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Review article

Implementing and expanding HIV testing in immigrant populations in Europe: Comparing guideline's recommendations and expert's opinions

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ABSTRACT

Immigrant populations, especially those from endemic countries, living in the European Union (EU) suffer a disproportionate burden of HIV, delayed diagnosis and poorer access to antiretroviral treatment. While International Organisations are developing recommendations aimed at increasing the uptake of HIV testing, the feasibility and real outcomes of these measures remain unexplored. The aim of this review was, firstly to identify the recommendations of the main International Organisations (IO) on HIV testing in immigrants. Secondly, to describe the challenges for implementing and expanding HIV testing and counselling interventions targeting immigrants by interviewing key informants. The importance of HIV testing in immigrants is discussed, along with the appropriateness of universal HIV testing approaches vs most at risk targeted approaches. Also addressed is, pre- and post-HIV test counselling characteristics and community initiatives suitable to reach this population and, finally the legal issues regarding access to treatment for illegal immigrants.

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Implementación y expansión de la prueba de VIH en población inmigrante en Europa: confrontación de las recomendaciones de las guías con las opiniones de los expertos

RESUMEN

Las poblaciones inmigrantes que viven en la Unión Europea, especialmente las originarias de países endémicos, sufren una carga desproporcionada de VIH, retraso diagnóstico y barreras de acceso al tratamiento antirretroviral. Mientras las organizaciones internacionales desarrollan recomendaciones para expandir el test de VIH, la factibilidad y los resultados reales de las medidas propuestas están aún por explorar. El objetivo de esta revisión es, en primer lugar, identificar las recomendaciones de los organismos internacionales sobre prueba de VIH a poblaciones inmigrantes. En segundo lugar, nuestro objetivo es describir los retos para implementar y expandir la prueba y el consejo de VIH dirigido a inmigrantes a través de entrevistas con informantes clave. En este artículo describimos la importancia de realizar la prueba en inmigrantes y discutimos la adecuación de las estrategias de cribado de VIH universal, frente a las estrategias de prueba dirigidas a colectivos en situación de especial vulnerabilidad. También se

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abordan las características del consejo previo y posterior a la prueba y las iniciativas desde la comunidad para alcanzar a esta población. Finalmente, analizamos cuestiones legales sobre el acceso al tratamiento de los inmigrantes en estatus ilegal.

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Introduction

HIV delayed diagnosis remains a major public health issue across Europe and worldwide.^{1,2} In many EU countries, migrants in particular have been found to be diagnosed late with HIV and to have poorer access and/or uptake of combination antiretroviral therapy (cART) than native populations.³⁻⁶ Data from the European Centre for Disease Prevention and Control (ECDC) shows that in 2013 the proportion of late HIV diagnosis (CD4 count <350 cells/mm³ at diagnosis) was higher among migrants from countries with generalized epidemics (59%) compared to people who inject drugs (52%) and men who have sex with men (MSM) (37%).¹ Several international organizations have recently published guidelines that underline the importance of promoting HIV testing as the basis for ensuring universal access to treatment and care.^{3,7,8} Administrative,⁹⁻¹² legal,^{13,14} language¹³⁻¹⁸ and cultural barriers^{9,11,14,15,19} have been reported as obstacles in accessing HIV testing services among migrant populations.

In the European Union/European Economic Area (EU/EEA), two main approaches have been identified aimed at promoting HIV testing²⁰: general population approaches in health-care settings and targeted approaches aimed at key populations. The first approach is based on the success of antenatal screening – a strategy that has achieved excellent coverage of HIV testing including migrant and ethnic minority women.²¹ Within the second approach, different and innovative interventions have been developed including offering HIV rapid testing in non-traditional health-care settings and outside normal working hours²²; provision of point-of-care testing by non-governmental organizations (NGOs) and community-based organizations (CBOs) and testing by outreach services, mobile clinics and other non-clinical settings, such as hair salons or sporting events among others.²³⁻²⁵ The feasibility and benefits of targeted approaches however remains largely unexplored.

This review firstly aims to identify the main International Organizations (IO) recommendations about HIV testing in migrants. Reviewed documents were issued by World Health Organization,^{8,26,27} ECDC,⁷ International Organization for Migration (IOM)²⁸ and International Labour Organization (ILO), IOM and Joint United Nations Programme on HIV/AIDS (UNAIDS).²⁹ Secondly, this article intends to describe the challenges for implementing and expanding these strategies interviewing 24 key informants from both governmental and non-governmental organizations. Participants were mainly academics researchers with a recognized career, policy makers from EU countries and NGO's representatives working on HIV from Belgium, France, Germany, Italy, Portugal, Spain, Sweden USA and UK. Individual and group interviews were performed.

The importance of HIV testing in migrants: universal HIV screening vs targeted approaches

Most documents explicitly identify the benefits of HIV testing at individual and community level. The benefits derived from cART uptake are noted; overall increase of life expectancy, decrease of morbidity and mortality and reduction of mother to child transmission; testing HIV positive can also lead to behaviour change and

prevention of further HIV transmission. On the same line, the reduction in HIV viral load – and thus transmission risk – derived from cART uptake is one of the main benefits at community level. The 2010 WHO Guide⁸ states: “the importance of this for HIV prevention is enhanced in settings where antiretroviral treatment (cART) is available and accessible to all who need it, given its value in reducing viral load and the amount of virus circulating in the community”. This recommendation is not necessarily directed towards the whole population, but can target people with high risk exposure when the HIV epidemic is concentrated in “key populations at risk”.

Key informants from Belgium, Italy, Portugal, and Spain said they were discussions at country level as to whether move towards incorporating opt-out routine HIV testing for the general population. In general, participants underlined the need to frame at a global level the aforementioned initiatives and to address other complex issues as well:

“Individual strategies to fight HIV are necessary but not sufficient. We must address the social determinants of health such as poverty, access to health care, racism and discrimination” (Policy Maker).

Targeted approaches were considered as more cost effective by some of the interviewees. However, a number of participants believed that a general population approach may be more acceptable to service providers and users. Service providers prefer to offer screening for medical reasons. Service users may perceive HIV testing that is offered to people on the basis of the colour of their skin or their country of origin as discriminatory.

“Epidemiologically and financially it makes sense to talk of high prevalence groups – for example, migrants from SSA (Sub-Saharan Africa) and MSM – but it does not make sense in terms of delivering services and the risk of discrimination and stigma. The history of migrants is different from that MSM. The latter had a solid network of solidarity that helped them to withstand potential stigma and discrimination, whereas migrants do not. Although it is tempting epidemiologically to target them as a group, the strategy needs to be embedded in the general population” (Group interviewee).

In fact, a number of respondents identified the success of antenatal testing of HIV as a good example of how an opt-out approach was a strategy that has led to dramatic reductions in mother to child HIV transmission across Europe. It was also pointed out that recommendations based on HIV testing within health care settings may not reach the most vulnerable as often people may not access health care services.

Identifying migrants as candidates for HIV test

All reviewed international guidelines identify migrants as at risk for HIV infection but only three^{8,27,28} explicitly recommend testing them for HIV infection, as seen in Table 1.

The 2010 ECDC guideline in the chapter “Whom to test?” recommends each country to know its epidemic and identify groups most at risk. Among the groups considered especially at risk for HIV, migrants are included (especially those from countries with higher prevalence).

However, targeting migrants for HIV testing has potential disadvantages, especially for migrants who may face unique legal

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