



ROME, November 25-26, 2014

AUDITORIUM, MINISTRY OF HEALTH



EACS European
AIDS Clinical Society

MEETING



STANDARD of CARE for **HIV**
and **COINFECTIONS** in **EUROPE**



Chairs: A. Antinori, A. d'Arminio Monforte, C. Mussini

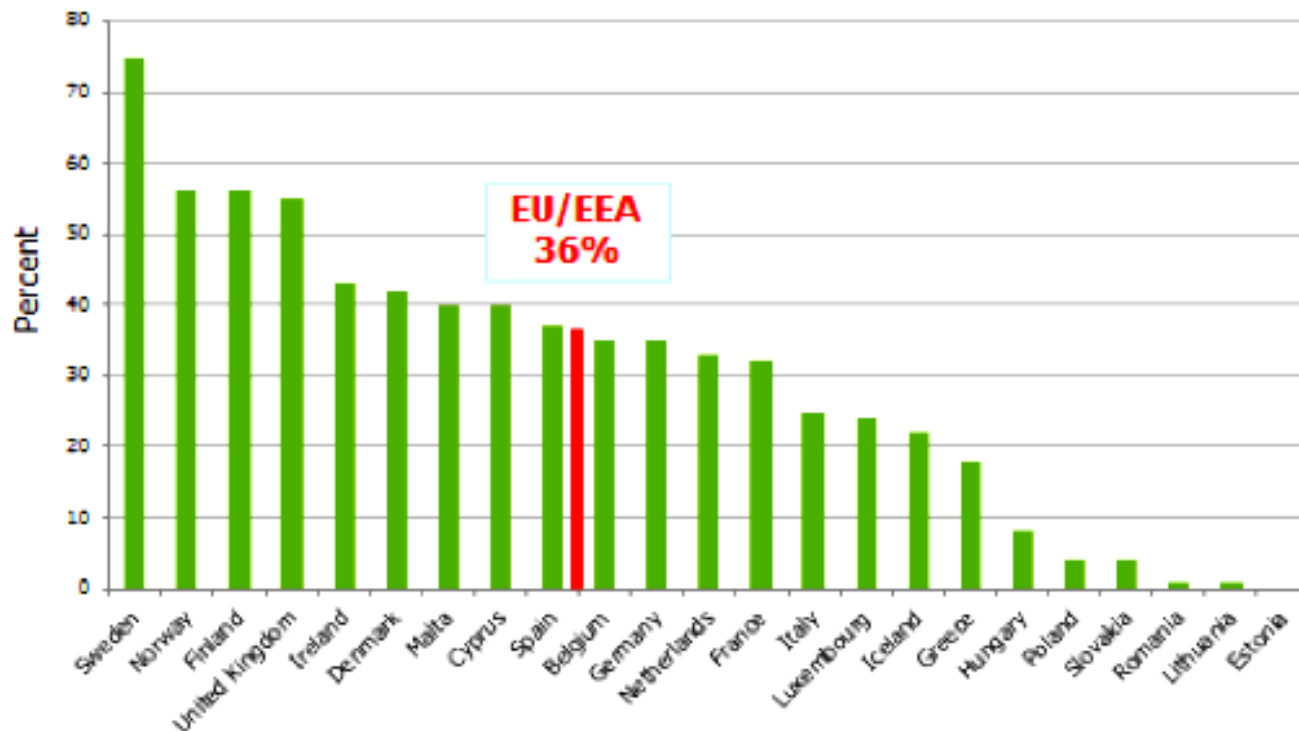
Migrants and Access to Care

Teresa Branco
Portugal



ECDC - Annual epidemiological report

Proportion of migrants in all diagnosed HIV infections in EU/EEA Member States (2011)



"Migrant health: Sexual transmission of HIV within migrant groups in the EU/EEA and implications for effective interventions" ECDC (2013)

