

# N' Discubri!

HIV in Europe 2012 P: PO7/03

## Outreach Project for HIV testing with Immigrant Community

L. Domingos<sup>1</sup>, A. Duarte<sup>1</sup>, F. Aragão<sup>2</sup>, A. Ferreira<sup>1</sup>, P. Marques<sup>1</sup>

<sup>1</sup> SER+, Associação Portuguesa para a Prevenção e desafio à SIDA

<sup>2</sup> Escola Nacional de Saúde Pública

## Introduction

Ethnic minorities and migrant communities from countries with generalized infection are identified as particularly vulnerable to HIV infection in Europe [1]. In Portugal, immigrants represent about 20% of cases of heterosexual transmission [2], and 18.6% of diagnoses recorded in 2010 were in people from Sub-Saharan Africa. This percentage increases up to 20.6% when analyze only AIDS cases [3]. Late diagnosis (diagnosis with an AIDS-defining illnesses or a CD4 count of <200 cells / uL) is common among immigrants in Western Europe [3, 4], showing that seropositive with African origin access health services at a later

stage of infection than non-African [5]. Cultural, social and even structural barriers such as access to testing and treatment, fear of death and disease and fear of stigma and discrimination in the community, contributes to this fact [6]. Given these data, Portuguese Program of HIV infection and AIDS prevention and control 2011-2015 highlights the importance of promoting outreach programs for migrants to ensure access to comprehensive prevention measures, voluntary and confidential testing and counseling, and health services and social support.

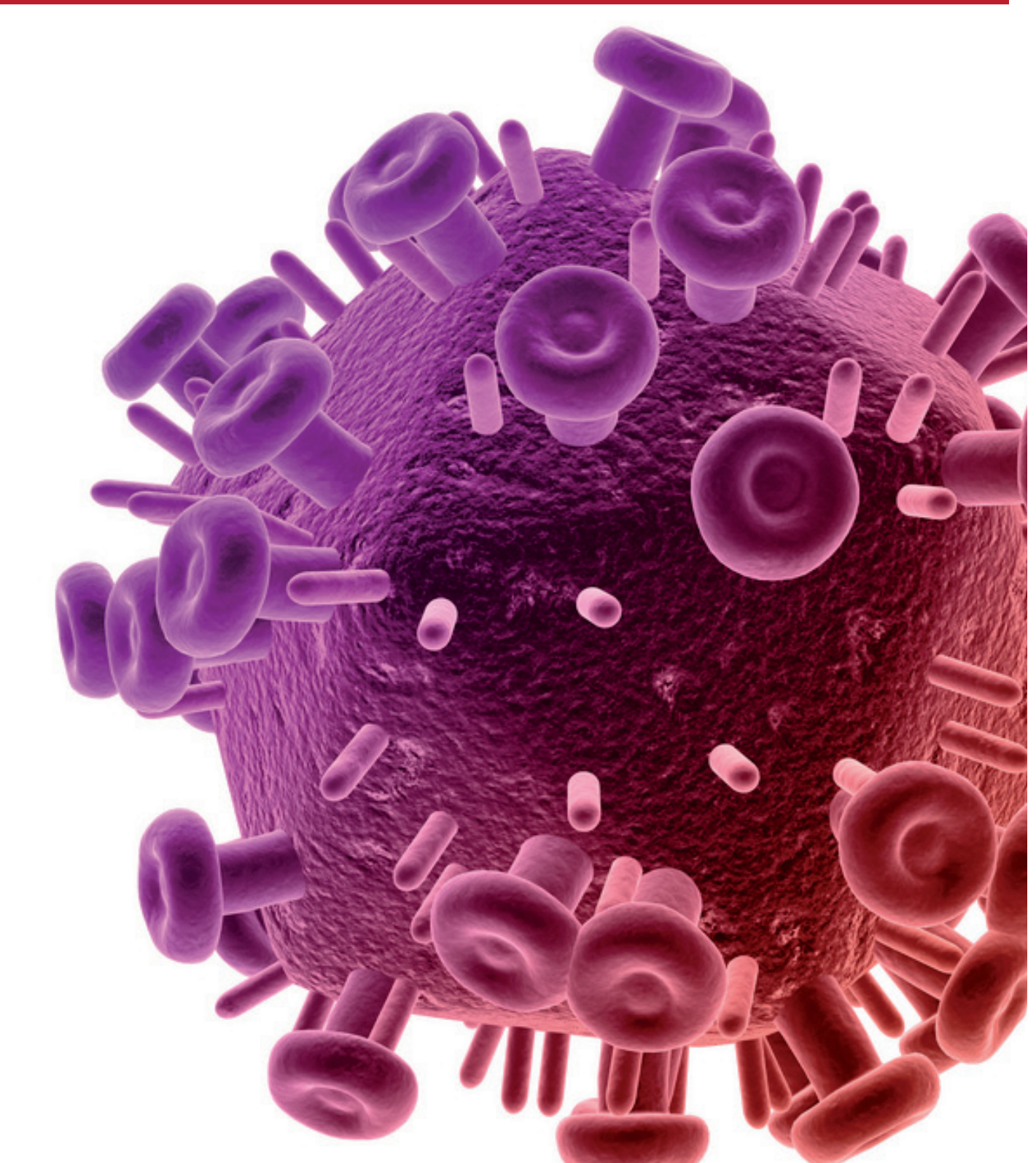
## Objectives

- **Ensure black african migrant communities, access to prevention, diagnosis, treatment and support regarding HIV and other STIs, through culturally and linguistically appropriate interventions.**
- **Educate and empower black african migrant communities to promote and protect their sexual health.**

