

Sexual health promotion and HIV/hepatitis/STIs prevention among migrants in Brussels

Analysing the situation and planning the 2018-2022 strategies



- 1 Background « Stratégies concertées IST/SIDA »
- 2 Epidemiological & social diagnosis
- 3 Situation Analysis & Operational Plan
- 4 Perspectives

1

Background « Stratégies concertées IST/SIDA »

Objective

Develop a reference document for the actors, to improve the quality of prevention strategies.

STRATÉGIES
CONCERTÉES
IST-SIDA



Methodology

Epidemiological and social diagnosis

-Literature review
-Secondary analysis

Focus groups with SAM population

-Behaviours
-Determinants

Workshop with representatives of the 4 main actors

-Objectives
-Activities

Reference document

Situation Analysis

Mains issues

Behaviours

Determinants

Operational Plan

Main objective

Operational objectives

Activities

1

Background « Stratégies concertées IST/SIDA »
Added value

Specific
Operational
Collaborative
Mixed sources
Evidence based

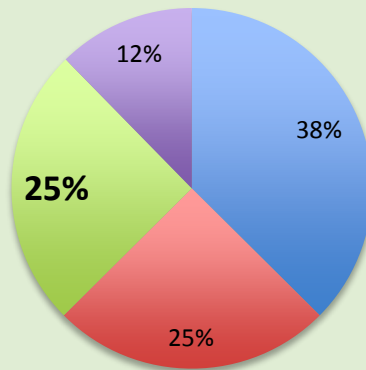
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Epidemiological and social diagnosis Population

SSA nationalities

New HIV diagnoses in Brussels in 2015 (n=211)

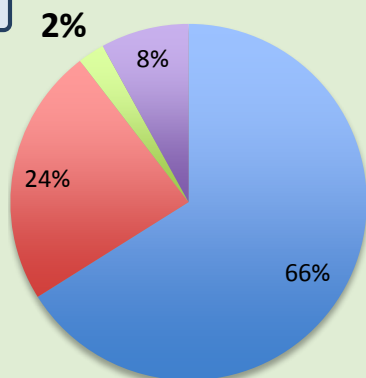
(ISP, 2016)



- Belges
- Européens
- Africains subsahariens
- Autres étrangers

People living in Brussels in 2015 (n=1.175.173)

(SPF Economie, 2015)



SSA origin

= 170.000 in Belgium



(Myria, 2016)

21% of people from SSA origin do not have a legal status

(Loos J et al., 2017 ;
Genotte AF et Lamorté C)

2

Epidemiological and social diagnosis Epidemiology

HIV among SAM

Prevalence

(Antwerp, n=744)

Women : 5,9%

Men : 4,2%

(Loos J et al., 2017)

Prevalence of undiagnosed

(Brussels)

General pop = 0,12%

Women : 1,5%

Men : 1%

(Marty L et al., 2017)

Place of infection

(France)

Post migration:
35-49%

(Desgrées du Lou A, 2016)

Hepatitis and other STIs among SAM in Belgium

HBV

(Belgium)

General pop = 0,7%

DRC: 16,3%

Guinea: 11,4%

(ECDC, 2016)

HCV

(Belgium)

General pop = 0,9%

Cameroon: 11,6%

DRC: 4,3%

(ECDC, 2016)

Reported STIs

(Belgium; n=1.013)

SSA = 7% of STIs
patients

(Verbrugge R et al., 2014)

2

Epidemiological and social diagnosis Social situation

Unia : 1.907 dossiers in 2016

37% concerned racial discriminations (n=698)

↳ 24% concerned « Work & occupation » (n=169)

Other structural factors
(non recognition of diplomas,...)

