EUROPEAN CENTRE FOR DISEASE PREVENTION AND CONTROL

SPECIAL REPORT

HIV and migrants

Monitoring implementation of the Dublin Declaration on Partnership to Fight HIV/AIDS in Europe and Central Asia: 2017 progress report

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ECDC SPECIAL REPORT

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This report of the European Centre for Disease Prevention and Control (ECDC) was coordinated by Teymur Noori, with technical support from Andrew J. Amato-Gauci, Anastasia Pharris, Jan C. Semenza, Denis Coulombier and Piotr Kramarz.

This report is one in a series of thematic reports based on information submitted by reporting countries in 2016 on monitoring implementation of the Dublin Declaration on Partnership to Fight HIV/AIDS. Other reports in the series can be found on the ECDC website at: http://ecdc.europa.eu/en/healthtopics/aids/Pages/monitoring-dublin-declaration-2016-progress.aspx.

Draft versions of the thematic reports were produced under contract ECDC/2015/013 with Euro Health Group A/S by a team of independent consultants led by Kathy Attawell and David Hales.

Acknowledgements

ECDC would like to acknowledge the support and guidance provided by members of the Dublin Declaration advisory group. Members of the advisory group include Irene Rueckerl (Austria), Florence Lot, Daniela Rojas Castro, Richard Stranz (France), Gesa Kupfer (Germany), Derval Igoe (Ireland), Lella Cosmaro (Italy), Charmaine Gauci (Malta), Silke David, Eline Op De Coul (Netherlands), Arild Johan Myrberg (Norway), Olivia Castillo (Spain), Maria Axelsson (Sweden), Valerie Delpech, Alison Brown, Cary James, Brian Rice (United Kingdom), Velina Pendalovska (European Commission), Klaudia Palczak and Dagmar Hedrich (EMCDDA), Taavi Erkkola, Kim Marsh (UNAIDS) and Annemarie Steengard (WHO Regional Office for Europe).

ECDC would also like to thank the following country focal points for providing data through the Dublin Declaration questionnaire in March 2016:Roland Bani (Albania), Montse Gessé (Andorra), Samvel Grigoryan (Armenia), Irene Rueckerl, Bernhard Benka (Austria), Esmira Almammadova (Azerbaijan), Daniel Reynders, Andre Sasse, Dominique Van Beckhoven (Belgium), Šerifa Godinjak, Drazenka Malicbegovic, Indira Hodzic (Bosnia and Herzegovina), Tonka Varleva (Bulgaria), Jasmina Pavlic, Tatjana Nemeth-Blazic (Croatia), Linos Hadjihannas, Anna Demetriou (Cyprus), Veronika Šikolová, Hana Janatova (Czech Republic), Jan Fouchard, Susan Cowan (Denmark), Kristi Rüütel, Anna-Liisa Pääsukene (Estonia), Henrikki Brummer-Korvenkontio (Finland), Jean-Christophe Comboroure. Florence Lot (France), Maia Tsereteli, Ana Aslanikashvili (Georgia), Gesa Kupfer, Ulrich Marcus, (Germany), Vasileia Konte (Greece), Katalin Szalay, Krisztina Tálas (Hungary), Guðrún Sigmundsdóttir (Iceland), Caroline Hurley, Fiona Lyons (Ireland), Daniel Chemtob, Rivka Rich (Israel), Maria Grazia Pompa, Anna Caraglia, Barbara Suligoi, Lella Cosmaro (Italy), Irina Ivanova Petrenko, Alla Yelizarieva, Aliya Bokazhanova (Kazakhstan), Laura Shehu, Pashk Buzhala (Kosovo[1]), Aikul Ismailova, Nazgul Asybaliev, Talgat Mambetov, Saliya Karymbaeva, Umutkan Chokmorova, Lucia Yanbuhtina, (Kyrgyzstan), Šarlote Konova (Latvia), Irma Caplinskiene (Lithuania), Patrick Hoffman, Pierre Weicherding (Luxembourg), Jackie Maistre Melillo, Charmaine Gauci (Malta), Violeta Teutu, Tatiana Cotelnic-Harea (Moldova), Maja Milanović, Aleksandra Marjanovic, Alma Cicic (Montenegro), Silke David, Eline Op De Coul (Netherlands), Arild Johan Myrberg (Norway), Iwona Wawer, Piotr Wysocki, Adam Adamus, Wojciech Tomczynski (Poland), Antonio Diniz, Teresa Melo (Portugal), Mariana Mardarescu (Romania), Danijela Simic, Sladjana Baros (Serbia), Peter Truska (Slovakia), Irena Klavs (Slovenia), Olivia Castillo, Begoña Rodríguez Ortiz de Salazar, Asuncion Diaz (Spain), Maria Axelsson, Louise Mannheimer, Kristina Ingemarsdotter Persson (Sweden), Stefan Enggist, Axel Schmidt (Switzerland), Alijon Soliev, Sayfuddin Karimov, Dilshod Sayburhonov (Tajikistan), Emel Özdemir Şahin (Turkey), Valerie Delpech, Peter Kirwan, Alison Brown, Sara Croxford, Sandra Okala (United Kingdom), Igor Kuzin, Olga Varetskaya (Ukraine) and Zulfiya Abdurakhimova, Nurmat Atabekov (Uzbekistan).

