



IAS2017

SATELLITE SYMPOSIUM OF IAS 2017



Conseil national du sida
et des hépatites virales

Implementation of Prevention and Therapy of STIs (including HIV and HBV infections) for Undocumented Migrants in Europe: New Challenges

**Taking into account hardship consequences on the
risk of STIs into National and European policies in the
context of current migration patterns**

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Sunday 23 July 2017, 5-7PM, Room 251

New migration patterns in Europe :

- increasing proportion of migrants who escape their country for political or economical reasons
 - Increasing proportion of people
 - undocumented
 - Without personal housing
 - unemployed
- } Hardships

Consequences of these hardships on STIs / HIV ?

What do we know ?

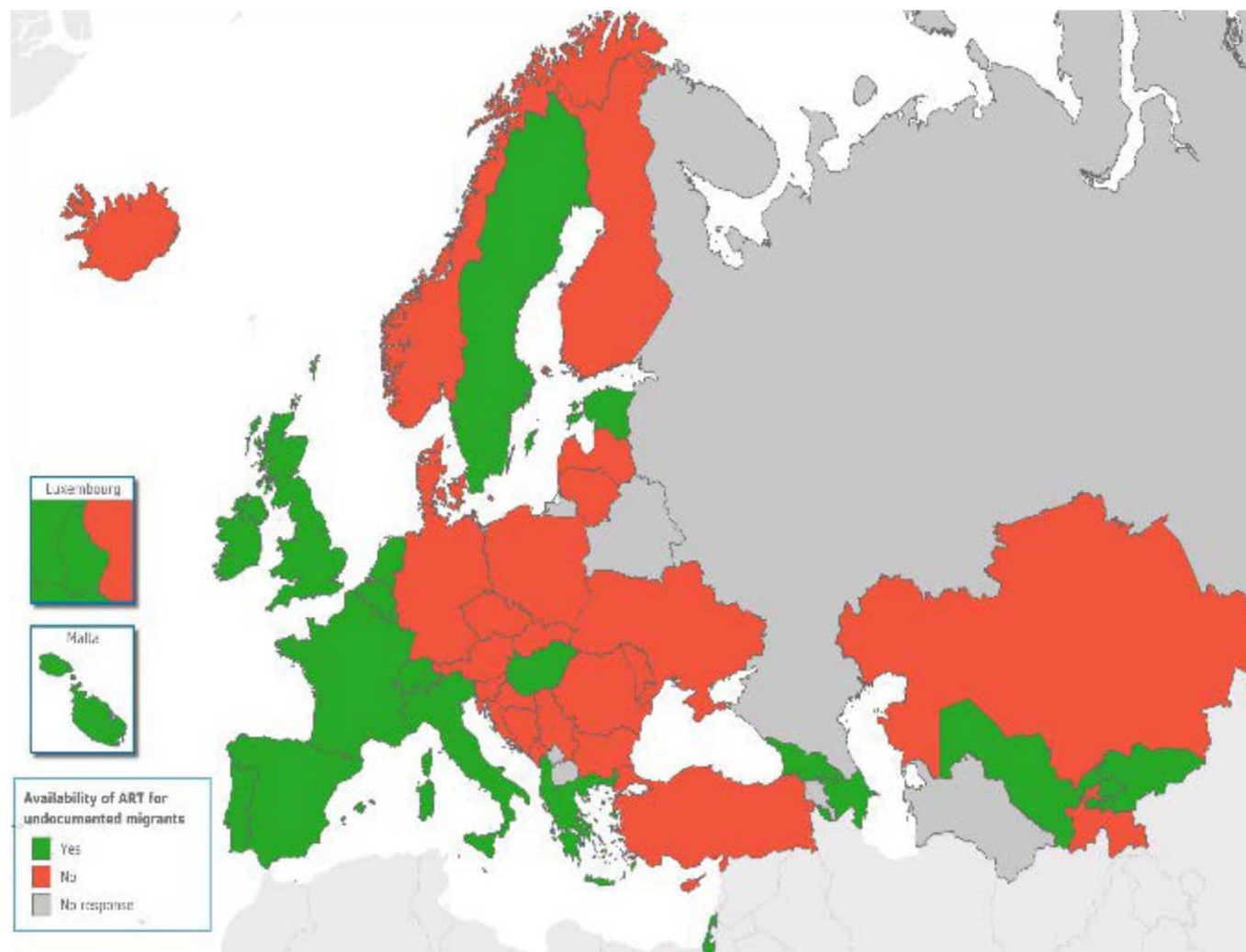
Implication for further research ? For European policies ?

