

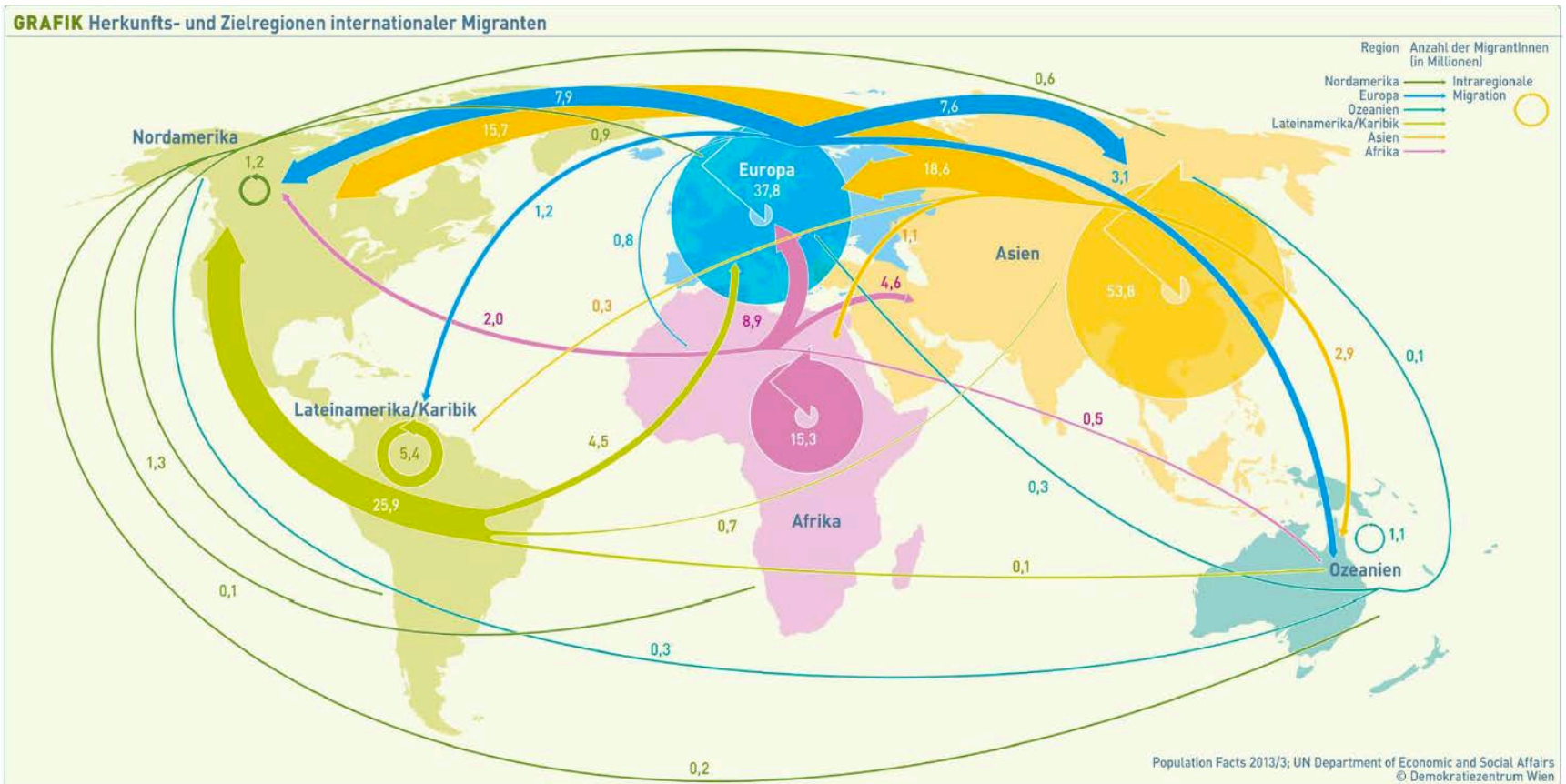
SEXUAL AND REPRODUCTIVE HEALTH FOR UNDOCUMENTED MIGRANTS IN FRANCE