ECDC would like to thank the operational contact points for HIV surveillance from EU/EEA Member States and the national HIV/AIDS surveillance focal points from other countries of the WHO European Region for making available HIV/AIDS surveillance data.

ECDC would like to thank EMCDDA and UNAIDS for harmonising their monitoring systems with ECDC and making available country-reported data for the purposes of monitoring the Dublin Declaration. ECDC would also like to thank the WHO Regional Office for Europe for jointly coordinating HIV surveillance in the WHO European Region.

Suggested citation: European Centre for Disease Prevention and Control. HIV and migrants. Monitoring implementation of the Dublin Declaration on Partnership to Fight HIV/AIDS in Europe and Central Asia: 2017 progress report Stockholm: ECDC; 2017.

Stockholm, April 2017

ISBN 978-92-9498-050-2
doi: 10.2900/063985
Catalogue number TQ-01-17-335-EN-N

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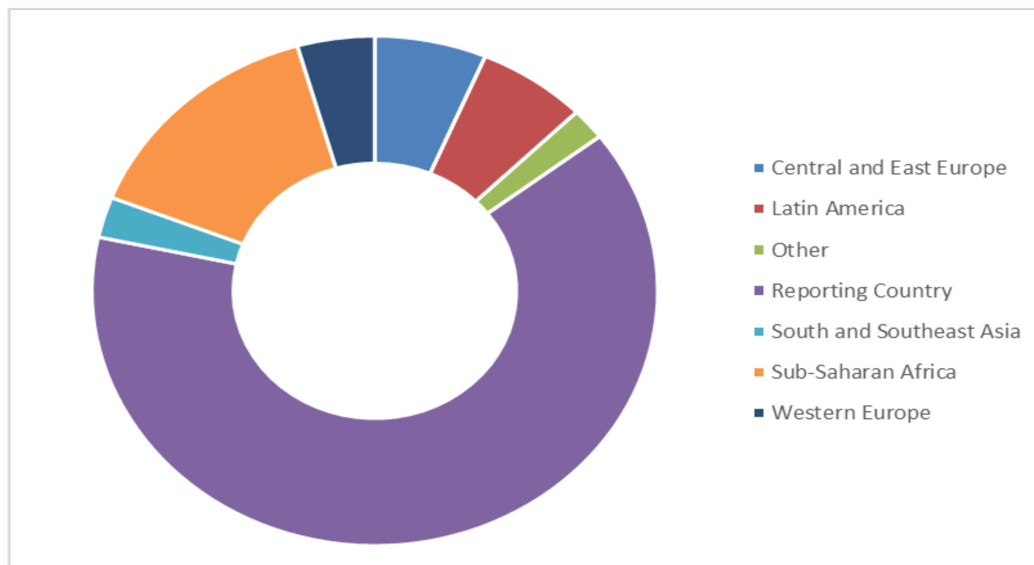
[1] This designation is without prejudice to positions on status, and is in line with UNSC 1244 and the ICJ Opinion on the Kosovo Declaration of Independence.

Why focus on migrants?

More than one-third of all newly-diagnosed HIV cases in the EU/EEA are in migrants[2]. In 2015, 37% of all newly-diagnosed cases of HIV in the EU/EEA were in people born outside of the reporting country (Figure 1). The proportion of migrants among newly-diagnosed HIV cases varies among EU/EEA countries, ranging from over 70% in Luxembourg and Sweden to less than 5% in Croatia, Latvia, Lithuania, Poland and Romania.