What do we need ?

In Europe

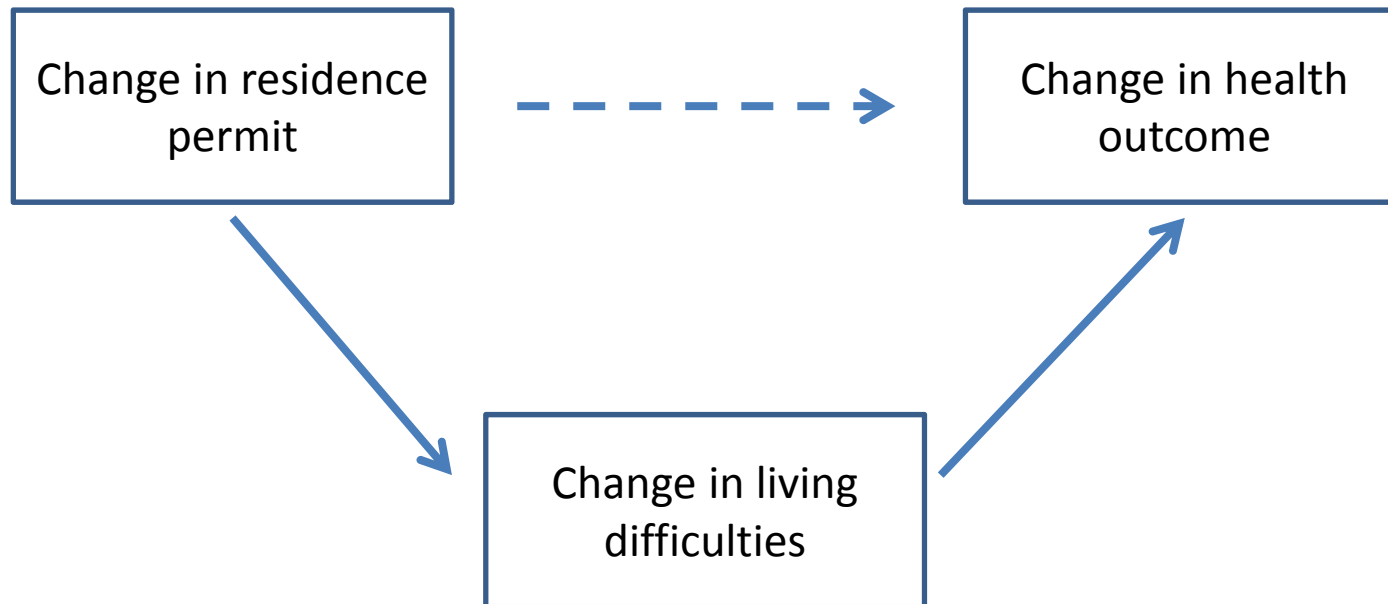
- Existing figures on HIV/STIs among migrants ([ECDC 2017 HIV and migrants](#)) :
 - More than one-third of all newly-diagnosed HIV cases in the EU/EEA are among migrants
 - « *There is also growing evidence that some migrants, in particular migrants from high-prevalence countries and migrant MSM, are at risk of HIV acquisition after arrival in the EU/EEA.* »
- But very few studies examining the link between socio-economic situation and infectious diseases or STIs ([Kentikelenis et al, Eur J of Pub Health 2015](#)) :
 - Unemployment and impoverishment → homelessness → increased risk of injected drugs
 - Economic crisis may
 - deteriorate health services for vulnerable groups
 - Reduce coverage in terms of migrants entitlements to services

Availability of ART for undocumented migrants in Europe and Central Asia, 2016 (ECDC, 2017)



In 2014, 15 EU/EEA countries reported that ART is provided for undocumented migrants; in 2016, this had decreased to 14 EU/EEA countries.