Migrant Populations EU

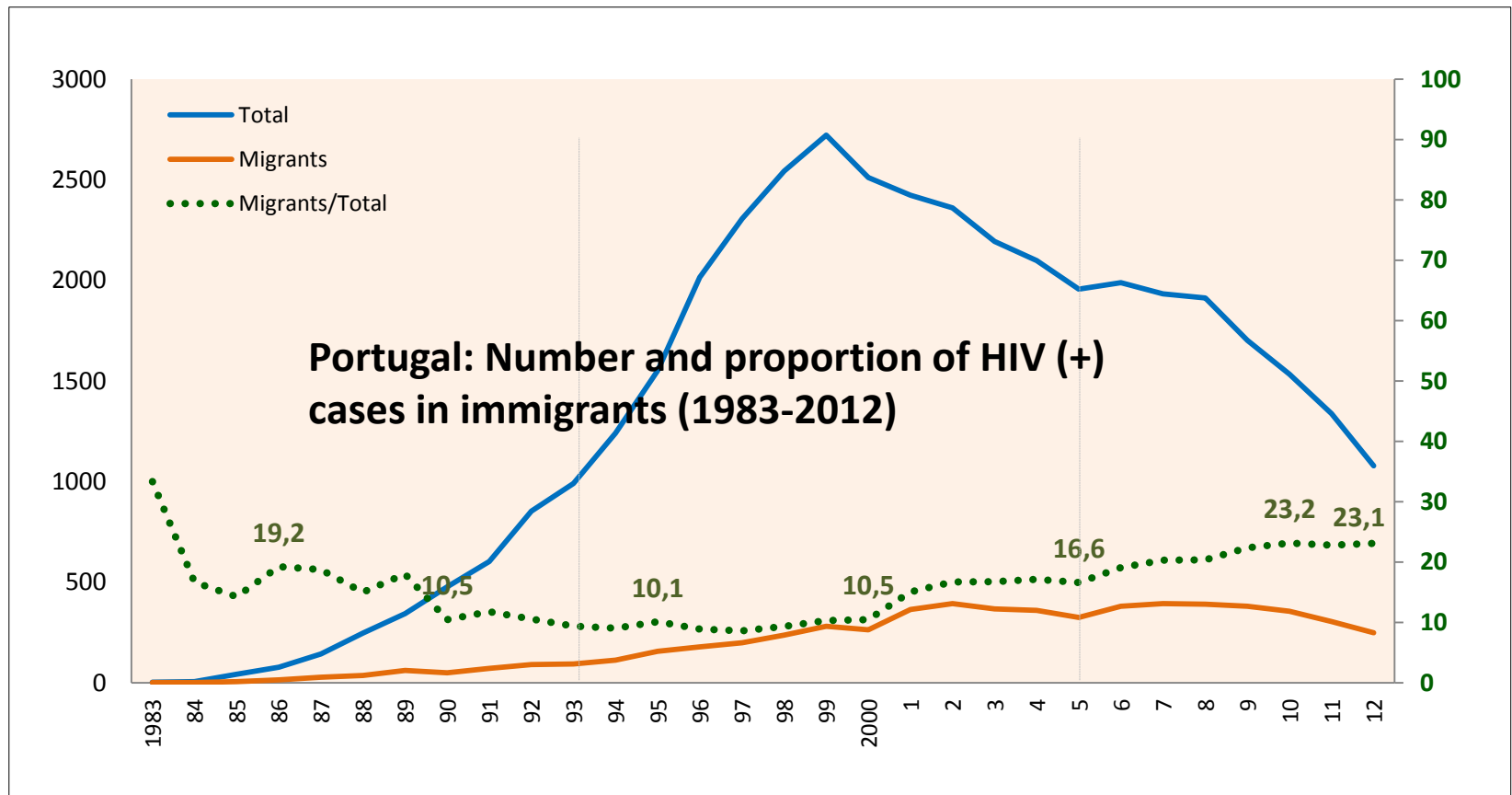
- Sub-Saharan Africa
- Eastern Europe
- Asia

Sub-populations particularly vulnerable
women, black and ethnic minorities MSM

National HIV Epidemics

- Economic development in origin and destination countries
- Type of HIV epidemic in both countries
- Colonial history
- Health and social responses to the epidemic

