

Euro HIV EDAT project (WP8): A qualitative study to better understand the barriers and facilitators to early HIV testing and linkage to care among migrant populations in Europe (Belgium, Denmark, France, Spain, Portugal)

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Background

This research constitutes the second phase of the Work-Package 8 study on "Access to HIV testing and linkage to care for migrant populations in Europe" of the EURO HIV-EDAT project (2014 – 2017) co-funded by the Consumers, Health and Food Executive Agency (CHAFEA) under the European Union (EU) Public Health Programme for the period April 2014-September 2017 (No. 2013 1101). The number of new HIV diagnoses continues to rise in many European countries in certain populations: migrants remain one of the most affected groups. Current data show that access to HIV testing services is particularly difficult for migrant populations. The first phase of the study described the relevant context by identifying the most HIV affected migrant groups in each country. This resulted in an up-to-date overview on the situation of HIV and migration in Europe, and identification of the priority groups for each participating country for the second study phase.

Objectives

- The study aims at:
- gathering in-depth insights into the barriers and the facilitators for HIV testing in both statutory healthcare and Community-Based Voluntary Counselling and Testing (CBVCT) services,
 - generating new data on linkage to care of targeted migrant populations (Sub-Saharan Africa and Latin America) among the participating countries.

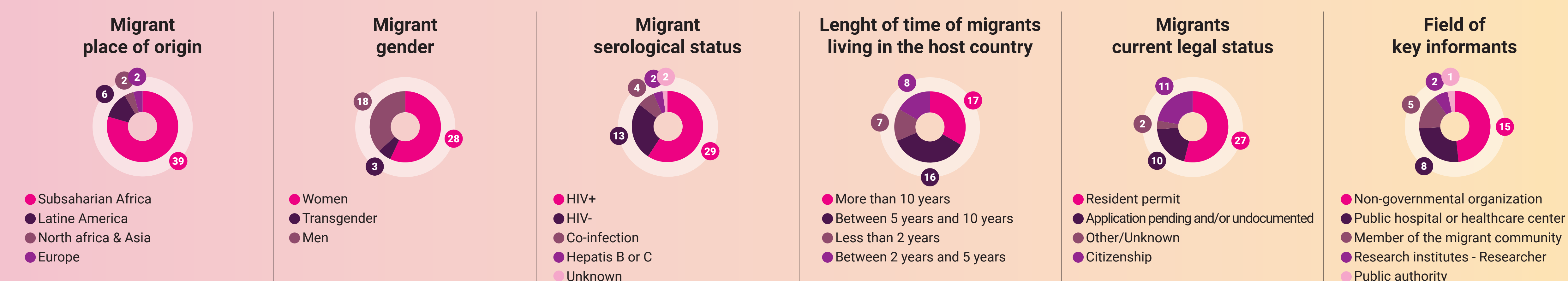
Methods

This research was conducted over an eight months period in five participating countries: Belgium, Denmark, France, Germany and Portugal. We carried out a qualitative study based on five focus groups conducted with key informants in the participating countries and 49 semi-structured interviews held with first generation HIV-/HIV+ migrants from Sub-Saharan Africa and Latin America. The conceptual framework offered by Levesque JF.¹ et al. (see below and footnote) guided the data analysis.

1 Levesque J.-F. et al., Patient-centred access to health care: conceptualising access at the interface of health systems and populations, International Journal for Equity in Health, 12:18, 2013

Results

SAMPLE DESCRIPTION



BARRIERS AND FACILITATORS TO HIV TESTING AND LINKAGE TO CARE FOR MIGRANT POPULATIONS

Most of the migrants and key informants interviewed reported that HIV testing was generally available in the participating countries, but **not always effective and accessible for migrants, especially when undocumented**. A large number of social, financial, cultural, psychosocial and linguistic barriers prevented migrants from accessing testing and care, thus **leading to late diagnosis**. Within this guiding framework, access is defined as the possibility to identify healthcare needs, to seek

healthcare services, to reach the healthcare resources, to obtain or use healthcare services, and to actually be offered services appropriate to the needs for care. Participants identified **facilitators** and barriers to access to HIV testing and care for migrant populations both on patient and care provider level. All participants stressed the importance of diversifying the HIV testing offer and strategies and providing more appropriate and accessible HIV testing and care services.

