

Access to Essential Antibiotics in Migrant and Refugee Populations

Global Evidence Review on Health and Migration

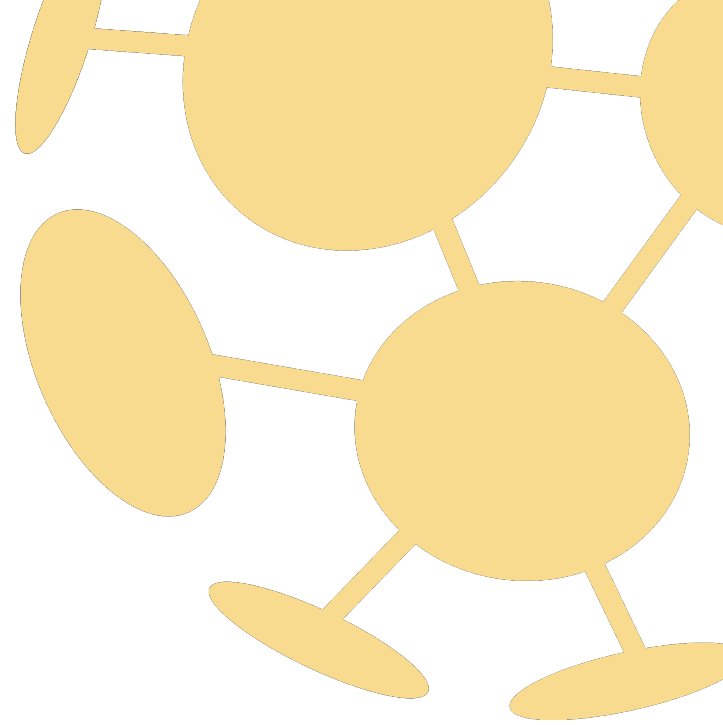
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Four dimensions of *antibiotic use*



Finding relevant evidence

- **Structured searches** of 3 electronic databases (MEDLINE, Scopus, Web of Science)
- **Outreach** to relevant organizations in the field

Box 1. Inclusion criteria

- **Language:** UN languages
- **Population:** international migrants, asylum seekers, or refugees
- **Outcome/measure:** related to access, use and barriers to antibiotics in addition to interventions used to improve access or use of antibiotics
- Focus on access or **use of antibiotics**, not other types of antimicrobials (e.g., antivirals, antitubercular drugs)

Key Findings

Access to Antibiotics

Appropriate Use of Antibiotics

Barriers to Access and Appropriate Use



Access



Access is variable based on country, jurisdiction and legislative protections for migrants' and refugees' access to healthcare

- Available evidence focuses on migrants in high-income countries.
- Comparisons of prescription rates between foreign-born and host-populations show differences depending on context.
- No studies measured the affordability to antibiotics

Systematic reviews of access to health services have repeatedly found that international migrants and refugees experience reduced access to health care services compared to native-born populations, suggesting that access to appropriately prescribed antibiotics is likely limited

Appropriate Use



As in the general population, unnecessary and incorrect use of antibiotics appears common

- Overprescribing of antibiotics is common in the general population and may be more common in refugee and migrant patients
- Early cessation of antibiotic use is common in refugee and migrant populations.
- Self-medication with antibiotics is widespread, particularly among migrants from countries where antibiotics are available over the counter.

Migrant mothers in New Zealand revealed that they had all previously faced challenges accessing healthcare services – leading them to rely on self-medication practices

