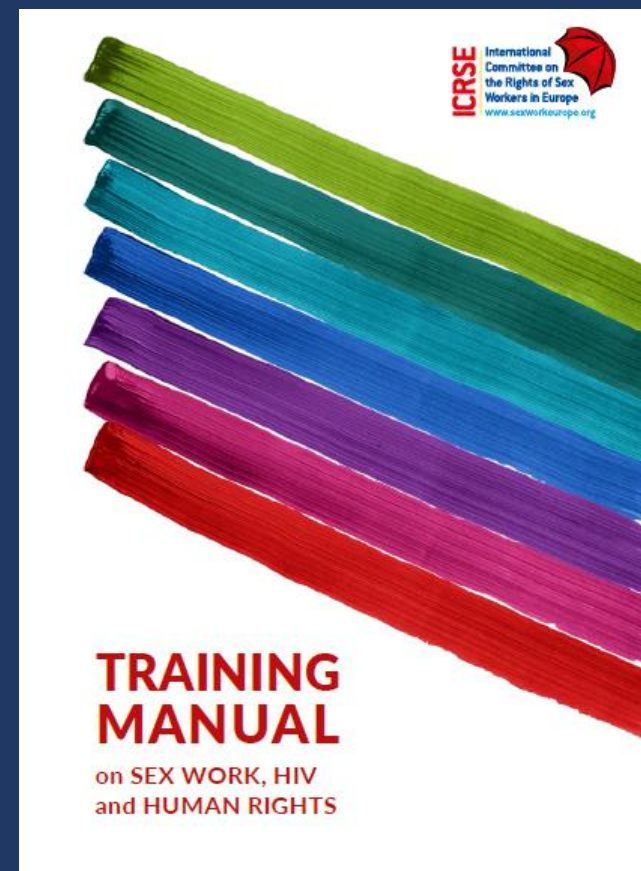
**VIOLENCE IS NOT
PART OF MY WORK**

“Defining sex work as violence against women is dangerous, as it obscures the root causes and different forms of violence sex workers are subjected to.

Sex work must be recognised, treated and regulated as work, with labour rights afforded to sex workers in all circumstances.”



The Key Components of Sex Worker Health Programming: Sex Worker Implementation Tool, 2012 ([Link](#))





Community Empowerment

“Community empowerment includes working towards the decriminalisation of sex work and the elimination of the unjust application of the non-criminal laws and regulations against sex workers, and recognising and respecting sex work as legitimate occupation or livelihood.” (WHO, 2013)

- Assuring **meaningful participation** of sex workers in the design, implementation, monitoring and evaluation of HIV programming
- **Sustaining** sex workers’ movement
- Shaping **policy and creating enabling environments**
- Struggling for the **recognition of sex workers’ human and labour rights**
- Advocating for **decriminalisation of sex work** and other legal reforms





George Kalamitsis

*Prometheus, Hellenic Liver Patient
Association*



Ath
CHECKPOINT

γρήγορο τεστ για HIV

Είσαι για
ένα γρήγορο;
Είναι δωρεάν...

ΚΛΕΙΣΕ ΡΑΝΤΕΒΟΥ ΣΤΟ 210 33 10 400
ΔΕΥΤΕΡΑ - ΣΑΒΒΑΤΟ 12:00 - 20:00

www.athcheckpoint.gr

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CHECKPOINT

γρήγορο τεστ για HIV

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Δε θα το μάθει κανείς...

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Freek Spinnewijn

*European Federation of National Organisations
Working with the Homeless*



Suicide

1 in 10 homeless person with mental health conditions in social services will attempt suicide.

Homeless people are over **9 times more likely to commit suicide** than the general population.

Mortality

Chronic homeless people have a life expectancy of only mid-40s. Women die earlier than men.

- UK: Homeless people average age of death is 30 years below the national average.
- Denmark: People who live on the street die an average of 20 years before the general population.
- Netherlands: Homeless population dies sooner - 11yrs for men and 16yrs for women than average age in general population

Mental health

Half of homeless people suffer from mental health problems in most countries.

Dual diagnosis very common.

Traumatic Brain Injury

Homeless people are twice more likely to have suffered from traumatic brain injury than the general population - 90 percent before becoming homeless.

Disability

Dutch research showed that 35 % of homeless adults have a cognitive impairment.

Tuberculosis

UK studies show homeless are 30x more likely to suffer from TB compared to the general population.