Barriers	Facilitators
<p>Barriers to identifying need for HIV testing and/or care and to identifying relevant care services</p> <ul style="list-style-type: none"> ■ Cultural representations of the disease and lack of access to health information. <ul style="list-style-type: none"> • Beliefs and lack of knowledge on modes of transmissions and means of prevention. • Belief and lack of knowledge on the characteristics and stage of HIV/AIDS. • Cultural and social representation of healthcare provider when offering HIV test to most-at-risk groups. ■ Lack of information on HIV prevention and care services. 	<p>Facilitators to identifying healthcare needs and relevant HIV services</p> <ul style="list-style-type: none"> ■ Targeted information and communication to improve knowledge on HIV prevention and the fight against misguided ideas. ■ Intermediaries (social and cultural mediators, community or religious leaders) and outreach activities to better reach the targeted population.
<p>Barriers to seeking HIV testing services</p> <ul style="list-style-type: none"> ■ Fears of the results ■ Fears of social exclusion ■ Fear of the lack of privacy and confidentiality: being recognized by someone from his or her community during a HIV test, being reported by health providers to immigration services. ■ Health is not seen as a priority: more needs such as employment, accommodation and papers are more important upon arrival in the host country. 	<p>Facilitators to seeking healthcare, reaching and using HIV services</p> <ul style="list-style-type: none"> ■ Offering a comprehensive health offer through: <ul style="list-style-type: none"> • integrating HIV testing into a comprehensive health check to reduce the psychological barriers (especially fears of stigma, images associated with HIV), • promoting sexual health centres that propose comprehensive sexual health services (STI test, HIV treatment, PrEP, PEP, etc.). ■ Ensuring diversity of the care providers (statutory healthcare system with medical staff, CBVCT with community workers, non-medical staff...): <ul style="list-style-type: none"> • CBVCTs assets: reception and patient relation, respect of confidentiality and privacy, location and timetables, moral and administrative support, • strengthening the statutory healthcare services (hospitals remain a well-identified place for migrant populations).
<p>Barriers to reaching and using HIV services</p> <ul style="list-style-type: none"> ■ Access to limited legal entitlements (especially noticed in Spain and Denmark). ■ Lack of information and misunderstanding about entitlements. ■ Stringency and complexity of administrative procedures. 	
<p>Barriers to being offered HIV services appropriate to the need for care</p> <ul style="list-style-type: none"> ■ Vulnerable and insecure living situations (lack of residence permit, stable housing and telephone numbers) that make difficult linkage to care and continuity of care. ■ Stigmatization and exclusion of people living with HIV and fear of disclosure. ■ Fear of treatment and its side effects. ■ Discrimination and denial of care linked to migrant pathology or origin by medical staff. ■ Linguistic barriers complicate good adherence to treatment for migrants (difficulties understanding results and instructions). 	<p>Facilitators to being offered HIV services appropriate to the need for care</p> <ul style="list-style-type: none"> ■ Strengthening the collaboration between statutory healthcare services and CBVCTs might be crucial as it is a lever for patient participation in health care decision making and thus a lever for decreasing the risk of patients lost to follow-up.

Conclusion

The results of the qualitative study give some important insights into how early HIV diagnosis and linkage to care for migrant populations can be improved. Although hospitals remain a well-identified place of seeking health care for migrants, CBVCTs have the potential to contribute to significantly reduce barriers to HIV testing and linkage to care for migrants. A good cooperation between statutory healthcare systems and CBVCT centres has an impact on early detection of HIV, followed by early treatment, and

improving retention in care. In the next study phase, a self-reported quantitative questionnaire distributed among migrants in the participating countries will allow us to quantify these data obtained during the qualitative study.

The synthesis of the national reports and the qualitative study report are available at: <https://eurohivedat.eu/>