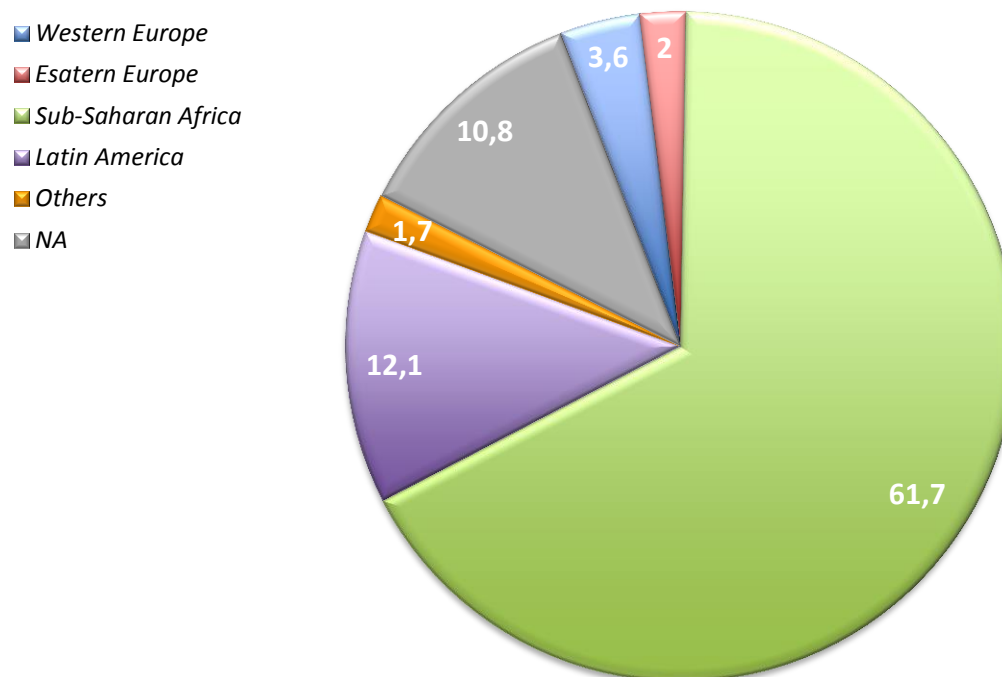
Migration and HIV in Portugal



Source: National HIV/AIDS Programme and INSA

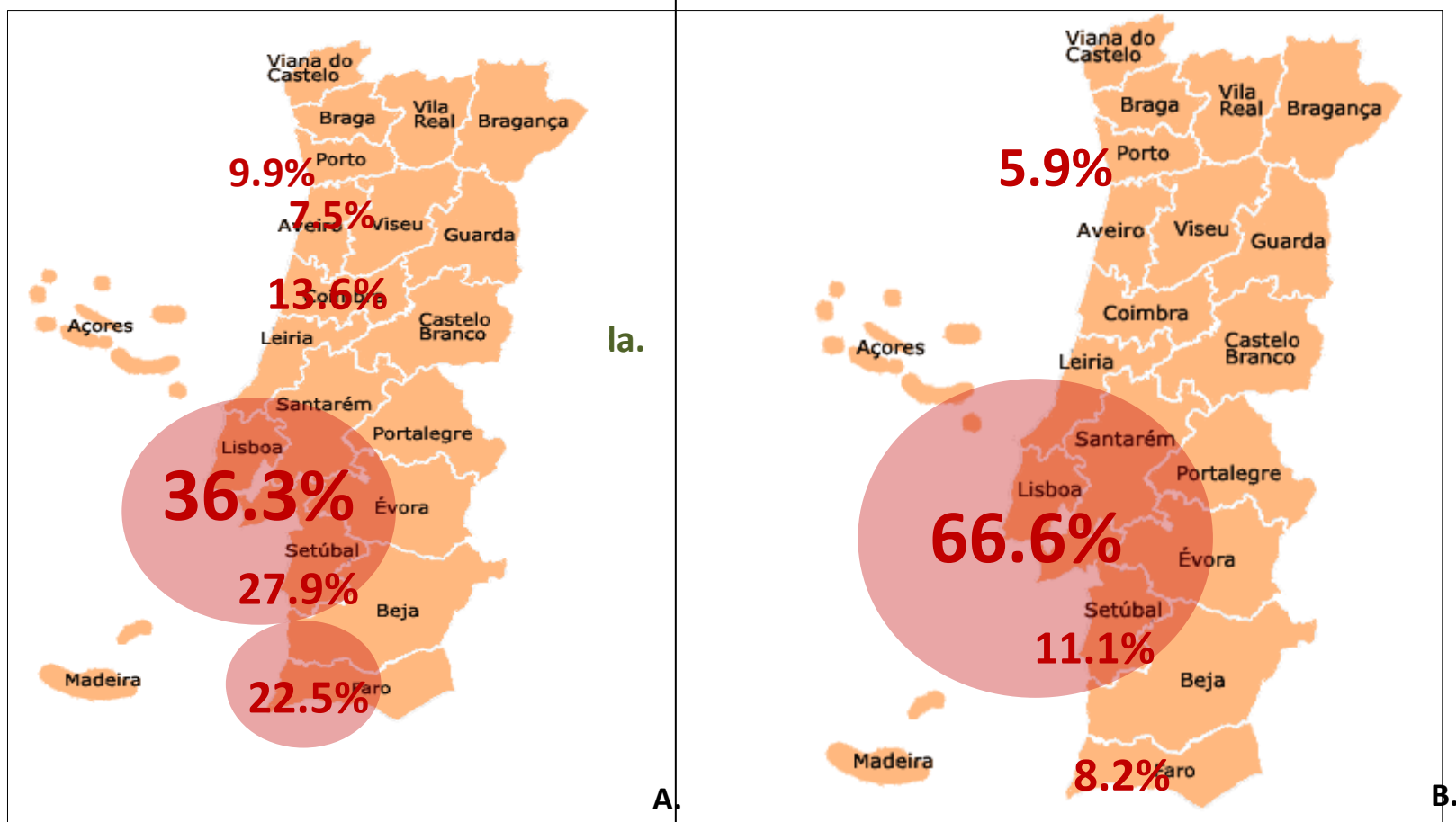
Migration pattern in Portugal

Cases in migrants: distribution by region of origin (1983-2013).



Source: National HIV/AIDS Programme and INSA

Portugal: Impact of HIV (+) cases in migrants in selected regions (2011)



A. Cases in migrants and total HIV cases, in selected regions (%), 2011. B. Cases in migrants in selected regions and total cases in migrants (%), 2011.

The Lisbon Conference

Health and Migration in the European Union: Better Health for All in an Inclusive Society

Foreword by António Guterres de Campos
Editors: Ana Fernandes and José Pereira Miguel



A review of migrant health and
specific risk factors related to migration.
Report of inconsistencies in policies,
research and information gaps.

Migration and HIV

Survey of respondents in the 27 EU Member States and three EEA countries

Table 3 Priority given to migration and HIV

	High	Medium	Low	No priority
Number of countries	8	3	15	5

Table 5 Participation of migrant communities

Interventions		Policy	
Yes	No	Yes	No
20	11	10	21

4.1 Laws and regulations related to the HIV response

Objective

To address laws and regulations that present obstacles to effective HIV prevention, treatment, care and support, and to strengthen the enforcement of protective laws and regulations.²¹

Target for the WHO European Region by 2015

