



**INSTITUTE  
OF TROPICAL  
MEDICINE  
ANTWERP**

# HIV among migrants in precarious circumstances in the EU/EEA

## CASTING LIGHT ON AN UNDERSERVED POPULATION

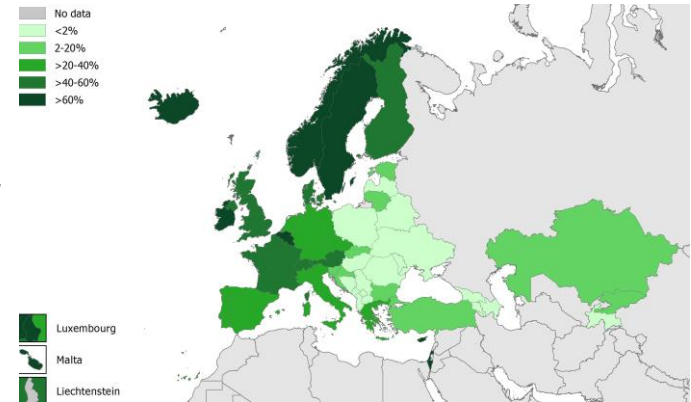
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Christiana Nöstlinger, Theo Cosaert, Ella Van Landeghem, Jef Vanhamel, Gary Jones, Dominik Zenner, Jantine Jacobi, Teymur Noori, Anastasia Pharris, Alyna Smith, Rosalie Hayes, Elena Val, Elisabeth Waagensen, Elena Vovc, Sarita Sehgal, Marie Laga, Henk Van Renterghem



# Why this initiative?

- Across Europe, HIV affects migrants **disproportionately**
- **Political and socio-economic changes** affect migration patterns → diversity
- **Heterogeneous populations:** Evidence on HIV among specific migrant groups in precarious situations and their underlying social vulnerabilities is scarce → **effective responses?**
- **Migration: not a risk factor** for HIV → social determinant of health interacting with other factors increasing HIV vulnerability



**Figure:** Percentage of all new HIV diagnoses in migrants (EU and Central Asia)  
*Source: HIV and Migrants. Monitoring Implementation of the Dublin Declaration, 2018. ECDC, 2020)*

Estimation of undocumented migrants in the EU/EEA: 3.9-4.8 mill.  
(PEW Research Center, 2019)

# Research questions → review

1) What is the burden of HIV among migrants in precarious circumstances in the EU/EEA, and which groups are particularly affected?

2) What is their access to services along the HIV continuum of care (HIV CoC)?

3) Which factors shape access to these services?

- Systematic search and review (01/2014 – 10/2020)
- Published articles and grey literature
- Narrative synthesis



Policy  
recommendations



# Key Findings

Review

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## HIV among migrants in precarious circumstances in the EU and European Economic Area



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HIV epidemics in the EU and European Economic Area are increasingly diverse in transmission modes and groups affected. Substantial gaps in data exist on HIV burden and access to the HIV continuum of care among migrants living in this region, particularly individuals in precarious circumstances such as migrants with irregular status. Migrants have a higher HIV burden compared with the general population, and high rates of post-migration HIV acquisition. Migrants also face challenges in access to health and HIV services. with irregular migrants. foreign-born

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# The data: 133 articles



THE LANCET  
HIV

More details can be found in the  
supplementary materials

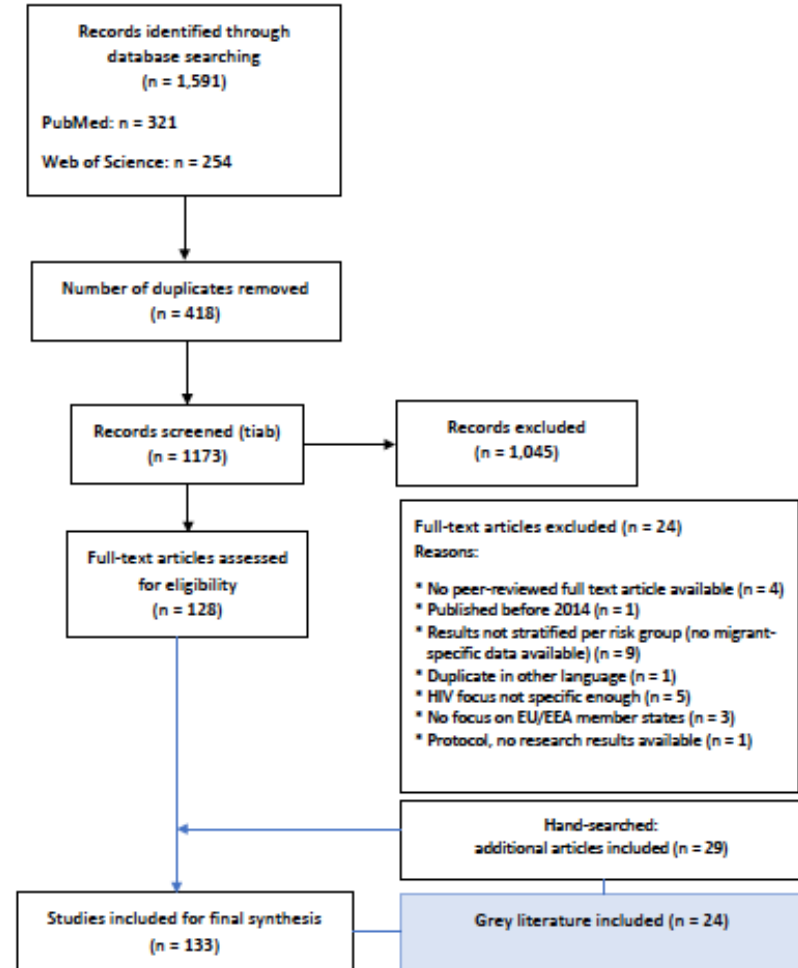
DOI: [https://doi.org/10.1016/S2352-3018\(22\)00032-7](https://doi.org/10.1016/S2352-3018(22)00032-7)