Barriers to Access and Appropriate Use

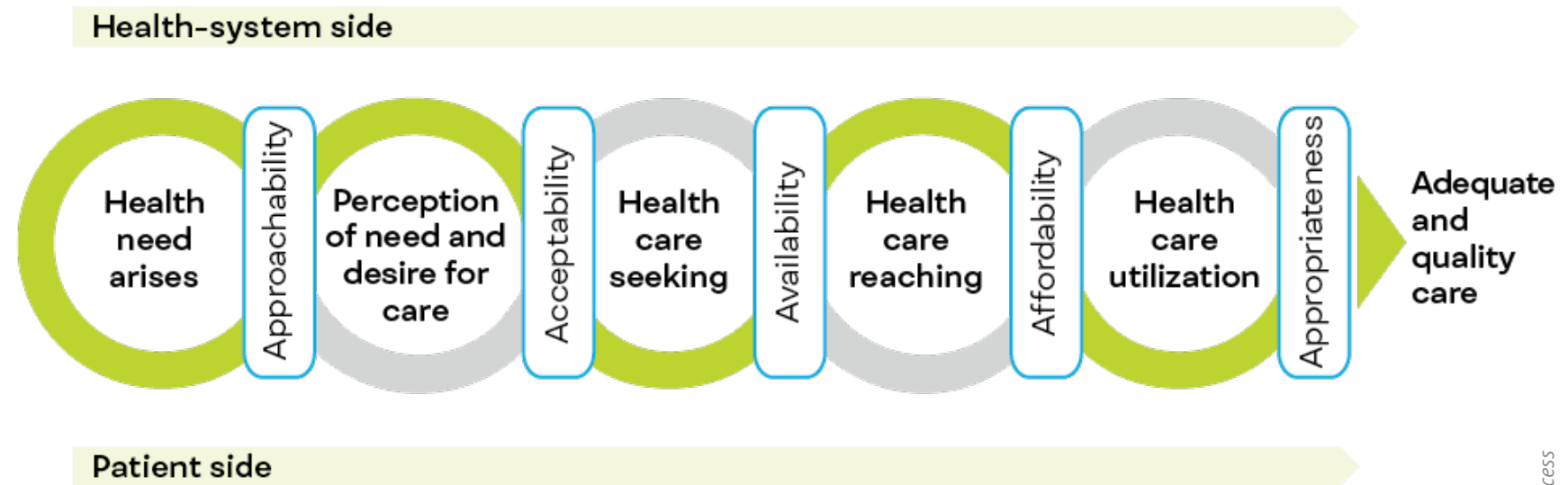


Figure 1. Conceptual framework of the access pathway for antibiotics. Adapted from Levesque et al. *Int J Equity Health*, 2013.