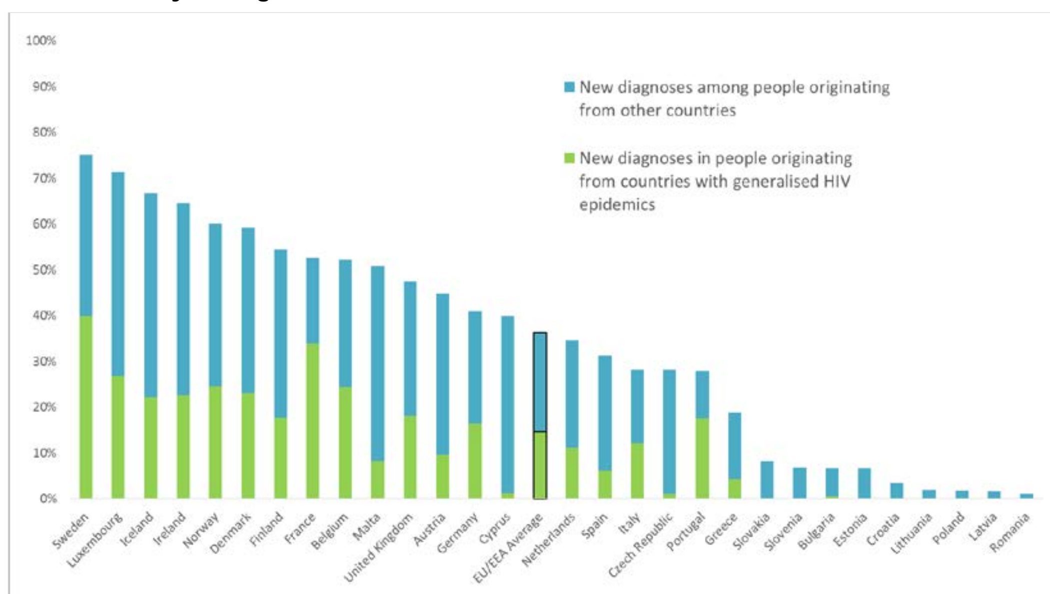
Figure 1. Proportion of new HIV diagnosis by region of origin, EU/EEA, 2015



Source: European Centre for Disease Prevention and Control/WHO Regional Office for Europe. HIV/AIDS surveillance in Europe 2015. Stockholm: ECDC; 2016.

Migrants account for more than half of all newly-diagnosed HIV cases in 10 EU/EEA countries. In 2015, 10 EU/EEA countries reported more than half of new HIV diagnoses in people originating from outside of the reporting country: Sweden (75%), Luxembourg (71%), Iceland (67%), Ireland (65%), Norway (60%), Denmark (59%), Finland (54%), France (53%), Belgium (52%) and Malta (51%) (Figure 2).

Figure 2. Percentage of new HIV diagnoses among migrants of all reported cases in the EU/EEA with known country of origin, 2015



Source: European Centre for Disease Prevention and Control/WHO Regional Office for Europe. HIV/AIDS surveillance in Europe 2015. Stockholm: ECDC; 2016

[2] Migrants are defined here as persons originating from outside of the reporting country

New HIV diagnoses among people from high prevalence countries have decreased, but this migrant population is still at high risk. Despite a decline in the number of new HIV diagnoses in migrants from high-prevalence countries, this population still accounted for around 15% of all newly-diagnosed cases in the EU/EEA in 2015. There is also growing evidence that migrants from high-prevalence countries are at risk of acquiring HIV after arrival in the EU/EEA[3,4,5].

New HIV diagnoses among migrants from other countries are increasing in the EU/EEA. Migrants from other countries (i.e. not from high-prevalence countries) accounted for 22% of all new HIV diagnoses in the EU/EEA in 2015 and represent an increasing proportion of all new HIV diagnoses among migrants (Figure 1).

What are the main challenges?

There are gaps in HIV prevention services for migrants. In 2016, 16 countries in Europe and Central Asia, the majority of which are EU/EEA countries (Table 1), reported that there are major gaps in HIV prevention services for migrants from high-prevalence countries. In many of these EU/EEA countries, migrants originating from high-prevalence countries account for a considerable proportion of new HIV diagnoses. Undocumented migrants are less well served: 20 countries in the region reported major gaps in HIV prevention services for undocumented migrants and, again, the majority of these are EU/EEA countries (Table 1).

