

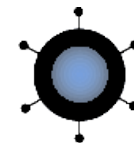


# Cascade of care among migrants in Belgium and in Europe

Dr Rémy Demeester  
Aids Reference Centre of Charleroi  
24th of November 2017  
BREACH Symposium



C.H.U. de Charleroi  
*Centre de Référence Sida*

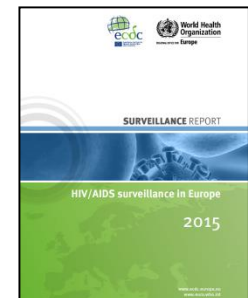
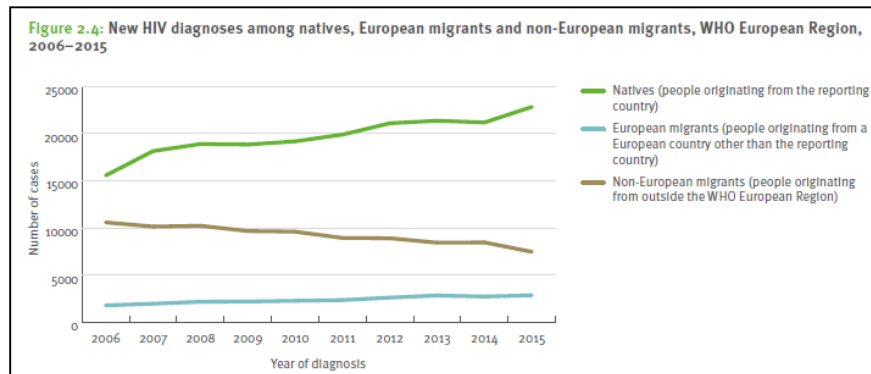


**BREACH**  
BELGIAN RESEARCH AIDS&HIV CONSORTIUM

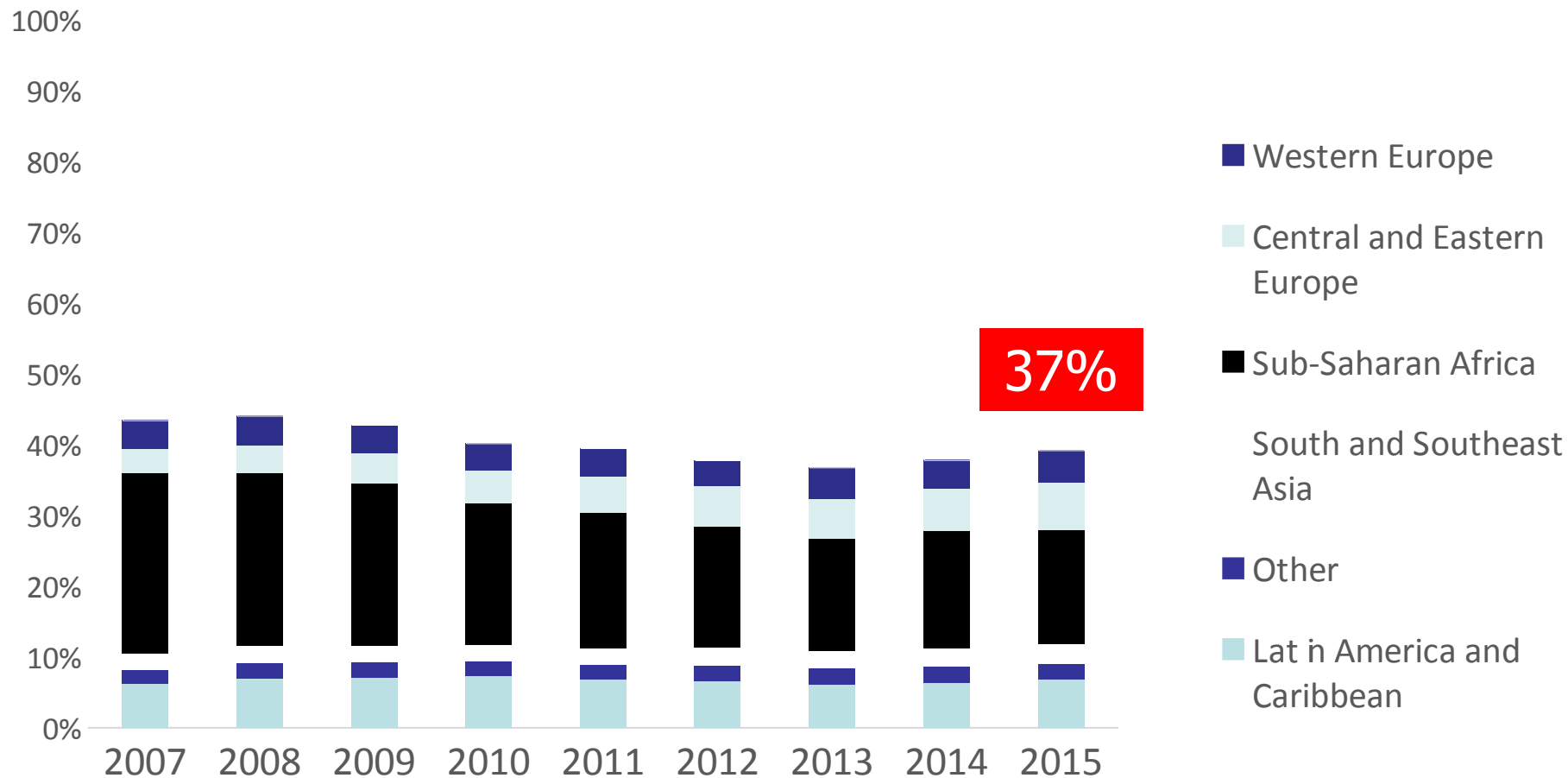
# **Epidemiological situation in Europe and Belgium**

# Incidence of new diagnoses of HIV infection in the European Union/European Economic Area, 2015

- **29 747** new diagnoses.
- **37%** of all newly diagnosed cases among people **born outside** of the reporting country.