All Member States will have enabling laws and regulations for equal, non-restricted access to effective HIV and related health services, and will enforce them.

...

Priority actions

- | | |
|---|---|
| <p>4.1.1 Laws should be reviewed and, if necessary, reformed in order to decrease HIV vulnerability, improve access to health services and protect human rights.</p> <p>4.1.2 A public health approach to managing behaviours that put people at risk of HIV acquisition or transmission should be promoted as an alternative to criminalization.</p> <p>4.1.3 Remove legal barriers that prevent civil society organizations from delivering evidence-informed interventions and reaching key populations at higher risk.</p> <p>4.1.4 Ensure that national laws recognize the right to health and do not create barriers to HIV and related health services for undocumented persons, including migrants, asylum seekers and released prisoners.</p> <p>4.1.5 Specific attention should be paid to HIV-related travel restrictions, employment, homophobia, sex work, drug control laws and criminalization of HIV transmission.</p> <p>4.1.6 Remove mandatory or compulsory HIV testing and mandatory/compulsory disclosure of HIV status, including for prisoners and migrants.</p> | <p>4.1.7 Legislation should be enacted to uphold non-discrimination in all areas.</p> <p>4.1.8 Ensure that the reformed laws and regulations are applied, enforced and monitored, including within national strategies.</p> |
|---|---|



