

MÉDECINS DU MONDE 世界医生组织 DOCTORS OF THE WORLD منظمة أطباء العالم LÄKARE I VÄRLDEN MEDICI DEL MONDO ΓΙΓΤΡΟΪ ΤΟΥ ΚΟΣΜΟΥ DOKTERS VAN DE WERELD MÉDICOS DO MUNDO 世界の医療団 ÄRZTE DER WELT दुनिया के डॉक्टर MÉDECINS DU MONDE 世界医生组织 DOCTORS OF THE WORLD منظمة أطباء العالم LÄKARE I VÄRLDEN MEDICI DEL MONDO ΓΙΓΤΡΟΪ ΤΟΥ ΚΟΣΜΟΥ DOKTERS VAN DE WERELD MÉDICOS DO MUNDO MÉDICOS DEL MUNDO 世界の医療団 ÄRZTE DER



Serving the underserved: an HIV testing program for populations reluctant to attend conventional settings

Tuesday 7 October 2014
PS4/ 02
Key Populations



COMBATIMOS TODAS LAS ENFERMEDADES, INCLUIDA LA INJUSTICIA

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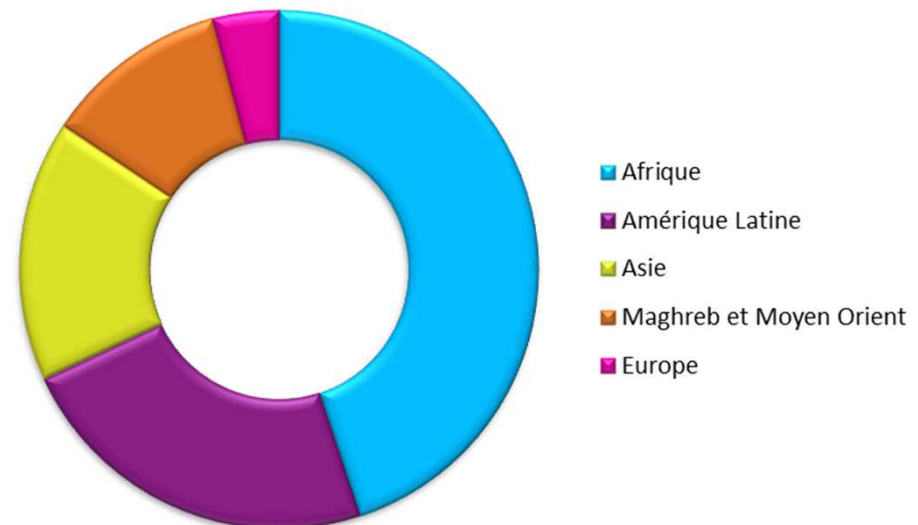
Médicos del Mundo (MdM) is an independent humanitarian organization that provides emergency and long-term medical care to vulnerable populations such as those who live in conditions of poverty, gender inequality, suffer social exclusion, or are victims of humanitarian crises while fighting for equal access to healthcare.

Médicos del Mundo Works on all 5 continents in different contexts (internal violence zones, conflict areas, medical deserts, natural disasters, etc.) and around 4 priority themes

316 projects in 78 countries

4 priority fields of action

- Crisis and conflicts.
- Sexual and reproductive health.
- Harm reduction / fight against HIV
- Migrants and displaced population



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Introduction

Until recent times, in Spain, HIV testing and counseling were offered universally, confidentially and free of charge at all levels of the national health system.

However, since September 2012, migrants with irregular administrative status have limited access to the regular health services (Royal Decree-Law 16/2012).



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The program took place between 2008 and 2012 at the branches that the Organization MdM has in various cities in Spain¹. The program is aimed primarily at those at high risk of infection and socially marginalized or underserved: mainly sex workers, drug users, and irregular migrants. That being said, anyone claiming for help was assisted.

Médicos del Mundo always tries to prioritize the use of the services of the National Health System providing information, support, and accompaniment to all who came to the centers. Only those who were reluctant to use public structures underwent testing in the program.



