Refugee, migrants and healthcare access: key issues in the response to HIV, STIs and TB

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Declaration of interests:

Dr Fionnuala Finnerty was the recipient of a Janssen Exchange Scholarships in collaboration with BHIVA, Barts Health NHS Trust and the University of Zimbabwe (UZ) 2015-16

Dr Fionnuala Finnerty is the SpR representative on the BASHH Sexual Violence SIG

Dr Fionnuala Finnerty is an independent advisor to Refugee Rights Europe

NAT has received grants from Gilead, Janssen, Mundipharma and ViiV over the last 12 months

Yusef Azad has received honorariums as a member of NHS England’s Programme of Care Board for Blood and Infection
65.6 million forcibly displaced people worldwide

Refugees 22.5 million
17.2 million under UNHCR mandate
5.3 million Palestinian refugees registered by UNRWA

Stateless people 10 million

Refugees resettled 189,300 in 2016

Where the world’s displaced people are being hosted

- 16% Americas
- 11% Asia and Pacific
- 26% Middle East and North Africa
- 30% Africa
- 17% Europe

55% of refugees worldwide came from three countries

- South Sudan 1.4m
- Afghanistan 2.5m
- Syria 5.5m

Top hosting countries

- Ethiopia 791,600
- Uganda 940,800
- Islamic Republic of Iran 979,400
- Lebanon 1.0m
- Pakistan 1.4m
- Turkey 2.9m

Source: UNHCR / 10 June 2017
Refugee

Someone whose asylum application has been successful; the Government recognises they are unable to return to their country of origin owing to a well-founded fear of being persecuted for reasons provided for in the Refugee Convention 1951 or European Convention on Human Rights.

Asylum seeker

A person who has left their country of origin and applied for asylum in another country but whose application has not yet been concluded.

Refused Asylum seeker

A person whose asylum application has been unsuccessful.

Undocumented migrant

Someone who enters or stays in the UK without the documents required under immigration regulations.
Afzal*

MSM, flees Afghanistan due to fear of persecution

*Fictitious case study
Finnerty et al. Does the new ‘jungle’ migrant camp in Calais meet the intra-agency working group (IAWG) minimum standards for sexual and reproductive health (MISP) in an emergency situation? Sexually Transmitted Infections 2016;92:291
Sexual Violence

SEXUAL VIOLENCE AGAINST MEN AND BOYS
IN THE SYRIA CRISIS

‘LIBYA IS FULL OF CRUELTY’
STORIES OF ABDUCTION, SEXUAL VIOLENCE AND ABUSE FROM MIGRANTS AND REFUGEES

AMNESTY INTERNATIONAL

EMERGENCY WITHIN AN EMERGENCY
The Growing Epidemic of Sexual Exploitation and Abuse of Migrant Children in Greece

UNHCR
The UN Refugee Agency

FAS CENTER FOR HEALTH AND HUMAN RIGHTS
HARVARD UNIVERSITY
HIV infection prevalence in refugee & undocumented migrant population

- 1.5% - asylum centre Italy (Tafuri et al BMC Infectious Diseases, 2010)
- 3.4% pregnant asylum seekers Netherlands (Goosen et al, PLOS One 2015)
- 2.9% undocumented migrants France (Berdougu, IAS 2017)
Post migration acquisition of HIV

RESEARCH ARTICLE

Sub-Saharan African migrants living with HIV acquired after migration, France, ANRS PARCOURS study, 2012 to 2013

Asylum claims on the basis of sexual orientation

Deported gay Afghans told to ‘pretend to be straight’

New Home Office rules would send gay asylum seekers back to Afghanistan, where homosexuality is illegal

The Guardian 25th February 2017
England’s most disadvantaged groups:
Migrants, refugees and asylum seekers

An *Is England Fairer?* review spotlight report (4 of 4)
Table 5. Prevalence by infection and World Bank classification.

