Factors influencing late HIV diagnosis among migrant women living in Europe

*Findings from a systematic literature review*

Dr Melvina Woode Owusu
on behalf of Women Against Viruses in Europe’s Migrant Women’s Working Group

20th October 2023
Declaration of interest

• Melvina Woode Owusu received payment for leading the literature review, analysis and write up.

• Dagny Krankowsa received financial support from Gilead and ViiV Healthcare for educational activities which included collaborating on the literature review, analysis and write up.
HIV among migrants

ECDC, 2021 data

• 42% of new HIV diagnosis in EU/EEA was among migrants¹
  *(FOR COMPARISON – AN INCREASE FROM 37% IN 2012)*

• >50% new HIV diagnoses among migrants was reported by Belgium, Cyprus, Denmark, Finland, France, Iceland, Ireland, Luxembourg, Norway, and Sweden¹

• The proportion of cases in migrants originating from other countries in nearly doubled from 2012 to 2021. Central and Eastern Europe

In some regions, up to 63% of migrants acquired HIV after migration²

HIV prevention messaging and testing post-migration is key

Variability in migrants’ experiences and outcomes within and between countries – use this knowledge to inform programmes and services

¹WHO Regional Office for Europe, European Centre for Disease Prevention and Control. HIV/AIDS Surveillance in Europe 2022 - 2021 data. Copenhagen: WHO Regional Office for Europe; 2022
²Alvarez-Del Arco D et al. Advancing Migrant Access to Health Services in Europe (aMASE) study team. High levels of postmigration HIV acquisition within nine European countries. AIDS, 2017
HIV testing uptake among migrants

- Monitoring uptake of testing among key populations is an important indicator of the success of targeted implementation of testing
- 8 countries reported restrictions on who can access HIV testing
- 6 countries reported restricted access to HIV testing for undocumented migrants

HIV testing in Europe and Central Asia Monitoring implementation of the Dublin Declaration on partnership to fight HIV/AIDS in Europe and Central Asia: 2022 progress report
Later stage HIV presentation among migrants and women

ECDC, 2021 data

- **Highest proportion** of people presenting at a **later stage of HIV (CD4 cell count below 350 cells/mm³)** were observed among:
  - Women (57%)
  - Adults ≥50 years
  - Men and women who acquired HIV through heterosexual sex
  - People who acquired HIV through injecting drug use
  - Migrants from south and south-east Asia (66%) and sub-Saharan Africa (60%)

- **Lowest proportion** of people presenting at a **later stage of HIV** were observed among migrants from other western European countries (42%)

UNMET NEED AMONG MIGRANTS AND WOMEN

**WHO Regional Office for Europe, European Centre for Disease Prevention and Control. HIV/AIDS Surveillance in Europe 2022 - 2021 data. Copenhagen: WHO Regional Office for Europe; 2022**
Inclusion in national guidance: HIV testing

- ECDC recommends that key populations should be tested every 6–12 months
- 25 countries reported population specific recommendations for frequency of testing
- Countries were least likely to include recommendations for transgender people and migrants.
- Transgender people and migrants were the least frequently mentioned

LIMITED REFERENCE IN NATIONAL GUIDANCE

European Centre for Disease Prevention and Control. HIV testing in Europe and Central Asia. Monitoring implementation of the Dublin Declaration on partnership to fight HIV/AIDS in Europe and Central Asia: 2022 progress report
Rationale for the review

• HIV transmission and migration in Europe are variable, fluid and unpredictable

• Continued and disproportionately high rates of late diagnosis among migrant women suggest barriers to testing are not being fully addressed

• Data suggest a need for more accessible testing and combined prevention/care services for migrant women at risk of, or living with HIV

Research questions

Among migrant women residing in Europe:

Primary research question
Which factors influence late HIV diagnosis?