Higher rate of unemployment
than other non-EU foreigners
& Belgians
(SPF Emploi, 2015)

Downward social mobility
(Vause S, 2011)

Higher level of education
than other non-EU foreigners &
Belgians
(Schonvaere, 2010; Vause S 2011)

Education

Occupation

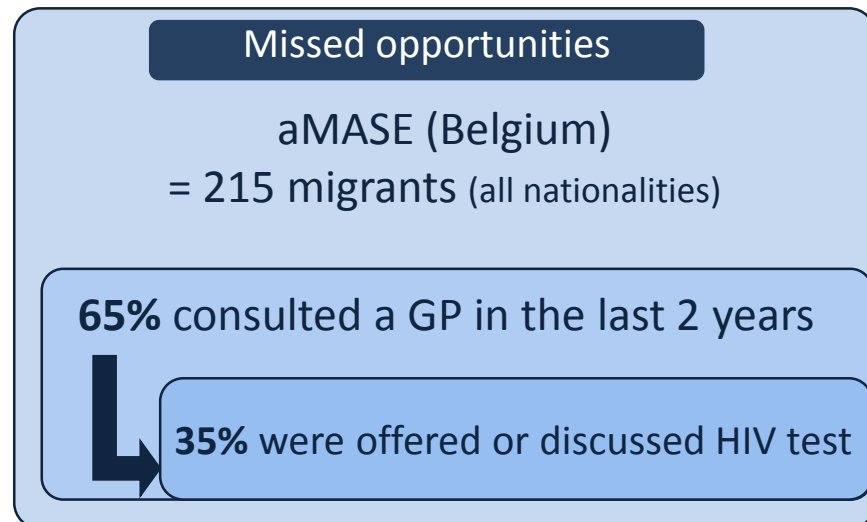
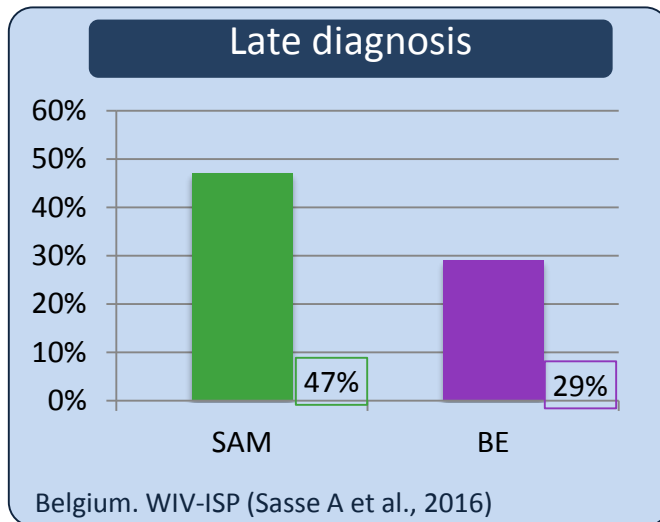
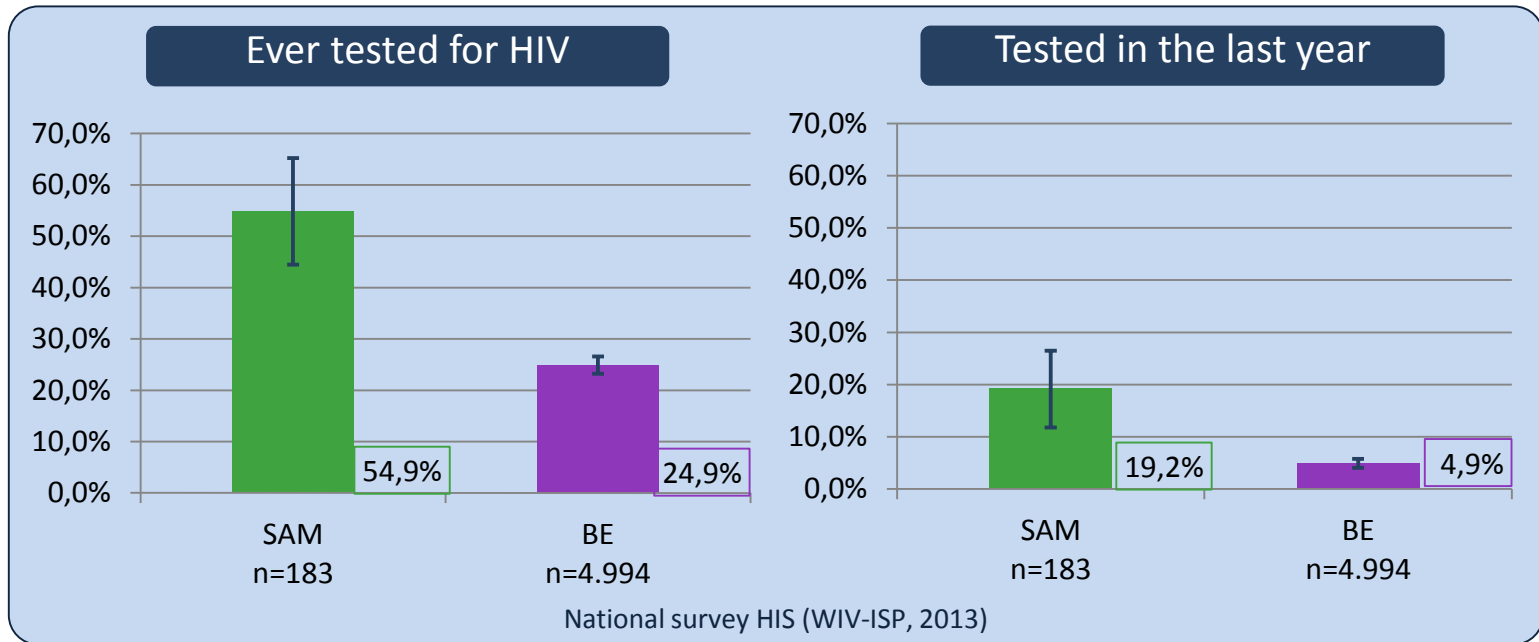
Income

