

## Addressing the Liver Health Needs of Migrant Populations in Europe

### Executive Summary and Key Messages

Improving and strengthening the public health response to migrant health needs is key to improving liver health and eliminating hepatitis in the European region. The European Region is facing large numbers of people on the move with increasing numbers of vulnerable migrants, such as displaced persons, refugees and asylum seekers, who often face poor health outcomes including poor liver health. The term migrant in this document includes specifically the following vulnerable migrant groups defined by the International Organisation for Migration (IOM): asylum seekers, refugees, migrants in irregular situations and undocumented migrants as well as migrants, once at their destination, are marginalized and facing vulnerabilities, such as language barriers, difficulties integrating and xenophobia. Addressing the health needs of these populations is a priority and integral to the principle of the right to health for all. Even though many countries in the WHO European region have prioritised equity in their Universal Health Coverage (UHC) commitments, gaps persist in policy implementation related to migrant populations. This policy recommendation updates actions related to migrants' liver health aiming to reduce health inequities through universal health coverage (UHC), leaving no migrant behind in the WHO European Region.

#### **The pillar actions defined to ensure liver health in migrants are as follows:**

- Provide universal, national and local liver health care for migrants, ensuring inclusive and equitable access.
- Promote liver health by developing liver health awareness campaigns, culturally sensitive and health literacy adjusted to the needs of migrant populations.
- Provide equitable healthcare system models that overcome stigma, discrimination and other key cultural, social and structural barriers of migrant populations.

- Increase capacity-building initiatives to holistic liver care approaches from prevention to screening, diagnosis, treatment and retention in care of migrant populations.
- Increase investments to **integrate and scale up**, within health systems, hepatitis case-finding, diagnosis and treatment of migrant populations.
- Provide access to comprehensive and culturally-sensitive services for prevention, early diagnosis and treatment of alcohol-related liver disease and metabolic dysfunction-associated steatotic liver disease (MASLD) by tackling harmful alcohol use, unhealthy diet, and obesity among migrant populations
- Provide specific funds to address research for an in-depth understanding of the needs of the migrant population which will enable a more effective tailoring of health services including for liver health.

### **Reduce liver health inequities for migrants in the WHO Europe Region**

Migration to and within Europe has reshaped the population of most European countries. The main current drivers of international migration into Europe are people fleeing conflict in the Middle East and Central Asia and from sub-Saharan Africa, the Russian Federation and countries of the former Soviet Union. Labour migration from Asia and Latin America, and nationals of Central and Eastern Europe settling in Western and Southern Europe, are also part of international migration in Europe (1). An Action Plan for Refugee and Migrant Health was adopted by the WHO Regional Committee for Europe at its 73rd session (2). It defines specific key actions in relevant policy areas to ensure an inclusive whole-of-route and One Health approach, people-centred health services and policies, responsive to the diversity of refugees and migrants. The New Pact on Migration and Asylum, agreed between the European Parliament and the Council in December 2023, establishes a common approach to migration and asylum that is based on solidarity, responsibility, and respect for migrants' human rights defining action plans and concrete measures including financial support to Member States, border management and combatting migrant smuggling (2,3).

For this policy statement, a migrant term is used for displaced populations, asylum seekers, refugees, migrants in irregular situations and undocumented migrants, as well as migrants, who at their destination, are marginalized and facing vulnerabilities, such as language barriers, difficulties integrating and xenophobia (4,5).

Political will and commitment is required to provide sufficient funding to address the evidence gaps and develop evidence-based policies for migrant liver health within universal health coverage.

EASL advocates for innovative equitable evidence-based policies and sustainable financial mechanisms for liver disease prevention and care of migrants accessing health services. This EASL policy statement aims to outline the needs and the key actions that should be addressed for the liver health of migrants with the goal of reducing health inequities.

### **How to prevent liver disease in migrants**

#### *Viral hepatitis*

Migrant populations have a disproportionately high burden of hepatitis B and C, due to exposure to various risk factors for their transmission, prior to arrival in Europe (6-8). Tackling infectious diseases in migrant communities requires a holistic approach, codesigned with migrant communities, and integrating public health and the whole care pathway to be part of universal health coverage.

Chronic hepatitis C can be eliminated and chronic Hepatitis B and D could be controlled by antiviral therapy, preventing cirrhosis and decreasing the risk of liver cancer.

Hepatitis B vaccination is an effective tool to prevent chronic liver disease and liver cancer especially if it is given early in life as part of the childhood schedule. Migrants and in particular those who are undocumented are at risk of missing prenatal screening checks and postnatal infant immunisation programs. The prevention of mother-to-child transmission, through HBV vaccination at birth, and to nonimmunized migrant populations at risk of acquiring viral hepatitis are key actions to prevent chronic HBV infection and HDV infection, and their severe complications as cirrhosis and liver cancer (9-13).