Table 1. Countries reporting major gaps in HIV prevention services for migrants (n=48), 2016

Migrants from high prevalence countries	**16**	Austria, Czech Republic, Cyprus, Finland, France, Georgia, Greece, Hungary, Ireland, Italy, Kazakhstan, Kosovo[6], Kyrgyzstan, Malta, Norway, Sweden
Undocumented migrants	**20**	Austria, Azerbaijan, Czech Republic, Cyprus, Finland, France, Georgia, Germany, Greece, Ireland, Italy, Kazakhstan, Kosovo[4], Malta, Netherlands, Norway, Poland, Sweden, Switzerland, Ukraine

Stigma and discrimination limits uptake of HIV prevention services. This includes stigma and discrimination within migrant populations and among health professionals. Twenty-two countries reported that stigma and discrimination among migrants from high-prevalence countries is a barrier and 17 reported that stigma and discrimination among health professionals is a barrier to uptake of prevention services by migrants from these countries.

HIV testing rates[7] among migrants are low. Very few countries have data on HIV testing among migrants from high-prevalence countries. In all but one of the seven countries that reported data (Austria, Belgium, France, Greece, Hungary, Portugal and Switzerland), testing rates in this population are below 50% (Table 2). Only Greece reported data on HIV testing among undocumented migrants.

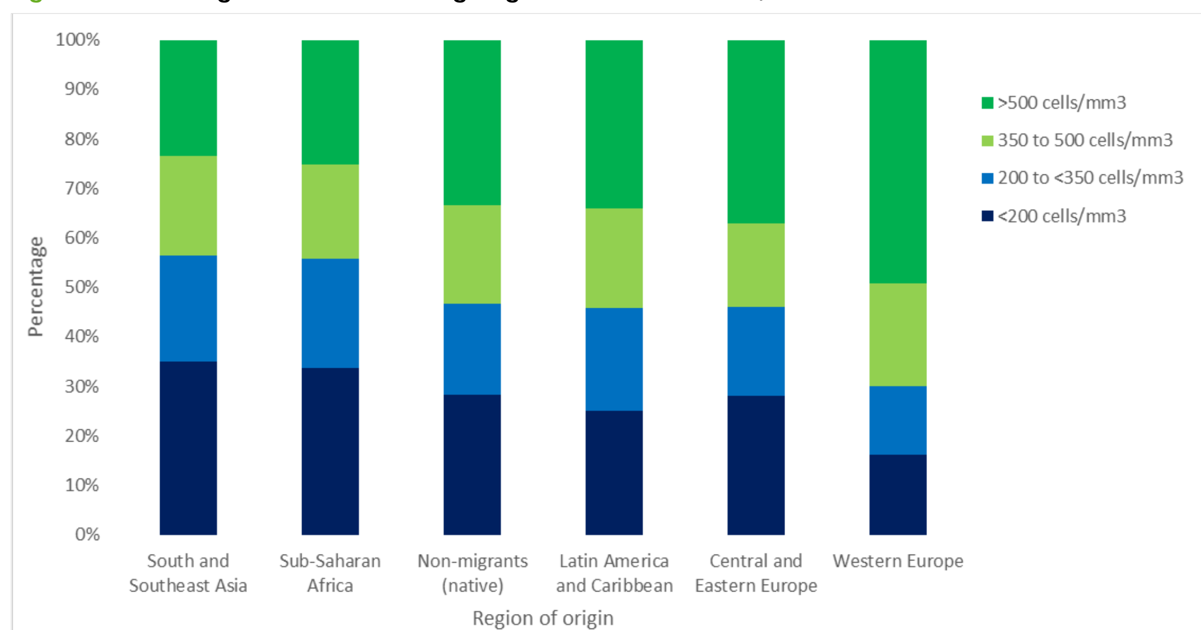
Table 2. Countries reporting data on HIV testing in migrants (n=48), 2016

	No. of countries	Range of testing rates	No. of countries reporting testing rates of 50% or less
Migrants from high-prevalence countries	7	3–62%[8]	6
Undocumented migrants	1	16.7%	1