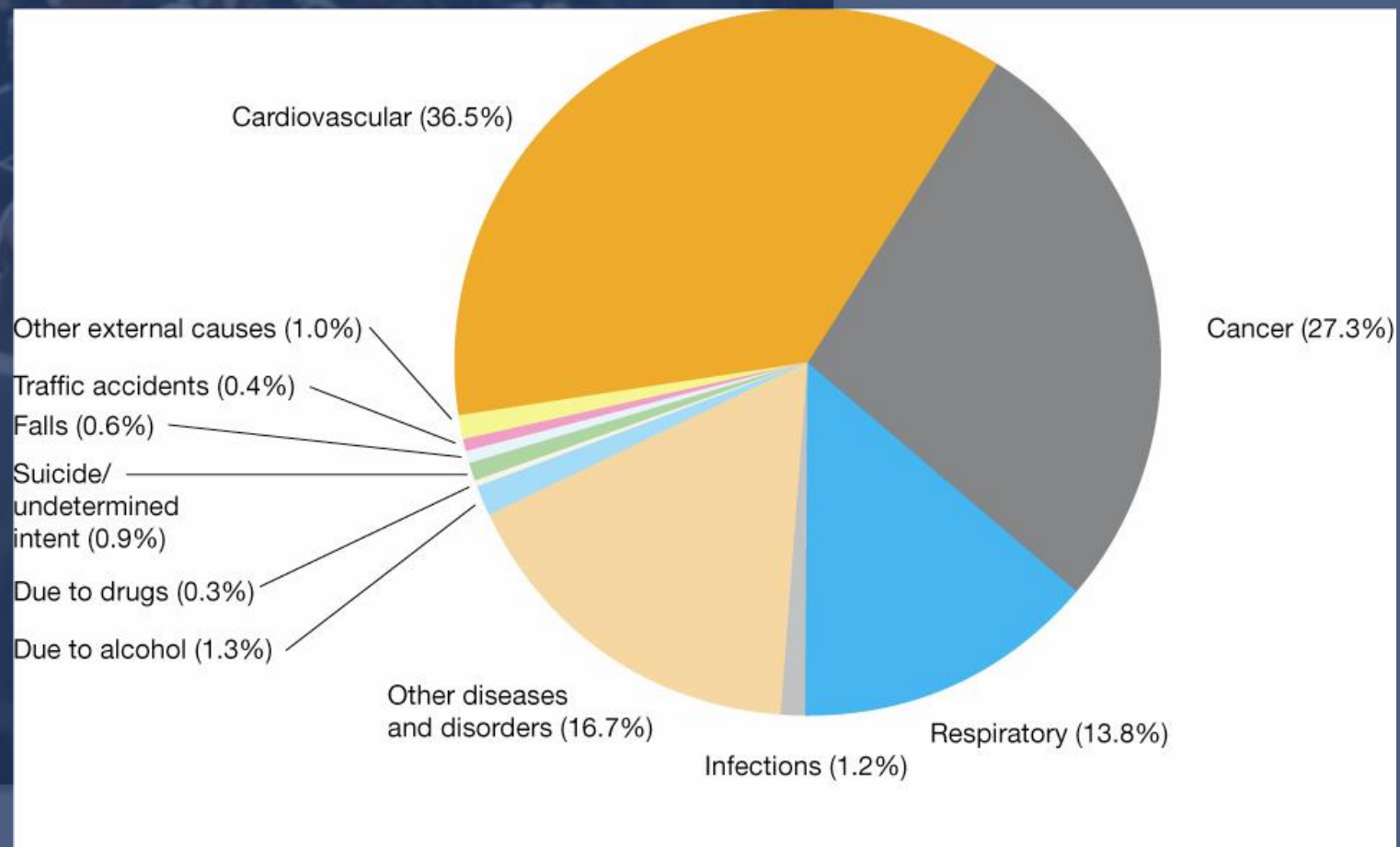
Hospital costs

Are approximately 4 x higher for homeless people and the inpatient costs are 8 times higher than the average population