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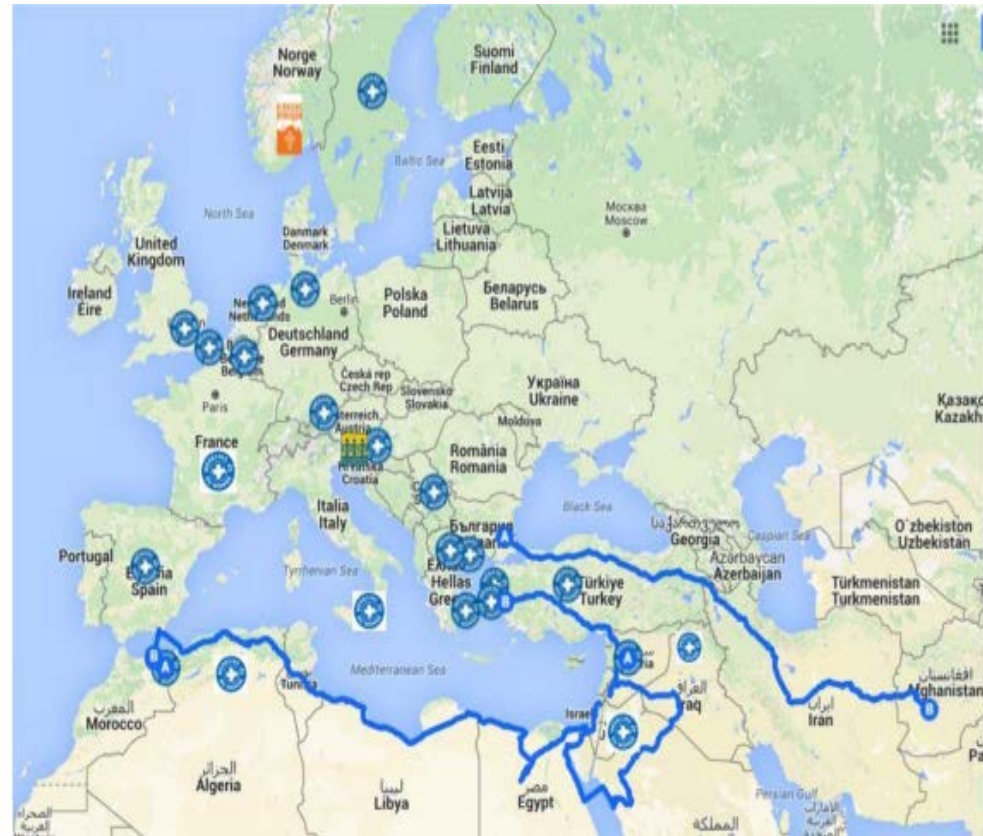


A universal phenomenon



The 'migrant crisis' in Europe

- 59,5 millions displaced persons in the world (UNHCR - 2015)
 - Among them are nearly 20 million refugees, over half of whom are under the age of 18
- 1 015 078 migrants arrivals in Europe in 2015 from the Mediterranean sea (1.7%)
- In 2016 until now, 208,150 refugees/migrants arrived from the sea in Europe



Context and definitions

- Sexual and reproductive health... and rights!
- The French National strategy for sexual health includes 'the people from highly endemic zones'
 - **Comprehensive package of health services**
- 'Migrants' include, at least in France:
 - **Immigrants ('immigrés'):** a person born abroad and 'non French' but who lives in France
 - **Exiles, asylum seekers, refugees**
 - **Undocumented people**
- In 2013, in France: 5,8 million immigrants and 4,1 million foreigners, respectively 8.9% and 6.2% of the population (source: INSEE)
- **Approximately 300-400 000 people are 'undocumented migrants'**

Access to health care for undocumented people

- Since 1997: access to 'residency for medical reasons' for people suffering from 'serious diseases' who cannot access treatment and care in their countries of origine
 - **'Droit au séjour pour raisons médicales'**
 - **From 1-year to, formally, 10-year residency**
 - **Periodically questioned and reformed to limit its effectiveness**
- Since 2000: 'Aide médicale d'Etat' (AME)
 - **After 3 months of stay in France**
 - **For people living under the poverty line**
 - **A limited health care basket**
 - **App. 300 000 beneficiaries in 2015**
 - **Each year, it is discussed in the Parliament... and its existence is threatened**

What is at stake?