[3] Fakoya I, Alvarez-Del AD, Woode-Owusu M, Monge S, Rivero-Montesdeoca Y, Delpech V et al. A systematic review of post-migration acquisition of HIV among migrants from countries with generalised HIV epidemics living in Europe: implications for effectively managing HIV prevention programmes and policy. BMC Public Health 2015; 15:561.
[4] Rice BD, Elford J, Yin Z, Delpech VC. A new method to assign country of HIV infection among heterosexuals born abroad and diagnosed with HIV. AIDS 2012; 26(15):1961-1966.
[5] Desgrees-du-Lou A, Pannetier J, Ravalihasy A, Gosselin A, Supervie V, Panjo H et al. Sub-Saharan African migrants living with HIV acquired after migration, France, ANRS PARCOURS study, 2012 to 2013. Euro Surveill 2015; 20(46).
[6] This designation is without prejudice to positions on status, and is in line with UNSC 1244 and the ICJ Opinion on the Kosovo Declaration of Independence.
[7] Defined by UNAIDS as number of people tested for HIV during the past 12 months who know their results: https://aidsreportingtool.unaids.org/static/docs/GARPR_Guidelines_2016_EN.pdf.
[8] Austria 4%; Belgium 42.6%; France 35.5%; Greece 62%; Hungary 3%; Portugal 7.5%; Switzerland 50%.

Migrants are more likely to be diagnosed late than non-migrants. Overall, nearly half of all HIV cases are diagnosed late in the EU/EEA: in 2015, among cases where information on CD4 cell count at time of diagnosis was available, 47% were late presenters (CD4 cell count <350/mm^3) when diagnosed[9]. Rates of late diagnosis are higher among certain migrant populations. For example, migrants originating from sub-Saharan Africa (56%) and from south and south-east Asia (57%) were more likely to be diagnosed late than non-migrants (47%).

Figure 3. Late diagnosis of HIV among migrants in the EU/EEA, 2015



Low rates of testing and high rates of late diagnosis reflect gaps in HIV testing services for migrants. In 2016, 12 countries in the region reported major gaps in HIV testing services for migrants from high-prevalence countries and 17 reported major gaps in HIV testing services for undocumented migrants. Once again, most of these were EU/EEA countries (Table 3). Countries were more likely to report gaps in testing services for migrants than for other key populations.

Table 3. Countries reporting major gaps in HIV testing services for migrants (n=48), 2016

Migrants from high prevalence countries	**12**	Croatia, Cyprus, Finland, Georgia, Ireland, Italy, Kazakhstan, Latvia, Netherlands, Sweden, Switzerland, Ukraine
Undocumented migrants	**17**	Austria, Azerbaijan, Belgium, Croatia, Finland, Georgia, Germany, Ireland, Italy, Kazakhstan, Latvia, Netherlands, Norway, Portugal, Sweden, Switzerland, Ukraine

Low rates of testing and high rates of late diagnosis among migrants also reflect barriers to provision and uptake of HIV testing services. The main barriers to provision of HIV testing services for migrants are funding (reported by 16 countries for both migrants from high-prevalence countries and undocumented migrants); availability of community-based services (15 and 14 countries respectively); health professionals' knowledge (15 and 14 countries respectively) and attitudes (14 and 13 countries respectively) (Table 4). The main barriers to increasing uptake of HIV testing among migrants are stigma and discrimination within migrant populations (reported by 16 countries for migrants from high-prevalence countries and 15 countries for undocumented migrants), stigma and discrimination among health professionals (14 and 12 countries respectively) and limited availability of testing services in general (13 and nine countries respectively) and of community-based testing services in particular (16 and 14 countries respectively) (Table 5). Other factors that contribute to late diagnosis include low risk perception (19 and 15 countries respectively), fear of knowing HIV status (17 and 14 countries respectively) and lack of HIV knowledge (16 and 12 countries respectively) (Table 6).

[9] Information on cell count at the time of diagnosis provided by 24 countries for 75% of cases diagnosed in adults and adolescents.

Table 4. Countries reporting barriers to providing HIV testing services for migrants (n=48), 2016

	Migrants from high-prevalence countries	Undocumented migrants
Sustainable funding for testing services	16 (33%)	16 (33%)
Availability of community-based testing services	15 (31%)	14 (29%)
Ability of health professionals to identify and screen asymptomatic patients who should be tested	15 (31%)	14 (29%)
Stigma and discrimination among health professionals	14 (29%)	13 (27%)
Availability of testing services in general	12 (25%)	12 (25%)
Lack of data on who should be recommended for testing	10 (21%)	11 (23%)
Laws or policies	8 (17%)	10 (21%)

Table 5. Countries reporting barriers to increasing the uptake of HIV testing among migrants (n=48), 2016