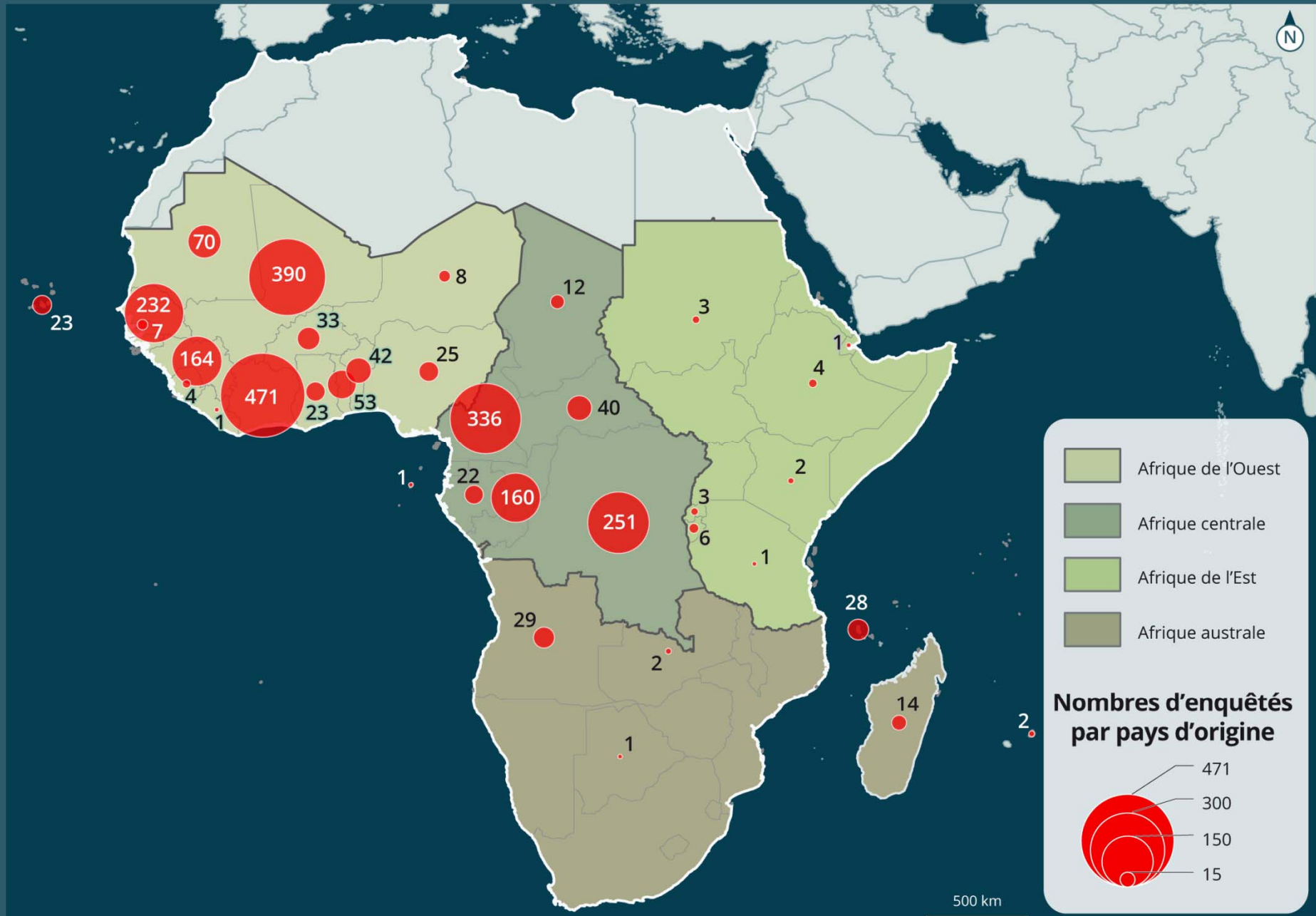
Lamkadden et al. Eur Journal of Public Health 2015
Refugees from Afhanistan, Iran and Somalia in Netherlands



