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EUROPEAN CENTRE FOR DISEASE PREVENTION AND CONTROL

EVIDENCE BRIEF

Migrants

Monitoring implementation of the Dublin Declaration on Partnership to Fight HIV/AIDS in Europe and Central Asia: 2012 progress report

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Policy implications

- **Improve the availability of data on HIV prevalence among migrant communities.** This should include a robust review of the evidence concerning the extent to which category of migrants within the region are particularly vulnerable to and affected by HIV.

- **Ensure that HIV programmes and services are provided at sufficient scale for migrant communities that are particularly affected by HIV**, and sustained financing for these programmes and services. This should include targeted prevention interventions for sub-populations of migrants such as sex workers, prisoners, people who inject drugs and men who have sex with men. There is also a need to identify and implement more effective measures of coverage of HIV programme and services among migrants.

- **Take steps to address the obstacles and difficulties that prevent migrants, in particular undocumented migrants, from accessing HIV services.** This is critical to address the issue of late diagnosis among migrants from high prevalence countries and to ensure that migrants in need of treatment receive antiretroviral therapy (ART).

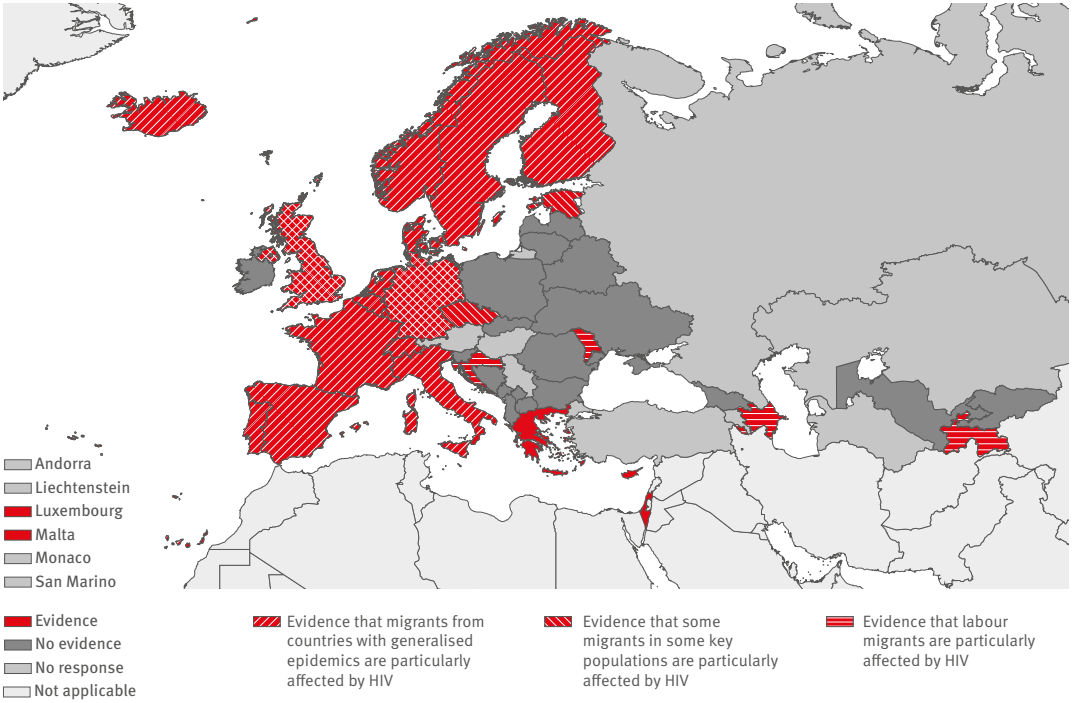
Migration is an important issue for HIV programming in Europe and Central Asia, particularly in EU/EFTA countries

Many countries in the region, particularly in the EU/EFTA, regard migrants as an important sub-population in their national HIV response. A key challenge is that there is no common definition of the term 'migrant' in the region. In the context of responses to HIV, countries refer to three main groups of migrants: migrants from countries with generalised HIV epidemics; migrants who are part of sub-populations at increased risk of HIV infection; and labour migrants. Because of this, caution is required in making comparisons between countries or generalising findings. Countries were asked to report data on three region-specific indicators in 2012: HIV prevalence, condom use and HIV testing among migrants from high prevalence countries. In addition, countries were asked to report disaggregated data for migrants in relation to ART coverage and late diagnosis.

Migrants from countries with generalised HIV epidemics are disproportionately affected by HIV, especially in EU/EFTA countries

Very few countries have data available on HIV prevalence among specific migrant populations. However, many countries presented strong evidence that migrants from countries with generalised HIV epidemics, particularly in sub-Saharan Africa, are disproportionately affected by HIV (see figure 1). There is also evidence from some countries in the region that migrants are disproportionately represented among key affected populations, in particular sex workers, prisoners, people who inject drugs and men who have sex with men. Evidence that labour migrants are particularly affected by HIV is, however, very limited.

Figure 1: Evidence reported by European and Central Asian countries that migrants are particularly affected by HIV



Countries are implementing a wide range of HIV-related programmes for migrants

Countries reported many examples of programmes and services for migrants, including targeted HIV programmes for migrants and services for migrants as part of wider health services and as part of programmes for socially marginalised groups such as sex workers or people who inject drugs. Countries also reported a wide range of HIV prevention activities including provision of information, peer education, condom distribution, counselling and telephone help lines, as well as support services for migrants living with HIV and initiatives to tackle stigma and discrimination.