# Proportion of HIV diagnoses among migrants, EU/EEA, 2007-2015

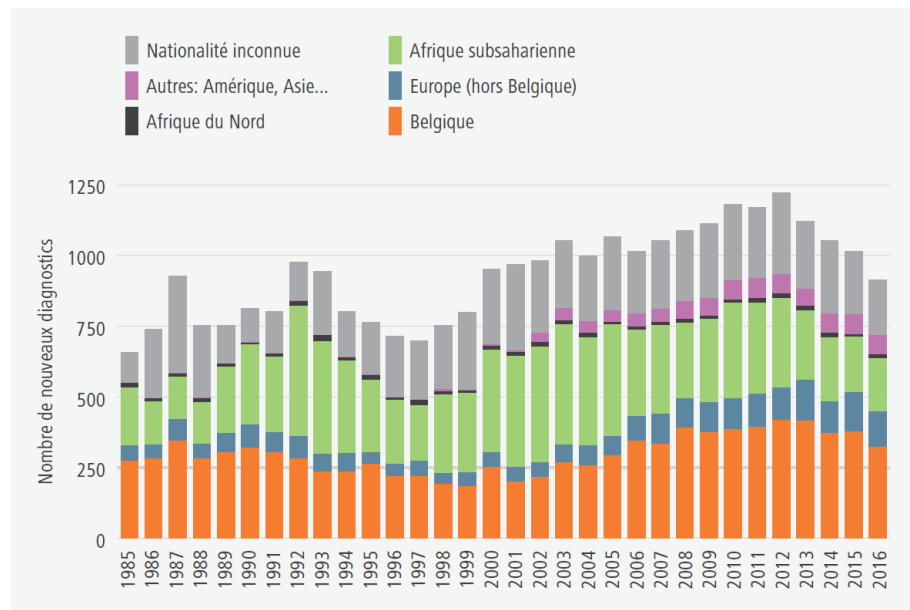


**Migrants play an important role in some European countries**

# New diagnoses in Belgium in 2016

- **915 new diagnoses.**
- **55% of the newly diagnosed HIV in 2016 have a foreign nationality.**

Figure 4 | Évolution du nombre annuel de nouveaux diagnostics d'infection VIH, par nationalités (groupées), Belgique, 1985-2016



26% (n= 188)

18% (n= 126)

Epidémiologie du SIDA et de l'infection à VIH en Belgique: situation au 31 décembre 2016:

[https://epidemiologie.wiv-isp.be/ID/reports/Rapport\\_VIH-SIDA\\_2016.pdf](https://epidemiologie.wiv-isp.be/ID/reports/Rapport_VIH-SIDA_2016.pdf)

# Prevalence of HIV infection in 2015

## EU/EEA

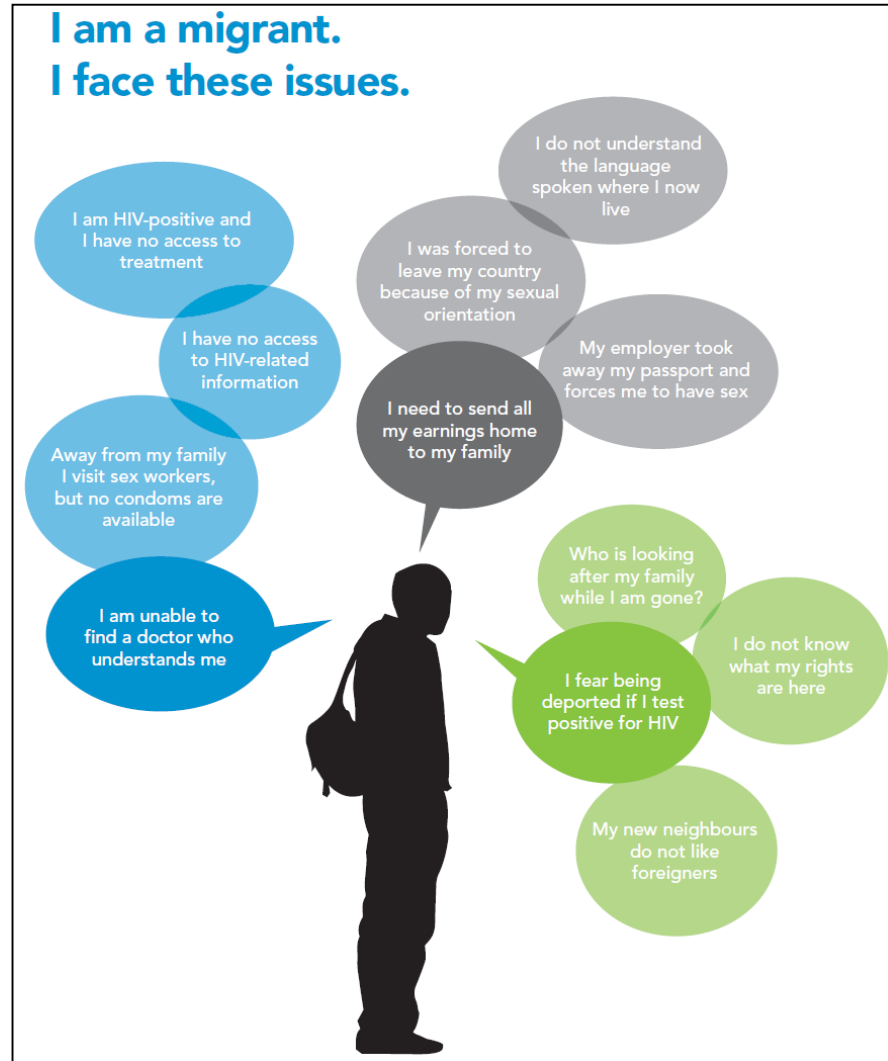
- Around **810 000** persons living with HIV (0,2% of the adult population).

## Belgium

- **15 266** patients living with HIV in follow-up.
- **46%** of patients in follow up have a foreign nationality:
  - 30% from subsaharan Africa
  - 9% from other European countries
  - 7% from other countries

# Migrants: a vulnerable population

- HIV burden
- Restrictive laws and policies
- Limited access to health information and services
- Vulnerability to exploitation
- Economic and social vulnerability
- Stigma and discrimination

