

# HIV and Migrants in Europe and Belgium : The aMASE study

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# Introduction

## *Migrant groups*

- ❖ make up a substantial proportion of the HIV epidemic in Belgium and Europe.
- ❖ often present for HIV testing late and as a result experience poor health outcomes.
- ❖ emerging evidence post migration acquisition

Little is known about the HIV prevention & treatment needs of migrant groups

# The AMASE Study

## Advancing Migrants Access to Health Services in Europe

### Objectives :

To understand the barriers and facilitators to accessing HIV testing, treatment and health care for migrants living with HIV in Europe.

To determine whether HIV acquisition occurred pre or post migration

### Based on :

Clinical study and Community study

**Part of EuroCoord :** European Commission funded Network of Excellence established by several of the biggest HIV cohorts and collaboration within Europe : CASCADE, COHERE, EuroSIDA and PENTA.  
Work package n° 14 : « Migrants and Health ».

# Clinic-based Survey

- 57 HIV clinics, 9 countries: **Belgium**, Germany, Greece, Italy, The Netherlands, Portugal, Spain Switzerland, UK
- Recruitment: **Jul 2013-Jul 2015**
- Target sample size: **2000**
- Delivery: electronic survey linked to clinical data through unique study number
- Eligibility criteria:
  - ✓ HIV Positive
  - ✓ Aged 18 years and over
  - ✓ **Foreign born and resident in the country for  $\geq 6$  months**
  - ✓ **Diagnosed  $\leq 5$  years of study date**
  - ✓ Able to complete survey in one of the 14 available languages



# Main results -Sample characteristics



**2209 interviews** [2117 with supplementary clinical data]



**68%**



**67%**



**32%**



**97%**



**36. mean age** [30-44]

Western

**11%**

Central

**10%**

Eastern

**5%**



SSA

**33%**



LA &  
Caribbean

**32%**



Asia

**5%**

**4%**

# Belgian Results



256 interviews



57%

N=147



59%



43%

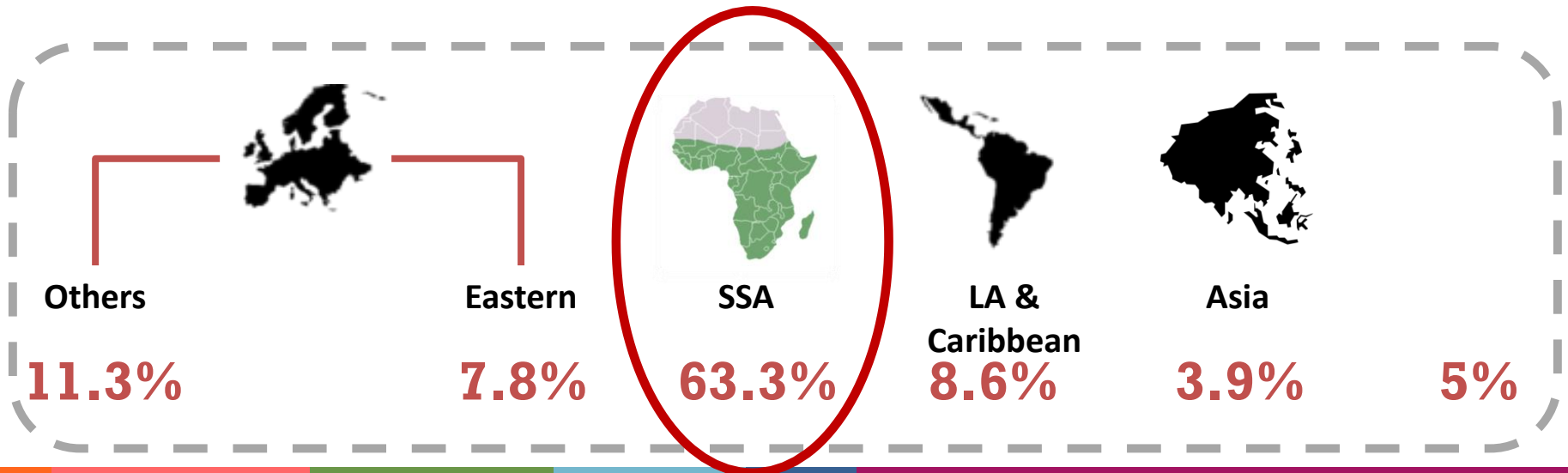
N=109



89%



37. mean age [19-67]