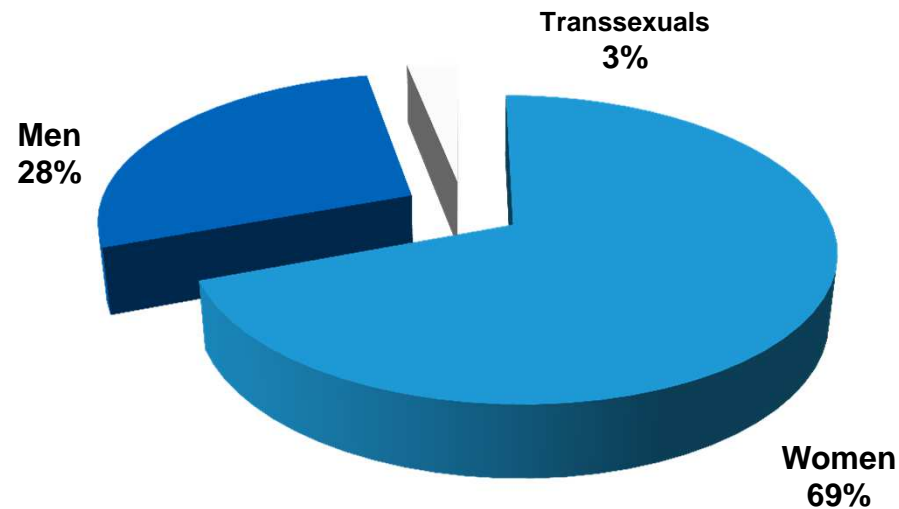
Nota; A Coruña, Alicante, Almería, Arrecife de Lanzarote, Bilbao, Huesca, Las Palmas, Málaga, Santa Cruz de Tenerife, Palma de Mallorca, Santiago de Compostela, Sevilla, Valencia, Vigo y Zaragoza.

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A total of 3,251 people tested, out of which 2,253 (69.3 %) were women, 897 (27.6 %) were men, and 101 (3.1 %) were transsexuals.

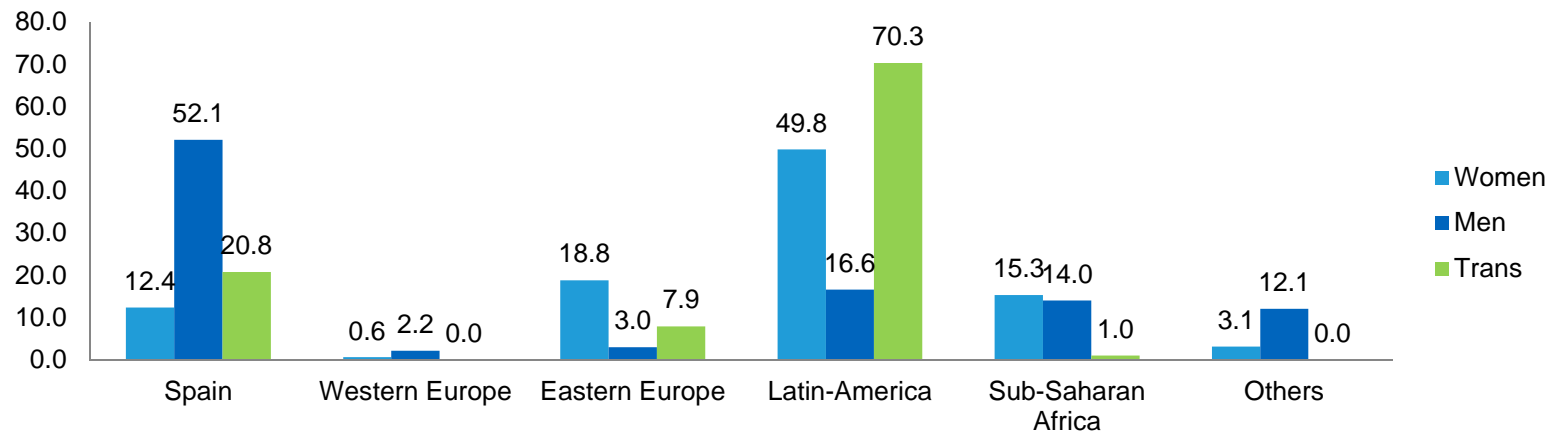


Blood and saliva-based tests were performed for free alongside with pre and post-test counseling



Although altogether most of the participants were foreigners and mostly from Latin-America (41.6 %) there were notorious differences between sex. Among women 49.8 % were from Latin-America, 18.8 % Eastern European, 15.3 % sub-Saharan Africans, and only 12.4 % were Spanish. For men, over half (52.1 %) were Spanish, 16.6 % Latin-Americans, and 14.0 % sub-Saharan Africans. Transsexuals were mainly Latin-Americans (70.3 %).

Place of birth

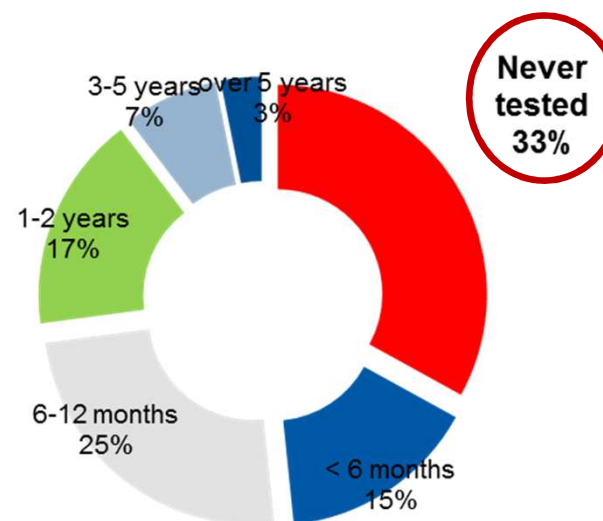




The vast majority of women (87.4 %) and transsexuals (90.1 %) were sex workers, while this percentage was 16.4 % among men. Only the 32.3 % had never been tested previously, with men being the most likely to be previously untested (49.6 %) followed by women (26.3 %) and transsexuals (14 %).