Secondary research question
To what extent is low HIV risk perception a contributing factor to late diagnosis?
Population & definitions

**UN Migration Agency (IOM) definition**

A migrant is any person who is moving or has moved across an international border or within a State away from his/her habitual place of residence, regardless of:

- **the person’s legal status**
- **whether the movement is voluntary or involuntary**
- **what the causes for the movement are**
- **what the length of the stay is**

**WOMEN**

We included all women, including cis- and trans-women
Studies were included in the review and synthesis if they reported on any of the following outcomes:

- **Reasons for late presentation**
- **Barriers to seeking HIV testing among women who have been diagnosed with HIV**
- **Facilitators or motivators supporting HIV testing**
**Identification of studies via PubMed, Embase & PsycINFO**

- Records identified through database & register searching (n=275)
- Records removed before screening: Duplicate records removed (n=1)
- Records screened (title & abstract only) (n=274)
  - Records excluded following title & abstract screen by research team (n=226):
    - Study not published after 2011 (n=110)
    - Study not conducted in relevant geographic area (n=17)
    - Data specifically regarding migrants living in EU/EEA/Switzerland/UK unavailable (n=49)
    - Data on late presentation, barriers or facilitators to testing unavailable (n=43)
    - Study design unsuitable (n=5)
    - *2 further papers were unavailable in English*
- Records screened (full text) (n=48)
  - Records excluded following full text screen by research team (n=36):
    - Study not conducted in relevant geographic area (n=1)
    - Data specifically regarding migrants living in EU/EEA/Switzerland/UK unavailable (n=3)
    - Data on late presentation, barriers or facilitators to testing unavailable (n=10)
    - Study design unsuitable (n=6)
    - Migrant specific data unavailable (n=5)
    - Women specific data unavailable (n=11)

**Studies included in review and qualitative synthesis (n=12)**

**Types of source included**

- Reports
- Grey Literature
- Systematic reviews
- Scoping reviews

**Research**

(Randomised or non-randomised controlled trials; prospective or retrospective cohorts; Cross-sectional studies / prevalence studies; Mathematical models; Surveillance studies; Qualitative studies; Conference communications; feasibility/pilot studies)
Late HIV diagnosis among migrant women living in Europe — a systematic review of barriers to HIV testing

Melvina Woode Owusu\textsuperscript{1}, Dagny Clea Krankowska\textsuperscript{2,3}, Panagiota Lourida\textsuperscript{4}, Nina Weis\textsuperscript{5,6}

https://www.sciencedirect.com/science/article/pii/S2772707623000310#fig0001
Review findings

- **12** papers reporting on data from **16** countries in total
- **13** EU countries, **3** non-EU countries
- **5** countries’ data was reported within a pan-European study (based on data collected in cohort studies and surveillance databases)

<table>
<thead>
<tr>
<th>EU countries (no. papers retrieved)</th>
<th>Non-EU countries (no. papers retrieved)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Austria 1</td>
<td>The Republic of Ireland 2</td>
</tr>
<tr>
<td>Belgium 5</td>
<td>Switzerland 2</td>
</tr>
<tr>
<td>Denmark 2</td>
<td>United Kingdom 10</td>
</tr>
<tr>
<td>France 4</td>
<td></td>
</tr>
<tr>
<td>Germany 5</td>
<td></td>
</tr>
<tr>
<td>Greece 4</td>
<td></td>
</tr>
<tr>
<td>Italy 5</td>
<td></td>
</tr>
</tbody>
</table>

https://www.sciencedirect.com/science/article/pii/S2772707623000310#fig0001
Key barriers

Individual barriers

- Lack of knowledge about HIV symptoms and HIV services (5)*
- Low perceived risk of HIV (5)
- Lack of trust in healthcare systems (2)
- Fear of societal implications of an HIV diagnosis (1)

* Numbers indicate the number of sources that referred to these factors influencing HIV testing among migrant women.