In France: The Parcours study among sub-saharan African migrants

- Sub-saharan African migrants are a key population for HIV infection and chronic hepatitis B in France
 - 31% of new HIV diagnoses ([Cazein et al., 2014](#))
 - Chronic hepatitis B : prevalence 5,3% vs 0,6% in general population ([Meffre et al., 2010](#))
- A life-event history survey documenting living conditions each year after arrival in France among migrants born in sub-Saharan Africa (randomized sampling)
 - a group receiving HIV care
 - a group with chronic hepatitis B
 - a reference group (primary care centres)

Country of birth of the migrants – Parcours survey – 2012-2013



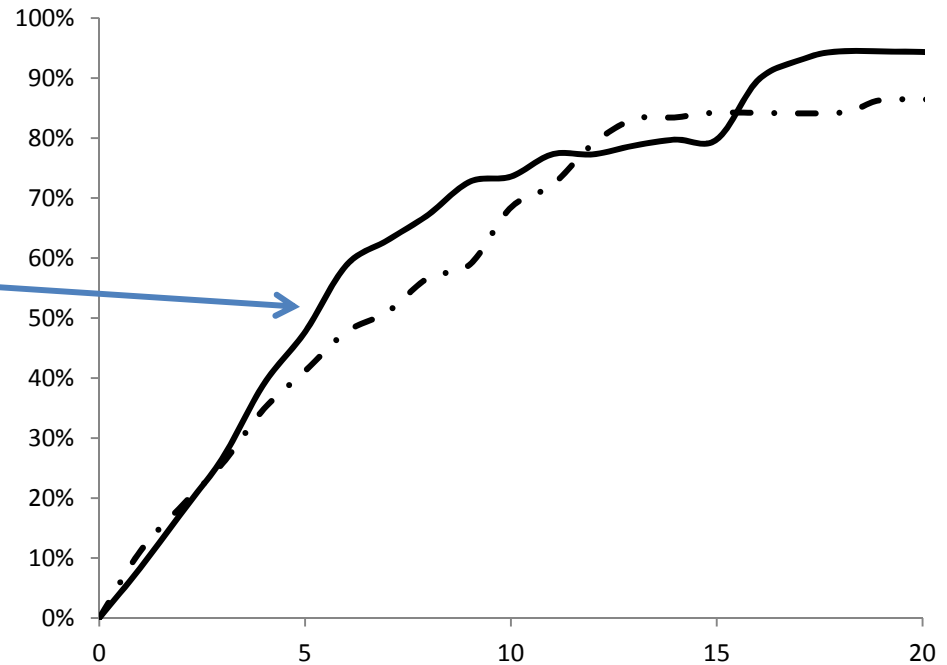
- A survey in 2012-2013, before the « migrant crisis »
- But brings elements on :
 - Conditions of the arrival in France
 - The dynamic of settlement
 - The difficulties migrants have to face during the settlement
 - Sexual behaviors and HIV acquisition after arrival in France
 - Health conditions

Hardship experiences:

- 1 on 2 migrants ever had one year undocumented since arrival in France
- 1 on 3 ever had one year without stable housing
- 1 on 10 ever had one year without financial resources
- 14% of men and 5% of women ever had to sleep in the street

It takes a long time to access a secure situation

- 6 to 7 years (median) to have access to one year residence permit + own housing + remunerated activity
- Being undocumented slows down the access to :
 - own housing
 - Employment
 - Health insurance coverage and health care