# Belgian Results

Site	Women	Men	Total	%
Antwerp	12	24	36	14%
Brussels	55	93	149	58%
Gent	15	12	27	11%
Liège	27	17	44	17%
	109	146	255	100%

41% interviewed subjects were assisted during the survey completion

Among them 59% of women and 28% of men

The electronic survey contained 76 questions

# Population by gender and sexual orientation & practice

**ALL**

256 interviews



57%

N=147



59%



38%

Others 3%



43%

N=109



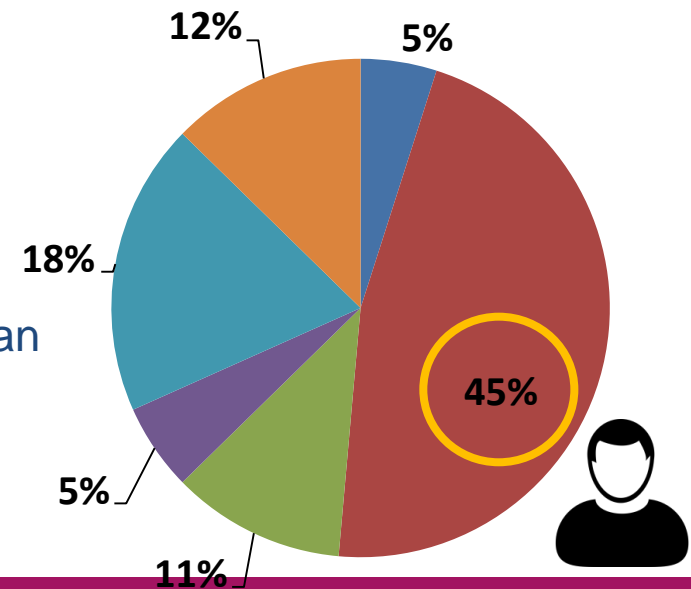
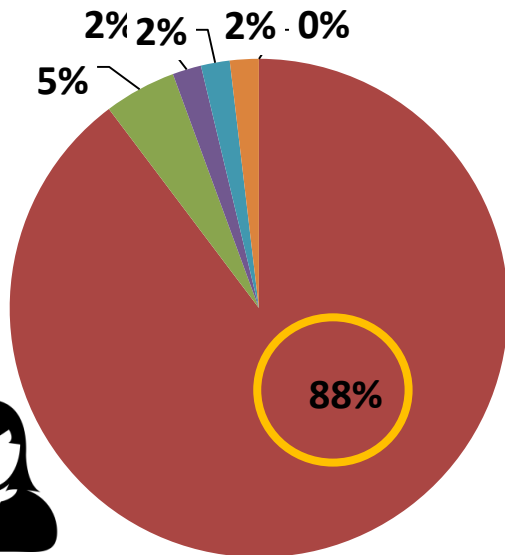
89%



