



## **HIV in Europe 2007**

Working Together for  
Optimal Testing and Earlier Care  
25 - 27 November 2007, Brussels

# **HIV testing and migrant populations: Silence and fear in an expanding Europe**

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*The key issue is not  
why they were tested late,  
but rather,  
why they were at risk in the first  
place*

McGarrigle and Gill, 2006:232

# Origin of contemplations for normalisation / “compulsory” testing among migrants

- **Early knowledge** of HIV status among high risk groups limits onward transmission
- Want to go back to “**normalcy of life**”, unsafe sex without fear of infection
- Presumption that **sole responsibility** for safe sex lies by PLWHIV

# Challenges of HIV testing with migrants

- Heterogeneity of migrant populations vs integration
  - historical migrants (ex-colonies, slave countries, etc.)
  - Non-historically linked immigrants
  - seasonal workers (mobility)
  - new arrivals
- Prevalence among different ethnic groups
- Access to prevention, treatment, care and support to date for migrants is far from optimal

# Challenges

- **Tested PLWHIV: have not really reaped the fruits**
  - **stay on medical grounds prohibits engaging in paid work activities**, can be revoked and return to country of origin enforced
  - **no decent levels of access** to treatment in home countries e.g. Ghana and Nigeria access is less than 10%
- **Stigma and taboo** within & beyond their communities
- **Legal repercussions & coercion** for testing
- **PLWHIV are not accorded human rights** e.g. life insurance
- **Populist politics** – scaremongering e.g. the UK media
- **Service provision still poor** for host populations

# Services beyond a positive diagnosis: Access to treatment, care and support

Undocumented/persons	Documented Persons
individual help (bed, bath and bread - 3 b's) Netherlands an exception	individual help (for needs that are not catered for by state)
Access to treatment, legal services	sexual health needs assessment and support
Possibility to integrate into the system- still basic	Ongoing research into risk heightening factors
Ongoing research into risk heightening factors & situation in country of origin	Support of partners

# What are the alternatives?

- **Create willingness** for the people to want to test
- **More involvement** of migrant communities at all levels
- **Human rights**-based approach should be maintained also for migrants & PLWHIV
- Strengthen primary/secondary **prevention**
- Work towards **recognition & eradication** of high risk factors that make migrants vulnerable to HIV infection (employment provision, housing, education, positive attitudes)
- Focus on **behavioral interventions** regardless of their HIV test history or test result (McGarrigle et. al. 2006:232)

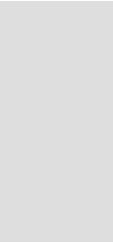
## UNAIDS, WHO and OHCHR

do not support mandatory testing of individuals on public health grounds

- Apart from surveillance testing and other unlinked testing done for epidemiological purposes, public health legislation should ensure that HIV testing of individuals should only be performed with the specific **informed consent** of that individual. Exception to voluntary counseling testing would need specific judicial authorization, granted only after due evaluation and considerations involved in terms of privacy and liberty

(UNAIDS/OHCHR Guidelines 2006 (consolidated version) para 20(6))





THANK YOU!