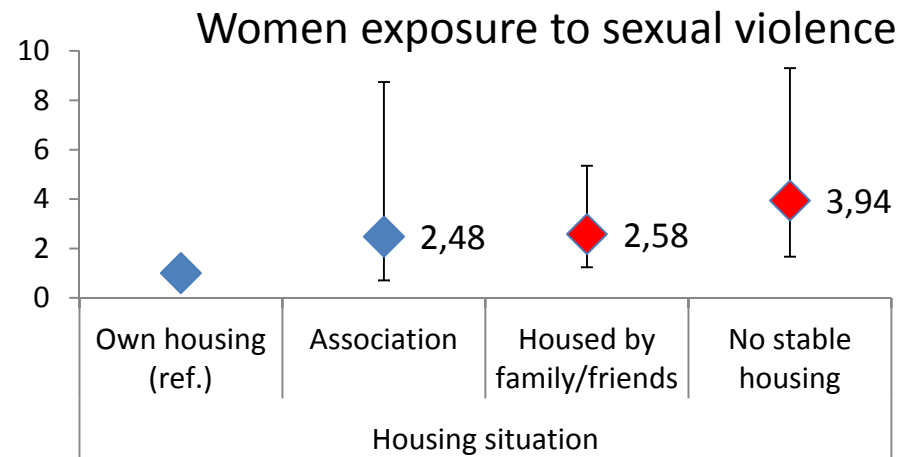
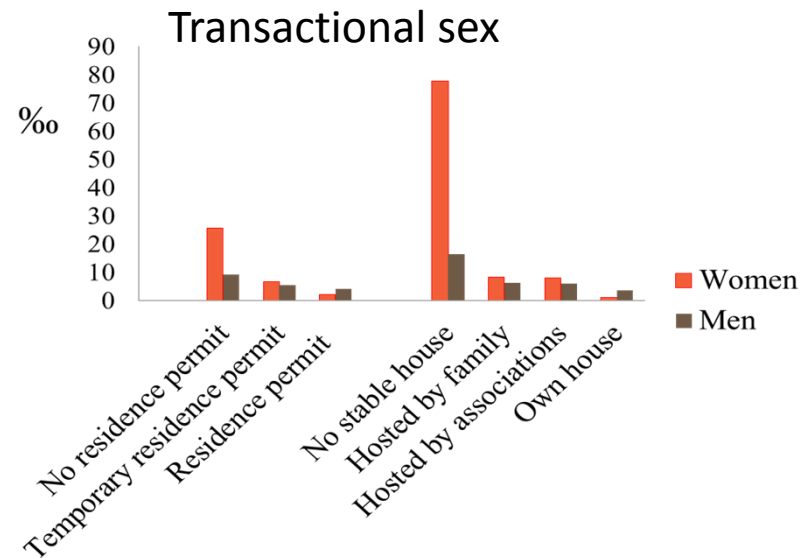