**World Health
Organization**

REGIONAL OFFICE FOR
Europe

Migration and Vulnerability to HIV

- HIV Risk

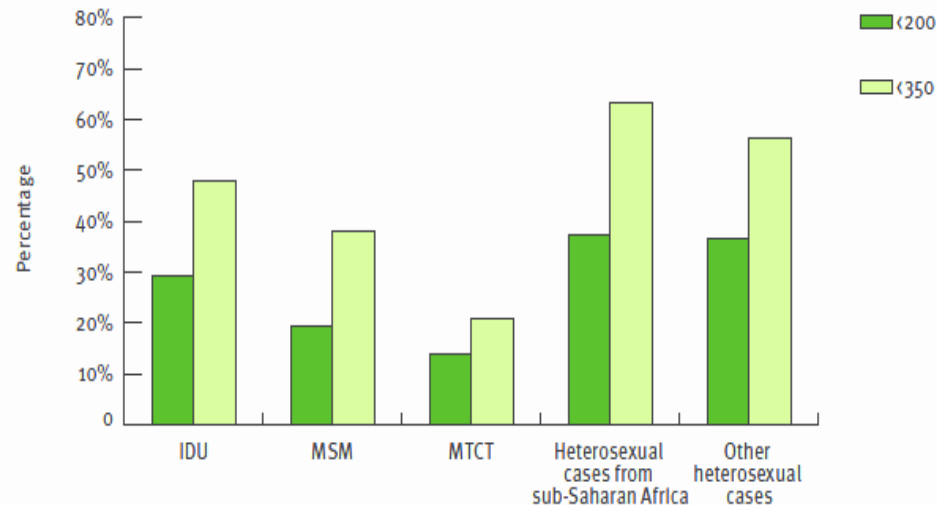
Individual behaviour impacted by social,
economic, political and cultural determinants

Migration and Vulnerability to HIV

	Prevention	Treatment	Care & support
Policy			
Low political priority	X		
Legal status		X	
Policies, e.g. dispersal	X	X	
Services			
Language barriers	X	X	X
Lack of culturally sensitive services	X	X	X
Lack of funding	X		X
Lack of trained health professionals	X	X	X
Lack of health insurance		X	
Administrative barriers		X	
Migrant community			
Cultural and religious factors	X	X	
Fear of stigma and discrimination	X	X	X
Lack of information about available services	X	X	X
Limited time	X		
Societal			
Stigma and discrimination	X		
Poverty and poor living conditions		X	X

Migrants and Late Presentation to Care

- Country-reported barriers to prevention and care
 - Language
 - Lack of knowledge about health services and rights
 - Stigma
 - Fear of deportation
 - Legal barriers



Source: Country reports from Austria, Belgium, Bulgaria, Cyprus, the Czech Republic, Denmark, Estonia, Finland, France, Germany, Greece, Hungary, Iceland, Ireland, Italy, Latvia, Lithuania, Luxembourg, Malta, the Netherlands, Norway, Poland, Portugal, Romania, Slovakia, Slovenia, Spain, Sweden and the United Kingdom.

Percentage of CD4 cell count (<350/mm³ and <200/mm³), by mode of transmission, EU/EEA, 2011 (n=15 625)

Source: ECDC/WHO. HIV/AIDS Surveillance in Europe,

Mortality related to late diagnosis

Mortality in migrants living with HIV in Western European countries: differences by geographical origin and gender

- The crude mortality rates of HIV-positive migrants in Western Europe vary according to region of origin and sex but most differences do not persist in adjusted analyses
- Male and female migrants from Eastern Europe have higher crude mortality rates than native populations probably explained by higher proportions of IDUs and delayed entry into care

Susana Monge on behalf of the COHERE collaboration in EuroCoord

14th European AIDS-Conference October 2013



Improving HIV surveillance data to monitor HIV among migrant populations

- 1. Member States should **consider which surveillance variables to collect and analyse in order to better understand and monitor the degree to which sexual transmission of HIV occurs among migrant populations.**

How these data are gathered will vary by country according to national resources and surveillance structures. Member States should focus on collecting variables such as 'CD4 cell counts', 'date or year of arrival' and 'country of birth' in order to estimate probable country of infection. In some settings, sentinel surveillance or repeat cross-sectional surveys could play an important role in providing this necessary evidence.

- 2. For those EU/EEA countries that identify migrants as an important part of their HIV epidemic, the application of an **objective method for assigning probable country of HIV infection should be considered. This will inform prevention programming at the national level and enable comparisons between countries.**

Although a substantive number of EU/EEA countries can provide an estimate of likely place of HIV acquisition among migrant populations, it is often largely subjective. ECDC is providing technical support to countries wanting to further improve assignment of probable country of HIV infection.

