



Europe preventing HIV in communities from high risk regions

First global conference on contraception, reproductive and sexual health
May 22 – 25, 2013
Copenhagen, Denmark

Basic facts

- the great majority of HIV infections (> 95%) occur in developing countries
- IOM - 192 million people were international migrants in 2006
- many migrants are from those countries

Migrant populations and HIV/AIDS. The development and implementation of programmes: theory, methodology and practice. UNESCO / UNAIDS June 2000

Socioeconomic Factors Affecting HIV Risk

- poverty - limited access to health care
- discrimination, stigma and homophobia
- prevalence of HIV and other STIs in a community
- higher rates of undiagnosed/untreated STIs
- language barriers and concerns about immigration status

CDC - TODAY'S HIV/AIDS EPIDEMIC

HIV infected

- discrimination - not disclose their status; not seeking care
 - no access to treatment
- other STI not treated
- HIV not treated
 - worse clinical outcomes
 - transmission to sexual partners

HIV infected

- STI not treated
 - association and transmission of HIV with STI
 - biological mechanisms
 - strength of association and the population attributable risk per cent (PAR %) varies between populations and with the epidemic phase
 - intervention studies are disappointing

mechanisms of action and the design and implementation of interventions need to be better understood

105-310 WARD H and RENN M. Curr Opin HIV AIDS 2010;

HIV infected

- HIV not treated
 - low CD4 nadir associated with worse clinical outcomes
 - malignancies¹
 - arterial stiffness contributing to cardiovascular disorders²
 - increased rates of neurocognitive disorders³
 - increased risk of fractures⁴
 - coronary heart disease⁵

1. Worm S et al #136, 19th CROI 2012; Silverberg MJ et al, Cancer Epidemiol Biomarkers Prev 2011; 20(12): 2011-2014
 2. Ho JE et al, AIDS 2010; 24(23): 897-905
 3. Limb K et al, AIDS 2011; 25(17): 2517-2521
 4. Young B et al, Clin Inf Dis 2011; 52: 1061-8
 5. Klein D et al #816, 18th CROI

Predicted HIV prevalence and % reduction in new infections among MSM, by specific test and treat strategy

	Tx <500	Tx All	Test & Tx All
2014	42%*	59%	76%
2029	33%*	55%	81%

*Implementing the current DHHS Guidelines of treating patients with CD4 <500 is predicted to result in 1,554 less HIV infections in five years and 4,340 less over 20 years.

Adapted from Charlebois E et al CROI 2010; #2916

HPTN 052 study design

Stable
Healthy
Serodiscordant couples
Sexually active

Immediate ART
CD4 350-550

Delayed ART
CD4 <250

Primary end points

Virally linked transmission events
WHO stage 4 clinical events, pulmonary TB, severe bacterial infection, and or death

Cohen M et al. Curr Opin HIV AIDS. 2012; 7(2): 99-105

HPTN 052: HIV1 transmission events 39

Linked (28)

Immediate ART (1)

Delayed ART (27)

Unlinked or TBD (11)

The HPTN 052 study showed that the Efficacy of treatment as prevention was 96%

HIV treatment success

- HIV infection diagnosed
- infected individuals linked to outpatient care
- antiretroviral therapy started
- patients adherent to treatment
- patients retained in care

The HIV/AIDS Cascade of Care

Gardner EM et al., CID 2011;52:793-800

Percentage of HIV infected individuals engaged in selected stages of the continuum of HIV care, 2010

Out of the more than one million Americans with HIV:

CDC - TODAY'S HIV/AIDS EPIDEMIC, 2013

Migrants in EU

- EU – longest tradition of respect for human rights
- migrants still face severe integration problems
- migration and social exclusion-vulnerability to HIV/AIDS and their complications

ECDC TECHNICAL REPORT, Migrant health: epidemiology of HIV infection and AIDS, 2010

EU and migrants

- 2007 – Portuguese Presidency of the EU
- main theme - "Migration and health"
- ECDC to deliver a report on "Migration and infectious diseases"
- ECDC - Migrant health: Epidemiology of HIV and AIDS in migrant communities and ethnic minorities in EU/EEA countries (2010)
- ECDC - Migrant health: access to HIV prevention, treatment and care for migrant populations in EU/EEA countries (2009)

EU and migrants

Number of HIV infections reported in 23 EU countries* plus Norway and Iceland by sex and geographical origin, 2006

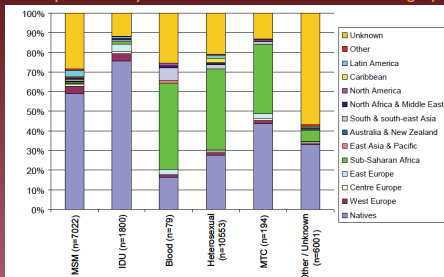
2006	Total	Male	Female
HIV Cases	26 712	17 646	9 066
Cases in migrants	15 517	8 667	6 850
Geographical origin of cases	Total	Male	Female
Country of report	11 195	8 079	2 216
West Europe	539	461	78
Central Europe	251	182	69
East Europe	222	137	85
Sub-Saharan Africa	5 046	1 901	3 145
East Asia & Pacific	34	31	3
Australia & New Zealand	14	14	0
South & south-East Asia	363	184	179
North Africa & Middle East	234	161	53
North America	59	57	2
Caribbean	329	168	161
Latin America	456	345	111
Other	178	124	54
Unknown	7 812	4 902	2 910

*Except Bulgaria, Italy, Malta and Romania, due to missing HIV data.