The 43 % of the women, 26.8 % of the men, and 54 % of the transsexuals took their last HIV test less than 12 months ago.

HIV testing history





Women who tested positive were mainly from sub-Saharan Africa (50 %) followed by Latin-Americans (25 %) and only 12.5 % were Spanish. Two out of three (66.7 %) were younger than 35 years old. The 70.8 % were sex workers and 75 % had a previous HIV test.

Furthermore, 67.4 % of the men who tested positive were Spanish and 16.3 % were Latin-Americans and the seventy percent were younger than 35 years old. Some 18.6 % were sex workers and the 62.8 % had a previous HIV test.

All the positive transsexuals were from Latin-America; the majority (80 %) was sex workers and had a previous HIV test.





Methods

We compare the program outcomes with a network of 20 HIV/STI clinics (EPIVIH) and the Spanish National Surveillance System (SNHSS).

Overall, the program uncovered 72 new diagnoses (prevalence of infection 2.2 vs. 2.9 % in the EPIVIH). Of the new diagnoses, 59.7 % were men (vs. 80.6 % in EPIVIH and 82.4 % in SNHSS), 33.3 % were women (vs. 8.6 % in EPIVIH and 17.7 % in SNHSS), and 6.9 % were transsexuals (vs. 1.9 % in EPIVIH).

	Médicos del Mundo (2008-2012)				EPIVIH* (2008-2010)				SNHSS ** (2008-2012)	
	N	%	Prevalence		N	%	Prevalence		N	%
			VIH+	(95% IC)			VIH+	(95% IC)		
Total	72	100,0	2,2	(1.7-2.7)	2208	100,0	2,9	(2.8-3.0)	13928	100
Men	43	59,7	4,8	(3.3-6.3)	1780	80,6	4,0	(3.8-4.2)	11472	82,4
Women	24	33,3	1,1	(0.6-1.5)	189	8,6	0,6	(0.5-0.7)	2465	17,7
Transsexuals	5	6,9	5,0	(1.6-11.2)	41	1,9	11,4	(7.9-14.8)		



The 23.6 % of the new diagnoses were female sex workers (prevalence of infection: 0.9 %), more than 10 times the percentage showed by EPIVIH (2.0 %). The Spanish accounted for 44.4 % of new diagnoses, vs. 67.2 % in the EPIVIH and 60.4 % in SNHSS.

	Médicos del Mundo (2008-2012)				EPIVIH* (2008-2010)				SNHSS ** (2008-2012)	
	N	%	Prevalence		N	%	Prevalence		N	%
			VIH+	(95% IC)			VIH+	(95% IC)		
Female sex workers	17	23,6	0,9	(0.4-1.3)	45	2,0	0,4	(0.3-0.5)		
Place of birth										
Spain	32	44,4	4,4	(2.8-5.9)	1304	67,2	2,6	(2.5-2.8)	8415	60,4
Western Europe	2	2,8	6,5	(0.8-21.4)	52	2,7	2,5	(1.8-3.2)	646	4,6
Eastern Europe	3	4,2	0,7	(0.1-1.9)	87	4,5	2,7	(2.1-3.3)	459	3,3
Latin-America	18	25,0	1,4	(0.7-2.0)	388	20,0	2,2	(2.0-2.5)	3010	21,6
Sub-Saharan Africa	14	19,4	3,1	(1.4-4.8)	74	3,8	3,2	(2.5-4.0)	1091	7,8
Others	0	0,0	0,0	(0.0-1.8)	36	1,8	2,3	(1.5-3.1)	307	2,2

The program showed a greater percentage of new diagnoses from sub-Saharan Africa (19.4 %) than the EPIVIH (3.8 %) and the SNHSS (7.8 %)



Conclusions;

This very low threshold program constitutes a clear complement to traditional HIV testing programs. It has proven a great capacity to contribute to the promotion of HIV diagnosis in some of the most vulnerable and at risk populations, such as female sex workers, sub-Saharan Africans, and transsexuals. It is worth mentioning that, during the study period (2008–2012) no legal documents were required to access to the National Health System.

But since September 2012, migrants with irregular administrative status only receive emergency medical care, forfeiting free access to regular health services. Although it is not clear what impact this may have on HIV testing, it is reasonable to assume that new hurdles will arise and that programs such as the one presented here will gain even greater importance in promoting early diagnoses

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Gracias // Merci // Thank you

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