7%

Others 4%

## Region of origine





# Population(SSA) by gender and sexual orientation & practice

**SSA**

162 interviews



41%  
N=66



27%



65%

Others 8%



59%  
N=96



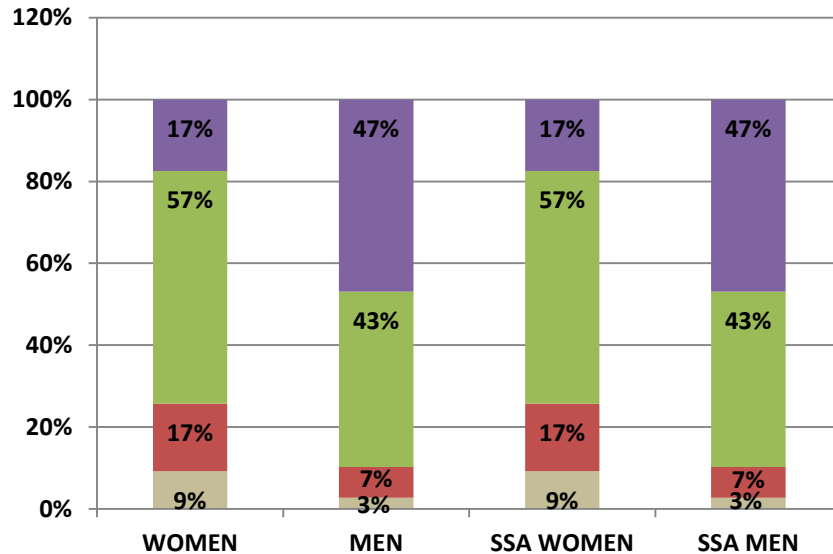
7%



90%

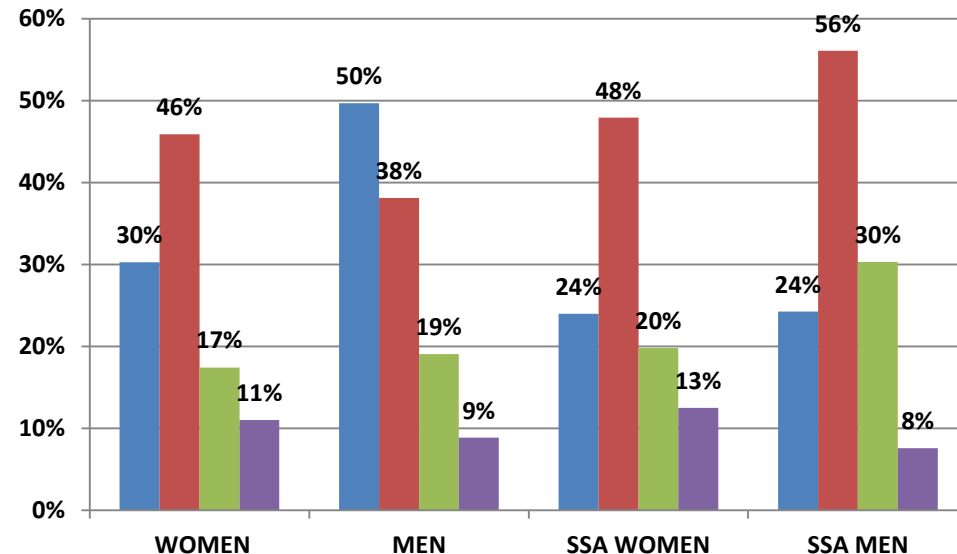
Others 3%

# Highest level of education acquired/Employment by gender and in SSA

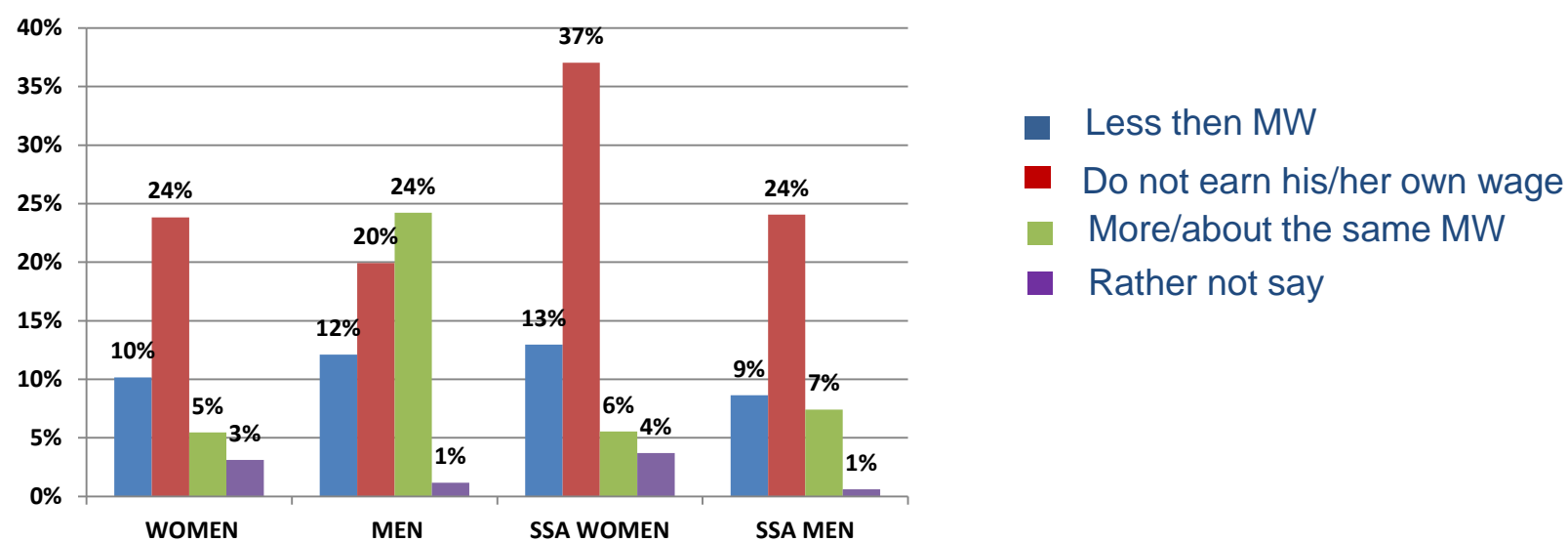


- Primary education
- Less than primary education
- Secondary education
- A university degree or equivalent