LACK OF KNOWLEDGE ABOUT HIV SYMPTOMS AND HIV SERVICES

FRANCE
- Statistically significant knowledge gap (between perceived risk of infection and the need for asymptomatic testing) in migrant women below 20 and over 60 years old1

UK
- Lack of awareness of available services and access2, 3, 4

NETHERLANDS
- Lack of awareness of HIV prevention, testing, Post Exposure Prophylaxis (PEP) and Pre-Exposure Prophylaxis (PrEP)5

4 Shangwe P, Fehel CO. Barriers to accessing HIV services for Black African communities in Cambridgeshire, the United Kingdom. J Community Health 2015;9;12:2
Key barriers

Sociocultural barriers

• Fear, stigma and discrimination (7)*
• Language and communication (3) challenges
• Lack of community testing opportunities (2)

FEAR, STIGMA AND DISCRIMINATION

• Social and self-applied stigmatisation of HIV testing and of living with HIV

• Fear of discrimination and rejection from their communities, and concerns over a lack of community support

SPAIN (QUANTITATIVE STUDY – SURVEY AT MOBILE TESTING UNIT)

• Among migrants from Latin America, fear over losing social status was also reported

* Numbers indicate the number of sources that referred to these factor influencing HIV testing among migrant women

2 Tokar A, Osborne J, Hengeveld R, Lazarus JV, Broerse JEW. "I don’t want anyone to know": experiences of obtaining access to HIV testing by Eastern European, non-European Union sex workers in Amsterdam, the Netherlands. PLoS One 2020;15(7):e0234551
3 George-Svahn L, Eriksson LE, Wikander M, Börjesson G, Svedhem V, Brännström J. Barriers to HIV testing as reported by individuals newly diagnosed with HIV infection in Sweden. AIDS Care 2021;33(10):1286–95
Key barriers

**LEGAL AND ADMINISTRATIVE CHALLENGES**

Pan-European (cross-sectional survey)
~ amongst 1000 migrant women, structural obstacles strongly affected access to HIV testing among this population

Sweden – cross sectional survey
• 42% of respondents experienced structural barriers to HIV testing

Netherlands
• Half of migrant women were unsure of their rights to access healthcare

---

2. George-Svahn L, Eriksson LE, Wiklander M, Björling G, Svedhem V, Brännström J. Barriers to HIV testing as reported by individuals newly diagnosed with HIV infection. AIDS Care 2021;33(10):1286–95
The value of community projects

Studies highlighted the beneficial role of:

• **Offering HIV testing in community settings** e.g. NETHERLANDS - 70% of migrant women in the studied population attended a religious service at least annually

• Including communities in their research process

• Including communities in policy making (migrant women, sex workers) – potential benefits discussed

• Including communities in the education of healthcare workers (particularly GPs/junior physicians, who are often the first contact)

---


Limitations

- **Paucity** of published literature (Publication bias? Restriction to English?)

- Only 1 paper were retrieved based on data from Eastern Europe

- No sources explicitly explored reasons for late diagnosis/facilitators of testing among migrant women

- Evidence indicating HIV testing facilitators – not explicitly related to migrant women

- Heterogeneity of the data makes it challenging to recommend definitive actions to address barriers
Take home messages

- 42% of new HIV diagnoses in EU/EEA were among migrants.
- 57% of women diagnosed at a later stage of HIV.
- Guidance and data concerning HIV testing uptake and recommendations for targeted action, do not consistently include migrants.
- Barriers are complex and vary by:
  - Resident country
  - Healthcare system
  - Country/region of origin
- Further research to inform culturally appropriate policies and culturally competent practice.
- Inclusive and collaborative research and service development may provide an effect approach to tackle inequalities amongst migrant women.

WHO Regional Office for Europe, European Centre for Disease Prevention and Control. HIV/AIDS Surveillance in Europe 2022 - 2021 data. Copenhagen: WHO Regional Office for Europe; 2022
Thank you

Prof. Nina Weis
Dr Dagny Krankowska
Dr Siobhan Quirke
Dr Melvina Woode Owusu
Dr Panagiota Lourida
Dr Maria Mazzitelli