## Methods/Activities:

Starting in May 2012, N'Discubri project will have the following activities:

Activities	Expected results 2012
<b>1 Mobilizers training:</b> Identification and training of community mobilizers with African origins, in HIV and sexual health areas, to assist in planning and development of several activities, as well as in the education and community engagement during and after the project.	<ul style="list-style-type: none"><li>• 20 mobilizers are trained in HIV and sexual health areas</li><li>• Significant increase of knowledge and acceptance attitudes related to HIV and sexual health (<math>\alpha \leq 0.05</math>) within mobilizers</li><li>• 28 training hours</li></ul>
<b>2 Training professionals:</b> Training sessions with health and/or psychosocial professionals in HIV/AIDS and sexual health areas, regarding specific cultural aspects of black african migrant communities.	<ul style="list-style-type: none"><li>• 30 professionals receive specific training</li><li>• 8 training hours</li></ul>
<b>3 Awareness sessions in communities:</b> Development of awareness sessions in black african migrant communities, in HIV and sexual health areas, targeting different groups, particularly young people, men, and women. These sessions are planned and carried out in close collaboration with local communities.	<ul style="list-style-type: none"><li>• 60 immigrants participate in awareness sessions;</li><li>• 6 awareness sessions are developed (2 aimed at young people, 2 for women, and 2 for men);</li></ul>
<b>4 Early diagnosis:</b> Free, anonymous and confidential rapid tests for HIV, Hepatitis B and syphilis, regardless the immigrant legal status, with linkage to care, if test(s) are positive. Early diagnosis is always made with pre and post-test counseling, and language translation is provided when needed. The locations and frequency of this activity are as follows: <ul style="list-style-type: none"><li>• Once a week, in health centers in Cascais;</li><li>• Once a month, by outreach initiatives in places frequented by the migrant population (eg train station, festivals, community institutions);</li><li>• Daily, by previous appointment, in SER+ premises.</li></ul>	<ul style="list-style-type: none"><li>• 100 people are tested for HIV, HBV and / or syphilis;</li><li>• All new diagnoses are referenced according to national recommendations;</li></ul>
<b>5 Counselling and psychosocial support:</b> Individual psychological counseling and and/or social support for immigrants living with HIV infection. Social support provides evaluation and resolution of emerging social problems, while counselling allows sharing of doubts and anxieties related to the infection in a safe and confidential environment, with the support of experienced professionals	<ul style="list-style-type: none"><li>• 60 people living with HIV infection receive psychosocial care;</li><li>• 120 attendances of counselling and psychosocial support are performed.</li></ul>
<b>6 Counseling Group for migrants:</b> support group for migrants living with HIV, providing a safe and confident environment in order to improve the way people live with the infection. This is a space for sharing and provide information, practical advice and emotional support, exploring areas such as sexuality, human rights, and social and psychological impact of the infection.	<ul style="list-style-type: none"><li>• 15 immigrants participate in group counseling</li><li>• 10 sessions of group counseling are performed</li><li>• Significant increase in knowledge and attitudes related to HIV and sexual health (<math>\alpha \leq 0.05</math>)</li><li>• 80% of participants in the group consistently use condoms</li></ul>
<b>7 Design and publication of prevention materials:</b> production of leaflets, and posters designed by and for immigrants, containing information on HIV and raising awareness for testing, adapted to communities, and translated into their main languages.	<ul style="list-style-type: none"><li>• 5 immigrants participate in designing materials;</li><li>• 2 materials produced and translated into three languages</li></ul>
<b>8 Distribution of prevention materials:</b> Provision and distribution of condoms, lubricant and information leaflets (produced in activity 7) in the communities and festive events.	<ul style="list-style-type: none"><li>• 1000 prevention materials are distributed</li></ul>
<b>9 Cost-effectiveness evaluation of the project:</b> A study to evaluate the cost-effectiveness of all activities will be conducted, allowing to evaluate whether the results obtained with the project justify the resources invested.	



## References:

- [1] Dublin Declaration on Partnership to fight HIV/AIDS in Europe and Central Asia, 2004;
- [2] European Centre for Disease Prevention and Control. Migrant health: Epidemiology of HIV infection and AIDS. Stockholm: European Centre for Disease Prevention and Control; 2010.
- [3] European Centre for Disease Prevention and Control/WHO Regional Office for Europe. HIV/AIDS surveillance in Europe 2010. Stockholm: European Centre for Disease Prevention and Control; 2011.
- [4] Hamers FF, Downs AM. , The changing face of the HIV epidemic in western Europe: what are the implications for public health policies? Lancet 2004; 364: 83–94.
- [5] Burns , F.M., Imrie, J.Y., Nazroo, J., Johnson, A.M., Fenton, K.A., Why the(y) wait? Key informant understandings of factors contributing to late presentation and poor utilization of HIV health and social care services by African migrants in Britain. AIDS Care 2007; 19: 102-108.
- [6] Fakoya, I., Reynolds, R., Caswell, G., Shiripinda, I., Barriers to HIV testing for migrant black Africans in Western. Europe. HIV Med (2008); 9 (Suppl 2): p. 23-25.