- Working full or part time
- Unemployed
- Not allowed to work (immigration reasons)
- Other



# Income compared to the minimum wage in BE



## Administrative status

	WOMEN	MEN	SSA WOMEN	SSA MEN
	%	%	%	%
Belgians	11	14	16	13
Eu nationals/with residency permit	18	35	23	18
Temporary residence/visa/asylum/	20	24	31	25
Refugee center	4	4	6	6
Others	4	5	6	4

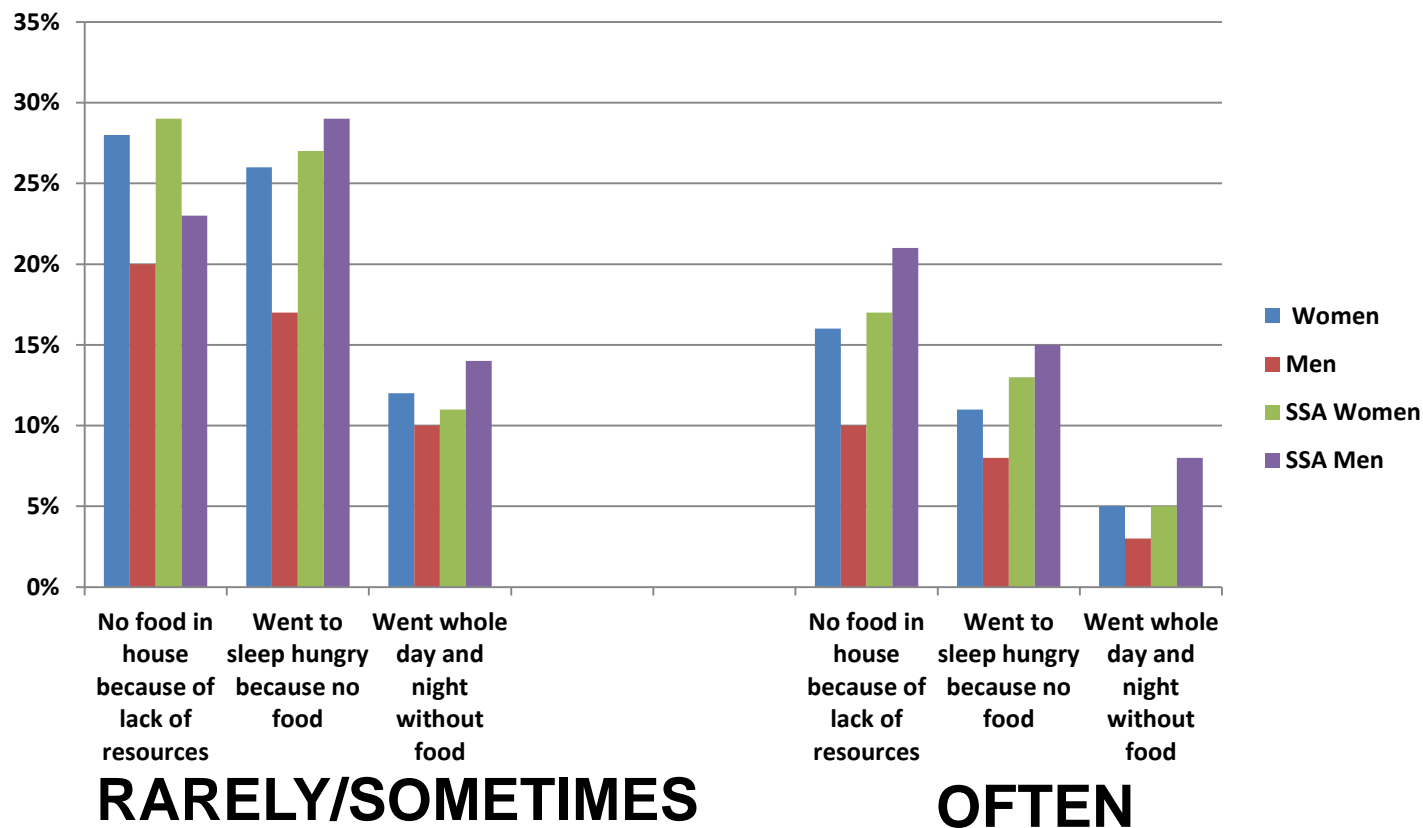
# ACCES TO FOOD

36% patients did **sometimes/often** had no resources to buy food during the past four weeks