- Providing access to health services (prevention, testing/screening, treatment and care) to those in need
- Tackling the HIV/AIDS epidemic
 - **The 'HIV cascade': seek, test, treat and retain**
 - **Reaching an undetectable viral load**
- Reducing the incidence of other STIs
- For the benefit of the people themselves
 - **Individual health**
- For the benefit of the society ('the public interest')
 - **Public health**
- Missed opportunities = loss of chance

HIV in France

- **‘Hidden epidemic’**: app. 25 000 people, of whom 40% are heterosexuals born abroad, essentially from Subsaharan Africa [1]
- **New diagnosis in 2015**: 48% of the people are born abroad (58% in 2003), of whom 65% in Subsaharan Africa [2]
- **Late diagnosis**: 42% of men and 34% of women from Subsaharan Africa are late presenters, i.e. <200 CD4/mm³ or AIDS when diagnosed (ANRS-VESPA2) [3]
- **Place of infection**: 35% to 49% of people from Subsaharan Africa get infected in France (men more than women) [4]

[1] <http://sfls.aei.fr/ckfinder/userfiles/files/Formations/JourneesNationales/2016/presentations/VIRGINIE-SUPERVIE.pdf>

[2] Decouvertes-de-seropositivite-VIH-et-de-sida.-Point-epidemiologique-du-23-mars-2017.

[3] Dray-Spira R et al. « État de santé de la population vivant avec le VIH en France métropolitaine en 2011 et caractéristiques des personnes récemment diagnostiquées ». BEH, 2013 ; 26-27: 285-92.

[4] Desgrées du Loû A et al; groupe ANRS-Parcours. Migrants subsahariens suivis pour le VIH en France : combien ont été infectés après la migration ? Estimation dans l'Étude Parcours (ANRS). BEH. 2015;40-41:752-8.

Who are we?

- Médecins du Monde, Doctors of the World, Giatrou tou Kosmou... an international network of medical NGOs
- Born in 1980 in France
- 15 countries: **France**, Spain, **Greece**, Portugal, Canada, Luxembourg, Belgium, The Netherlands, UK, USA, Germany, Switzerland, Sweden, Japan, Argentina
- We work domestically and abroad, in both emergency and long-term development projects
- In 2015:
 - **439 programmes in more than 80 countries**
 - **Budget around 135 millions dollars**



MdM International network



*CNS Symposium 'Implementation of Prevention and Therapy of STIs for Undocumented Migrants in Europe'
IAS Conference, July 23rd 2017, Paris*



Médecins du Monde-F

- We provide medico-psychosocial care to ‘the most vulnerable people’ and advocate to end health inequities, in France and abroad
- Core principles:
 - To provide healthcare: available and accessible (→ mitigating determinants of health)
 - To bear witness and advocate: towards health systems based on equity and solidarity
 - To support communities seeking social change (→ empowerment)
- 5 priority areas:
 - Conflicts and crisis
 - Harm Reduction
 - Sexual and reproductive health and rights
 - Access to health for migrants and refugees
 - Environmental health



The 'mission France'

- **20 CASO (Centres for Welcome, Care and Orientation)**

38 483 medical consultations for 23 137 patients

- **1 centre for pediatric care in Mayotte**

- **32 mobile units**

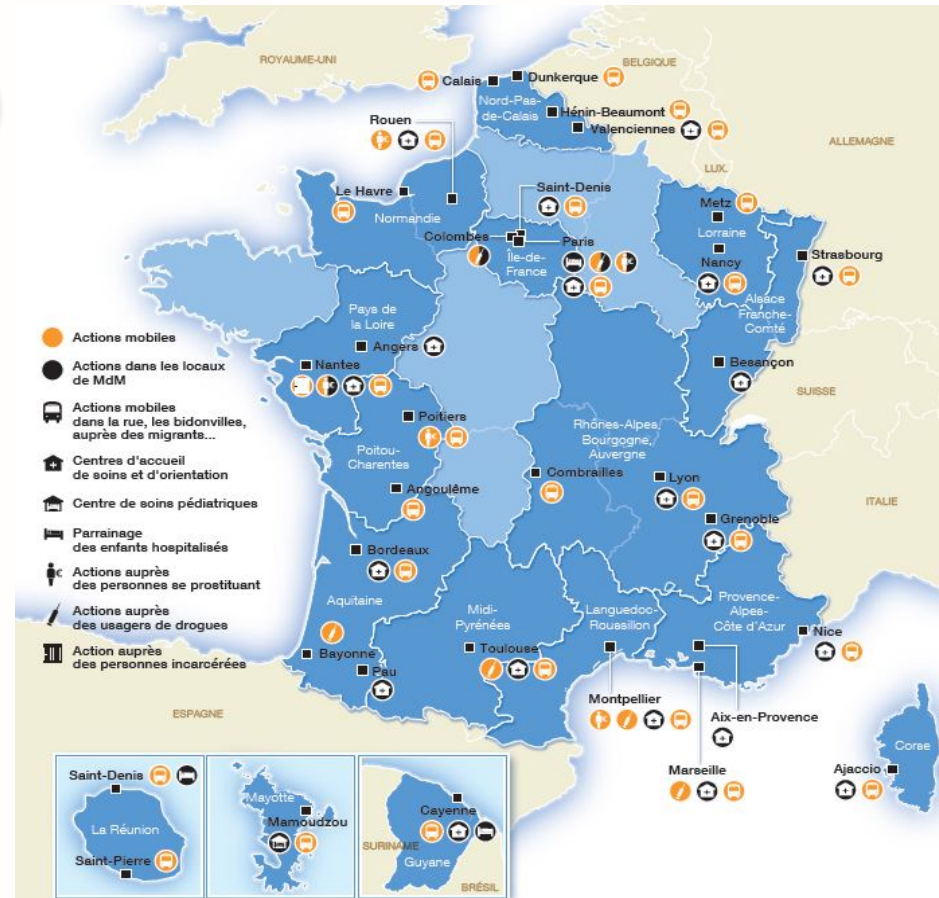
About 20 500 contacts/year (homeless people, Roma people, mobile migrants, inmates...)