Barriers to Access and Appropriate Use

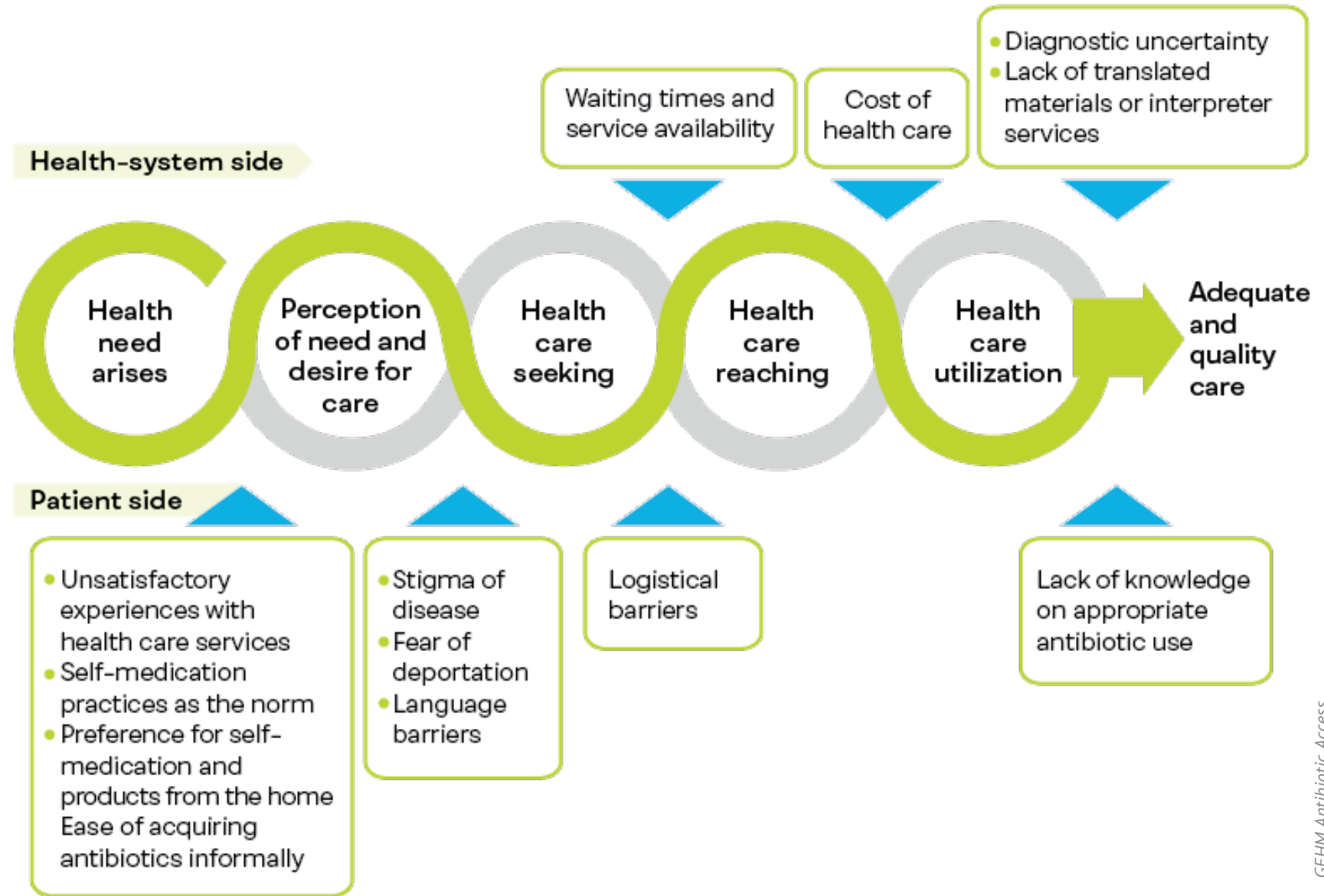


Figure 1. Barriers to antibiotic access and appropriate use along the continuum of care. Adapted from Levesque et al. *Int J Equity Health*, 2013.

A qualitative study of antibiotics use and AMR in first-generation migrant communities in Australia found that some interviewees were reluctant to use antibiotics because they perceived them as being too strong for their bodies; however, another study found that Latino migrants in the United States perceived antibiotics as weak and ineffective.

Horton S, Stewart A. Reasons for self-medication and perceptions of risk among Mexican migrant farm workers. 2012.

A study of antibiotic use among Palestinian refugees in UN health centers in Jordan found that patients who perceived the waiting times in these health centers to be long to be almost twice as likely to self-medicate. **Patients were also 1.7 times more likely to purchase antibiotics directly from the pharmacy if they perceived the waiting hours to be long**

Al Baz M, Law M, Saadeh R. Antibiotics use among Palestine refugees attending UNRWA primary health care centers in Jordan - A cross-sectional study. 2018.

Policy Considerations



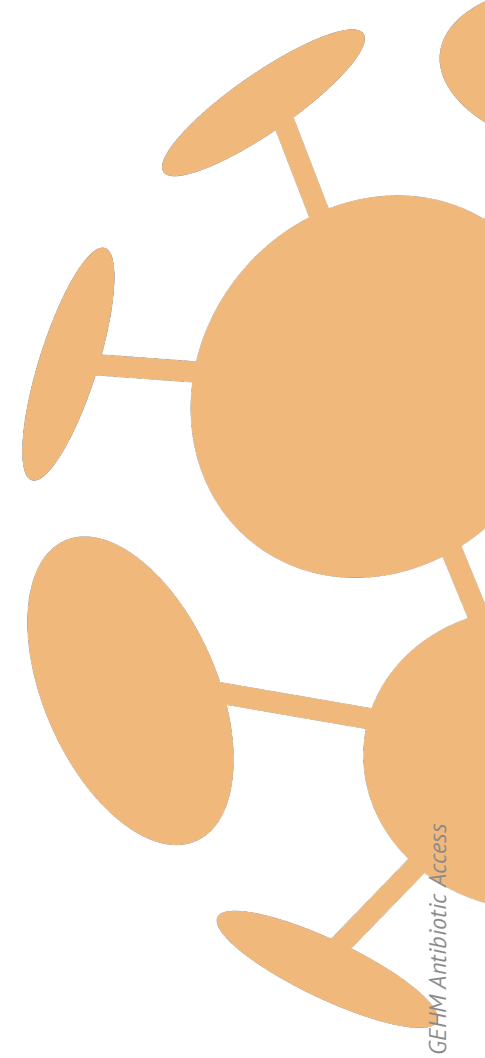
We need urgent global and national policy action.

On the global level...

- Build effective governance for AMR action
- Strengthening research and surveillance

On the national level...

- Tackling barriers to seeking formal care
- Tackling barriers to utilizing formal care
- Tackling barriers to obtaining adequate and quality care



Thank you!

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