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Different information collected on studies

Proxy indicator related to migration	Approximate number of times used	
	Other European countries	UK
Country of birth	21	22
Country of nationality or of citizenship	14	1
Country of origin	19	3
<i>'origin' (with no further definition)</i>	2	1
<i>'from'</i>	3	5
Ethnicity (or 'ethnic origin')	7	33 ⁸
<i>Roma (other than above, specific study of)</i>	6	0
Country of birth of parent(s)	4	1 ⁹
Reason(s) for migration or for stay in current country	1	2
Time in current country of stay	17	14
Legal or immigration status in country	9	4

Migration indicators related to HIV infection

Proxy indicator related to HIV infection	Approximate number of times used	
	Other European countries	UK
Probable country of infection	2	7
Time between arrival and diagnosis	2	1

European Centre for Disease Prevention and Control. Improving HIV data comparability in migrant populations and ethnic minorities in EU/EEA/EFTA countries: findings from a literature review and expert panel. Stockholm: ECDC; 2011



Expert ranking of migration indicators for surveillance related to health access and HIV infection

Indicator	Ranking Score	Comments
Probable country of HIV infection	38	Most infections are probably not imported
Access to healthcare	24	True indicator of whether access to care influences HIV outcomes
Reason for HIV test	16	Main reasons among migrant groups are feeling unwell and pregnancy
Time between arrival and diagnosis	12	A good quality marker for healthcare services and success of outreach strategies

European Centre for Disease Prevention and Control. Improving HIV data comparability in migrant populations and ethnic minorities in EU/EEA/EFTA countries: findings from a literature review and expert panel. Stockholm: ECDC; 2011

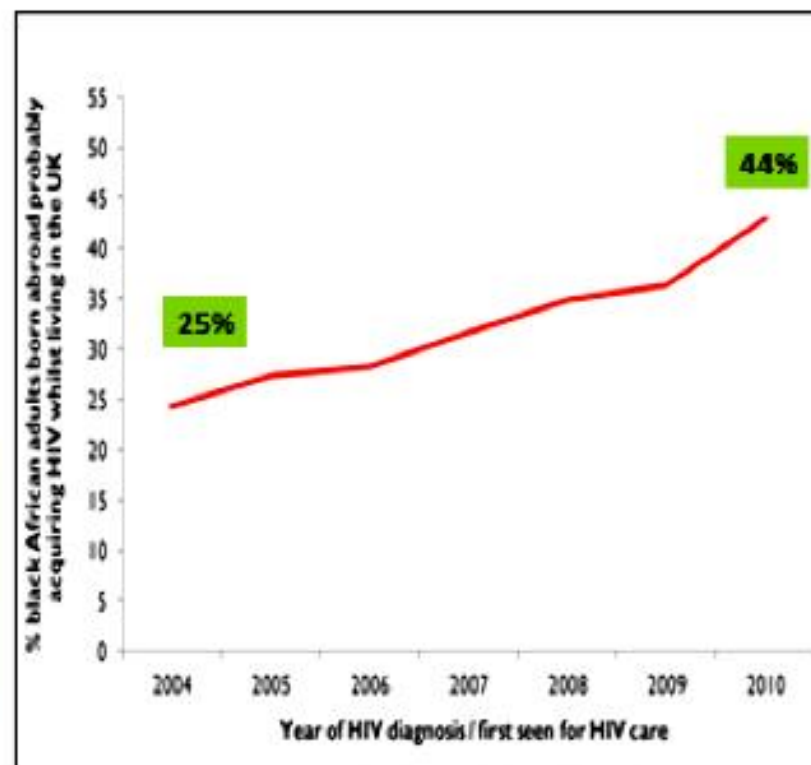


Migrants in EU countries

- Information about the health of migrants in Europe, including specific data about HIV, is inadequate and incomplete.
- Statistics on international migration are weak and inconsistent.
- There is no universally accepted definition of the word ‘migrant’.
- Differences in definitions, data sources and coverage hinder comparisons between countries.
- Migration data have not been available, or have not completely covered the relevant population groups, in some EU Member States.