Nb of years since arrival in France

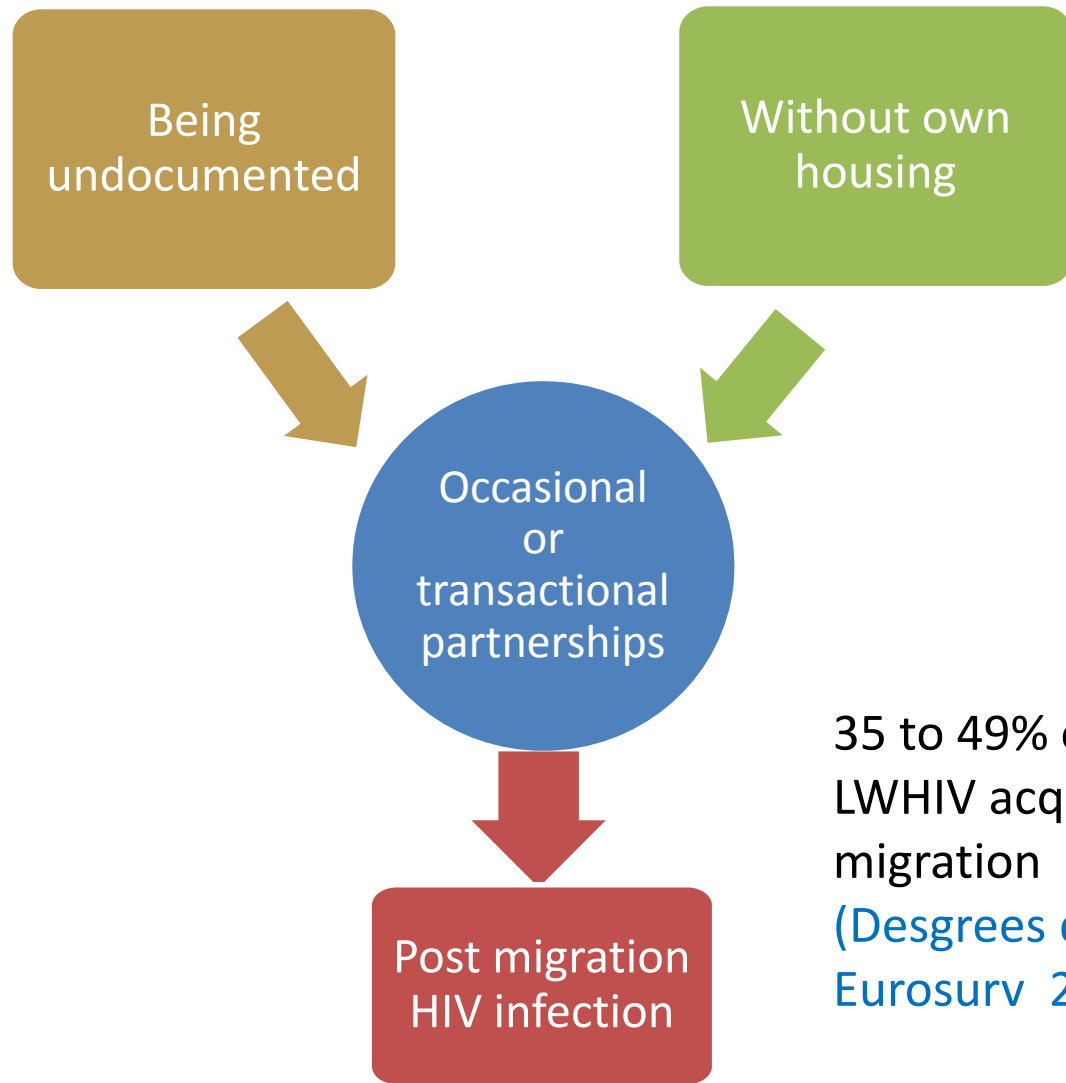
Hardship increases sexual risks and sexual violence

Being undocumented or without own housing :

- increases exposure to sexual risks (Desgrees du Lou et al., IAS 2017)
- increases exposure to sexual violence for women (Pannetier et al., IAS 2016)