- Among those who responded « **often** », 90% were born in SSA

14,5% patients had **sometimes/often** no food during 24H during the past four weeks

- All the patients that responded « **often** » were born in SSA



# HIV diagnosis and testing

	ALL Women	ALL Men	SSA Women	SSA Men
Median years between arrival in CCOR* & HIV diagnosis (IQR) (N=255)	3.1	2.4	3	4
Previous negative test (N=255)				
Yes	54(50%)	93 (63%)	48(50%)	31(47%)
No	48(45%)	46 (32%)	42(44%)	29(44%)
Unsure	6(5%)	8 (5%)	6(6%)	6(9%)

\*CCOR : Current Country of residence

# Access to health services prior diagnosis

## *Attendency of health services 2 years before diagnosis*

Patients diagnosed in Belgium ( BE, N=217) (BE-SSA, N=140)

- **65.5%** did attend at least one service in the 2 years before their diagnosis (N=142)
- 58% women 70% men
- 58% SSA women 42% SSA men

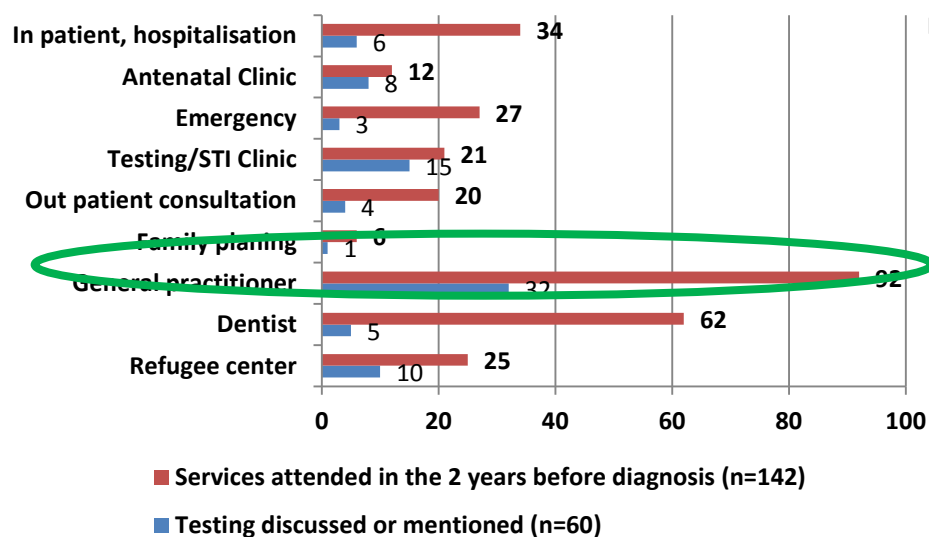
## *Testing discussed or mentioned in any of the services*

Only in **42 %** of the cases (N=60) testing was discussed

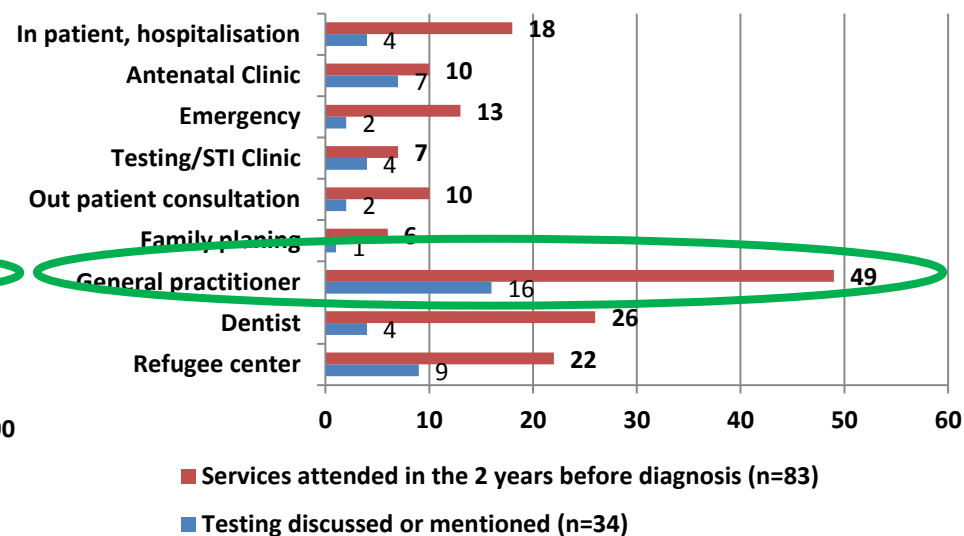
- 42% women and 43% men
- 46% SSA women and 34% SSA men