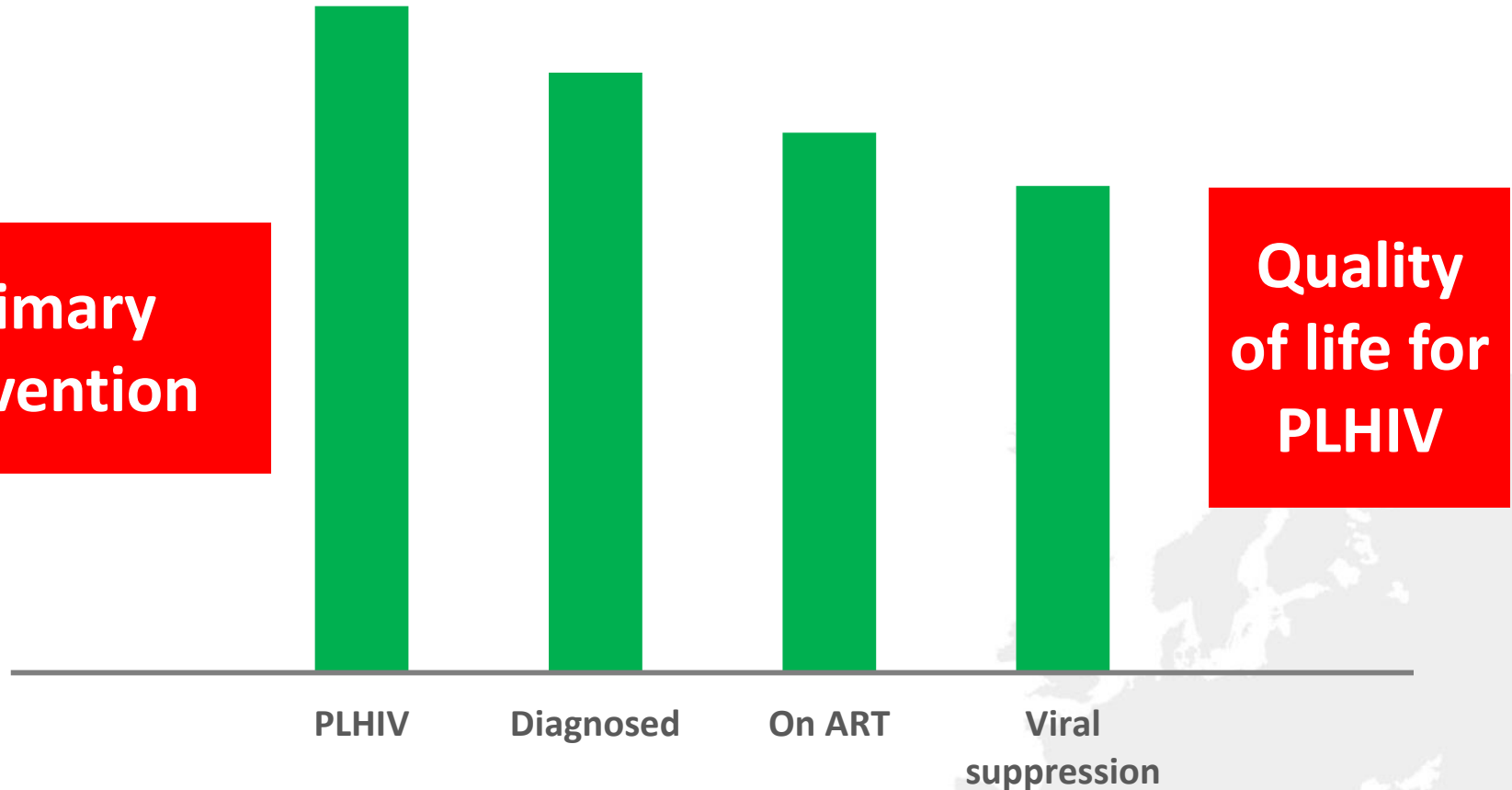


UNAIDS. The Gap report 2014: migrants.

[http://www.unaids.org/sites/default/files/media\\_asset/04\\_Migrants.pdf](http://www.unaids.org/sites/default/files/media_asset/04_Migrants.pdf)

# Do not look at the Continuum in isolation!





**Primary  
prevention**





**Where do migrants get infected with HIV?**

# Where do migrants get infected with HIV?

- **France** (ANRS PARCOURS study) (2012-13):
  - **35%** (31-39) **or 49%** (45-53) of 898 HIV positive born in Sub Saharan Africa were infected in France (in function of the scenario used).
  - The proportion increased with length of stay in France.
- Estimation based on CD4 at diagnosis (2011):
  -  – **United Kingdom: 43%** (36-52%) (n= 1683)
  -  – **Belgium: 29%** (26-34%) (n= 329)
  -  – **Sweden: 24%** (21-30%) (n= 185)
  -  – **Italy: 23%** (20-27%) (n= 154)
- AMASE study (Dr A-F. Gennotte)

Desgees-du-Lou A et al. The Parcours Study Group. Sub-Saharan African migrants living with HIV acquired after migration, France. ANRS PARCOURS Study, 2012 to 2013. Euro Surveill. 2015; 20 (46).

Yin Z et al. HIV acquisition post migration: evidence from four European countries. 21st International AIDS conference. 2<sup>nd</sup> of April 2016.

# Is hardship during migration a determinant of HIV infection? Results from the ANRS PARCOURS study of su-Saharan African migrants in France



- **Hardships** (*lack of residence permit, economic resources and housing*) **increased risky behaviour.**
- Nonstable and concurrent partnerships more frequent among those who acquired HIV in France.

=> **Hardships** faced by migrants **increase HIV risks.**

# Where do migrants get infected with HIV (prior to or after arrival to Europe)?



## Why is this important?

- Screening newly arrived migrants at point of entry is not enough
- Some sub-populations of migrants are at-risk for HIV acquisition many years after arrival to Europe
- Countries should develop and deliver targeted primary HIV prevention programmes to migrant populations at risk




Estimation of the prevalence of HIV in  
SSA migrants and of the number of  
undiagnosed migrants living with HIV  
in Belgium

# Estimation of the prevalence of HIV in adult sub-saharan migrants in Antwerp (2014)

- N = 744. (Women 37%).
  - **HIV prevalence:**
    - **Women: 5,9%** (3,4%-10,1%)
    - **Men: 4,2%** (1,6%-10,6%)
  - NB: nationalities of SSA migrants differ between cities and regions of Belgium
- => Probably higher prevalence in Antwerp than in Brussels



# Number of undiagnosed HIV infections and undiagnosed HIV prevalence rate per 10 000 inhabitants in 2015.



	Number of undiagnosed HIV infections	Population (18-64 years)	Undiagnosed HIV prevalence rate per 10 000
global	2805 (2478-3186)	6 901 298	4.1 (3.6 -4.6)
MSM	1196 (1002 -1475)	144 753	82.6 (69.2-101.9)
<b>Belgian MSM</b>	<b>698 ( 563 - 904 )</b>	<b>125 472</b>	<b>55.6 ( 44.9 - 72.0 )</b>
<b>Non-Belgian MSM</b>	<b>499 ( 381 - 719 )</b>	<b>19 281</b>	<b>258.8 ( 197.6 - 372.9 )</b>
Persons who inject drugs	48 ( 25 - 84 )	25 673	18.5 ( 9.7 - 32.7 )
Belgian heterosexual men	285 ( 185 - 413 )	2 876 243	0.9 ( 0.6 - 1.4 )
Belgian heterosexual women	201 ( 115 - 373 )	2 995 277	0.7 ( 0.4 - 1.2 )
Non-Belgian heterosexual men	437 ( 325 - 641 )	441 998	9.9 ( 7.4 – 14.5 )
<b>Heterosexual men from SSA</b>	<b>250 ( 173 - 387 )</b>	<b>27 001</b>	<b>92.6 ( 64.1 - 143.3 )</b>
Non-Belgian heterosexual women	641 ( 512 - 786 )	443 027	14.5 ( 11.6 - 17.7 )
<b>Heterosexual women from SSA</b>	<b>490 ( 385 - 643 )</b>	<b>28 373</b>	<b>172.7 ( 135.7 - 226.6 )</b>

MSM: Men who have Sex with Men. SSA: Sub-Saharan Africa.