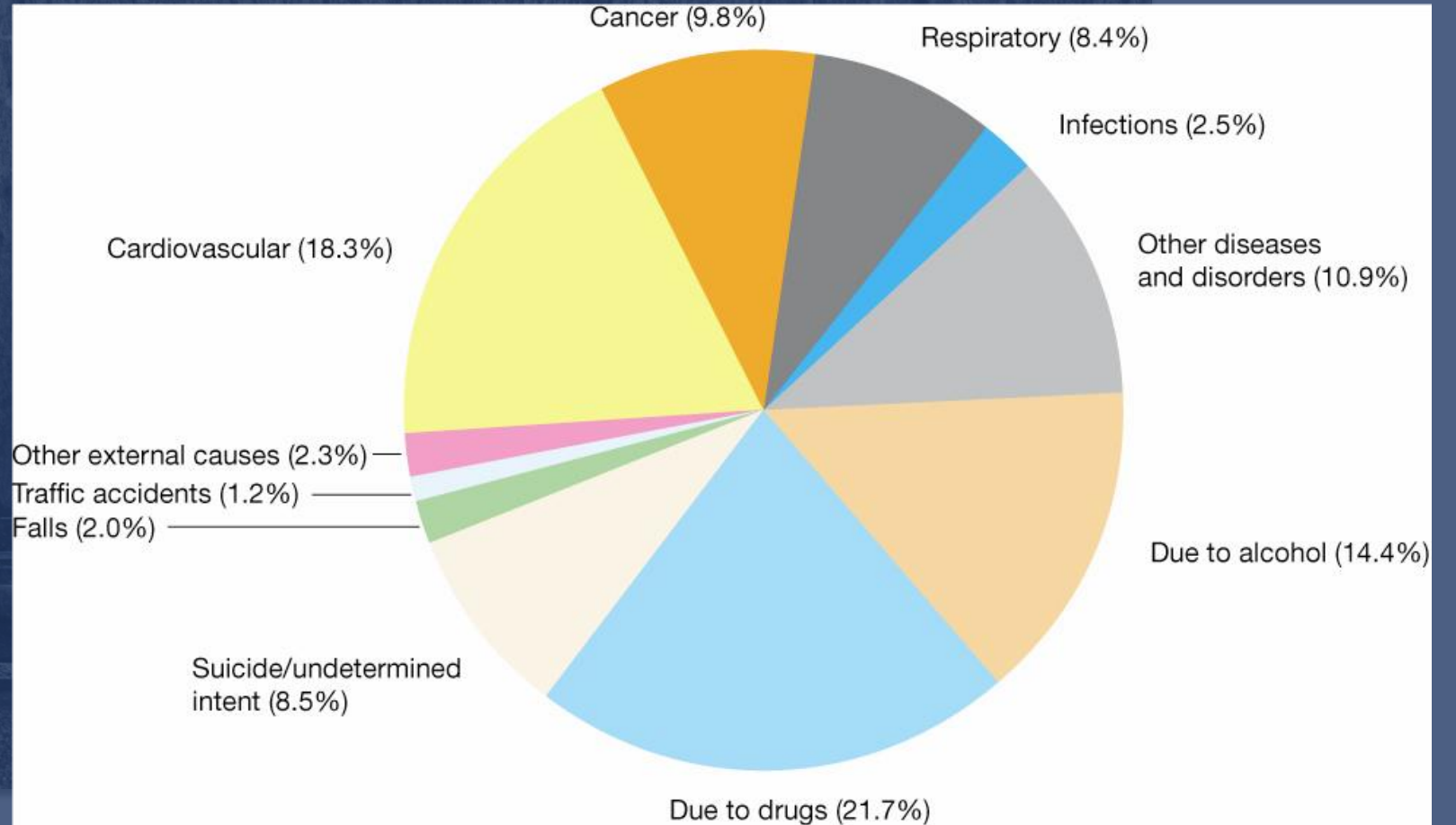


Causes of death: general population





Causes of death: homeless people





Alyna Smith

*Platform for International Cooperation on
Undocumented Migrants*



The damaging effects of systematically limiting access to health systems for people who are undocumented begin with the individual, and ripple outward to the broader community.

Restricted access to health care means people are unable to get assistance to adequately treat and manage existing conditions, to the further detriment of their mental and physical health.

Exclusion from health systems means:

- Exclusion from basic information about risk factors, disease prevention and health promotion
- Exclusion from access to routine testing in pregnancy, for communicable infections, and chronic conditions
- Absence of pre- or post-natal care, and vaccines or routine paediatric follow-up during childhood
- No diagnosis or support for mental health conditions until they reach crisis point.



Volunteer-run clinic Rosengrenska providing care to undocumented woman in Gothenburg, Sweden in 2012 - one year before the law changed to expand entitlements to undocumented migrants to covered health care.



Eberhard Schatz

Correlation Network



Drug Consumption Rooms

Country	DCRs	Cities with DCR	Surveyed
Denmark	5	3	4
Germany	24	15	16
Greece	1	1	0
Lux.	1	1	1
NL	30	23	n.a.
Norway	1	1	1
Spain	13	6	5
Switz.	13	8	12
Total	88	58	39





Why?

High Prevalence

- Injecting drug use is a major route of transmission of Hepatitis C with over 10 million PWID infected globally
- In European Region, the burden of the Hepatitis C is concentrated amongst PWID
- Hepatitis C prevalence among this population varies from approximately 21% in Finland to over 90% in Estonia

Barriers to accessing healthcare for PWID

- Unstable housing
- Criminalisation
- Stigma & discrimination
- Multiple obstacles and layers of barriers within the health care settings



Enablers to accessing healthcare for PWID

Recommendations

- Eligibility criteria should ensure access for all (drug use is no reason to preclude access to healthcare)
- Stigma reducing interventions
- Decriminalisation
- Welcoming, not judgemental environment
- Peer involvement, personal interaction
- Assistance with practical problems (housing, flexible appointments etc)
- Monitor stigma and discrimination and establish procedures





Rachel Halford

Hepatitis C Trust, UK

Globally, over 10 million people are held in prisons and other places of detention at any given time.