- **10 Harm reduction programmes**

For drug users and sex workers

- **1 cross-cutting HIV, hepatitis, STIs and tuberculosis prevention programme**

30 000 people reached/year



Characteristics of the 'CASOs' clients

- **Sex and age:** 62% men, mean age 33 years old (12,7% minors)
- **Nationality:** **95,3%** are foreigners, of whom **68% are undocumented**
 - 34 % Subsaharan Africa: 23% Maghreb; 21% European Union, 9% Non EU European
- **Length of stay in France:** 40% <3 months; 30% between 3 and 12 months; 30% > 12 months
- **Housing:** 60% rely on others (family, friends, charity organisations...), 20% are homeless, 9% live in a squat or a slum
- **Revenue:** 97% live under the poverty line
- **Health coverage:** among those who could access a health coverage (77%), only 15% are effectively covered
 - ➔ **A major obstacle for accessing health care!**

Main obstacles to health care

- Administrative complexities: 30%
- Ignorance of the system, the organisations, the procedures: 26%
- Language barrier: 19%
- Financial difficulties: 18%



Knowledge of HBV, HCV and HIV serostatus

	HBV		HCV		HIV	
	%	n	%	n	%	n
Serostatus is known	24 %	1 878	24 %	1 817	30 %	2 383

- *Response rates: HBV 37,4%; HCV 37,2%; HIV 38,2%*

	French	Foreigners
HIV	46 %	30 %
HBV and HCV	40 %	24 %

HBV immunization rate

- In 2004: HBV prevalence (AgHBs +) was 0.65% in the general population but **5.25% among people from Sub-Saharan Africa** [1]
- Between 2008 and 2012, 82% of the people newly treated for chronic HBV infection were born in a 'highly endemic country', including **55% in Sub-Saharan Africa** [2]

[1] InVS, CnamTS, Cetaf, « Prévalence des hépatites B et C en France en 2004 », Rapport InVS, 2007, 112 pages.

[2] <http://www.invs.sante.fr/Dossiers-thematiques/Maladies-infectieuses/Hepatitis-virales/Hepatitis-B/Surveillance-nationale-de-l-hepatite-B-chronique-a-partir-des-poles-de-reference-et-reseaux-hepatites-volontaires/Donnees-epidemiologiques-2008-2012>

