Barriers to access testing, treatment and care for key populations

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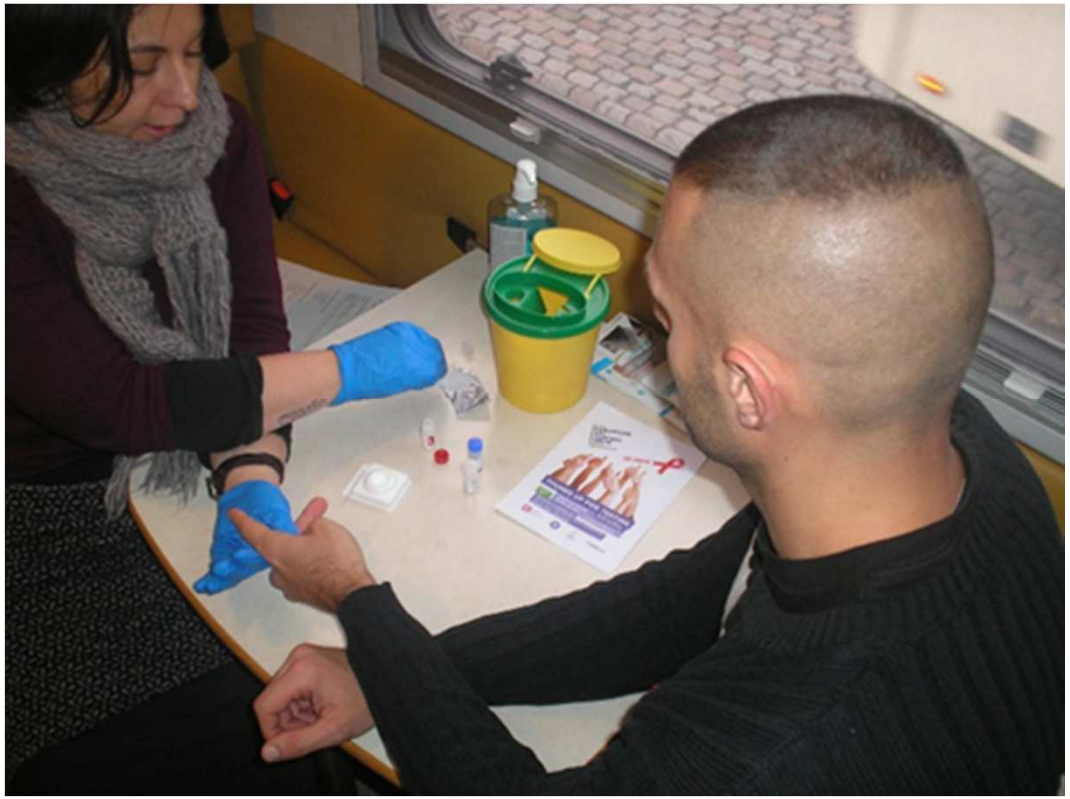

Doctors of the World – Médecins du monde (MdM) International Network
HepHIV Barcelona 2014 – Ramon ESTESO

MdM – who we are & what we do

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→ an independent international movement working across the world (78 countries), both at home (169 programmes) and abroad (147 programmes), fighting for universal access to healthcare

→ medical & social service delivery – data collection on persons not described in official statistics – social change through empowerment & advocacy

→ groups we work with across Europe: homeless, undocumented third-country nationals, 'irregular' EU citizens, asylum seekers, Roma communities, elderly, drug users, sex workers, vulnerable women & children, … i.e. people and groups confronted with multiple vulnerability factors

Our experience in harm reduction across Europe

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→ reception, counselling and harm reduction centres (anonymous and free) for drug users

→ the only 2 methadone buses (FR)

→ safe consumption rooms

→ sterile injection material + education on safe injection + social counselling and orientation

→ prevention actions in rave parties, analysis of drugs with thin layer chromatography

→ medical consultations with e.g. HEP & HIV testing, rapid non-invasive liver elastometry, OST, hepatological / psychiatric or other specialist follow-up when needed

→ partnerships with self support groups, advocacy for changes in laws and practices,

→ on going advocacy with partners for generic, affordable Sofosbuvir

Legal, administrative and financial barriers to healthcare

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2013 survey of the MdM International Network Observatory on access to healthcare, (31,067 medical and social consultations in 27 cities across eight European countries, Turkey and Canada). Main barriers cited by patients:

- **Financial problems (25%)** – a combination of charges for consultations and treatment, upfront payments and the prohibitive cost of healthcare coverage contributions,

- **Administrative problems (22.8%)** – including restrictive legislation and difficulties in collecting all the documentation needed to obtain healthcare coverage, as well as administrative malfunctioning (France, Switzerland, Germany, Spain, and Belgium)

- **Lack of knowledge or understanding of the healthcare system and of their rights** (**21.7%**)

Barriers to healthcare: examples

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- 2009 MdM survey concerning undocumented migrants (in 11 EU countries): 82.5 % of the people who didn't want an HIV test refused because they "did not feel the need" (perception of not having taken any risks) – only 1/3 of the sample wanted a test,
- Only 35.4 % knew about the possibility of a free HIV test.
- 50.1 % stated not knowing whether screening is free or not and 12.9 % (erroneously) stated that one has to pay for a test. Only a third of respondents (29%) in the 9 out of 11 countries where undocumented migrants are eligible for HIV treatment free of charge knew about this, 13% stated (wrongly) that this is not the case and 56.1% said not to know…

- Need for adapted campaigns (e.g. other languages, visual material, intercultural mediators and peer educators, community based programmes etc.)

