ECDC and Spanish Ministry of Health workshop: Improving the monitoring of HIV among migrant populations in Europe, Madrid, 3-4 October 2013

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EU Commission Thank Tank on HIV/AIDS
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Outline

• Background

• What we know about HIV among migrant populations in the EU/EEA
  • Surveillance data
  • Dublin data

• Sexual transmission of HIV among migrant populations

• Conclusions/Next steps
Background
Raising the profile of migrant health and HIV
ECDC/CDC/PHAC/IOM joint collaboration

UN High-Level Meeting on AIDS 2011

World AIDS Conference Washington 2012
Background and objective

Background

• Many countries identify migrants as a key population in their response to HIV, but very few have data to monitor their response

• In 2012, several countries approached ECDC stating their plans to conduct national surveys in relation to migrant health and HIV asking if ECDC could:
  - Share good examples of national surveys on HIV among migrants
  - Recommend a set of indicators to include in national surveys

Objectives:

• Highlight what we know in terms of HIV among migrant populations

• Facilitate the exchange of national experiences in monitoring HIV among migrant populations

• Get expert input and advise on how best to move forward the issue of monitoring HIV among migrant populations
What do we know about HIV among migrants in the EU?
HIV infections reported EU/EEA, 2006-2012
Transmission mode and origin, adjusted for reporting delay

Predominant mode of transmission: men who have sex with men

Data were not included or not available from Estonia, Poland, Spain, Italy.

Strong evidence that migrants are particularly affected by HIV in EU/EEA countries

36% of all diagnosed HIV cases in 2011 were among migrants

“Migrant health: Sexual transmission of HIV within migrant groups in the EU/EEA and implications for effective interventions” ECDC (2013)
Dublin Declaration thematic report on migrants
## International indicators related to most at risk populations

<table>
<thead>
<tr>
<th>Indicator</th>
<th>PWID</th>
<th>MSM</th>
<th>Sex workers</th>
</tr>
</thead>
<tbody>
<tr>
<td>Programme coverage</td>
<td>X</td>
<td>X</td>
<td>X</td>
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<tr>
<td>Condom use</td>
<td>X</td>
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<td>Testing</td>
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<td>Behaviour</td>
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<tr>
<td>Prevalence</td>
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<td>NCPI – Policy questions</td>
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### International indicators related to most at risk populations, including migrants

<table>
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<tr>
<th>Indicator</th>
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<th>Sex workers</th>
<th>Migrants</th>
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<tbody>
<tr>
<td>Programme coverage</td>
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<tr>
<td>Late diagnosis</td>
<td>X</td>
<td>X</td>
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76% of countries identify migrants as an important sub-population in their HIV response.

Few countries report data on HIV prevalence among migrants

Even fewer countries report data on HIV testing or condom use among migrants
Availability of ART in key populations

Percentage of responding countries reporting that ART is available for specific key-populations

- People who inject drugs
- Men who have sex with men
- Migrants (generally)
- Undocumented migrants (specifically)
- Prisoners

Government: 100%
Civil Society: 90%

Availability of ART for undocumented migrants 2012

Yes
No
Not reporting
Not applicable

Liechtenstein
Luxembourg
Malta
Late diagnosis
CD4 count at time of diagnosis
EU/EEA, 2012

34% of those diagnosed with HIV do not have a CD4 count reported at time of diagnosis.

66% of new HIV infections get a CD4 count at time of diagnosis.
Late diagnosis is a critical issue in EU/EEA

- Of those with a CD4 count at time of diagnosis, half (49%) are diagnosed late.
- As a result, there are a large number of people that need ART but are not receiving it.
- Late diagnosis leads to increased morbidity and mortality.
- People diagnosed early are more likely to respond well to treatment.
- Early diagnosis and treatment reduces the likelihood of onward transmission.
Late HIV diagnosis by transmission mode
EU/EEA, 2012