# Undiagnosed HIV prevalence rate per 10 000 inhabitants in 2015



	Belgium (6 901 298 inhabitants)	Brussels (751 915 inhabitants)	Antwerp (1 112 937 inhabitants)	Flanders (incl. Antwerp) (3 946 291 inhabitants)	Wallonia (2 203 092 inhabitants)
global	4.1 (3.6-4.6)	11.9 (9.2-15.4)	7.1 (5.3-9.9)	4.0 (3.3-5.0)	2.3 (1.8-2.9)
MSM	82.6 (69.2-101.9)	221.5 (149.8-325.2)	144.4 (101.0-207.0)	82.2 (65.3-103.1)	44.0 (30.0-70.3)
Belgian MSM	55.6 (44.9-72.0)	<b>145.9</b> <b>(77.7-266.2)</b>	<b>89.0</b> <b>(58.4-137.6)</b>	<b>53.1</b> <b>(41.4-68.4)</b>	<b>41.3</b> <b>(26.7-69.3)</b>
Non-Belgian MSM	258.8 (197.6-372.9)	<b>337.1</b> <b>(215.1-550.6)</b>	<b>535.5</b> <b>(291.8-940.6)</b>	<b>367.6</b> <b>(243.4-546.3)</b>	<b>65.1</b> <b>(28.9-118.0)</b>
Non-Belgian heterosexual women	14.5 (11.6 - 17.7)	12.6 (8.4-19.1)	26.9 (15.5-50.9)	18.4 ( 12.9-27.3 )	10.0 (7.1-13.5)
Non-Belgian heterosexual women from SSA	172.7 (135.7-226.6)	<b>147.1</b> <b>(97.8-223.7)</b>	<b>331.3</b> <b>( 159.5-750.9 )</b>	<b>236.8</b> <b>(157.5-422.7)</b>	<b>132.0</b> <b>( 90.5-178.2 )</b>
Non-Belgian heterosexual men	9.9 (7.4-14.5)	13.7 (7.8-23.4)	15.3 ( 8.8-29.6 )	10.6 (7.1-16.9)	5.0 ( 2.6-10.3 )
Non-Belgian heterosexual men from SSA	92.6 (64.1-143.3)	<b>102.8</b> <b>(51.9-188.0)</b>	<b>116.8</b> <b>(50.8-256.5)</b>	<b>114.3</b> <b>(65.9-212.1)</b>	<b>56.3</b> <b>(28.6-115.7)</b>

In Antwerp and Brussels, non-Belgian MSM come from Europe (55%), Latin America (21%), Asia (~9%), SSA (~8%) and North Africa (~5%).  
In Wallonia, they mainly come from Europe (~50%), SSA (25%), Asia (~9%), Latin America (7%) and North Africa (5%)