Adapted from ECDC TECHNICAL REPORT, Migrant health: epidemiology of HIV infection and AIDS, 2010

EU and migrants

Relative distribution of the geographical origin of HIV cases reported in EU27 plus Norway and Iceland in each transmission category, 2006

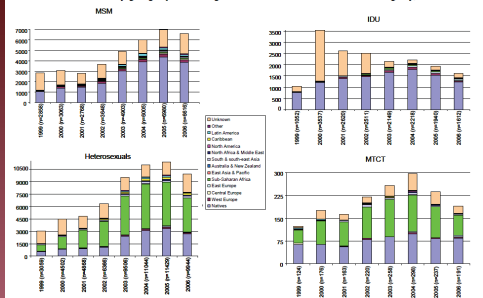


Heterosexual and MTCT cases – high proportion from people with a different origin from that of the country of report

Adapted from ECDC TECHNICAL REPORT, Migrant health: epidemiology of HIV infection and AIDS, 2010

EU and migrants

Trends in HIV cases by geographical origin within each transmission category, 1999–2006

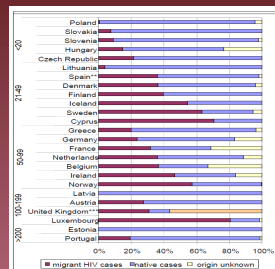


Heterosexual and MTC cases – substantial and increasing proportion from people with a different origin from that of the country of report

Adapted from ECDC TECHNICAL REPORT, Migrant health: epidemiology of HIV infection and AIDS, 2010

EU and migrants

Proportion of migrants among HIV infections reported in 2006 in 23* EU Countries plus Norway and Iceland. Countries are classified in five groups according to HIV incidence rates per million population



In EU HIV epidemiology differs in the various countries
HIV epidemiology in migrants differs in the various EU countries

*Except Bulgaria, Italy, Malta and Romania, due to missing HIV data.
** 2006 data 2005
*** Unknown origin. Based on country of probable infection, missing information was observed in 24% of cases.

Adapted from ECDC TECHNICAL REPORT, Migrant health: epidemiology of HIV infection and AIDS, 2010

EU and migrants

Key factors that prevent migrants from accessing HIV services

	Prevention	Treatment	Care & support
Policy			
Low political priority	X	X	
Legal status		X	
Politics, e.g. dispersal	X	X	
Services			
Language barriers	X	X	X
Lack of culturally sensitive services	X	X	X
Lack of funding	X	X	X
Lack of trained health professionals	X	X	X
Lack of health insurance		X	
Administrative barriers		X	
Migrant community			
Cultural and religious factors	X	X	
Fear of stigma and discrimination	X	X	X
Lack of information about available services	X	X	X
Limited time	X		
Societal			
Stigma and discrimination	X		
Poverty and poor living conditions		X	X

Adapted from ECDC technical report - Migrant health access to HIV prevention, treatment and care (2)

EU and migrants

- **Eu responses**
 - Conferences
 - Declarations
 - Reports
 - Project funding
- **National responses**
 - NGOs – involvement migrant communities; culture sensitive; cooperation
 - Government organization

The issue of migration is still a low priority in the two thirds of participating countries

ECDC technical report - Migrant health access to HIV prevention, treatment and care (2)

Conclusions- the situation

- **EU migrants, prevention and HIV care cascade**
 - illegal residence status vs access to cascade steps
 - no standardization:
 - legal frame work for migrant rights
 - data collection
 - administrative barriers
 - health services limited financial resources
 - costs of early testing and treatment vs delayed test and treatment
 - marginalization

ECDC technical report - Migrant health access to HIV prevention, treatment and care (2)

Conclusions-what's to be done?

- standardization - EU and countries and between countries
- clear policies
- increase cooperation between institutions
 - ONGs
 - Government
 - Migrant communities
 - Leaders
 - HIV practitioners
 - Overcome HIV stigma

ECDC technical report - Migrant health access to HIV prevention, treatment and care (2)

Conclusions-what's to be done?

- sustain/increase funding
 - integrate HIV testing
- data base publications
- increase STI diagnosis and treatment
- increase HIV testing and treatment
 - antiretroviral therapy advantages
 - overcome HIV stigma
- research