A majority of these people are socially disadvantaged and come from the lower socio-economic levels within our societies. There is a high prevalence of substance misuse, mental health, domestic violence, homelessness, low levels of health literacy



In the EU, it is estimated that about half of the prison population have used illicit drugs at some time in their lives

Up to 48% of men and 60% of women were dependent on or used illicit drugs in the month before entering prison

A majority of sentences are for drug related crimes





Prison offers a window of opportunity - the first opportunity for many - to access health care

Testing and treatment for blood borne viruses (BBVs)

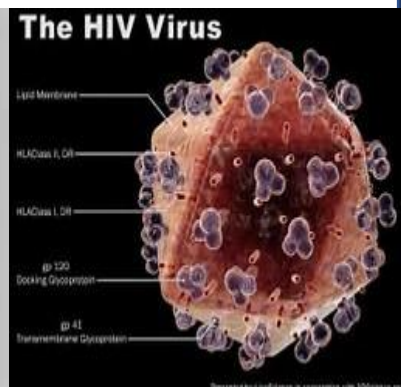
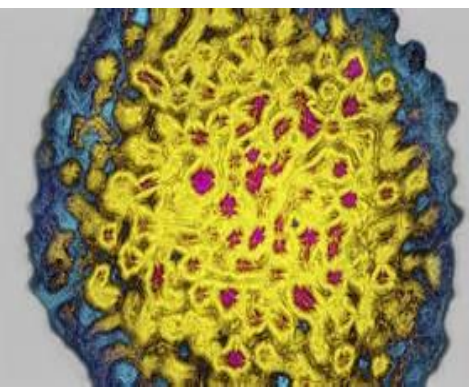
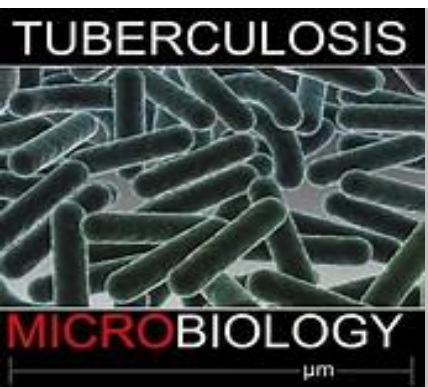
Mental health assessments

Physical health screening

Harm minimisation messages

Drug treatment

Dental care





Accessing Health Care in Prison – What's the Problem?

Stigma

Shut downs

Prison Regime

Funding

Claire 45 yrs old – 30yr history of drug and alcohol use
and offending

Offence: Grievous bodily harm

Sentence: 5 years

Health Issues

Mental health issues

Hepatitis C

A mouth full of rotten teeth

“When I think about prison today, I think that prison probably saved my life.”

“It was the first time I had ever taken any care of my health, doing the Hep C treatment made me realise I can do anything. I think the medication for my depression have helped too but I have been out of prison for exactly 2 years and 3 days – I have only relapsed once, when I first got out – and I have not re-offended. I am volunteering for a community café and I even have my own flat with a little garden – I didn't know life could be like this”



Access to physical and mental health is a fundamental human right – people in prison should have the same standard of medical care as people living in the community.

Health Care in Prisons must be funded by Health Departments focused on Health

NOT

Justice Departments focused on Justice





Dr Andrej Kastelic

*National Centre for the Treatment of Drug
Addiction, Slovenia*

Credit: iStock

Addiction treatment

Providing care to people who use drugs

- *Understand what their daily life entails*
- *Dignity and humane, person-centric approach*
- *De-stigmatisation built into the care plan*
- *Interventions should not lead to marginalisation*
- *Robust care planning*
- *Realistic & individualised goals*

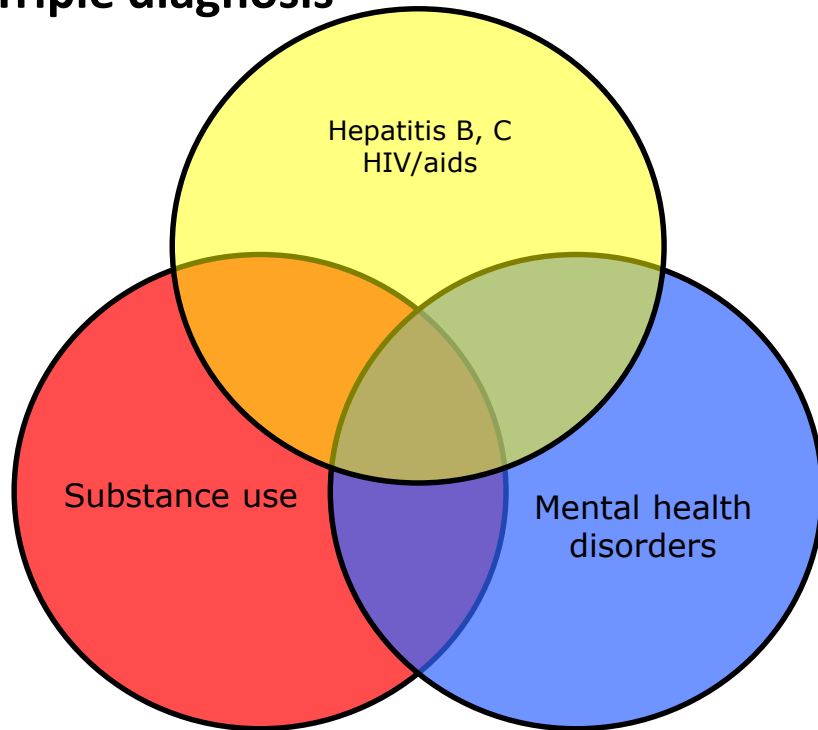




Care plans & care planning in addiction treatment

- *Most important and useful tools in drug work*
- *Setting and development realistic goals*
- *Detail the desired outcomes: interventions, support, care*
- *Should be accepted by the client as well as the service providers*
- *Realistic and achievable*
- *Different providers: professionals, self help, family, friends, peers,...*
- *Individualised and consistent with goals, values and life situation*