**We call on European countries to**

- Set up antenatal programs to prevent migrants' mother-to-child transmission and ensure high HBV vaccination coverage in line with national policies
- Develop strategies to understand and address misconceptions, disinformation, and social stigma related to the Hepatitis B vaccine and Viral Hepatitis Screening.
- Offer HBV vaccination to all migrant populations, who may not have been vaccinated or not completed the full course of HBV immunization.
- Implement effective strategies to improve HBV vaccine and viral hepatitis (HBV and HDV in those positive for HBsAg and HCV) screening accessibility, and uptake, in close collaboration with migrant communities, assisted by cultural mediators and anthropologists.
- Enhance awareness on transmission, prevention, testing, and benefit of HCV treatment.
- Increase investments to integrate within health systems and scale up hepatitis case-finding, screening, and diagnosis with outreach services tailored for and with the engagement of migrant populations

***Reduce Alcohol Use Disorder (AUD) and Preventing Alcohol-related liver disease (ArLD)***

Patterns of harmful alcohol use are affected by social determinants including migration status, and by the cultural and ethnic backgrounds of different displaced populations (13,14). A higher risk of misuse of alcohol and other drugs is observed among those who migrate during childhood, those who have experienced adverse/stressful events and second-generation immigrants with low socioeconomic status (15). Stopping or reducing alcohol consumption is particularly impactful in reducing the risk of liver disease, and interventions to support migrant communities in maintaining healthy alcohol use practices are necessary (16,17). Alcohol or drug misuse research and prevention actions should consider and address the pre-migration, transit-related, and post-migration stressors (13).

**We call on European countries to consider increased action and collaboration to:**

- Implement and evaluate the effectiveness of the national policy measures to prevent harmful alcohol use among migrant populations.

- Develop culture and language-sensitive integrated social and medical services for the treatment of alcohol and drug use disorders that better address the needs of migrants.
- Increase awareness of health professionals in primary and secondary care to identify risk drinkers create referral pathways to treatment.

### ***Address Metabolic dysfunction-associated steatotic liver disease (MASLD)***

The most serious disease burden for migrants is increasingly shifting to chronic illnesses like obesity, diabetes, hypertension, cardiovascular diseases (CVD) and MASLD, frequently left undiagnosed and uncontrolled in migrant populations (18). Food insecurity, leading to unhealthy diets, based on affordable ultra-processed foods typically high in sugar and fat, and poor in fruits, vegetables and other healthy foods like fish has been linked with increased risk for MASLD, although the evidence is not specific to migrant populations (6,19). Moreover, psychological disorders acquired in the territory of migration are related to the adoption of harmful dietary habits, the consumption of tobacco and alcohol, and lack of exercise (20). In addition, low maternal socioeconomic level, according to the migration status and education level, increases the risk and severity of MASLD in adulthood among the offspring (21). Overweight/obesity among children is a growing global concern and refugee and migrant children are at a higher risk for overweight/obesity than their host country counterparts (22).

#### **We call for European countries to:**

- Implement education of migrant children and their parents on the importance of a healthy diet and physical activity with special attention to language barriers and health literacy.
- Promote culturally and economically sensitive structured lifestyle interventions to treat obesity, MASLD and related chronic diseases
- Address food insecurity by making available healthy meals and foods to migrant populations ((e.g. food vouchers, low cost food markets or free healthy meals prescribed as part of medical treatment)).

- Restrict by policy measures aggressive marketing of harmful products such as ultra-processed foods, tobacco, sugar-sweetened beverages, and alcohol, particularly targeting and affecting migrant populations.

### **Reduce inequities in the liver care pathway**

The extent to which migrants are integrated into national health and welfare systems differs between European countries. Even when refugees and migrants are included under universal health coverage, there are often difficulties in accessing healthcare and their retention in care in particular for those who are undocumented (23). A large proportion of migrants from high endemic countries, or due to their risk exposure during the migration journey, could be potentially infected by viral hepatitis and have advanced liver disease, but remain undiagnosed (13). There are restrictions on the provision of antiviral therapy and/or drugs for liver cancer to undocumented migrants and those without insurance, and the countries that do provide healthcare often limit it to emergency care. In addition, fear of deportation or detention, lack of awareness of entitlements, cultural sensitivity, language barriers and low health literacy in addition to the complexity of current models of care deter migrants from accessing general and liver health care (6,20).

Low health literacy and stigma are the major barriers regarding migrants' illness recognition and help-seeking and may also affect how healthcare providers treat migrants with viral hepatitis, alcohol use disorder or obesity. Healthcare professionals need the appropriate knowledge and skills to identify people at risk of liver disease and make timely and appropriate referrals for treatment. They should be trained, in providing health care that is sensitive to cultural differences overcoming stigma and discrimination (24) .

### **We call on European countries to implement health policies and pathways that:**

- Promote actions to improve migrants' health literacy and awareness around early diagnosis, lifestyle modification, and treatment options for viral hepatitis, alcohol use disorders, alcohol-related liver disease and metabolic dysfunction-associated liver disease assisted by language and cultural interpreters, and an anthropologist's expertise.

- Provide linkage and retention in care, alongside harm reduction and appropriate social services designed to overcome stigma discrimination, cultural and social barriers of migrants with to HBsAg-HCV RNA, alcohol use disorder or MASLD.
- Implement policies that allow the treatment of chronic liver disease guaranteeing full protection of personal data when the migrant attempt to access healthcare services to shield migrants in irregular situations from the possible transfer of their personal data to immigration authorities.
- Ensure the provision of antiviral therapy for the total course of hepatitis C treatment with direct-acting antiviral agents and /or at least 90 days of hepatitis B antiviral therapy for patients in transit to other countries;
- Ensure the provision of a clinical certificate detailing the hepatitis status of the individual at the time of testing as well as any treatment indications to be used in the country of destination or during the migration journey.
- Engage empowered migrant communities in advocacy, service delivery and policy-making, to ensure the equity in protecting liver health.

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