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THPE313

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INTRODUCTION

- In France, some immigrant population groups are disproportionately exposed to HIV infection. Immigrants from Sub-Saharan Africa (SSA) are the most heavily affected subgroup (Figures 1 & 2)
- Ensuring early diagnosis and access to medical care in this key population is a major challenge for health policy. It has proven both to benefit to patient health and improve the control of the epidemic by preventing secondary infections (Attia et al, 2009)

Figure 1: Share of immigrants in the overall number of patients followed for HIV at hospital in 2011 (ANRS-VESPA 2 Study)

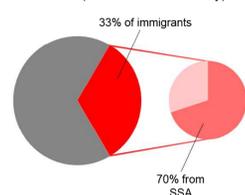
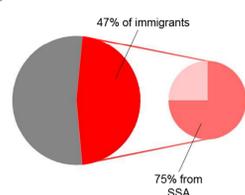


Figure 2: Share of immigrants in the number of new diagnosis recorded in 2011 (InVS-National HIV-Surveillance Database)



- By implementing this strategy, the legal framework regulating access of immigrants to care is a critical factor

According to the law:

- Only legal immigrants have access to the standard health insurance system, which guarantees full health coverage for HIV-patients

- Nevertheless, since 1998 France has set up specific legal provisions and social benefits aimed at providing access to medical care for immigrants living illegally in the territory

- A regular residence permit may be granted under certain conditions to severe ill non-nationals whose health condition requires medical care that they couldn't receive in their country of origin
- Non-nationals without legal residence permit may benefit from a mean-tested provision called State Medical Aid, which allows for free access to medical care for illegal migrants with low income

OBJECTIVES AND METHODS

- The French National AIDS Council has conducted in 2013 an in-depth analysis of the advantages and limits of the current legal framework on access to care for immigrants. The analysis is based on a review of literature and hearings of experts and key stakeholders
- The analysis was aimed at:
 - Assessing the efficacy of the response to the HIV-epidemic among immigrant people living with HIV (PLHIV)
 - Identifying the remaining administrative, regulatory and/or legal barriers to early access to care encountered by those experiencing illegal or fluctuating residence status
- In a further step, improvement levers of the legal and regulatory framework have been studied and recommendations have been issued for the government's consideration

RESULTS

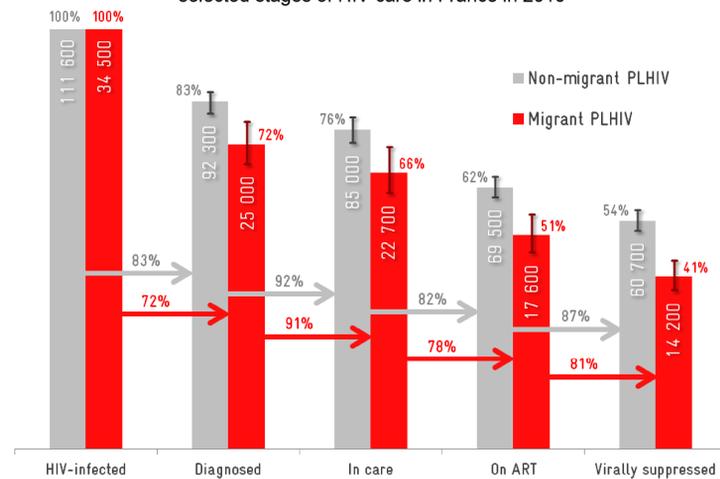
1. Differences in access to care between immigrants and French nationals born in France are significant

A comparison of immigrants vs. non-immigrants living with HIV throughout the cascade of care (Figure 3) shows:

- Delayed diagnosis in immigrants**, which greatly impacts the outcomes observed at all further stages of the continuum of care. However, for immigrants whose infection occurred in their country of origin, this initial delay partly arises from a time before their migration

- Limited differences between the two populations in access to care and treatment** once people have been diagnosed:
 - Linkage to care after diagnosis appears to be equally effective
 - However, the proportion of patients on ARV among those in care and the proportion of patients achieving viral suppression among those treated are slightly lower in immigrants

Figure 3: HIV-infected migrants vs non-migrants engaged in selected stages of HIV care in France in 2010



Cascade data provided and organized by Migrants vs Non-Migrant categories at request of the CNS by V. Supervie (INSERM), May 2013

- The lower proportion of immigrant PLHIV engaged in the different stages of the care continuum is mainly due to delayed diagnosis in this population. Once diagnosed, further access to care in immigrants proves nearly as efficient as in French nationals born in France
- Improvement of rapid access to diagnosis and care for recently arrived immigrants appears to be of strategic importance

2. More than 90% of immigrant PLHIV benefit from the standard health insurance system

According to ANRS-Vespa2 data (Lert et al, 2013):

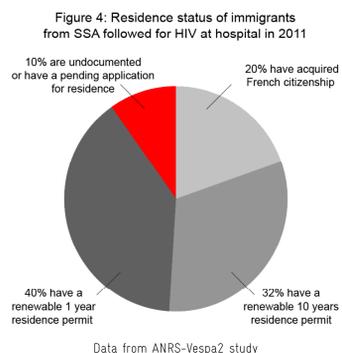
- In 2011, roughly 24,000 immigrants from SSA were followed for HIV at hospital. Median time since arrival in France was 11 and 9 years for men and women respectively

- 92% had a legal residence status** (Figure 4), which provided them access to the standard health and social insurance system to the same extent and under the same conditions as French citizens

- Conversely, a minority of **8% was without any residence documentation, or awaiting a decision on their application for a residence permit**

- Concerns with residence status are mostly experienced by immigrants recently arrived in France.

- Over the time, policy on access to care for illegal immigrants has globally contributed to improve and stabilize the legal, social and medical situation of immigrants living with HIV



Data from ANRS-Vespa2 study

3. Limits of specific provisions on access to medical care for illegal immigrants

According to different studies and reports, access to care for immigrants without regular residence status remains difficult despite existing specific social benefits. Main factors are:

- Excessive complexity, length and unreliability of administrative proceeding (IGA-IGAS Report 2009)
- Overly restrictive enforcement of the law in a context of enhanced control of immigration
- Effective access to care appears to be hampered by dysfunctional implementation of the social benefits offered to illegal immigrants

4. Exploring an alternative option: expected impact of allowing illegal immigrants into standard health insurance system

The option studied aims to drastically simplify the procedures and to improve accessibility of the care system by extending the benefit of standard health insurance system to illegal immigrants

- Main findings regarding feasibility are:
 - Impact assessment shows no evidence supporting the premise that the measure would result in a significant increase in migration flows to France (Chojnicki 2010, Chauvin 2008)
 - According to a cost-effectiveness analysis, improving early access to medical and social care for immigrant PLHIV in France proves a cost-saving, or at least cost-effective strategy (see Abstract no. A-641-0440-09347 or Poster no. THPE422)

CONCLUSIONS

- Current French policy on access to care for illegal immigrants already provides a nearly-universal access to care for all people residing in the territory
- Obstacles to initial access to the health system remain. By relying on specific social benefits, the system is hampered by its administrative complexity and the resulting lack of accessibility and reliability for the users
- Allowing illegal immigrants into standard health insurance system should be considered to achieve universal access, and to improve earlier access to diagnosis and medical care

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ACKNOWLEDGEMENTS

We would like to thank **Virginie Supervie** (INSERM) for updating and adapting cascade data in figure 3