# HIV testing discussed during attendency

## ALL



## SSA



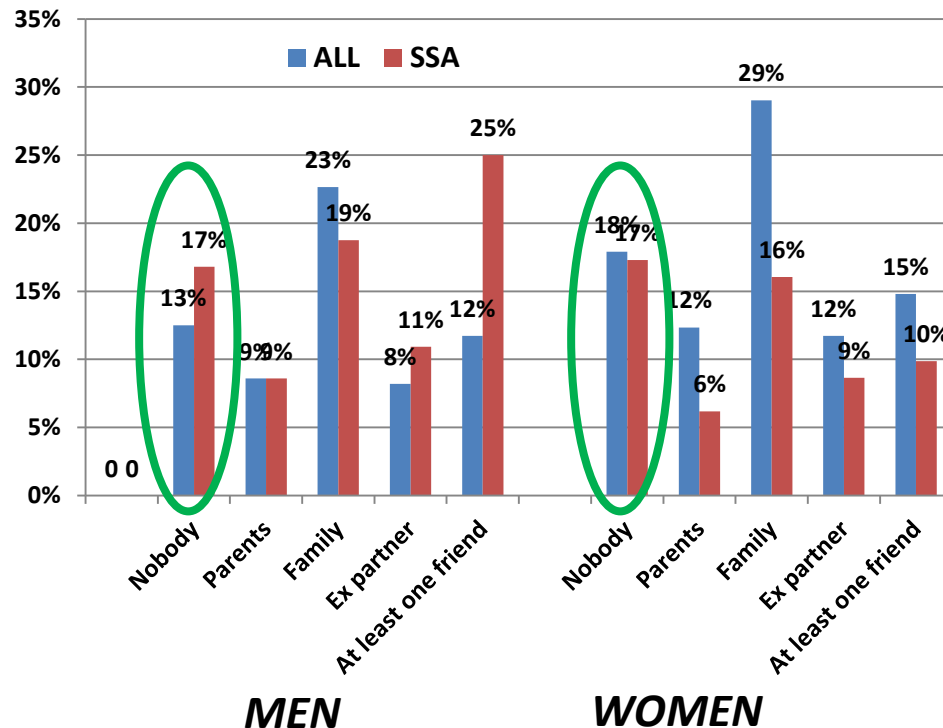
# HIV Status disclosure

## Status disclosure to main/steady partner

ALL (N=176)	Women	Men
DISCLOSURE STATUS	N(%)	N(%)
YES	57 (80%)	79 (75%)
NO	8 (11%)	18 (17%)

SSA ( n=104)	Women	Men
DISCLOSURE STATUS	N(%)	N(%)
YES	49 (79%)	27 (64%)
NO	7 (11%)	11 (26%)

## Status disclosure to others





# Access to health services and treatment

## ALL

- 60% benefit from social security for their care and treatment
- 26% from CPAS or AMU
- 14% other (refugee centers, private insurance, clinical studies)

## SSA

- 55% benefit from social security for their care and treatment
- 35% from CPAS or AMU**
- 10% others (refugee centers, private insurance, clinical studies)

# Late testing by gender and in SSA

	Women	Men	SSA Women	SSA Men
CD4 <350 @ HIV diagnosis (N=246)				
Yes	62(58%)	67 (48%)	56(60%)	44 (68%)
No	44 (42%)	73(52%)	37(40%)	20(32%)

