

# Migration & HIV: statistics & statutes

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# HIV and migration: Understanding the barriers faced by people born abroad living with HIV in the UK

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NAT



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Understanding the barriers faced by people born  
abroad living with HIV in the UK  
Oluwakemi Agunbiade, National AIDS Trust**



## **Conflict of Interest**

In relation to this presentation, I declare that I have no conflict of interest

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## Background

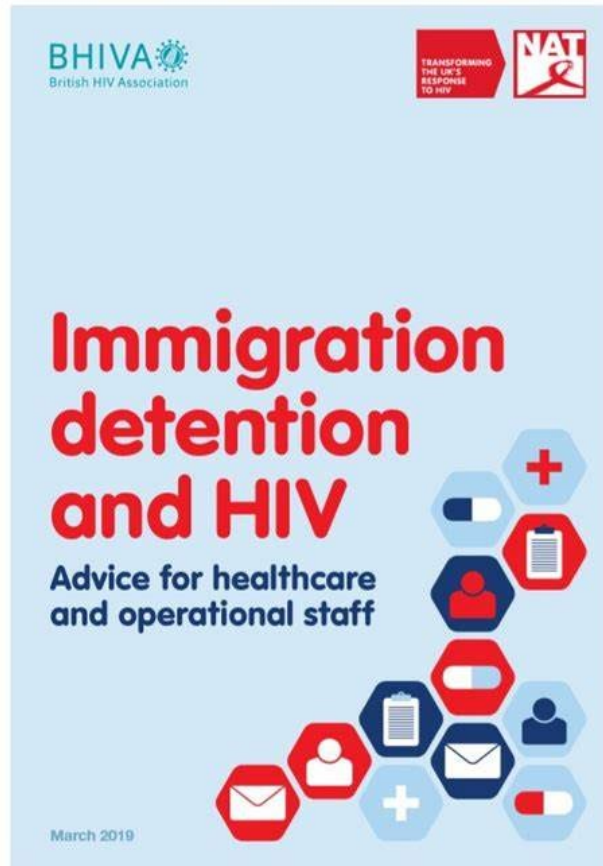
- NAT's 2021 'HIV and migration' report was based off interviews with 22 participants. Themes of information and poverty were explored further in focus groups led by our Peer Experts.
- In 2022, UKHSA found people born abroad accounted for 56% of new HIV diagnosis
- 'Migrants' = people born abroad - including asylum seekers, people entering with visas, temporary leave to remain and those who are currently in immigration removal centres (IRCs)
- Quotes from interview and focus group participants will be shown throughout in red



## **Mental Health**

- Immigration status, racism, HIV stigma and financial insecurity were significant factors impacted mental health
- Poor mental health impacted adherence – some participants in interviews admitted to not taking medication when they were dealing with suicidal ideation
- Anticipatory HIV stigma within own communities led to isolation and loneliness
- Integrated Care Systems should ensure there is access to mental health support based in clinics and through simple referral pathways.
- The need for culturally competent services to ensure continuous engagement with holistic support

**“In my case it was my family which was discriminating against me and that affected me a lot. My brother, sister, nephew, nieces didn’t want to talk to me because they thought I was sick. It is particularly bad because you feel your family should support you.”**



## Detention

- Vulnerability screenings are rushed and do not always make a confidential space for sharing status
- Opt-out testing needs to be extended in short-term holding facilities (STHFs) and immigration removal centres (IRCs)
- Training for operational staff - to support treatment adherence, prevent confidentiality breaches and prevent further stigmatising experiences
- IRCs to build long term relationships with local HIV clinics – enables planning for treatment during and after removal or release

### **Relationship with Primary Care**

- Interviewees preferred HIV clinics and reported high satisfaction with clinicians - even though heterosexual migrants were twice as likely to be diagnosed in GP surgery as heterosexual people born in the UK (PHE on request data – April 2021)
- Interviewees expressed fear over GP registration due to prospect of disclosing immigration status and biometric residence permit (BRP) – concerns over being detained if registered
- When registered with GP, interviewees shared they felt concerns were not always addressed and some of the GPs did not have sufficient HIV knowledge
- Further research is needed to review GP registration models and practice to identify barriers to migrants registering

**“...they never ask me for my BRP so I feel free, freer...[going to HIV clinic] than going to my GP where they will ask for all those details and everything.”**



## **Access to Information**

- Interviewees struggled to access information on how to test, access treatment, the charging system and when they will be charged for NHS services amongst other concerns
- Many migrants were not aware of their right to access primary care in the UK or the end of data sharing between NHS Digital and Home Office
- Many interview participants struggled to find reliable sources of information including through online searches that catered to their levels of English

**“To register for a GP, you couldn’t just go to a GP because immigration would take you from there, you had to call around and ask friends which GP will take anyone.”**

**“I waited because I was undocumented, and people were saying it was criminal to come here and start treatment, so I delayed.”**



### **Hostile Environment**

- Hostile environment – a series of legislative and political strategies to deter people without permission to remain or encourage them to leave
- Policies such as No Recourse to Public Funds and restrictions on right to work leave asylum seekers financially destitute – one quarter of interviewees were homeless at some point during their stay in the UK
- The Illegal Migration Act and the Rwanda Plan (albeit recently deemed unlawful) could pose a risk to disrupting treatment and undermining mental health
- Where a patient has unpaid NHS charges of at least £500, NHS Trusts are required to share non-clinical data with Home Office and this can be used as a ground for refusing a future application for leave to enter or remain in the UK

**“You have to make a decision - put at risk your health, and not access help, or put at risk your safety and stability and where you are.”**

**“It’s difficult if you have no money. It’s difficult to go to the hospital when you don’t have any money. If you’re already ill and you need a cab and you don’t have money you will struggle to get to the hospital. Sometimes it’s difficult just to afford a bus.”**

### **Recommendations**

- The Government must ensure GPs are funded and supported to offer HIV testing to new registrants and those known to be from a country of high HIV prevalence, in line with NICE guidelines.
- The NHS must review GP registration models and practice to understand why migrants face difficulties registering and accessing care at the GP.
- The NHS must support Primary Care Networks (or equivalents) to ensure GPs have access to specialist HIV advice from HIV clinics where needed.
- The national, regional and local HIV prevention campaigns should target prevention campaigns at migrant populations, with messaging outlining that HIV prevention, testing and treatment is always free irrespective of immigration status
- Department of Health and Social Care and Home Office need to proactively inform migrants of their healthcare entitlements in a language inclusive, concise format

### **Recommendations**

- The Home Office should urgently work to ensure that the standards set out in the guidance 'Immigration detention and HIV: Advice for healthcare and operational staff' are met and that staff are provided the necessary information and training to implement the guidance.
- Clinical Commissioning Groups and new Integrated Care Systems should ensure that there is access to mental health services that can meet the specific needs of migrants living with HIV.
- The Home Office should end the No Recourse to Public Funds policy which provides inadequate protection from destitution.
- Healthcare staff should not be responsible for upholding 'hostile environment' policies.

Thank you for listening!

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Report available at: <https://www.nat.org.uk/publication/hiv-and-migration>



# Autumn Conference

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