<table>
<thead>
<tr>
<th>Classification</th>
<th>Chlamydia</th>
<th>Gonorrhoea</th>
<th>Trichomoniasis</th>
<th>Syphilis</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Females</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>High-income economies</td>
<td>3.0%</td>
<td>0.3%</td>
<td>1.9%</td>
<td>0.2%</td>
</tr>
<tr>
<td>Upper-middle income economies</td>
<td>6.9%</td>
<td>1.2%</td>
<td>6.9%</td>
<td>0.3%</td>
</tr>
<tr>
<td>Lower-middle income economies</td>
<td>2.4%</td>
<td>0.6%</td>
<td>3.5%</td>
<td>0.5%</td>
</tr>
<tr>
<td>Low-income economies</td>
<td>2.9%</td>
<td>1.1%</td>
<td>7.8%</td>
<td>1.3%</td>
</tr>
<tr>
<td><strong>Female total</strong></td>
<td><strong>4.2%</strong></td>
<td><strong>0.8%</strong></td>
<td><strong>5.0%</strong></td>
<td><strong>0.5%</strong></td>
</tr>
<tr>
<td><strong>Males</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>High-income economies</td>
<td>2.4%</td>
<td>0.3%</td>
<td>0.6%</td>
<td>0.2%</td>
</tr>
<tr>
<td>Upper-middle income economies</td>
<td>4.2%</td>
<td>1.0%</td>
<td>0.7%</td>
<td>0.3%</td>
</tr>
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<tr>
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<td><strong>0.6%</strong></td>
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<td><strong>0.5%</strong></td>
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doi:10.1371/journal.pone.0143304.t005
Exempt services

1.1. The following services are free at the point of use for all patients. A charge cannot be made or recovered from any overseas visitor for:

- accident and emergency (A&E) services, this includes all A&E services provided at an NHS hospital, e.g. those provided at an accident & emergency department, walk-in centre, minor injuries unit or urgent care centre. This does not include those emergency services provided after the overseas visitor has been accepted as an inpatient, or at a follow-up outpatient appointment, for which charges must be levied unless the overseas visitor is exempt from charge in their own right;

- family planning services (does not include termination of pregnancy);

- diagnosis and treatment of specified infectious diseases (listed at Chapter 4);

- diagnosis and treatment of sexually transmitted infections;
Figure 1.1: TB case notifications and rates, England, 2000-2016

TB Monitoring Indicator 1: Overall TB incidence per 100,000 population (England and PHEC)
<table>
<thead>
<tr>
<th>Top asylum applications by nationality Q2 2017</th>
<th>Estimated TB incidence per 100,000 population</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pakistan</td>
<td>268</td>
</tr>
<tr>
<td>Bangladesh</td>
<td>221</td>
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<tr>
<td>Nigeria</td>
<td>219</td>
</tr>
<tr>
<td>India</td>
<td>211</td>
</tr>
<tr>
<td>Afghanistan</td>
<td>189</td>
</tr>
<tr>
<td>Sudan</td>
<td>146</td>
</tr>
<tr>
<td>Vietnam</td>
<td>133</td>
</tr>
<tr>
<td>Iraq</td>
<td>43</td>
</tr>
<tr>
<td>Albania</td>
<td>16</td>
</tr>
<tr>
<td>Iran</td>
<td>14</td>
</tr>
</tbody>
</table>
“The aim is to create here in Britain a really hostile environment for illegal migration ... What we don’t want is a situation where people think that they can come here and overstay because they’re able to access everything they need.” Theresa May, 2012
To: Mr/Mrs/Miss
Date: 2318

Dear

I am a Home Office Immigration Enforcement Manager based at Yarl's Wood IRC and must explain to you, in the presence of my Home Office colleague, that the fact that you are currently refusing food and/or fluid:

- will not lead to the progress of your immigration or asylum case being halted or delayed;
- may, in fact, lead to your case being accelerated and your removal from the UK taking place sooner;
- will not lead to your removal directions being deferred;
- will not lead to you being granted permission to stay in the UK; and
- will not automatically lead to your release from detention.

Signature 1

Signature 2