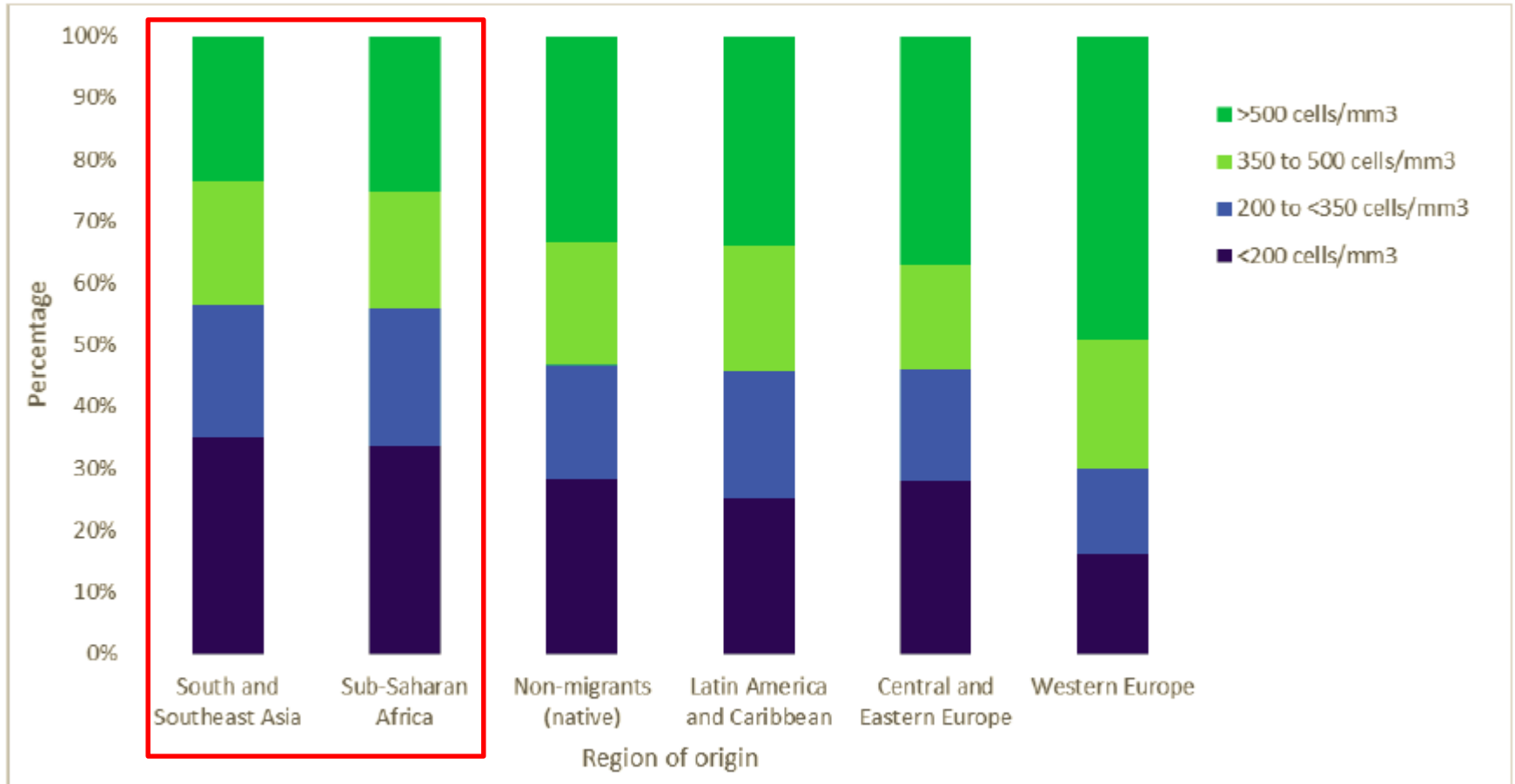


## **Late diagnosis**



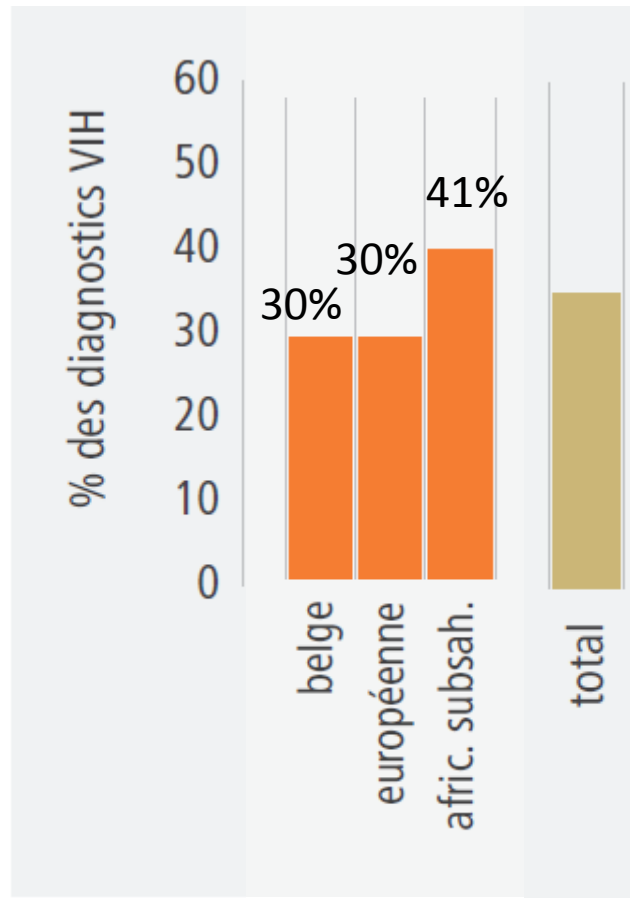
# Migrants are more likely to be diagnosed late than non-migrants

**Figure 3. Late diagnosis of HIV among migrants in the EU/EEA, 2015**





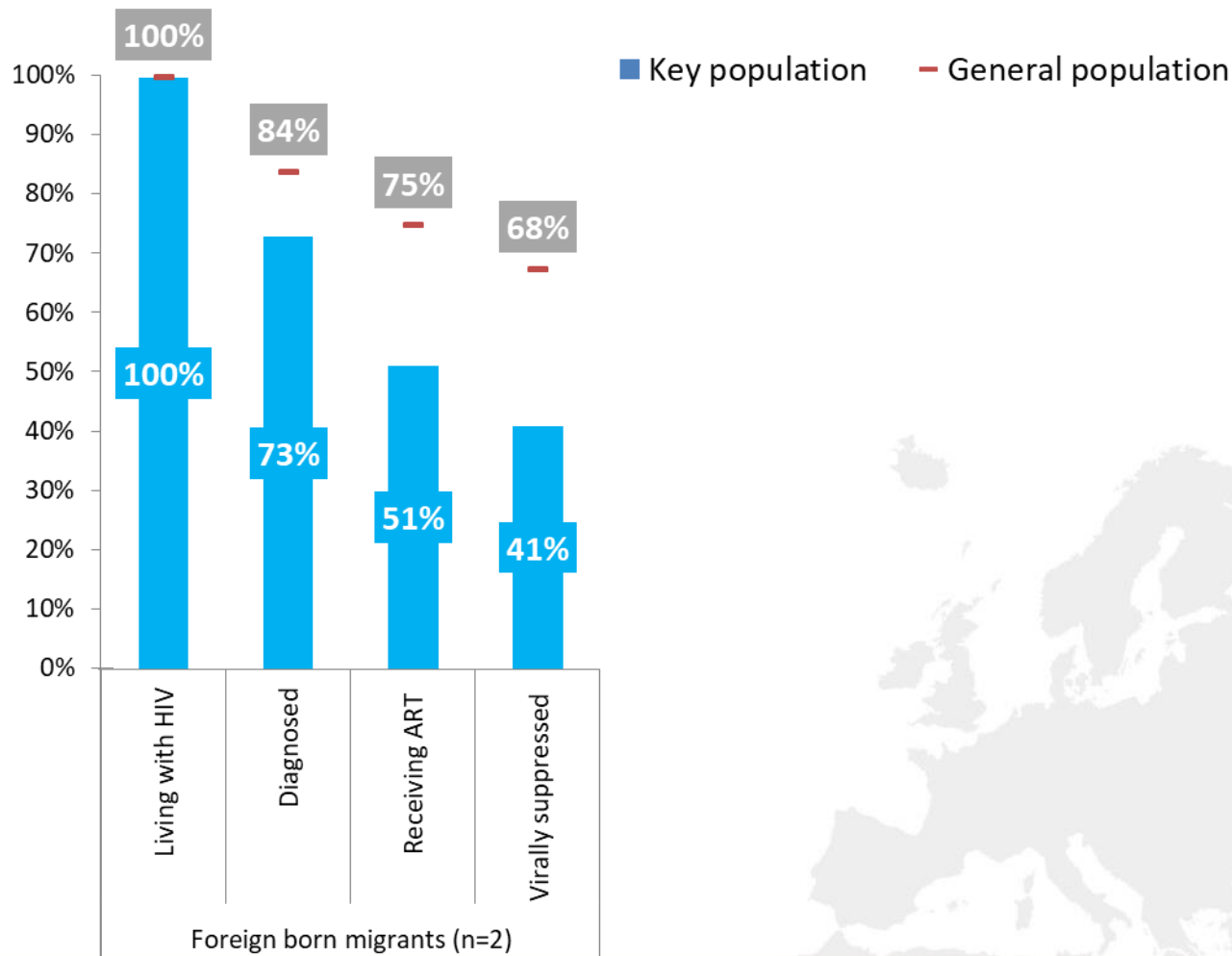
## Proportion of late diagnosis by nationality, Belgium, 2016