'Triple diagnosis'



Discrimination & Stigma study in PWID in Slovenia

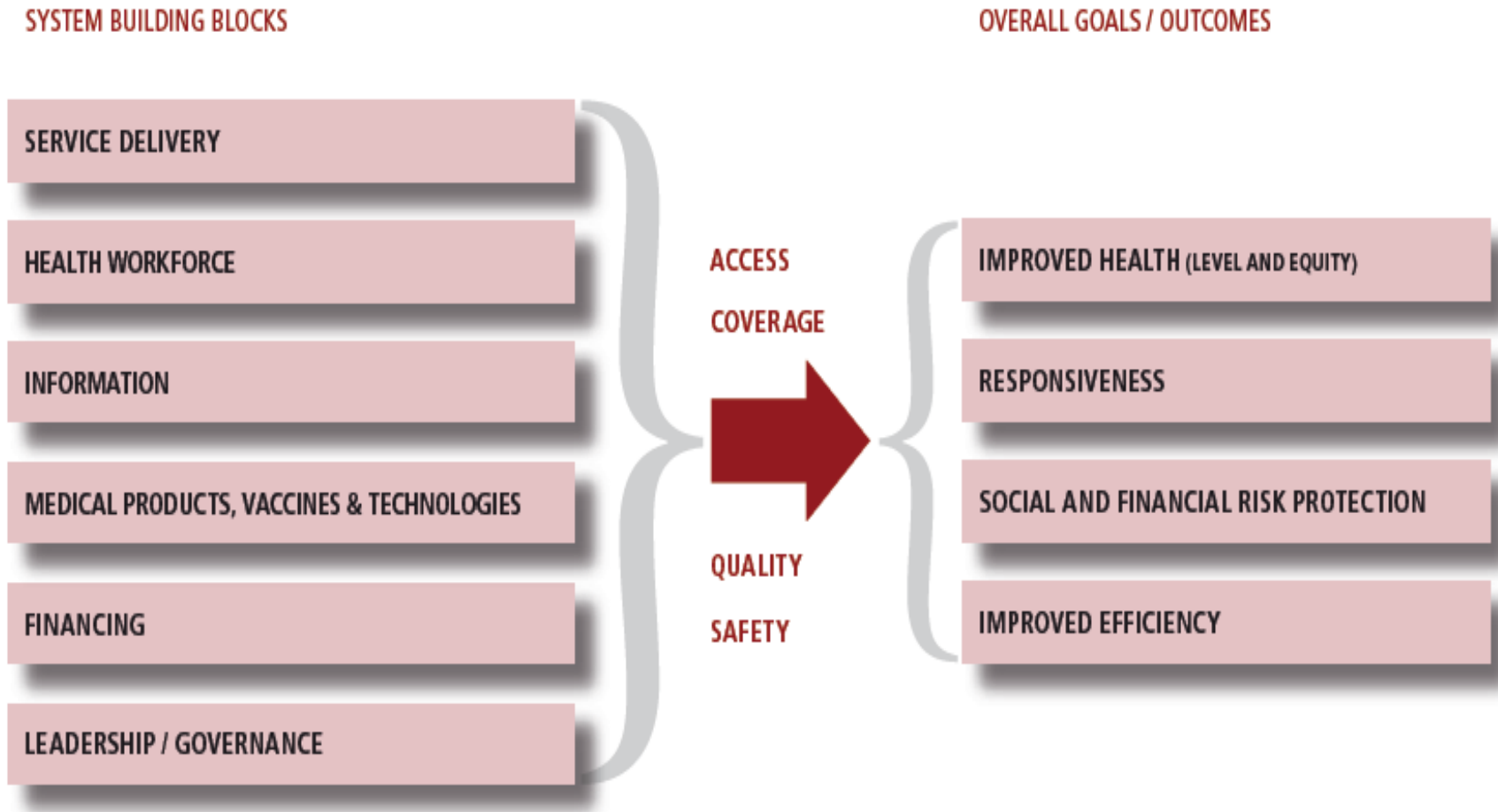
- *All experienced stigma and discrimination:*
- *Half within their family*
- *66% within their neighborhood*
- *All with friends*
- *33% at their job*
- *50% when seeking social support*
- *82% at mental health services*
- *82% had to hide drug use and/or mental health problems*

The background of the slide features several European Union flags (blue with twelve yellow stars) waving in the wind. The flags are arranged in a row, with some in the foreground and others slightly behind, creating a sense of depth. The lighting is bright, suggesting an outdoor setting.