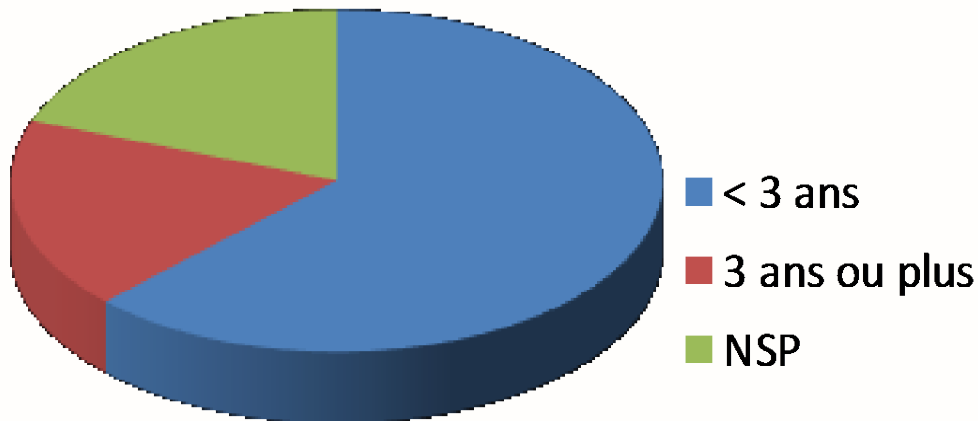
(% en ligne)	Less than 15 yo		15 yo or more	
	%	n	%	n
BCG	71,1	764	45,7	3 429
Hepatitis B	63,6	654	33,4	2 459

Gynecological care

- 8 out of 10 women have ever had a gynecological examination (GP or gynecologist) in their lifecourse

Gynecological exam carried out

61,9% in the past 3 years
18% more than 3years

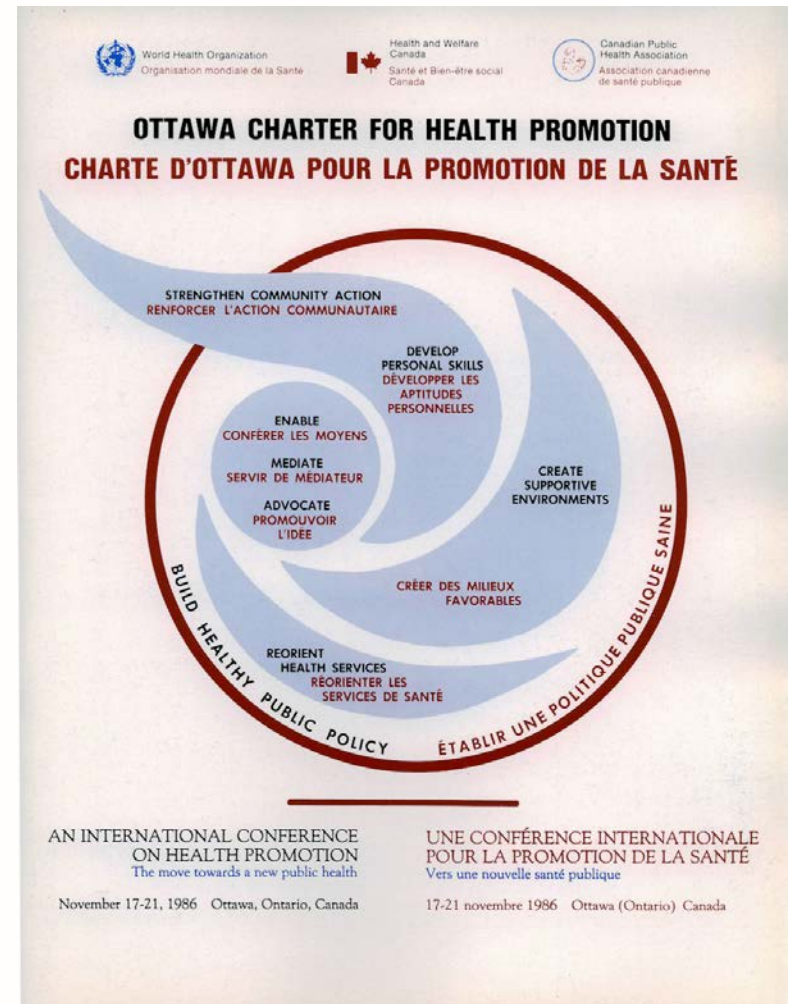


Cancer prevention

- 70% of the women have never performed a cervical smear (n=165, 25-65 yo), compared to 5% in the general population (Baromètre Cancer Inpes 2010)
 - **Only 25% of women have performed a smear in the past 3 years**
- 70% of the women have never performed a mammography screening (n=25, 50-74 yo)
 - **Only 25% of women have performed it in less than 2 years, compared to 87.5% in the general population (Baromètre Cancer Inpes 2010)**
- A single HPV complete vaccination (less than 1%; n=114, < 35 yo), compared to 27% in the general population (Baromètre Cancer Inpes 2010)

What do we do?