More delayed diagnosis in Sub-Saharan African (SSA) men and women

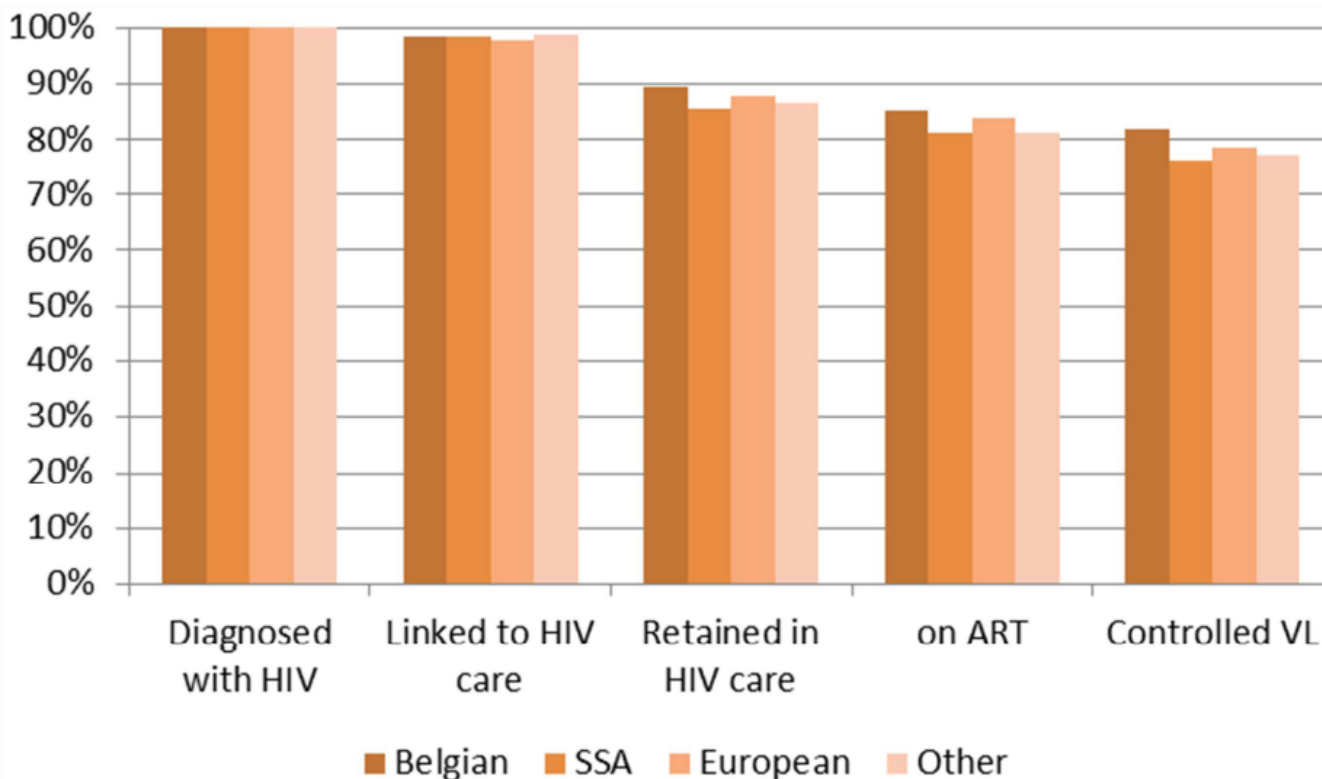
# **Continuum of care**

# Comparison of the continuum of care of foreign born migrants with the national continua (France & UK)



From the presentation of Teymur Noori (eCDC) at EACS 2017: How are countries in Europe and Central Asia performing against the UNAIDS 90-90-90 targets?

# Continuum of care by nationality, Belgium 2014



	Belgian	SSA	European	Other
Diagnosed with HIV	100%	100%	100%	100%
Linked to HIV care	98.5%	98.4%	97.6%	98.8%
Retained in HIV care	89.4%	85.7%	87.8%	86.8%
On ART	85.2%	81.4%	83.9%	81.4%
Controlled VL	81.9%	76.2%	78.6%	77.2%



## Indicators of engagement in care in 2010-2011, Belgium

- **Linkage to care** within 3 months of diagnosis was slightly **lower** among non-Belgians than Belgians (88,2% vs 90,5% ( $p = 0,049$ )).
- **Retention in care** in SSA is lower than in Belgians (92,8% vs 95,8%).
- **Viral suppression** is **lower** in SSA than in Belgians (81,3% vs 85,1%).

