

A RAPID SCOPING REVIEW OF ANTIBIOTIC ACCESS AND USE BARRIERS AMONG REFUGEE AND MIGRANT POPULATIONS

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INTRODUCTION & METHODS

- Antibiotic resistance is a global challenge, threatening human health, social well-being, and economic development.
- Migrant and refugee populations may be particularly vulnerable to the impact of antibiotic resistance, through increased exposure to drug-resistant pathogens and poor access to healthcare services.
- To date, there has been no synthesis of empirical evidence on the barriers to antibiotic access and appropriate use among migrant and refugee populations, two important drivers of resistance, highlighting the need for a scoping review to map the research, and identify knowledge gaps policy implications.
- A rapid scoping review was completed through a three-pronged search strategy to identify evidence through electronic peer-reviewed databases, grey literature, and email requests to regional experts from international organizations. A conceptual framework, adapted from Levesque et al. (2013), was used to structure the thematic analysis along the continuum of care access pathway.

RESULTS

- Of the 4936 records collected, 648 full-text studies met initial title and abstract screening criteria, and 61 met the criteria for full-text inclusion, and an additional 18 snowball searches and 19 additional grey literature and expert sources were included, for a total of 98 studies included in the review.
- The included studies were from an array of geographic regions, including Europe (n=30), the Americas (n=19), Western Pacific (n=5), Eastern Mediterranean (n=4), Africa (n=2), and South-East Asia (n=1).
- The analysis identified barriers along the patient-centred access to healthcare pathway (*i.e.*, approachability, acceptability, availability, affordability, and appropriateness) which impact access to, and appropriate use of antibiotics for migrants and refugees (Figure 1).

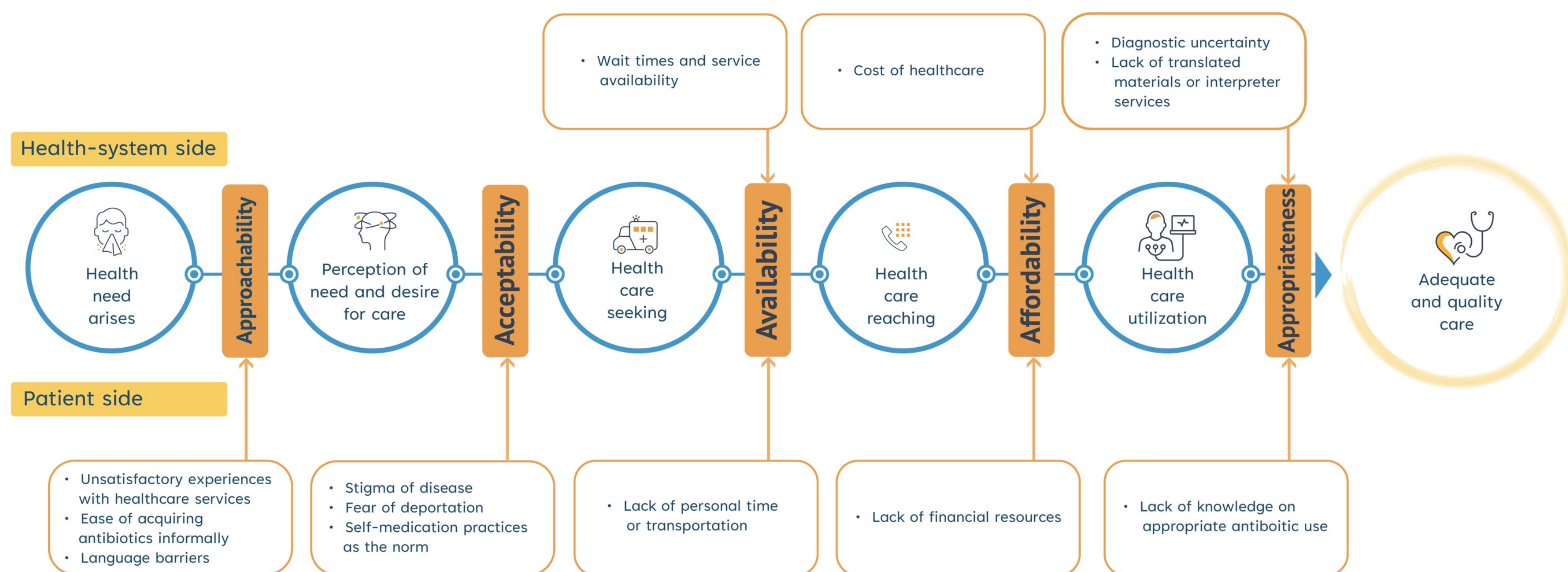


Figure 1. Barriers to antibiotic access and appropriate use along the continuum of care framework

POLICY IMPLICATIONS

IMPROVING A DESIRE FOR FORMAL CARE

Access barriers related to unsatisfactory experiences with formal care indicate that policy interventions should:

- Target the role of country-of-origin norms and values in decision-making surrounding inappropriate antibiotic use to improve knowledge of antibiotics;
- Improve language accessibility (including through providing interpreters or bilingual staff) and health literacy for refugees and migrants.

INCREASING THE USE OF FORMAL CARE

Migrant status intersects with and exacerbates the typical determinants of access to care, such as socioeconomic position, this suggests countries should:

- Introduce equity-focused pre-payment programs;
- Create tools to strengthen migrant and refugee populations' knowledge awareness of, and use of insurance programs;
- Remove systematic barriers to care based on legal status.

IMPROVING THE ADEQUACY OF CARE

Access barriers to diagnostic tools can lead to unnecessary and inappropriate prescribing. To improve health outcomes, interventions should:

- Invest in strengthening diagnostic capacity (*e.g.*, point-of-care diagnostics);
- Employ audit and feedback mechanisms to improve antibiotic prescribing.