Migrants probably infected in the host country

Proportion of migrants probably infected in the UK



Source: Rice BD, Eiford J, Yin Z et al (2012). A new method to assign country of HIV infection among heterosexuals born abroad and diagnosed with HIV in the UK. AIDS 26 (15): 1961-6

Estimation of Country of Infection

Estimates of the proportion of infections acquired in European countries among people born in Africa or with Black African ethnicity

Author and year	Country/city/region	Profile	Proportion (%)
Xiridou M [12]	The Netherlands	Caribbean migrant	18
Rice BD [18]	England, Wales, Northern Ireland	Black Caribbean	59
Dougan S [14]	England and Wales	MSM born in Caribbean	43
Dougan S [15]	England and Wales	MSM black Caribbeans	61
Dougan S [21]	England, Wales and Northern Ireland	Black Caribbean male heterosexuals	24
Dougan S [21]	England Wales and Northern Ireland	Black Caribbean women	41
Dougan S [21]	England Wales and Northern Ireland	Black Caribbean MSM	62
Aggarwal I [17]	United Kingdom	Black Caribbeans	62
Dougan S [14]	England and Wales	Asia-born MSM	61
Pezzoli MC [22]	Italy	SSA, Eastern Europe and Latin America	22
Staehelin C [19]	Switzerland	Southeast Asians	25

European Centre for Disease Prevention and Control. Migrant health: Sexual transmission of HIV within migrant groups in the EU/EEA and implications for effective interventions. Stockholm: ECDC; 2013

Factors supporting transmission within migrant communities

- Migrant communities

High prevalence of HIV infection

High rate of undiagnosed infection

Advanced disease at diagnosis

Sexual relationships - assortative sexual mixing

Prevention

- Countries in which migrants are identified as an important sub-population need to be aware that transmission risk is still occurring in the host countries
- Primary prevention programmes targeting specific needs of migrants need to be implemented
- Involvement of the communities in developing and delivering the programs



Access to care in EU Countries

Availability of ART for undocumented migrants living in Europe, 2012



Access to Medical Care in EU Countries

Exhibit 2. Undocumented Migrants' Access to Medical Care in European Countries

Degree of access	Countries
Access only to emergency services	Austria, Bulgaria, Cyprus, Czech Republic, Denmark, Germany, Greece, Estonia, Finland, Hungary, Ireland, Latvia, Lithuania, Luxembourg, Malta, Poland, Romania, Slovak Republic, Slovenia, Sweden
Greater access to some services or for some categories of undocumented migrants	Belgium, Italy, Norway, and the United Kingdom
Full access under specified conditions	France, the Netherlands, Portugal, Spain, Switzerland

European Centre for Disease Prevention and Control. Assessing the burden of key infectious diseases affecting migrant populations in the EU/EEA. Stockholm: ECDC; 2014



Access to Health Care for Undocumented Migrants and Asylum Seekers

STANDARD of CARE for HIV
in EUROPE

NO ACCESS		ACCESS FULL PAYMENT		ACCESS CO-PAID		ACCESS FREE OF CHARGE		NO LEGAL PROVISION	
		ACCESS TO HEALTH CARE					ACCESS TO TREATMENT		
		Primary	Secondary (outpatient)	Hospitalisation (inpatient)	Emergency	Ante-post natal	Medicines	HIV	Other infectious diseases
BELGIUM		If entitled and obtain the AMU (thus i) spot investigation of address and lack of resources; and ii) "urgent" ³ⁿ character)	If entitled and obtain the AMU (thus i) spot investigation of address and lack of resources; and ii) "urgent" ⁴ⁿ character)	If entitled and obtain the AMU (thus i) spot investigation of address and lack of resources; and ii) "urgent" ⁵ⁿ character)		If entitled and obtain the AMU (thus i) spot investigation of address and lack of resources; and ii) "urgent" ⁶ⁿ character)	If entitled and obtain the AMU (thus i) spot investigation of address and lack of resources; and ii) "urgent" ⁷ⁿ character)	If entitled and obtain the AMU (thus i) spot investigation of address and lack of resources; and ii) "urgent" ⁸ⁿ character)	If entitled and obtain the AMU (thus i) spot investigation of address and lack of resources; and ii) "urgent" ⁹ⁿ character)
FRANCE		If entitled and obtain the AME (thus i) proved residence of more than three months; and ii) proved lack of enough resources)	If entitled and obtain the AME (thus i) proved residence of more than three months; and ii) proved lack of enough resources)	If entitled and obtain the AME (thus i) proved residence of more than three months; and ii) proved lack of enough resources)		If entitled and obtain the AME (thus i) proved residence of more than three months; and ii) proved lack of enough resources)	If entitled and obtain the AME (thus i) proved residence of more than three months; and ii) proved lack of enough resources)	If entitled and obtain the AME (thus i) proved residence of more than three months; and ii) proved lack of enough resources)	If entitled and obtain the AME (thus i) proved residence of more than three months; and ii) proved lack of enough resources)
GERMANY		No access due to the existence of the duty to denounce undocumented migrants that completely override entitlements					No access due to the existence of the duty to denounce undocumented migrants that completely override entitlements		
ITALY *	However, they are not allowed to have a family doctor						11		
MALTA		No legal provision, only a non legally-binding policy document applying to undocumented migrants and asylum seekers in detention centres ¹²					No legal provision, only a non legally-binding policy document applying to undocumented migrants and asylum seekers in detention centres		