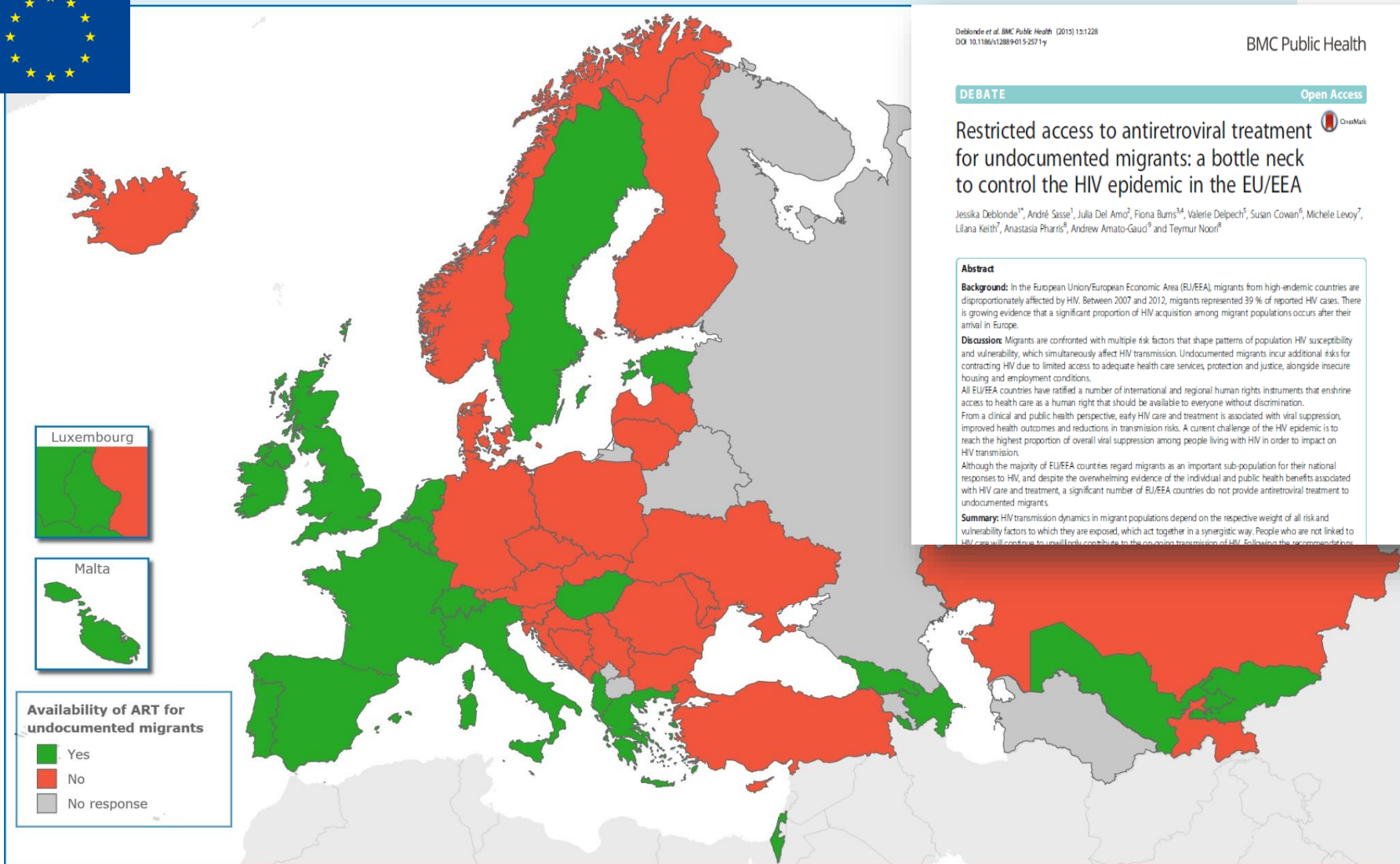


- **Suboptimal ART adherence** potentially related to **socio-economic factors** might explain the slightly **lower VL suppression among SSA.**
- **Undocumented migrants** face disproportionate **barriers to medical care.**



# **Undocumented migrants**

# Availability of ART for undocumented migrants, 2016



Deblonde et al. *BMC Public Health* (2015) 15:1228  
DOI 10.1186/s12889-015-2571-y

BMC Public Health

DEBATE

Open Access

## Restricted access to antiretroviral treatment for undocumented migrants: a bottle neck to control the HIV epidemic in the EU/EEA



Jessika Deblonde<sup>1\*</sup>, André Sasse<sup>1</sup>, Julia Del Amo<sup>2</sup>, Fiona Burns<sup>3,4</sup>, Valerie Delpech<sup>5</sup>, Susan Cowan<sup>6</sup>, Michele Levy<sup>7</sup>, Lilana Kelth<sup>7</sup>, Anastasia Pharris<sup>8</sup>, Andrew Amato-Gaud<sup>9</sup> and Teymur Noori<sup>8</sup>

### Abstract

**Background:** In the European Union/European Economic Area (EU/EEA), migrants from high-endemic countries are disproportionately affected by HIV. Between 2007 and 2012, migrants represented 39 % of reported HIV cases. There is growing evidence that a significant proportion of HIV acquisition among migrant populations occurs after their arrival in Europe.

**Discussion:** Migrants are confronted with multiple risk factors that shape patterns of population HIV susceptibility and vulnerability, which simultaneously affect HIV transmission. Undocumented migrants incur additional risks for contracting HIV due to limited access to adequate health care services, protection and justice, alongside insecure housing and employment conditions.

All EU/EEA countries have ratified a number of international and regional human rights instruments that enshrine access to health care as a human right that should be available to everyone without discrimination.

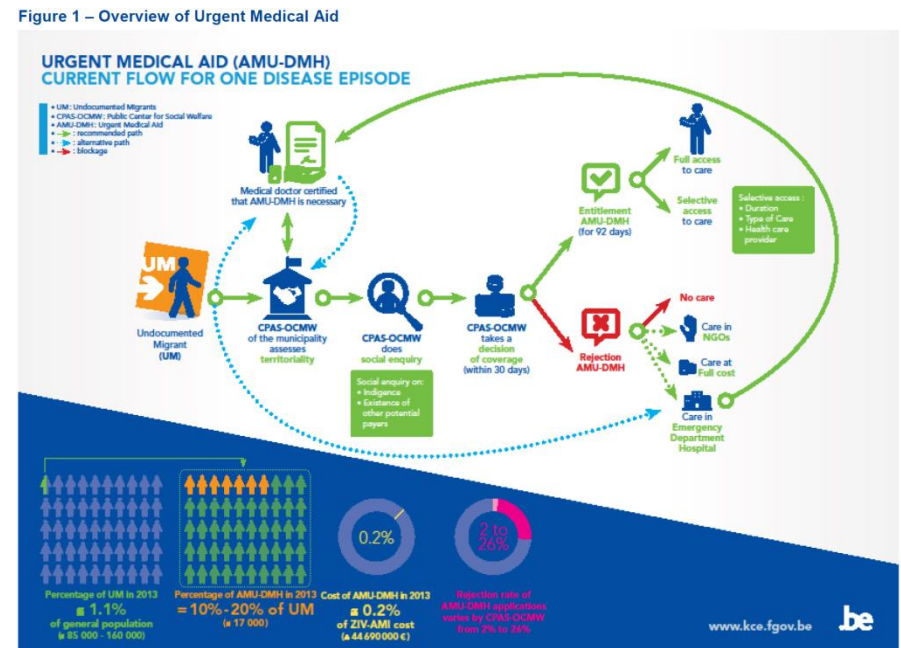
From a clinical and public health perspective, early HIV care and treatment is associated with viral suppression, improved health outcomes and reductions in transmission risks. A current challenge of the HIV epidemic is to reach the highest proportion of overall viral suppression among people living with HIV in order to impact on HIV transmission.

Although the majority of EU/EEA countries regard migrants as an important sub-population for their national responses to HIV, and despite the overwhelming evidence of the individual and public health benefits associated with HIV care and treatment, a significant number of EU/EEA countries do not provide antiretroviral treatment to undocumented migrants.

**Summary:** HIV transmission dynamics in migrant populations depend on the respective weight of all risk and vulnerability factors to which they are exposed, which act together in a synergistic way. People who are not linked to HIV care will continue to disproportionately contribute to the on-going transmission of HIV. Following the recommendations

# Access to healthcare in Belgium for undocumented migrants

- Access to care thanks to the Urgent Medical Aid:
  - But no access to care if no address recognized by CPAS/OCMW



# Request to stay in Belgium for medical reasons (9ter)

- Does not open more rights.
  - **Exceptionally delivered** by the Foreign office even when the continuity of care is not guaranteed in the home country.
- => Undocumented HIV+ migrants face the **risk to be forced out** of Belgium.
- The **recommendations** of the Federal Ombudsman, of the Belgian Advisory Committee of Bioethics, of the Medical Association and of the associative sector **still have to be implemented** by the Foreign Office.

