

Migrants and HIV – Ukraine and current policy

Migration Report

Just want to say I did not do this research, if you have any questions, please contact Juan.

HIV and migration: understanding the barriers faced by people born abroad living with HIV

- 2019 - 62% of all new HIV diagnoses in the UK were among people born abroad.
- Barriers migrants face accessing HIV testing, treatment, & care.
- Report explored the barriers and made recommendations to overcome them.

Research

- Involved the active participation and input of migrants living with HIV at every stage of the project.
- 22 interviews and two focus groups with migrants living with HIV.
- Interview participants were aged between 34 and 62, with a median age of 47.
- Participants arrived in the UK between 1989 and 2020, with the median year of arrival being 2007.

Findings

Least surprising – positive relationship with HIV clinicians (1)

- All participants interviewed were diagnosed with HIV and engaged with care.
- PLWH in the UK generally report high satisfaction with HIV Clinical services.
- This was the same for all people interviewed. All participants were satisfied with the care they received from these services, and many reported going to their HIV clinic with non-HIV healthcare issues (high levels of trust with the HIV clinicians, concerns about using other parts of the healthcare system).

Concern about accessing GPs (2)

- Less positive about GPs.
- Not all participants were registered (some too scared)
- Didn't want to answer Q's about immigration status or show BRP.
- Concerns were raised around being reported to immigration enforcement.
- Age (older – more likely to trust vs. younger – less likely to trust)

Various recommendations around GPs were made: including that the NHS must review GP registration models to understand why migrants face difficulties registering and accessing care at GPs.

Limited access to testing and risk of late diagnosis (3)

- Of 13 diagnosed in the UK, 8 were diagnosed late.
- 6 were diagnosed late after being in the UK for 3-5 years.
- All diagnosed in A&E or following referral to SHC (after an indicator condition).
- Proactive testing reduces the likelihood of late diagnoses.

Recommendation from this outcome

- Opt-out testing.
- All HIV prevention campaigns should target campaigns at migrant populations.

- We know that opt-out testing works (maternity services 20 years ago, 99% uptake).

Now – this was also a recommendation in the HIV Commission report, which was published WAD

2020. Opt-out testing has been rolled out across all of London, Brighton, Manchester and Salford from this April (these are areas defined as having a **very high** prevalence of HIV)

- Government committed £20m to opt-out testing in these areas.

Hostile Environment Policies

- HIV testing, treatment, and care is free to **all** in the UK **regardless of immigration status**.
- Hostile environment policies – a group of policies introduced post-2012 – deter people from engaging with services. Essentially turns public servants – nurses, doctors, police officers – into immigration officers.
- In a healthcare setting – patients who are unable to prove eligibility for NHS care can be charged 150% of the cost price for services, and if a patient has a debt of greater than £500 outstanding for two months, NHS Trusts are currently required to share non-clinical patient data with the Home Office which can be used to track, detain, and deport people.
- Real damage caused by **NHS and Home Office data sharing**.

Recommendations

- It should not be the job of healthcare staff to uphold ‘hostile environment’ policies.
- Charging migrants for access to healthcare should be ended as a practice.
- Pre-conceived/cultural ideas around healthcare provision in the country of origin impact people’s access to HIV treatment.
- This all results in migrants being at risk of late diagnoses and poorer health outcomes.

No evidence of HIV ‘health tourism’

- Poster at BHIVA
- Health tourism – choosing to travel abroad for medical treatment.
- Low / no awareness of what HIV care was available to migrants in the UK before they travelled.
- Most migrants diagnosed with HIV in 2019 were diagnosed for the first time in the UK.
- Most people born abroad diagnosed with HIV in 2008-2018 likely acquired HIV in the UK.
- There is **no** evidence to suggest that people already diagnosed with HIV migrate for treatment.
- Many people who are diagnosed abroad and then travel to the UK don’t access care upon arrival.

Wider barriers to engaging in care

Difficulties accessing information about healthcare entitlements

- Hard to find information about healthcare entitlements.
- Language barriers make it harder to find information.
- Governments info pages are good, but not known by migrants. They are also designed for the use of healthcare practitioners and not migrants themselves.

Recommendation – Home Office and Dept. of Health and Social care should proactively provide information on HIV testing and treatment entitlements to all migrants applying for a visa, asylum, or reporting to the Home Office (as well as wider information on how the healthcare system works).

After the report...

- Commissioned videos to be made in five different languages to explain healthcare entitlements and HIV treatment and care to migrants in the UK.
- We are working with relevant departments to discuss the recommendations made.

New government asylum policy concerns (Rwanda, etc.)

- The government has announced proposals to send migrants and asylum seekers who are single men and who arrive in the UK without proper documentation or using illegal routes to Rwanda.
- The plans are not in fact for off-shore processing as initially described – the idea is that people will be sent there and if found to be refugees by the Rwandan authorities they will remain in Rwanda. There is no mechanism proposed for anyone to return to the UK.
- At the moment, **women and children are proposed to be exempted** – however lone children who are wrongly classified as adults are at risk of being included.
- **It is not known whether there would be an exemption for people living with HIV or other medical conditions.**
- It is unclear whether the plans are lawful, whether they require primary legislation in order to be implemented (i.e., if MPs will need to approve the plans), or if they can be implemented without the need for a change in the law.
- Whatever happens, there are likely to be significant legal challenges.
- **Access to healthcare for people waiting for an asylum decision in the UK is currently free. If this proposal is implemented, it is very likely people will not make themselves known to authorities, and therefore not access healthcare. We already know there are significant barriers to marginalised migrants accessing healthcare despite HIV treatment and primary care being free for all – these proposals are very likely to lead to people disengaging in care or not accessing HIV testing or treatment.**
- Current Rwanda policy links back to the findings of our migration report – the issues around data sharing and hostile environment policies. It's currently difficult to comment on it because we don't know what the future of the policy is.
- It will have negative impacts on public health and ultimately impede our ability to 1) reduce new HIV transmissions and 2) improve the QoL for those living with HIV.