Access to Health Care for Undocumented Migrants and Asylum Seekers

STANDARD of CARE for HIV
and COINFECTIONS in EUROPE

	ACCESS TO HEALTH CARE					ACCESS TO TREATMENT		
	Primary	Secondary (outpatient)	Hospitalisation (inpatient)	Emergency	Ante-post natal	Medicines	HIV	Other infectious diseases
NETHERLANDS	If "medically necessary" and proved lack of resources to pay	If "medically necessary" and proved lack of resources to pay	If "medically necessary" and proved lack of resources to pay	If "medically necessary" and proved lack of resources to pay	If "medically necessary" (always considered in practice) and proved lack of resources to pay	If "medically necessary" and proved lack of resources to pay	If "medically necessary" (always considered in practice) and proved lack of resources to pay	If "medically necessary" (always considered in practice) and proved lack of resources to pay
PORTUGAL ¹³	If proved residence for more than 90 days	If proved residence for more than 90 days	If proved residence for more than 90 days	If proved residence for more than 90 days		If proved residence for more than 90 days ¹⁴		
SPAIN ¹⁵	If obtain «empadronamiento» and thus the «health card».	If obtain «empadronamiento» and thus the «health card».	If obtain «empadronamiento» and thus the «health card».			If obtain «empadronamiento» and thus the «health card».	If obtain «empadronamiento» and thus the «health card».	If obtain «empadronamiento» and thus the «health card».
SWEDEN								¹⁶
UK	If included in a NHS list by a general practitioner				¹⁷	If included in a NHS list by a general practitioner		If it is one of the 35 specified diseases and if included in a NHS list by a general practitioner ¹⁸



Access to health care and treatment for adult asylum seekers according to applicable national legislation

No expulsion for medical reasons

Code: "X" means that there are legal provisions

	RESIDENCE PERMITS FOR MEDICAL REASONS	OTHER LEGAL MECHANISMS TO AVOID EXPULSION OR REFUSAL-OF-ENTRY FOR MEDICAL REASONS
BELGIUM	X	
FRANCE	X	X
GERMANY	X	X
ITALY	X ³³	
MALTA		X
NETHERLANDS	X	X
PORTUGAL	X	
SPAIN	X	X
SWEDEN	X	
UNITED KINGDOM	X	

Different approaches to HIV diagnosis

- Testing in healthcare settings- opt-out approach
- Testing in community settings
- HIV testing for migrants and asylum seekers is offered prior to entry as a part of general health screening

Migrants and access to health services

Cost- effective strategies

- Free access to prevention services, testing and care
- Late diagnosis – cost of treatment of AIDS related illnesses
- Treatment as prevention

Strategies for migrant populations

- Strategies for migrant populations
 - Training health providers in cultural competences of AIDS among migrants
 - Recruiting and training migrants within the communities to work as cultural mediators/ role models
 - Early diagnosis – better understanding of the epidemiology will support different HIV prevention and treatment programmes
 - Access to treatment – TASP
 - A global EU policy

Strategies for migrant populations

**aMASE: advancing Migrant Access
to health Services in Europe**

FOLHA DE INFORMAÇÕES



U. PORTO
FMUP FACULDADE DE MEDICINA
UNIVERSIDADE DO PORTO

Survey of HIV infected migrants – 40 clinics EU
and 4000 participants

Infections acquired in the host countries

Identify barriers to diagnosis treatment and
care

Results will help plan prevention and treatment
services for HIV infected migrants