Health

Access to
healthcare

2

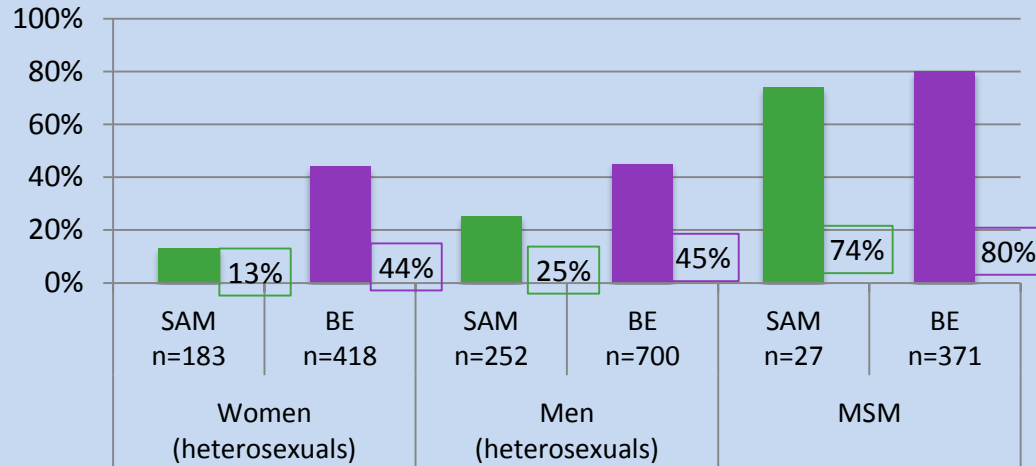
Epidemiological and social diagnosis Testing



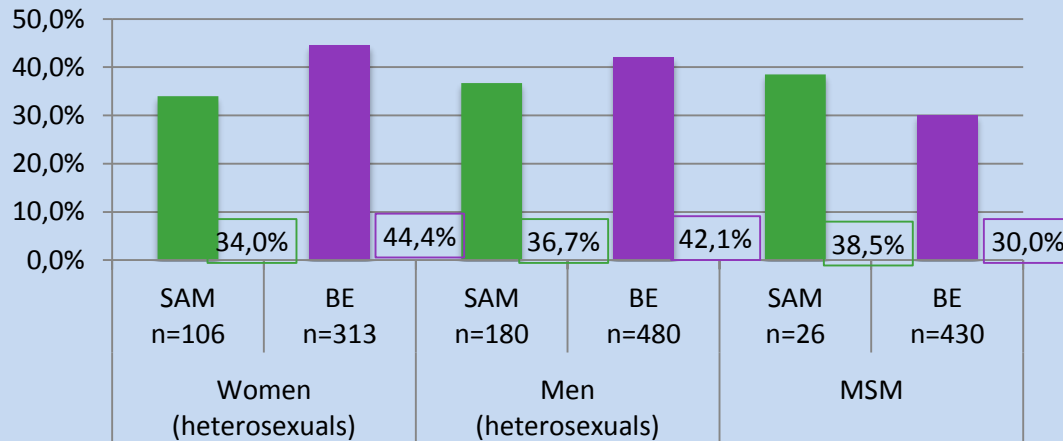
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Epidemiological and social diagnosis Sexual partnerships