	Migrants from high-prevalence countries	Undocumented migrants
Stigma and discrimination within the key population	16 (33%)	15 (31%)
Availability of community-based testing services	16 (33%)	14 (29%)
Stigma and discrimination among health professionals	14 (29%)	12 (25%)
Availability of testing services in general	13 (27%	9 (19%)
Lack of support or buy-in to HIV testing among key populations	12 (25%)	10 (21%)
Confidentiality	10 (21%)	10 (21%)
Laws or policies	8 (17%)	9 (19%)

Table 6. Countries reporting factors contributing to late diagnosis among migrants (n=48), 2016

	Migrants from high-prevalence countries	Undocumented migrants
Low risk perception	19 (40%)	15 (31%)
Fear of knowing one's HIV status	17 (35%)	14 (29%)
Lack of knowledge about HIV	16 (33%)	12 (25%)
Denial of risk behaviours	13 (27%)	9 (19%)
Limited screening of people with HIV risk factors when they are still asymptomatic	13 (27%)	11 (23%)
Inadequate efforts by health professionals to offer HIV testing to people at risk of infection	10 (21%)	10 (21%)

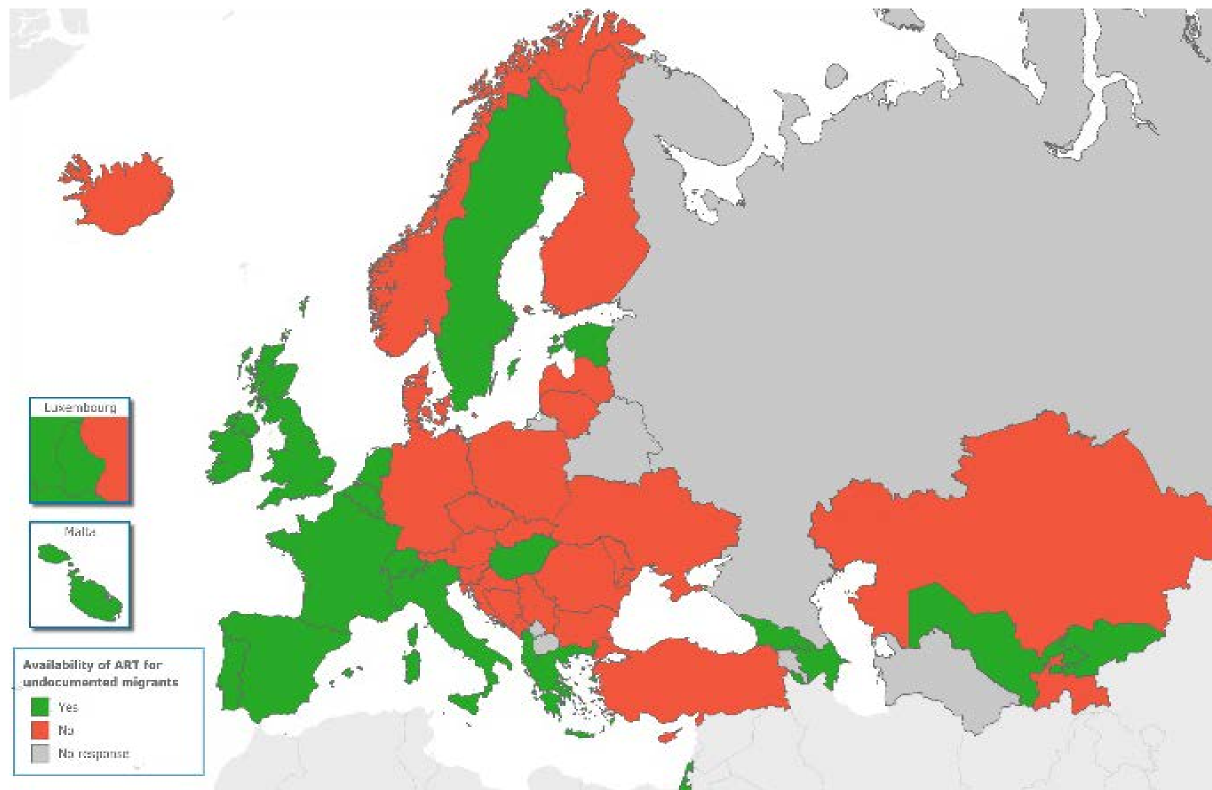
Relatively few countries report efforts to increase access to testing for migrants. Existing efforts focus on expanding community-based testing delivered by medical staff; only five of 48 countries report efforts to increase access for migrants from high-prevalence countries through community-based testing delivered by non-medical staff and four of 48 had the same approach for undocumented migrants. Only one or two countries report initiatives to expand testing through other approaches (Table 7).