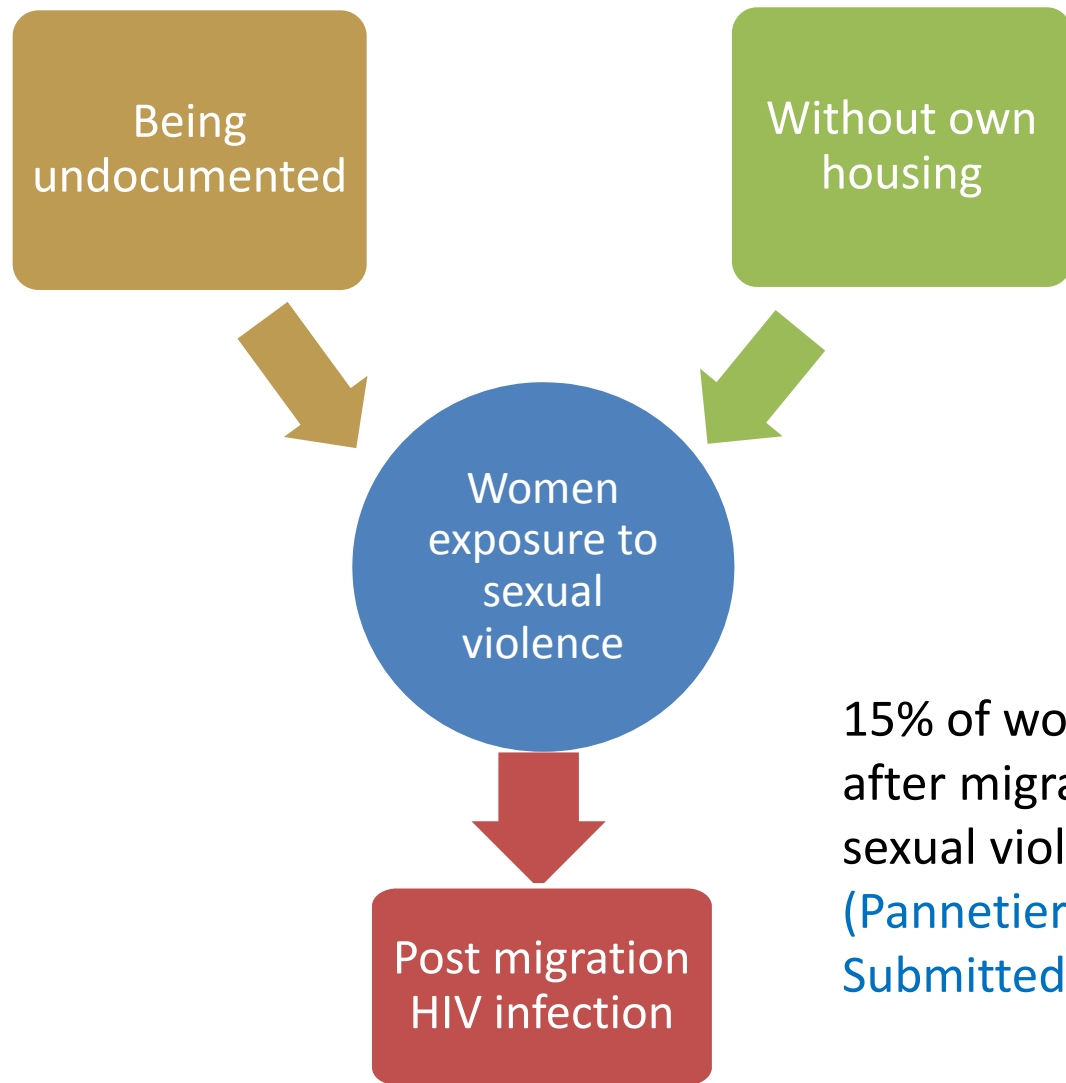
Hardships increase HIV infection risk in France



35 to 49% of African migrants LWHIV acquired HIV post-migration

(Desgrees du Lou et al, Eurosurv 2015 ; AIDS 2016)

Hardships increase HIV infection risk in France (2)