- A Harm reduction approach
 - Health promotion
- Objectives:
 - Integrating sexual and reproductive health in general consultations
 - Counseling for HIV, STIs and hepatitis tailored for immigrants
 - Testing for HIV, hepatitis, STIs and tuberculosis
 - 1st screening for cervical cancer
 - Bearing witness and advocate for improvements



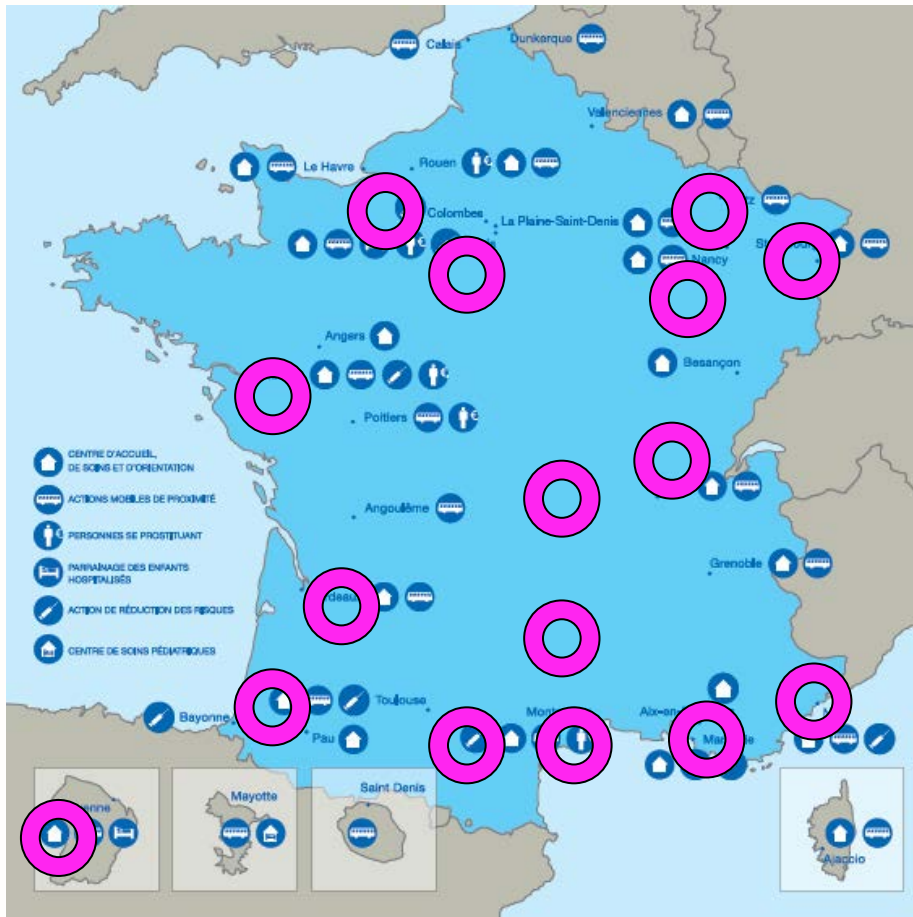
	HIV, HBV and HCV prevalences in 6 MdM programmes (2015)	In France
# of people tested for HBV	2 035	
# of positive people Ag HBs+)	205	
HBV prevalence B (AgHBs+)	10 %	0,65 % [1]
# of people tested for HCV	1 993	
# of HCV positive people	54	
HCV prevalence	2,7 %	0,75 % [2]
# of people tested for HIV	2 003	
# of HIV positive people	59	
HIV prevalence	2,9 %	0,4 % [3]

[1] InVS, CnamTS, Cetaf, « Prévalence des hépatites B et C en France en 2004 », Rapport InVS, 2007

[2] Pioche C, Pelat C, Larsen C, Desenclos JC, Jauffret-Roustide M, Lot F, et al. Estimation de la prévalence de l'hépatite C en population générale, France métropolitaine, 2011. BEH. 2016;(13-14):224-9.