Livre blanc sur  
l'autorisation de séjour  
pour raisons médicales  
(9ter)

*Pour une application de la loi respectueuse des droits humains  
des étrangers gravement malades*

Witboek over de  
machtiging tot verblijf  
om medische redenen  
(9ter)

*Voor een toepassing van de wet met respect voor de  
mensenrechten van ernstig zieke vreemdelingen*

Bioéthique  
BELGIË

Avis n° 65 du 9 mai 2016 concernant la  
problématique des étrangers souffrant  
de problèmes médicaux, y compris  
psychiatriques, graves

Bio-ethiek

Advies nr. 65 van 9 mei 2016  
betreffende de problematiek van  
vreemdelingen met ernstige medische,  
inclusief psychiatrische, problemen



ORDRE DES MÉDECINS  
ONDERDIENST  
ARTSEN  
GEMEENSCHAP

Régularisation médicale - Office des étrangers - Article  
9ter de la loi du 15 décembre 1980

Doc: a156004  
Bulidat: 156  
Date: 11/03/2017  
Origine: CN

Thèmes:  
• Constat  
• Patients de nationalité étrangère

▲

Intervention de monsieur le professeur Jean-Jacques Rombouts,  
vice-président du Conseil national de l'Ordre des médecins,  
relative à la régularisation médicale, devant la Commission de l'Intérieur,  
des Affaires générales et de la Fonction publique.

ORDRE DES MÉDECINS  
ONDERDIENST  
ARTSEN  
GEMEENSCHAP

Medische regularisatie - Dienst Vreemdelingenzaken -  
Artikel 9ter van de wet van 15 december 1980

Doc: a156004  
Tijdschrift: 156  
Datum: 11/03/2017  
Origine: NR

Thema's:  
• Constat  
• Patiënten van vreemde nationaliteit

▲

Tussenkomst van professor Jean-Jacques Rombouts,  
ondervoorzitter van de nationale raad van de Orde der artsen,  
in het kader van de medische regularisatie, voor de commissie  
binnenlandse zaken, of algemene zaken en het openbaar ambt



[www.health.belgium.be/fr/avis-ndeg-65-etrangers-souffrant-de-problemes-medicaux-y-compris-psychiatriques-graves](http://www.health.belgium.be/fr/avis-ndeg-65-etrangers-souffrant-de-problemes-medicaux-y-compris-psychiatriques-graves)

[www.federaalombudsman.be/fr/content/publication-du-rapport-denquete-regularisation-medicale](http://www.federaalombudsman.be/fr/content/publication-du-rapport-denquete-regularisation-medicale)

[www.liguedh.be/les-rapports/2418-livre-blanc-9ter](http://www.liguedh.be/les-rapports/2418-livre-blanc-9ter)

[www.doktersvandewereld.be/medische-regularisatie-een-vergunning-om-te-sterven-belgi%C3%AB](http://www.doktersvandewereld.be/medische-regularisatie-een-vergunning-om-te-sterven-belgi%C3%AB)

<https://www.ordomedic.be/nl/adviezen/advies/medische-regularisatie-dienst-vreemdelingenzaken-artikel-9ter-van-de-wet-van-15-december-1980>

# **Recommendations**



# What needs to be done



- **Strengthen combined prevention** to reduce the number of transmission occurring in Belgium.
- **Alternative decentralized testing strategies** should be further developed.
- Interventions to **reduce missed opportunities for earlier HIV diagnosis** in medical settings.
- **Reduce stigma and discrimination.**
- **Linking HIV testing with sustained care and treatment**, regardless of migrants' legal status.

eCDC: HIV and migrants. Progress report 2017.

Van Beckhoven D et al. Good continuum of HIV care in Belgium despite weaknesses in retention and linkage to care among migrants. *BMC Infectious Diseases* (2015): 15: 496.

Del Arco D et al. HIV testing policies for migrants and ethnic minorities in EU/EFTA Member State. *European Journal of Public Health*, 2013. 1-6.

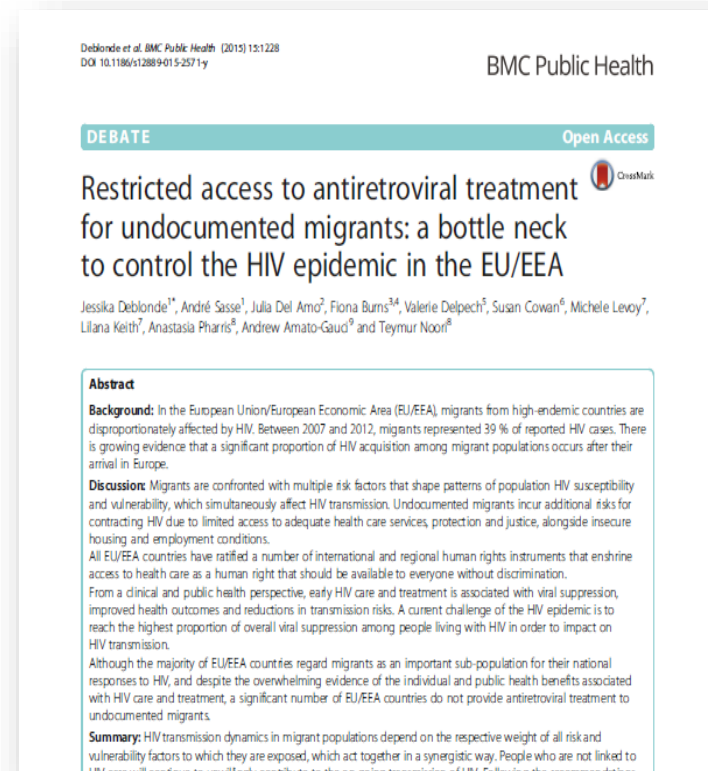


# What needs to be done



- **Facilitate access to care and treatment** whatever the legal status.
- **Improve adherence and retention in care.**
- Improve the continuum of care and **reach the objectives 90-90-90 in 2020 also in the migrant population.**
- Improve the **quality of life** of migrants living with HIV/AIDS.

« *The health of migrant communities is linked to that of all EU citizens* ».



Deblonde J et al. Restricted access to antiretroviral treatment for undocumented migrants: a bottle neck to control the HIV epidemic in the EU/EEA. BMC Public Health (2015) 15: 1228.



# Acknowledgements

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  - Jessika Deblonde
  - Cloë Ost
  - David Jaminé



# Thank you for your attention!

## **AIDS Reference Centre, CHU of Charleroi:**

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