# ARV Treatment

## ALL

89% from the respondents are under ARV treatment

- 91% men/ 85% women
- All patients with a medical indication are treated

## SSA

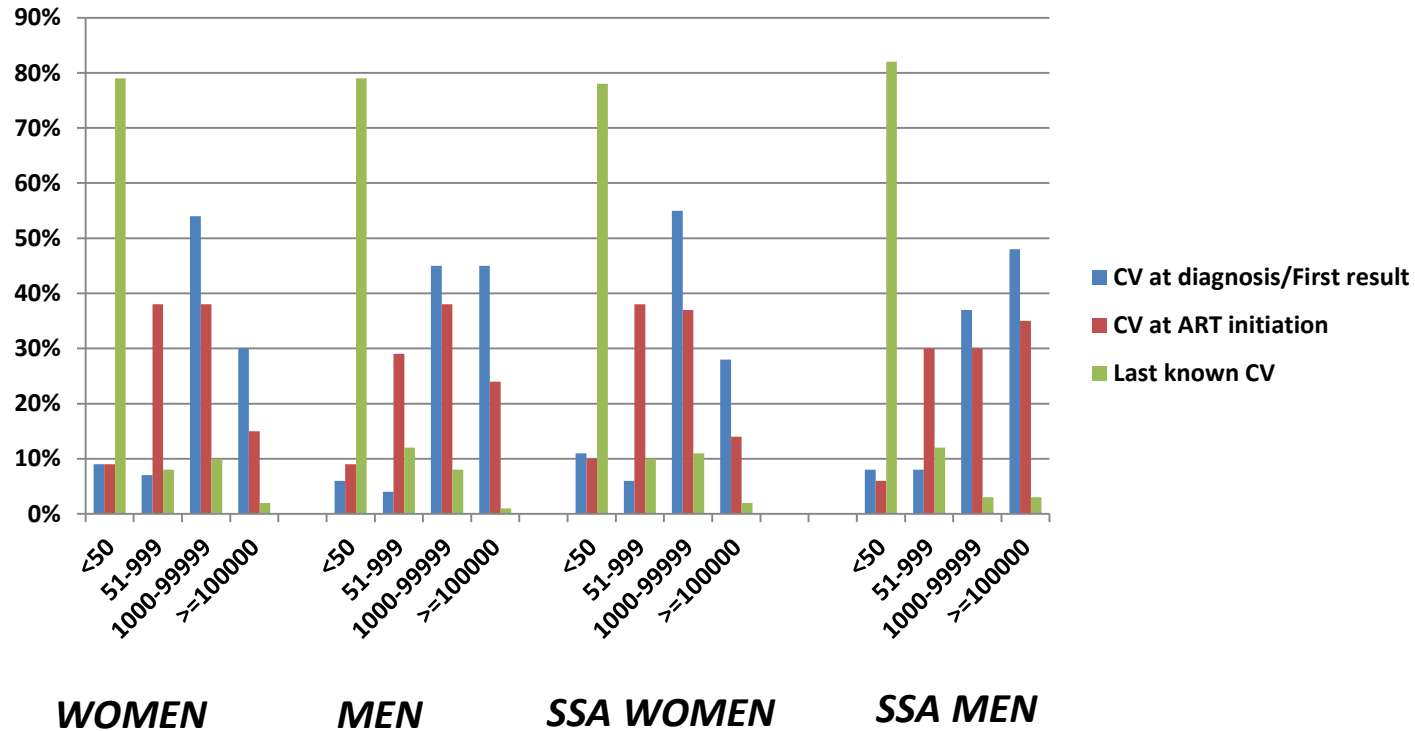
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# CD4 level by gender and in SSA



# Viral Load by gender and in SSA



# Conclusion (1)

The AMASE study showed that missed opportunities for HIV testing and late testing remained unacceptably high among migrants in medical settings, including family medicine practices

All patients, who needed it, were treated and last known viral load was undetectable in 80 %

All had access to care and treatment, 26% through AMU/CPAS with overly burdensome administrative formalities.

Access to care was not always associated with financial assistance for basic needs, leading to situations where patients had effective medications but no food. 15% of SSA men and 13 % of SSA women went often to sleep at night hungry in the past four weeks because there was not enough food in the house

# Conclusion(2)

A question to ask to our patients ?

Thinking back over the past FOUR weeks:

- Was there ever no food to eat of any kind in your house because of lack of resources(e.g money,vouchers etc...)?
- Did you go sleep at night hungry because there was not enough food?
- Did you go a whole day and night without eating anything at all because there was not food enough?

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## Community Advisory Group

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# Thank You !

Respect

Innovation

Engagement

Solidarity

Quality