Prof Jeffrey Lazarus

*Barcelona Institute for Global Health
(ISGlobal), Hospital Clínic,
University of Barcelona*

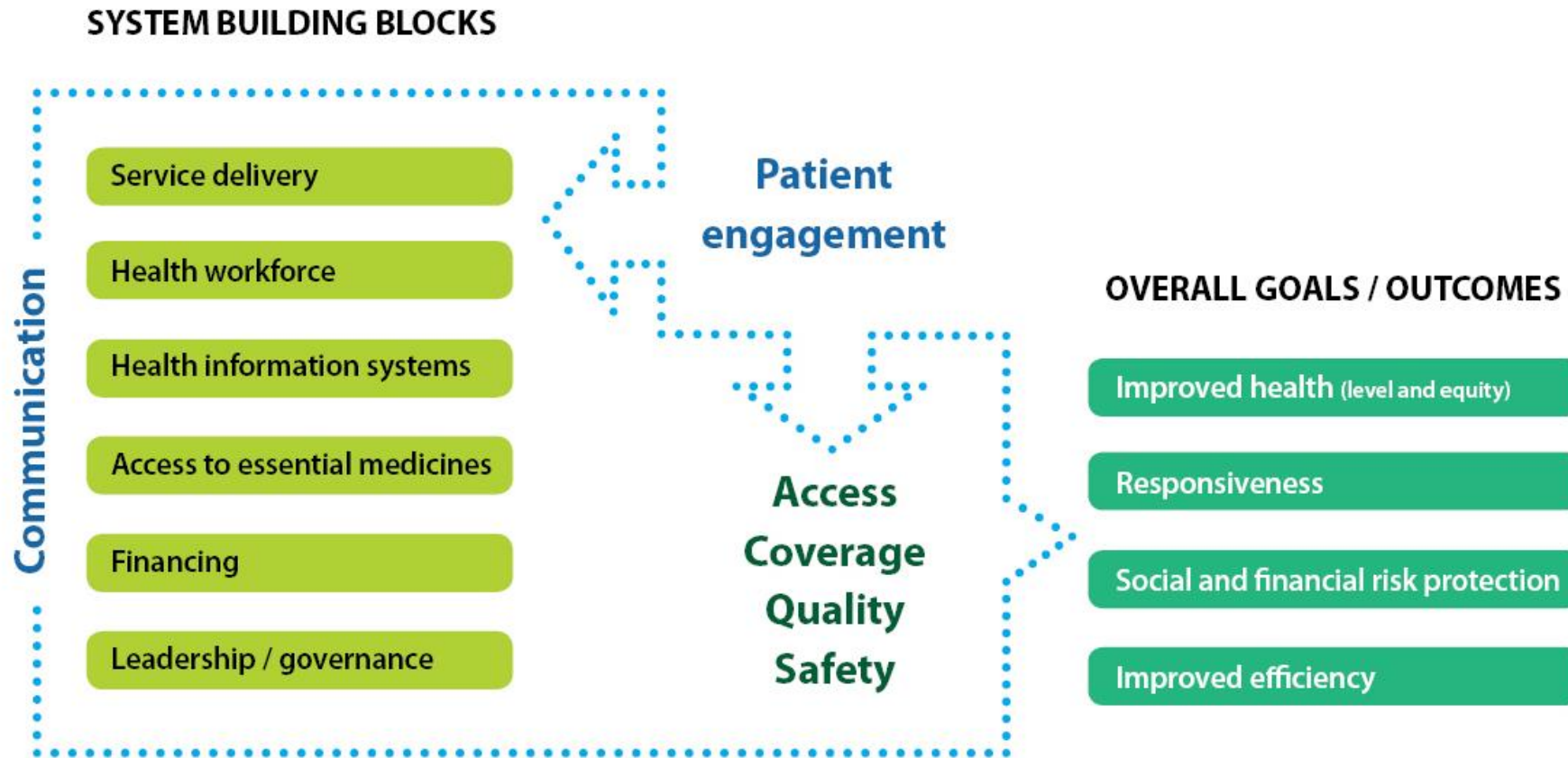
The Six Building Blocks of the Health System



“A health system consists of all organisations, people and actions whose *primary intent* is to promote, restore or maintain health”

Source: WHO 2007.