Had 3 partners or more in the last year



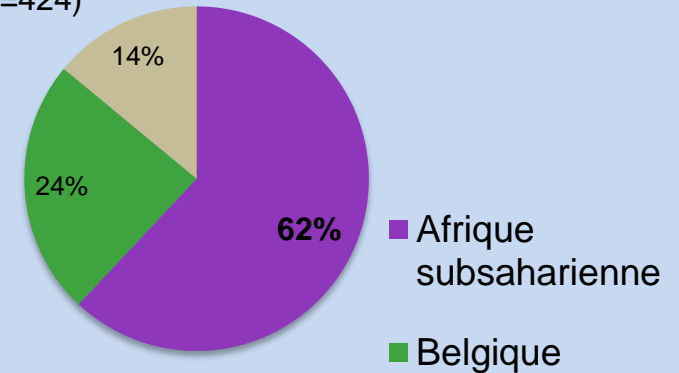
Unprotected sex with occasional partner in the last 3 months



Origin of last sexual partner

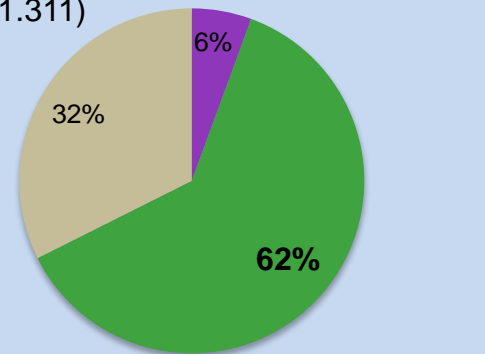
SAM

(n=424)



Belgians

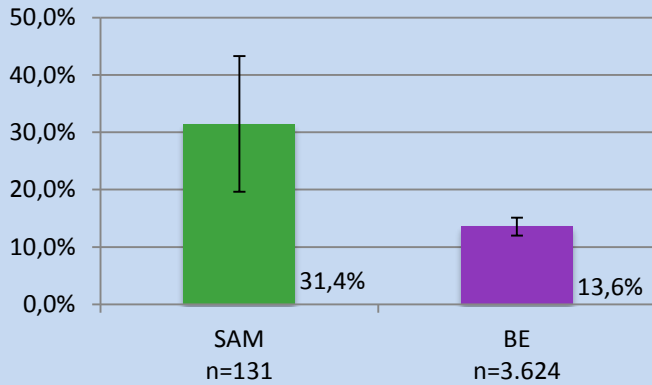
(n=1.311)



2

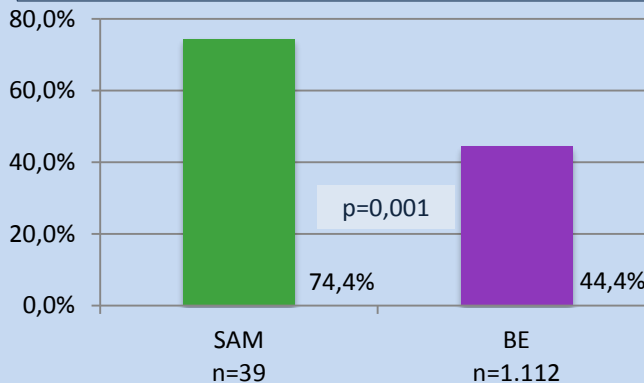
Epidemiological and social diagnosis Risk reduction behaviour & knowledge

Condom use at last sex



National survey HIS(WIV-ISP, 2013)

Among teenagers (16-20 years old)



Survey HSBC-FWB 2013 (Dujeu M, Moreau N)

HIV knowledge

Extensive and accurate knowledge of HIV/AIDS

SAM: 29,2%

Belgians: 22,6%

Correct perception of severity and incurability of HIV/AIDS

SAM: 54,7%

Belgians: 47,9%

National survey HIS(WIV-ISP, 2013)