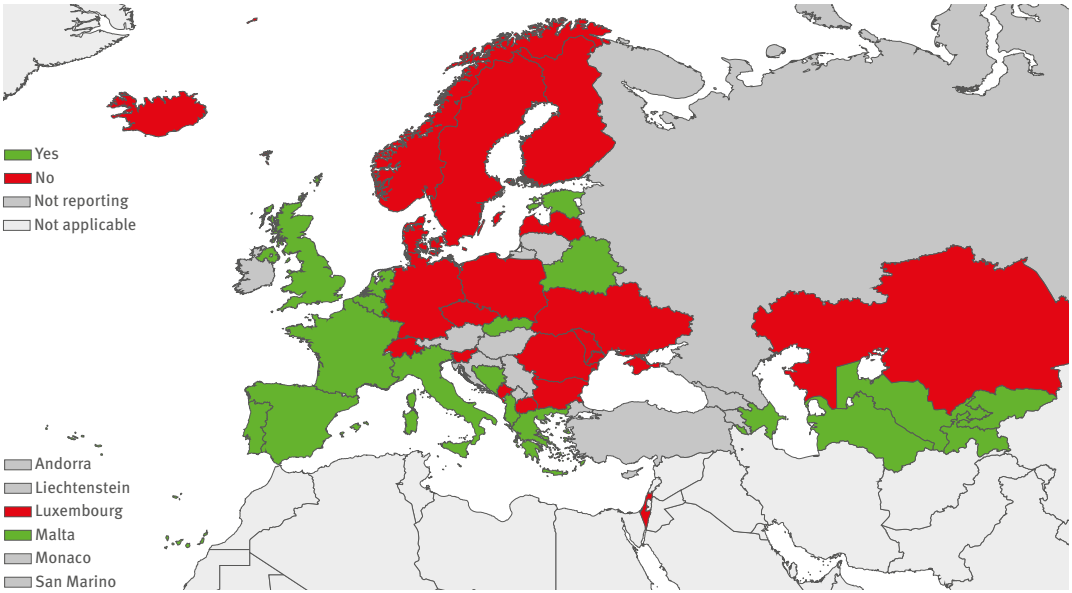
Very few countries have data available on service coverage, for example, or on rates of HIV testing among migrant

populations, but responses indicate that coverage of risk reduction programmes for migrants from high prevalence countries remains low. However, a number of countries are monitoring their HIV responses among migrants and others reported that they are taking steps to strengthen monitoring of HIV services for migrants.

Most countries report that antiretroviral therapy is available to migrants in general, but far fewer countries report that treatment is available to undocumented migrants

Almost all government (93%) and civil society respondents (84%) reported that ART is available for migrants, in general, but only 47% of government and 38% of civil society respondents reported that ART is available for undocumented migrants (see figure 2). The proportion of EU/EFTA countries reporting that ART is available for undocumented migrants was lower than for non-EU/EFTA countries. In general, most countries report that

Figure 2: Countries reporting whether antiretroviral therapy is available for undocumented migrants



their laws and policies are based on the principle of providing services equitably to all in need of them, but a number have laws, regulations or policies that present obstacles to effective HIV prevention, treatment, care and support for migrants. Several countries reported positive changes in the law since 2010 that will make services available to all migrants regardless of their status, but some reported negative changes since 2010 that may make it more difficult for undocumented migrants to access services.

Migrants often face difficulties in accessing treatment and other HIV services

In addition to laws and policies, countries highlighted lack of information about services, language barriers, cultural differences, and stigma and discrimination as barriers that limit access to treatment by migrants. In a number of countries, undocumented migrants face additional obstacles, many of which relate to lack of eligibility to treatment and lack of health insurance. Fear of deportation is also a factor.

Rates of late diagnosis of HIV are higher among migrants from high prevalence countries than among non-migrants in some countries

There is evidence to suggest higher rates of late HIV diagnosis among migrant communities. In Belgium, Finland, Germany and Spain, for example, rates of late diagnosis were higher among migrants from countries with high HIV prevalence than among non-migrants. A number of other countries, including Austria, Italy, the Netherlands and the UK, commented that late diagnosis was a particular issue among migrants from high prevalence countries.

About this series

The Dublin Declaration on Partnership to Fight HIV/AIDS in Europe and Central Asia, adopted in 2004, was the first in a series of regional declarations which emphasise HIV as an important political priority for Europe and Central Asia.

Monitoring progress in implementing this declaration began in 2007 with financial support from the German Ministry of Health. This resulted in a publication by the WHO Regional Office for Europe, UNAIDS and civil society organisations in August 2008.

In late 2007, the European Commission requested that ECDC monitor implementation of the declaration on a more systematic basis and ECDC set up an advisory group comprising 15 countries and various international partners, including EMCDDA, UNAIDS, WHO, UNICEF, and produced its first major country-driven, indicator-based progress report in 2010.

In 2012, the process of reporting was further harmonised with EMCDDA, UNAIDS, WHO, UNICEF, as well as with the EU Commission Communication and Action Plan on HIV/AIDS 2009–2013. The objective was to reduce the number of indicators, focus on reporting that was relevant in the European and Central Asian context and minimise the reporting burden for countries by making better use of existing country reported data. Responses were received from 51 of 55 countries (93%).

In this round, instead of producing one overall report, information provided by countries has been analysed to produce ten thematic reports and this series of eight evidence briefs.

Other reports in the series can be found on the ECDC website at www.ecdc.europa.eu under the health topic HIV/AIDS.

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