Identification

Screening

Eligibility

Included



# 1st review question: Disproportionate HIV burden

**Migrants living in precarious circumstances** > higher than nationals:

- new HIV diagnoses ( $\approx 50\%$  in western/northern-EU)
- HIV prevalence ( $\approx 3\%$ ; up to  $22\%$ );
- post-migration HIV acquisition (overall:  $\approx 40\%$ ; up to  $94.3\%$  among migrants who inject drugs)

**Groups with highest burden:** → key populations with intersecting vulnerabilities

- migrant men having sex with men/transgender persons
- migrant sex workers
- people of sub-Saharan African (SSA) origin
- migrants with irregular status

## 2nd review question: Access to the HIV CoC

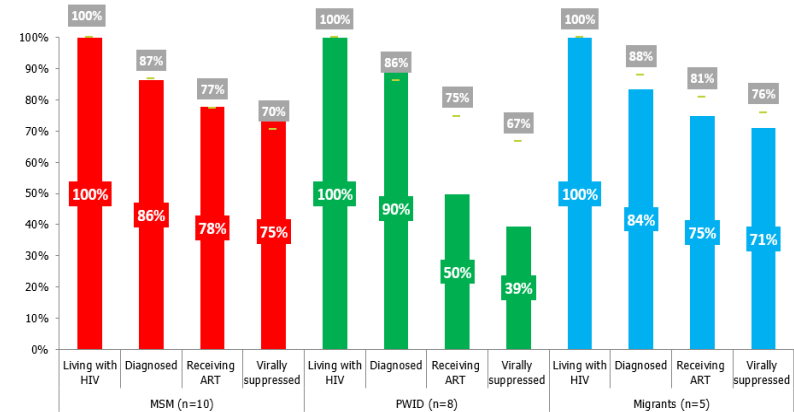
Migrants have reduced access to the HIV CoC resulting in poorer viral suppression rates

### Substantial gaps:

- Prevention services (e.g. access to PrEP)
- Access to HIV testing: weakest step in the CoC; missed opportunities in primary care

### Best practices:

- Community-based outreach HIV-testing (tailored and integrated; prevention)



**Figure: HIV Continuum of Care among key populations**  
Source: *HIV and Migrants. Monitoring Implementation of the Dublin Declaration, 2018. ECDC, 2020*



# 3<sup>rd</sup> review question: intersecting factors reduce access

- Socio-economic and legal insecurity → create situations of risk (e.g. trafficking, transactional sex, sex-work, gender-based violence)
- Intersecting forms of HIV stigma, discrimination/racism at community level
- Fear, low prevention demand and low health literacy: **reduced agency at individual level** → increase HIV burden and high community HIV prevalence

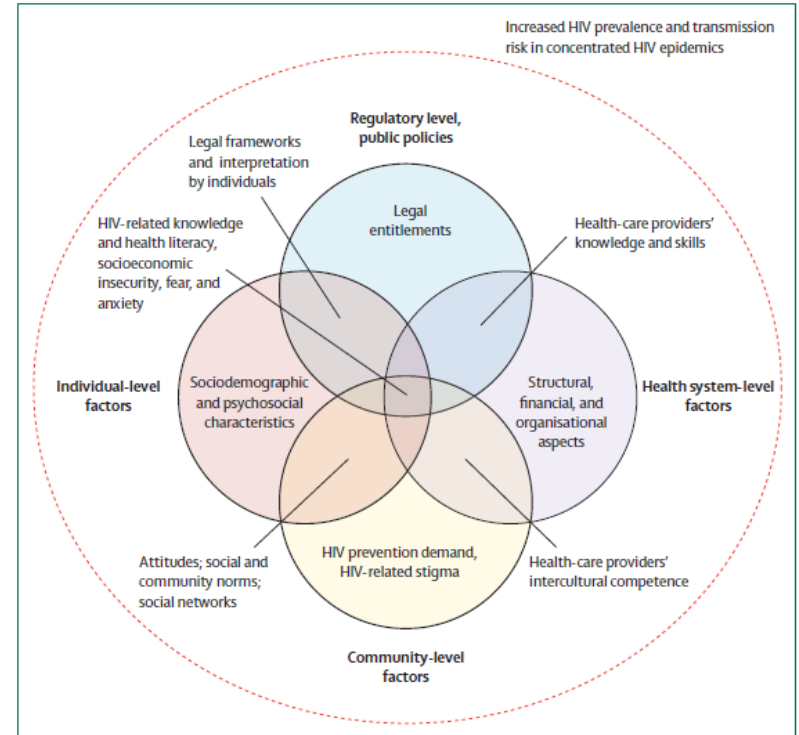


Figure: Factors determining access to HIV care for migrants in precarious circumstances<sup>75,76,78,79,83,85,90</sup>

Articles referenced in this figure represent a selection of the available evidence (appendix pp 24, 29).

## Discussion and recommendations

- Removing **policy barriers** restricting access is key
- Overall access to health care in the EU/EEA for migrants with undocumented status → integration in healthcare systems
- **Strengthening of community involvement** at all stages of the HIV CoC → community-led initiatives as best practices; stigma reduction cutting across the CoC.



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