PEP knowledge

Women : 22%

Men : 28%

Ever use PEP

Women : 3%

Men : 6%

PrEP knowledge

Women : 8%

Men : 9%

PrEP use

No data yet, but probably 0. But acceptability was reported to be high (France, Hadj L, 2016)

Centre Elisa (Genotte AF Lamorté C, unpublished 2017)

2

Epidemiological and social diagnosis Summary

SAM test more
and use more condom than
general population.
But they are not informed
about new prevention tools

They are aware
of the high risk
exposition

Prevention works
we need to continue, and
improve it regarding new
prevention tools

SAM does not seem to have
higher sexual risk behaviours
than general population

Risk exposition seems
mostly due to environment
(high prevalence in the
communities & endogamy)

We need to stop negative,
stigmatizing and
countproductive
discourses on SAM
population

3

Situation Analysis & Operational Plan

Testing

Situation analysis

Operational objective

Migrants

Do not test enough or early enough, for HIV, hepatitis and other STIs, in comparison to the risk exposition

Test more, more regularly and earlier for HIV, hepatitis and other STIs

Health & mental health practitioners & social workers

Do not offer testing proactively or initiate talk about testing/ sexuality/ sexual health
Do not provide information concerning testing

-Offer proactively HIV/hepatitis/STIs testing and HBV vaccination (according to guidelines)
-Provide information (waiting rooms, offices, pharmacies)

Prevention actors

Do not offer enough testing possibilities suited for migrants

-Promote and diversify testing possibilities
-Conduct researches on barriers and representations
-Advocate for effective and easier access to care for undocumented
-Inform and develop tools for non-AIDS specialist medical practitioners
-Include and mobilize community organizations

Community actors

Do not get involved into testing/ sexual health

-Invest time in testing/ sexual health promotion
-Train prevention actors into community mobilisation/ communication/ approaches

3

Situation Analysis & Operational Plan

Risk reduction strategies

Situation analysis

Do not use enough condom, PEP or PrEP in comparison to the risk exposition

Are not aware of new prevention tools

Do not target the priority sub populations enough
Do not create targeted information on new prevention tools and sexual health for migrants

Migrants



Non-AIDS specialist medical practitioners



Prevention actors



Operational objective

Use condoms sytematically when no other tool is used
Use appropriately PEP & PrEP
Receive a targeted information

-Get informed by prevention actors and provide information about new prevention tools

-Develop and promote information and tools
-Carry out awareness-raising measures (condom, PEP & PrEP, serophobia)
-Advocate (broader broadcasting of TV spots,...)
-Ensure accessibility of condom and lubricant in all settings and environments

3

Situation Analysis & Operational Plan

PLWHIV

Situation analysis

Do not reach a satisfactory social and/or sexual life
Do not disclose their serological status to their relatives or entourages
Do not achieve undetectable viral load (UVL) enough

Migrants

Operational objective

Have a satisfactory social and sexual life
Be in a safe and supportive environment (medical and social)
Achieve UVL more

Prevention actors

- Carry out specific actions toward PLWHIV (reduce auto-stigmatisation, improve retention in care, create a positive social environment)
- Advocate (access to flexible working schedules for medical follow-up, more confidentiality in administrative procedures)
- Create partnerships with medical and scientific stakeholders (national monitoring of lost to follow-up, continuous improvement of confidentiality measures in hospitals)
- Include the community and train relays

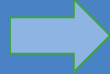
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Perspectives

Switching from a stigmatizing to an empowering discourse

Population

- ✓ with a high risk sexual behaviour
- ✓ and a low risk awareness



Population

- ✓ with a high risk exposition
- ✓ and a great risk awareness

will allow us to

- gain bigger endorsement from the SAM communities and
- achieve broader community mobilisation

and therefore to ensure the success of prevention strategies by

- ✓ improving linkage to care, retention in care and observance,
- ✓ increasing HIV/STIs testing uptake & condom, PEP & PrEP use,

in order to reach

- the decline of HIV & STIs incidence and prevalence in SAM communities,
- the improvement of sexual health and life conditions of SAM, especially LWHIV
- the sustainable containment of HIV/AIDS epidemic among SAM in Belgium.