



Translating research results into promotion of HIV testing among Sub-Saharan African migrants in Flanders

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Outline



- I. Epidemiological background on Sub-Saharan African migrants (SAM) living in Belgium
- II. Qualitative study on the perceptions and barriers to Voluntary Counseling and HIV Testing (VCT) among SAM
- III. In-depth interviews with care providers on barriers for pro-actively initiating HIV testing in Flanders
- IV. Interventions for VCT promotion and outcomes
- V. Conclusion

I. Epidemiology of HIV in SAM living in Belgium

- Since the beginning of the epidemic, 33% of all HIV diagnoses were SAM while they account for 0.65% of the overall population
 - Heterosexually infected: 3 in 4
 - Late diagnoses: 62.5% < 350 CD4/ml (*between 2000-2009*)
- Promotion of HIV-testing and counseling among SAM is a public health priority

II. Community-based study (Sep2006-Apr2007)



- **Aim:** To explore perceptions, barriers and needs of SAM in the area of VCT
- **Qualitative study**
 - ✓ Purposive sample of 70 SAM, man & women, ≥ 18 years old
 - ✓ 8 Focus group discussions
 - ✓ Period: September 2006-April 2007
 - ✓ Inductive analysis using ground theory principles

Results

- **SAM were in favor of HIV-testing, but**
- **Barriers outweigh the advantages**
 - ✓ Fear of death and consequences of being HIV+
 - ✓ Low perceived risk
 - ✓ Lack of preventive behavior
 - ✓ Lack of opportunity to test
 - ✓ Lack of knowledge about the health system
 - ✓ Migration context (*HIV test is not a priority*)

Recommendations for increasing VCT uptake given by Study participants



1. Interventions at community level

- ✓ Informing/sensitising on the advantages of VCT
- ✓ Outreach HIV testing in the community
- ✓ Promoting an existing low threshold sexual health centre offering free HIV/STI tests

2. Interventions at health care services

- ✓ Migrant-friendly services
- ✓ Provider-initiated HIV testing (first line)

III. Study with care providers (Oct2007-Apr2008)

Indepth interviews



Aim:

To explore the perceptions, barriers and needs of family doctors and internists in the area of VCT with SAM.

Methods:

- **Participants:** 10 family doctors and 10 internists
- **Data collection:** interview guide, tape recorded, verbatim transcript of the interviews
- **Period:** October 2007-December 2008
- **Analysis:** 'Grounded theory' principles

- **Providers were not in favor of PITC**
- **Barriers**
 - ✓ Lack of information on the HIV epidemic in SAM
 - ✓ Migration-related barriers (*fear of stigmatising patients, unethical testing in undocumented SAM*)
 - ✓ Assumed difficulties to follow WHO/UNAIDS guidelines (*exceptionalism, lack of expertise in discussing sexual issues, time & language barriers*)
 - ✓ Lack of national/regional policy on PITC

IVa. Intervention at the community level:

Outreach HIV testing



- **Aim:** Evaluating the feasibility and acceptability of outreach VCT
- **Method**
 - ✓ 6 sessions organised by community-based associations
 - ✓ Mobilisation by trained peer outreach workers
 - ✓ Group counseling & blood collection
 - ✓ Returned 2 weeks after at a low threshold sexual health centre to collect results

Outreach HIV testing Results

- **Results:**
 - ✓ 645 adult participants
 - ✓ 9.8% tested for HIV/STI
 - ✓ 7% tested positive for HIV/STIs
- **Challenges:**
 - ✓ Labour intensive
 - ✓ Reaching most at risk groups ?
- **Benefit**
 - ✓ Indication of an increasing number of SAM consulting the low threshold sexual health centre

IVb. Intervention at the health-care level

PITC counselling tool



PITC counselling tool developed

- ✓ Epidemiology factsheet
- ✓ Intercultural communication
- ✓ Based on WHO/AIDS guidelines for PITC

→ Upscaling the PITC to first line





Aim: Testing the tool for 12 weeks in 3 large cities

- ✓ Acceptability & feasibility
- ✓ Recommendations for PITC upscaling

Method

- ✓ Voluntary sample of GP's groups/individual practices
- ✓ Tool sent to 65 GPs
- ✓ GPs requested to actively propose an HIV test to each SAM

Preliminary results and recommendations

Results: 3 Focus Group Discussions and indepth interviews

- ✓ Most SAM patients responded well to PITC
- ✓ Most GPs gained confidence and will continue the PITC, but still are some personal barriers
- ✓ Not systematic compliance with the counselling tool

Recommendations

- ✓ One page document for daily use
- ✓ Tool online
- ✓ Upscaling through GPs' organisations, seminars, training in Medical Faculty

V. Conclusion

- Many barriers for SAM and service providers
- VCT & PITC promotion for SAM needs a **multi-level approach** comprising:
 - ✓ Community participation
 - ✓ Sensitisation and training of physicians
 - ✓ Outreach HIV testing
 - ✓ Improved access to low threshold HIV testing
 - ✓ Provider initiated HIV testing and counseling
 - ✓ HIV testing policy
- Sustainability of the interventions



Thank you for your attention

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