Barriers to healthcare: social determinants

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2013 European data collection results:

- 93% were living below the poverty line,
- 15.6% had no-one they could rely on if they needed to,
- 11.4% had no fixed abode
- 34.8% felt their housing was affecting their or their children's health
- 60.7% of individuals without permit to reside said they restricted their movement or occupation due to fear of arrest

Not easy to organise treatment when you don't have sufficient financial means, are alone, without proper housing, sometimes living in fear of expulsion, without guarantee of being protected against expulsion (when there is no access to treatment in your country of origin)

Barriers to healthcare

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→ Lack of knowledge about hepatitis among injecting drug users

→ Lack of knowledge and stigmatization among healthcare providers thinking that HCV treatment guidelines should exclude active drug users

→ Access to treatment also depends on affordable drugs

Stigmatization

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→ Invisible populations, not taken into account when planning health services or healthcare policy

→ Impact of the social and economic crisis

→ Scapegoating discourse contributing to even more health risks, e.g. sweep operations Thetis in Greece towards drug users, forced STD testing and public branding of sex workers

→ Example of Georgia's criminalizing policies oriented on punishing → very high number of drug users have HCV

Impact of stigmatization

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→ Unsafe sex work, more exposure to violence,

→ Unsafe to take a test, unsafe to collect test results

→ compulsory HIV testing = against human rights, no pre- or posttest counselling, instils fear and aversion ≠ effective prevention tool

→ repressive drug policies as structural driver of HCV and HIV transmission among people who inject drugs

Solutions

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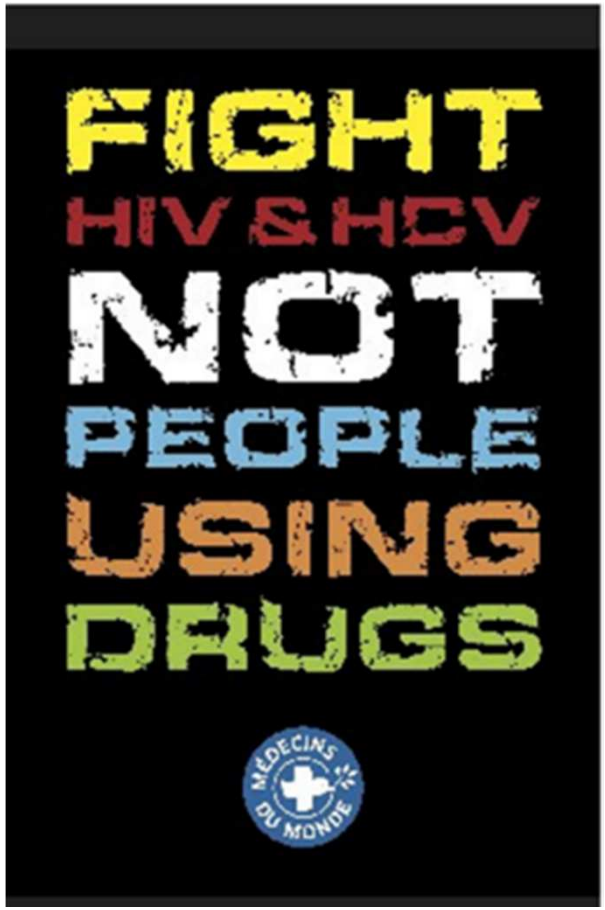

Free, voluntary, anonymous screening and access to treatment for all, especially for the most stigmatized populations who are therefore also the most at risk of HIV, HBV and HCV infection.

Cf. most recent Global Commission on Drug Policy report: From failed punitive enforcement to proven health and social interventions. Stop criminalizing people for drug use and possession.

Stop criminalizing sex work (including clients), leading to unsafe working conditions.

Solutions

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Solutions

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- Rapid delocalized (demedicalised) testing for HCV, HIV (+ syphilis),
- Rapid non-invasive liver elastometry measurement,
- Safe drug consumption rooms,
- Mobile units and active outreach,
- Education for safer injection,
- Working with peer educators,
- a transversal harm reduction attitude in all health programmes tackling vulnerabilities in health

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Gracias // Merci // Thank you

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