

# 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-Ap2007)

 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-friend 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

## Results



- 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

## ANTWERP ANTWERP

## Results

#### • Results:

- √ 645 adult participants
- √ 9.8% tested for HIV/STI
- √7% tested positive for HIV/STIs

## • Challenges:

- ✓ Labour intensive
- ✓ Reaching most as risk groups ?

### Benefit

✓ Indication of an increasing number of SAM consulting the low threshold sexual health centre

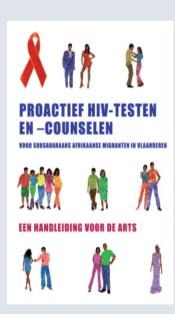
## IVb. Intervention at the health-care level PITC counselling tool



## PITC counselling tool developed

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

→ Upscaling the PITC to first line



## Evaluation of the PITC tool (Nov2011-Jan2012)





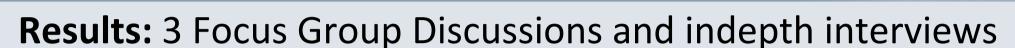
- ✓ Acceptability & feasibility
- ✓ Recommendations for PITC upscaling

### 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





- ✓ 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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