

The paradigm of ‘post-migration’ HIV acquisition and the feasibility of PrEP prior to migration



FACULTÉ DES SCIENCES
PSYCHOLOGIQUES
ET DE L'ÉDUCATION

OBSERVATOIRE
DU SIDA ET
DES SEXUALITÉS

Sarah Demart
sociologue

sarah.demart@ulb.be



Major change the epidemics since the 2010's

- **New HIV acquisition among migrants occur significantly after their arrival in Europe** (Parcours; Ganymède; Fakoya, Ibidun et al. 2015; Gosselin, Anne et al. 2020)
 - **Depending on contexts and monitoring : 30 and 60% of new infections.**
 - **Reasons related to material conditions of arrival in Europe:** lack of papers, socio-economic precariousness, unprotected sex for financial reasons, sexual violence, lack of information, of access to prevention programmes or insurance (Desgrées-du-Loû, Annabel et al. 2015; Gennotte et al. (2017); Loos J et al. (2017); Dias S. et al (2020).
 - **New epidemiological knowledge:** new narratives and interventions in terms of HIV prevention?
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Yes and No...

Limitations highlighted

Methodology:

- **Pluralism:** around behavioural and clinical markers
- **Lack of data** of the « when » and « where » of the HIV acquisition (Gosselin et al, 2020).
- **Lack of inclusion** within epidemiological monitoring

Additional issues:

- **after migration:** and/or during ?
 - **Where is « the « post »:** always in Europe/the North?
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Decentering the conversation on post-migration HIV acquisition

- **86% of African migrations** happened on the continent (IOM, 2023).
 - **The risk and vulnerability factors observed in Europe** are at play in African countries and even exacerbated:
 - Insecurity, lack of human rights, armed conflicts, encampments
 - weakness of arrival/transit infrastructures, poverty
 - sex violence, transactional sex.
 - What would it mean to think of « post-migratory HIV acquisition » from Africa, from the South?
 - **Breaking with a binary logic:** « pre » versus « post »?
 - **Migration routes within Africa/to Europe** can refer to several transit/settlement areas over a long period of time
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The missed opportunities of HIV prevention and the migrations

KinPrEP: Research project with UNIKIN (2023- 25-ARES funding)
Infectious and tropical disease service, university clinics, university of
Kinshasa (Dr Ben Bepouka/Prof. Hippolyte Situakibanza)

- **Interdisciplinary project:** SHS/infectiology
 - **Try out a new idea:** the feasibility of PrEP prior to migrations/on the migration pathway:
 - **Possibility of a paradigm change?**
 - **Taking seriously** migration as a situation and not a (mere) condition in Europe.
 - **What would it take** to engage with a transnational prevention paradigm?
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KinPrEP project

- **A literature review** : migration OR refugees OR displaced persons OR returnees AND violence, sexual OR rape AND transactional sex OR prostitution OR sexual transactions AND HIV AND armed conflict AND Democratic Republic of Congo.
 - **A grey literature review**: national and strategic plans to combat HIV/AIDS, etc.
 - **20 Interviews with actors involved in the fight against HIV in the DRC**: UN agencies (UNAIDS, UNHCR, WFP, UNICEF, UNFPA, IOM, UNDP), PEPFAR, the Global Fund, national HIV programmes (PNLS, PNMLS) and local NGOs (Ucop+, RENADEFF).
 - **Mixed method combining quantitative and qualitative research** on mobile practices among MSM and Sex workers taking PrEP
 - **New funding (ARES, 2025-27)** to disseminate the results in DRC and Belgium and build up new research project.
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Key findings... migrants are not eligible to PrEP in DRC

- **Only key populations are eligible to PrEP:** MSM, SW, TG, IDU, prisoners.
 - **Funders targeting** (World fund, PEPFAR)
 - **Vulnerable priority populations** as (500.000) refugees or (4, 5 millions) or internal displaced people (humanitarian sector)
 - **Only as MSM, SW, refugees/interned displaced people** can have access to PrEP.
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Migrants are not labeled as a key population by UNAIDS (or WHO)

UNAIDS: key populations are MSM, SW, TG, DU, prisoners and other incarcerated people

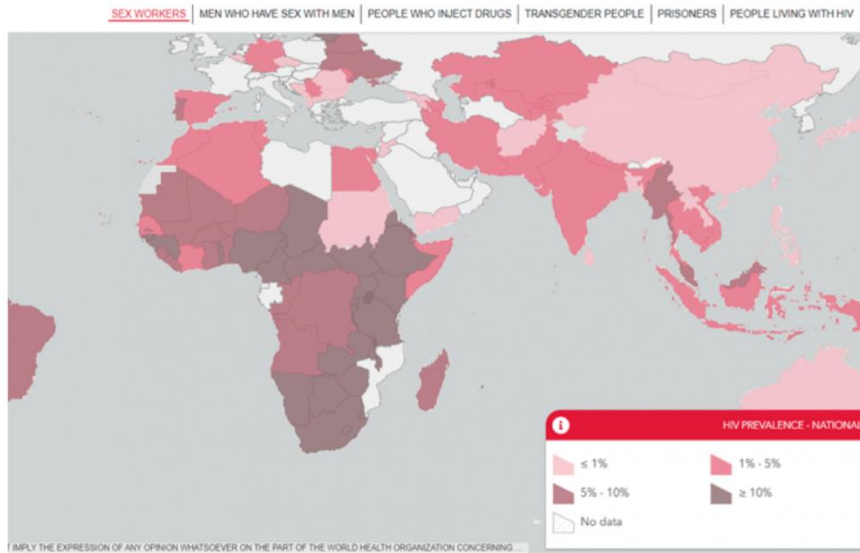
North-South difference:

- **Africa :** migrants are not a key population (greater dependance to global categories/fundings).
- **Europe/West:** Migrants are a key population as they are the second most affected group by the epidemics.