A paradigm change: The central role of people and communication



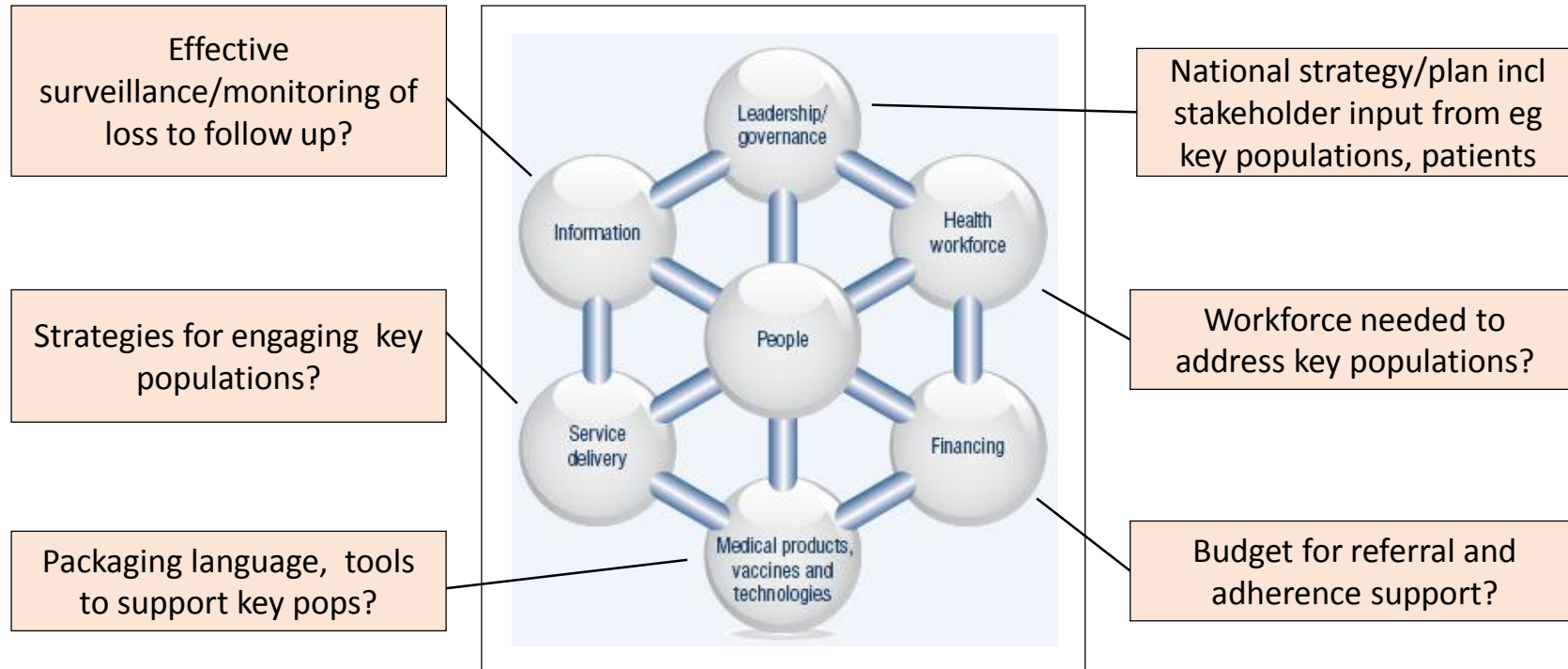
Source: Lazarus and France. A new era for the WHO health system building blocks? 2014