Table 7. Countries reporting efforts to use different approaches to increasing access to testing for migrants (n=48), 2016

	Community testing delivered by medical staff	Community testing delivered by non-medical staff	Home sampling	Self-testing
Migrants from high-prevalence countries	13	5	1	2
Undocumented migrants	10	4	0	2

Undocumented migrants face particular difficulties in accessing HIV treatment. Although almost all countries in the region provide ART for documented migrants, more than half (54%) of countries do not provide treatment for undocumented migrants. In 2016, 21 countries (14 EU/EEA and seven non-EU/EEA countries) reported that ART is provided for undocumented migrants and 25 countries (16 EU/EEA and nine non-EU/EEA countries) that ART is not provided for undocumented migrants (Figure 4).

Figure 4. Availability of ART for undocumented migrants in Europe and Central Asia, 2016



There has been no improvement in treatment access for undocumented migrants in the EU/EEA. In 2014, 15 EU/EEA countries reported that ART is provided for undocumented migrants; in 2016, this had decreased to 14 EU/EEA countries.

What needs to be done?

Migrants from high-prevalence and other countries continue to be vulnerable to HIV. Despite a decline in the proportion of new reported cases among migrants originating from sub-Saharan Africa, migrants still represent a significant proportion of all newly-diagnosed HIV cases reported in the EU/EEA and are a key population for prevention and control efforts in many EU/EEA countries.

Dublin Declaration monitoring suggests that current HIV prevention efforts are inadequate for this population, with many EU/EEA countries reporting gaps in prevention programmes for migrants. The increase in newly-diagnosed cases among migrants originating from countries without high-prevalence HIV highlights the need for EU/EEA country-specific data on migrant populations who are at risk. There is also growing evidence that some migrants, in particular migrants from high-prevalence countries and migrant MSM, are at risk of HIV acquisition after arrival in the EU/EEA. Improved monitoring, better understanding of risk factors and targeted prevention programmes are needed to address this.

Available data suggest that rates of HIV testing among migrants are low and there is also clear evidence that some migrant populations are more likely to be diagnosed later than other populations. Specific measures are needed to increase early uptake of testing and reduce late diagnosis among those migrant populations most at risk. Such measures include addressing barriers to provision and uptake of HIV testing services and using innovative approaches to improve access to testing.

Although almost all countries in the region provide ART for documented migrants, only half do so for undocumented migrants. In addition, undocumented migrants face a range of barriers that make it more difficult for them to access HIV prevention and testing services.

Priority options for action

1. Strengthen prevention and testing programmes for migrants

- Develop more effective awareness-raising and prevention interventions for migrant populations most affected by HIV - including migrants from countries with generalised HIV epidemics, migrant MSM and migrants who inject drugs - and targeted prevention programmes for migrants at risk of post-arrival acquisition of HIV.
- Promote earlier and increased uptake of HIV testing among migrants who are most at risk, by expanding community-based testing and adopting other innovative and targeted approaches to increase access to testing for migrants.
- Reduce missed opportunities for HIV testing and diagnosis in health services, particularly in primary care, through routine or opt-out testing where appropriate and implementation of indicator condition-guided testing.
- Develop more focused and effective case detection approaches for the hardest-to-reach undiagnosed individuals among migrant populations.

2. Address barriers to provision and update of services for migrants

- Consider revising laws and policies that prevent migrants, in particular undocumented migrants, from accessing HIV prevention and testing services.
- Ensure that ART is made available free of charge to undocumented migrants.
- Develop and implement more effective approaches to eliminate stigma and discrimination towards migrants in healthcare settings and to reduce HIV-related stigma and discrimination within migrant populations.

3. Strengthen the evidence base on HIV and migrants

- Improve monitoring of post-arrival HIV acquisition among migrants.
- Collect EU country-specific data to identify sub-groups of migrants who are most at risk.
- Improve data on HIV testing and late diagnosis among migrants and sub-groups of migrants who may be at increased risk of HIV.
- Collect data on risk behaviour and risk reduction among sub groups of migrants most at risk of HIV infection.

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