... But then, are (transnational) migrants really a key population?

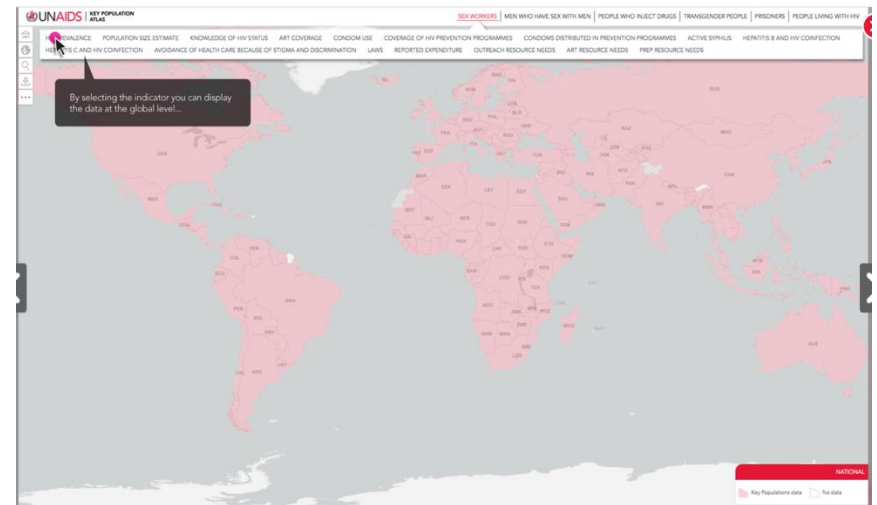
- Data collection
 - Prevention planification
 - Advocacy
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Being a keypop: not just a rhetorical question



Others data: Infections, co-infections, prevention programmes and practices....

HIV prevalence in the world?



L'Atlas des populations clés s'enrichit de nouveaux indicateurs, 6 janvier 2022



Are those global categories adequate?

« In 2016, **outside sub-Saharan Africa, key populations and their sexual partners accounted for 80% of new HIV infections**. Even in sub-Saharan Africa, key populations accounted for 25% of new HIV infections in 2016. » (Key populations, UNAIDS, 2016)

« In sub-Saharan Africa (...). In 2022, **it is estimated that 25% of new HIV infections occurred among key populations** (...). » (New infections among key populations, UNAIDS, 2024)



The absence of migrants of the key population categorization

According to UNAIDS: countries can add any other groups as a key population as far as it is relevant in terms of epidemiology, public health and politics.

- **Can transnational migration** be addressed through national/regional frameworks?
 - **The « post-migration HIV acquisition » : a eurocentered conversation?**
 - **Not about claiming all migrants are « vulnerable »**
 - **Not about identifying vulnerable groups**
 - **Better understanding HIV acquisition in relation to:**
 - displacements
 - transit/arrival infrastructures
 - Insecurity
 - sexual violence
 - Gender
 - transactional sex....
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Back to Belgium!

- **When and how** people of African origin became migrants in Belgium
- **What it means... And for who?**



Migrants don't really become migrants?

Sciensano

« people of African origin » (sub-Saharan Africa and, or countries):
monitoring based on nationality (and sexuality) since 1985.

HIV national plan

2014-19: « priority groups »: MSM and migrants (understood as two distinct categories, no intersections)

2020-26: « key populations »: MSM and SAM (undocumented migrants from countries with a high prevalence to HIV, transgender people, sex workers, people who inject drug et prisoners).

INAMI PrEP Guideline

- Migrants are not eligible as such (while MSM, SW, people who inject drugs are)
- Being undocumented isn't an eligibility criteria

EMTRICITABINE/TENOFOVIR DISPROXIL

A.R. 01.02.2018 - IV - 8750000
Paragraphe 8750000

a) La spécialité fait l'objet d'un remboursement si elle est administrée en prophylaxie pré-exposition (pre-exposure prophylaxis, PrEP) chez des bénéficiaires à partir de 16 ans non infectés par le virus HIV et à haut risque d'infection par le VIH-1 par voie sexuelle. Peuvent entrer en ligne de compte pour le remboursement, après évaluation du risque de contamination réalisée par le médecin:

- MSM (men having sex with men) à haut risque d'infection HIV ;
- Personnes ayant eu des pratiques sexuelles anales non protégées avec au moins deux partenaires lors des derniers 6 derniers mois ;
- Personnes ayant eu plusieurs MST (syphilis, Chlamydia, gonorrhée ou une primo-infection de l'hépatite B ou C) durant l'année écoulée;
- Personnes qui ont eu recours à la PEP plusieurs fois par an ;
- Personnes qui utilisent des substances psycho-actives lors de leurs activités sexuelles ;
- Personnes à haut risque individuel ;
- PWID (People who inject drugs) pratiquant l'échange de seringues ;
- Personnes travaillant dans la prostitution exposées à des pratiques sexuelles non protégées ;
- Personnes exposées de manière générale à des pratiques sexuelles non protégées avec un haut risque d'infection par le HIV ;
- Partenaire d'un patient VIH positif sans suppression virale (nouvellement sous traitement ou pas de suppression virale avec un traitement adéquat)



Discussion

- Migrants only become migrants in Europe
- Epidemiological versus demographic category category
- « Migrants »: an over and under-analysed category?
- Need for more accurate data about the time and location of infection.





THANK YOU!

Sarah Demart

sarah.demart@ulb.be