People-centred health systems



See: <http://www.who.int/servicedeliverysafety/areas/people-centred-care/en/>

A people-centred health system leaves no one behind

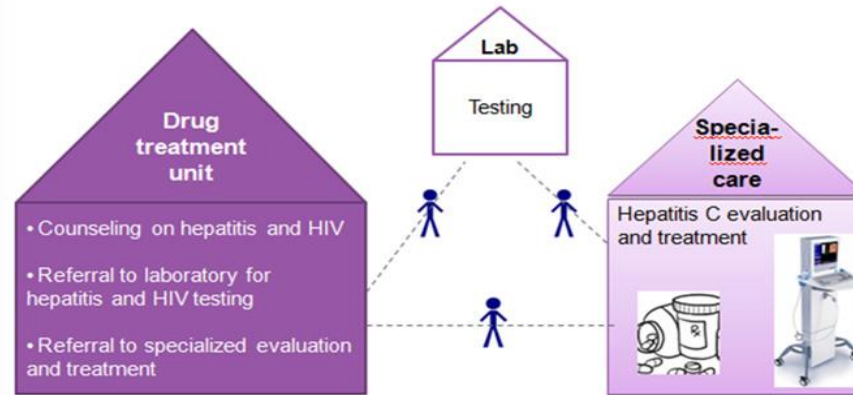




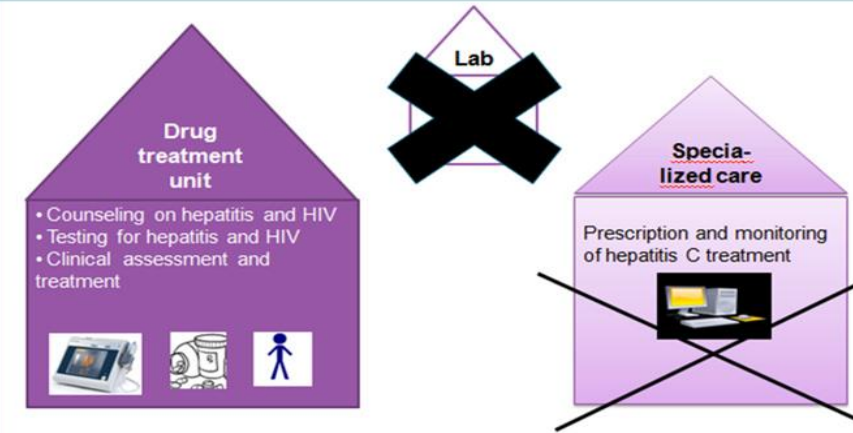
SACC: “Borgernær” shared care

Figure 1

Former organization

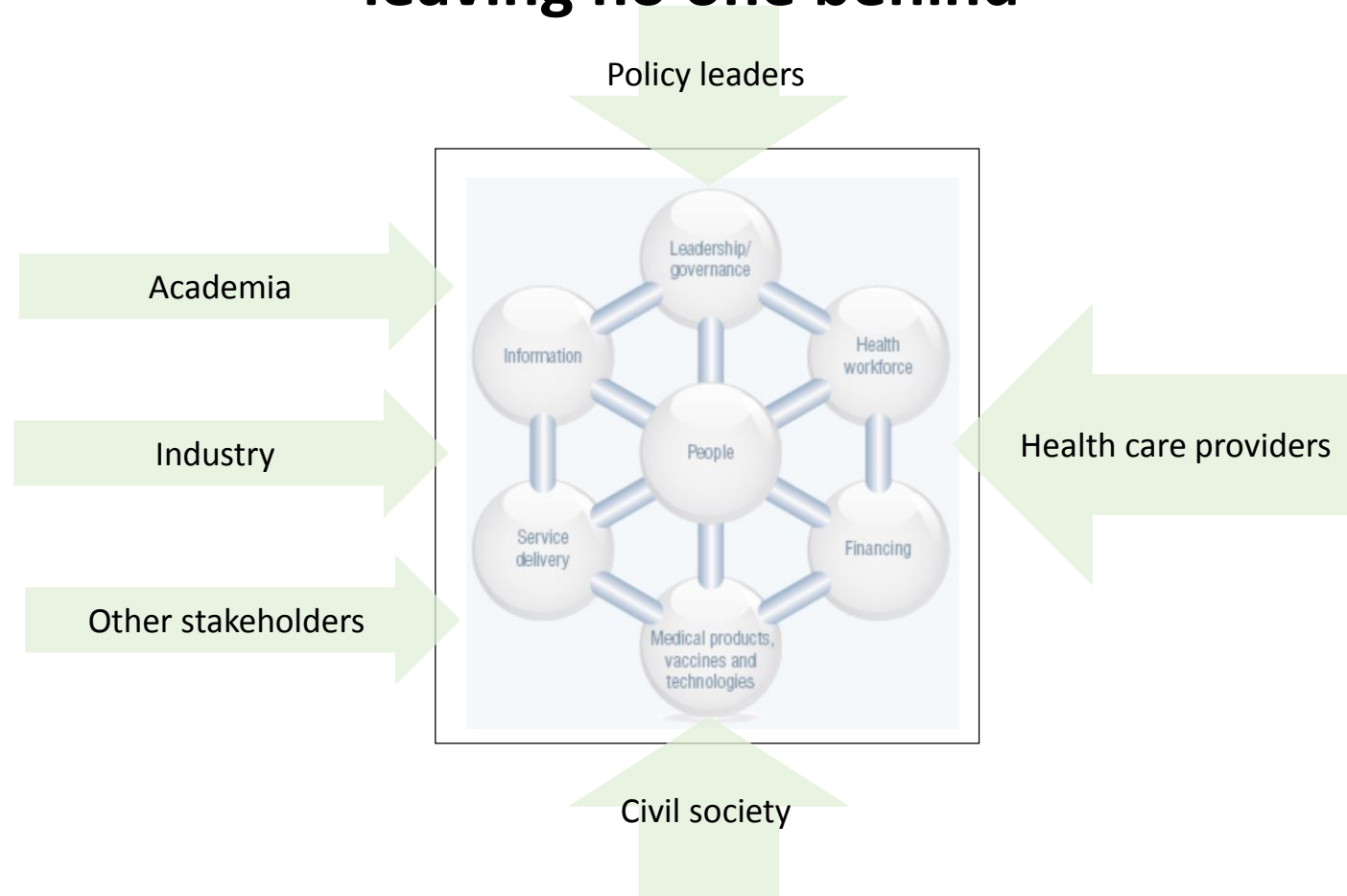


Future organization



Putting it all together ...

A people-centred health systems approach to leaving no one behind





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A close-up photograph of a person's hand gripping a vertical metal bar. The hand is positioned in the center-right of the frame, with fingers wrapped around the bar. The background is a blurred, light-colored wall with vertical lines, possibly from a window or a door. The lighting is soft and natural, highlighting the texture of the skin and the metallic surface of the bar. The overall mood is one of tension or seeking support.

16:00-16:20 Round 1

What are the main challenges and common needs in accessing healthcare for key populations?

- *Stigma and discrimination*
- *Logistical or legal barriers to access,*
- *Awareness of right to health, etc.*
- *Accessibility of services*
- *Etc...*



16:30-16:50 Round 2

What could be the policy response at each level of policy-making?

Are there practical solutions to help create a more inclusive, more effective health service design?

What do we want each actor to do?

- Community
- Health care professionals
- National health systems
- EU Institutions



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