[3] <http://sfls.aei.fr/ckfinder/userfiles/files/Formations/JourneesNationales/2016/presentations/VIRGINIE-SUPERVIE.pdf>

HIV and HCV rapid testing



- A complementary approach for the so called 'vulnerable' and/or 'hard to reach' and/or 'key' populations
- 16 programmes in 2017

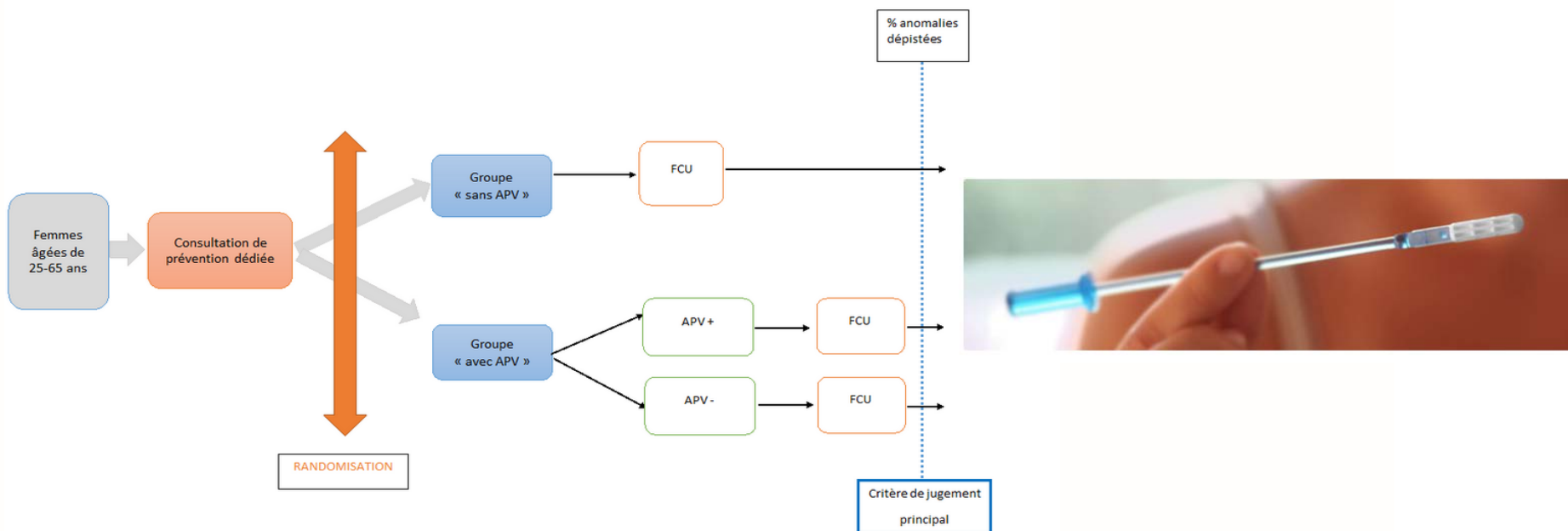
	Syphilis	Chlamydia	Gonococcus
# of people tested	4 539	1 641	921
# of cases	107	73	23
Positivity rate	2.4 %	4.4 %	2.5 %
Data about France	<p># of cases / year Between 10 and 20 000 76% born in France 3.3% born in Sub Africa</p>	<p>Positivity rate Réseau Rénachla 6.5% (1 to 3%, Natchla 2006)</p> <p>Incidence rate 257/10000 people (15-49 yo)</p> <p># of cases/year: 77 000</p>	<p>Incidence rate 39/10000 people (15-59 yo)</p> <p># of cases/year: 15 000 77% born in France 6% born in Sub Africa</p>

- Sources: <http://www.invs.sante.fr/Dossiers-thematiques/Maladies-infectieuses/VIH-sida-IST/Infections-sexuellement-transmissibles-IST/Bulletins-des-reseaux-de-surveillance-des-IST>; La Ruhe G et al, Euro Surveill. 2015;20(32); Goulet V «volet NatChla de l'enquête CSF 2006», BEH 2011 ; 12 : 160-164



Access to cervical cancer screening

- A pilot study to evaluate a improve access to screening
- Through an HPV self-sampling device (APV in French)



Take-home messages

- Migrations will not be reduced, whatever the walls erected...
- Access to health services is a human right
- The spread of HIV can be stopped, at least contained
- Improve access to testing in 1st line/primary care
 - No more missed opportunities!
- Develop holistic approaches:
 - Wherever it is possible to reach this population
 - Fully endorse the new National Strategy for Sexual Health
- Innovative approaches have to be promoted, implemented, evaluated and widely spread when effective
- Advocate for legal reforms regarding access to the right of residence and to health care for undocumented migrants

Merci ! Thanks!

- Acknowledgements
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