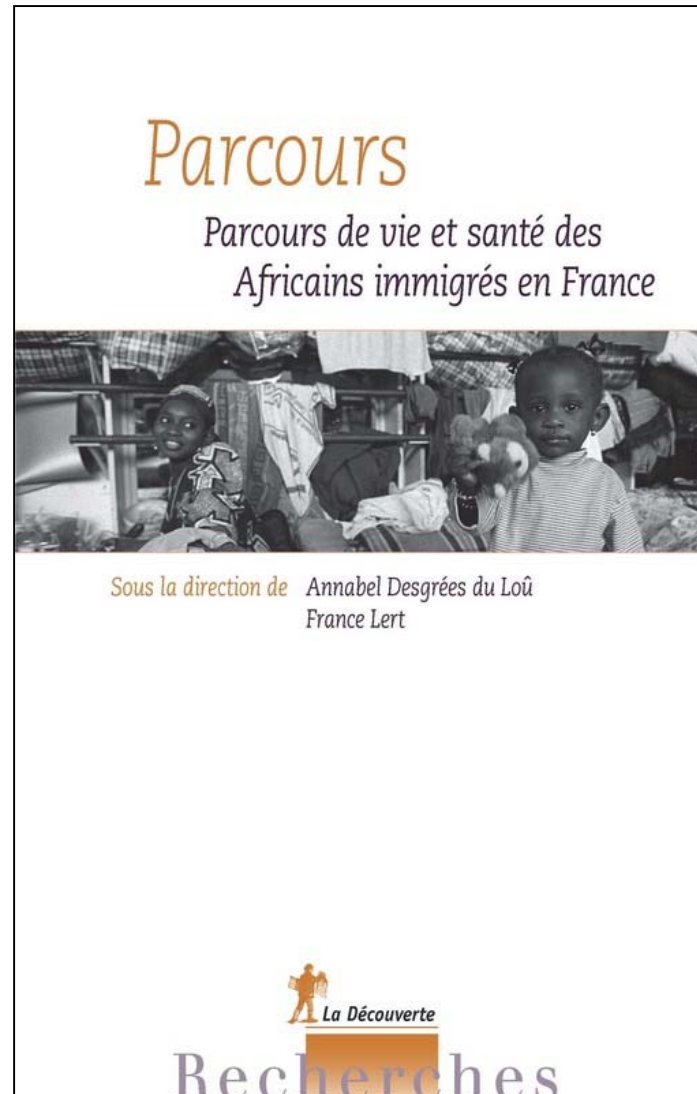


15% of women HIV infected after migration reported sexual violence
(Pannetier et al., Submitted)

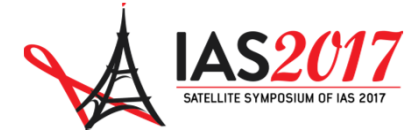
In conclusion, what do we need now ?

- **Policies :**
 - **Improve living conditions of migrants**, as early as possible, in particular within the asylum procedure
 - Foster **coordination**
 - Targeted **prevention programmes**
- **Research :**
 - A better knowledge of the living and health conditions of migrants after arrival in the EU/EAA : more research to **strengthen the evidence base on STIs, HIV and migrants** ([ECDC 2017 HIV and migrants](#))
 - special need for research in the **cost-effectiveness** of investing in the **health care of the migrant population**, demonstrating its benefit ([Reyes Uruena 2014](#))

More results about the Parcours study...



The Parcours Study at the 2017 IAS conference



Monday 24th July

➤ 12h30-14h30 (poster exhibition) :

Pilecco et al, *Induced abortion, migration and HIV: an analysis of migrants from sub-Saharan Africa living in Île-de-France,*

Pannetier et al *Prevalence and circumstances of forced sex after migration among sub-Saharan migrant women living in France and post-migration acquisition of HIV*

Pannetier et al *Keeping HIV status secret from steady partners: gender differences among migrants from sub-Saharan Africa living in France*

➤ 14h30-16h, Session HIV in Migrant Communities, MOSY06 : Desgrées du Loû et al, *Impact of hardship on sexual risk and HIV infection among sub-Saharan migrants living in France.*

Tuesday 25th July

➤ 12h30-14h30 (poster exhibition)

Gosselin et al *Migration and HIV: a double penalty? Assessing the respective impacts of migration and HIV diagnosis on sub-Saharan immigrants' lives in Paris greater area. Results from the ANRS Parcours survey*

Maraux et al, *Sub-Saharan African (sSA) migrant women living with HIV lack highly effective contraception: migrant effect or HIV consequence? Results from the ANRS-Parcours study*

Wednesday 26th July

➤ 12h30-14h30 (poster exhibition):

Gosselin et al *HIV and access to rights for sub-Saharan immigrants in France: results from the ANRS Parcours Survey*

Vignier et al *Refusal to provide healthcare to sub-Saharan African migrants living in the Paris region: a comparison according to their HIV and HBV status*