<table>
<thead>
<tr>
<th>Transmission Mode</th>
<th>% &lt;350</th>
<th>% &lt;200</th>
</tr>
</thead>
<tbody>
<tr>
<td>Heterosexual cases from Sub-Saharan Africa</td>
<td>61%</td>
<td>38%</td>
</tr>
<tr>
<td>IDU</td>
<td>55%</td>
<td>34%</td>
</tr>
<tr>
<td>MSM</td>
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<td>20%</td>
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Sexual transmission of HIV among migrant populations
Sexual transmission of HIV within migrant groups and implications for effective interventions (Aug 2013)

- Project inspired by Burns et al (2009) showing that the proportion of migrants infected by HIV in London was higher than had previously been thought

- Developing and delivering targeted primary prevention programmes

- There is evidence to show that some on-going post-migration HIV acquisition is occurring in EU countries

- However, it is difficult to quantify the degree to which this is occurring

- Member States should consider applying an objective method for assigning probable country of infection
Estimating UK HIV acquisition – clinic report-based method
Black Africans born abroad and diagnosed with HIV 2004-2010

Estimating UK HIV acquisition – CD4-based method
Black Africans born abroad and diagnosed with HIV 2004-2010

Applying an objective method for assigning probable country of HIV infection in 4 countries

ECDC launched a project with Public Health England:

- Necessary variables needed to apply the UK-method of assigning probable country of HIV infection
  - Country of birth
  - Date of arrival
  - CD4 count at time of diagnosis

- 13 countries have the necessary variables

- Pilot the UK-method for assigning probable country of infection in some countries that have the necessary variables\(^1\) (Sweden, Belgium, Italy and Portugal )

- The outcomes of this pilot will be presented and discussed at the HIV network meeting in Stockholm May 2014

\(^1\)Belgium, Denmark, France, Greece, Italy, Lithuania, Luxembourg, Malta, Portugal, Romania, Slovakia, Sweden and the UK
Conclusions and next steps
Ways to improve the monitoring of HIV among migrant populations - Conclusions/Next steps

1. Make better use of existing data
   (i) ECDC to use data presented at the workshop in the Dublin 2014 report
   (ii) Put together a journal supplement to coincide with the AIDS Conference 2014
   (iii) Organise a workshop at the EUPHA Migrant Health Conference (Granada, April 2014)

2. Improve probable country of infection estimates – ECDC, together with PHE, will organise a workshop to pilot the UK-method (CD4) with 4 countries (SE, BE, IT, PT)

3. ECDC to establish an informal network for countries to share national experiences on the subject of monitoring HIV among migrants

4. ECDC to develop a paper on the public health benefits for providing ART to irregular migrants
Conclusions/Next steps

5. Migrant MSM are particularly at risk for HIV acquisition after migration to the EU
   i. ECDC to explore feasibility of an in-depth study to further analyse EMIS data in relation to HIV among migrant MSM across the European region

6. Member states also expressed a need to initiate an EMIS-like study, but focused on migrants at higher risk for HIV and other infectious diseases (i.e. TB, hepatitis B and C)
Meeting report available upon request

ECDC WORKSHOP: IMPROVING THE MONITORING OF HIV AMONG MIGRANT POPULATIONS IN EUROPE

Madrid, 3-4 October 2013

Introduction

The Spanish Ministry of Health and the European Centre for Disease Prevention and Control (ECDC) held a workshop focused on improving the monitoring of HIV among migrant populations in Madrid from 3rd to 4th October 2013.

Data submitted to ECDC through the framework of the Dublin Declaration showed that many EU/EEA countries identified migrants as an important sub-population in their national response to HIV. However, few countries reported having monitoring systems in place related to HIV among migrants. Many countries in the EU/EEA also reported that they were planning behavioural or bio-behavioural surveys in relation to various aspects of migrant health and HIV. Based on requests from countries, ECDC decided to hold this workshop.

The purpose of the workshop was to present the findings of ongoing initiatives in the area of migrant health and HIV and seek synergies; facilitate the exchange of national experiences in monitoring HIV among migrant populations; and to get expert input and advice on how best to move forward the issue of monitoring HIV among migrant populations. The agenda for the workshop is presented in Annex 1. Countries that identified migrants as an important sub-population in their response to HIV were invited to send participants to the workshop.

Details of workshop participants are presented in Annex 2.

ECDC Initiatives

Several ECDC initiatives have been conducted or are underway in relation to HIV and migrant health.
Thank You