HIV in de Afrikaanse gemeenschappen in Vlaanderen: cultuursensitive preventie en zorg

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www.hivsam.be
Created in 1996 by the Institute of Tropical Medicine

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Mission:
Promotion of HIV prevention and sexual health among sub-Saharan African migrants living in Flanders

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SAM population in Belgium

- 175000 registered (1.83% of gen pop)
  - 59461 in Flanders (29.30%)
    - 21.6% in the city of Antwerpen
    - 7.7% in the city of Ghent
- Man (50.5%), women (49.5%)
- 15 - 49 years: 70%
- <18 years: 22%
Social- anthropological characteristics

- Heterogeneous population
  - 48 nationalities (ethnicity/cultures/languages/religion)
  - Hard to reach
  - DR Congo (24.2%), Ghana (10%), Nigeria (8.2%), Cameroon (6.7%), Rwanda (6.6%), Angola (6.6%)

- Homogeneous (organized by ethnic group/religion)

- Socio-economically vulnerable (J.Loos, 2014)
  - Migration trauma (war, human trafficking...)
  - Education level: low (19%), high level (35%)
  - Financial security: 37% didn’t have any financial problem last year
  - Housing: 9.2% no stable housing

Source: FOD 2010 Economie, KMO, Middenstand & Energie
HIV among Sub-Saharan African migrants in Belgium
New HIV diagnoses by nationalities, 1985 - 2017
HIV in SAM in Belgium (Scienseno, 2018)

- SAM infected through the heterosexual contacts
- SAM are 2nd group affected by HIV (29%) after MSM
- More women affected (69%)
- Reproductive age (15-45 years): 86.5%
- Late diagnosis: 41% (vs 30% MSM)
HIV in SAM communities (J. Loos et al, 2014)

Prevalence of HIV among SAM living in Antwerp

4.8% (5.9% of women & 4.2% of men)

65.2% of HIV+ were not aware of their HIV infection
HIV in SAM

- HIV acquisition in the host country after migration
  - 15% reported by WIV-INSF (unknown data: 37%)
  - 27% of SAM living with HIV acquired HIV in Belgium (Alvarez-del Arco et al. 2015)

Factors associated with HIV infection among SAM

- Undetermined sexual factors for HIV infections
  → Hardships increase HIV risks (Parcours study in France, 2014)
  → Migration
HIV-related stigma and discrimination among SAM communities

- **SAM communities**
  - Fear of HIV/AIDS (death)
  - Fear of PLHIV (fear of contamination)
  - Rejection of HIV positive persons
  - Gossip

  → **Fear of HIV testing (undiagnosed HIV infection, late diagnosis)**

- **SAM living with HIV**
  - Internalized stigma (embarrassed, sadness...)
  - Anticipated stigma (avoidance of his own communities)
  - Experienced HIV-related stigma (gossip, divorce/wedding stopped)

  → **No disclosure (unprotected sex, risk of HIV transmission)**
Demand of HIV prevention or care?

- SAM are not demanding the HIV prevention, priorities are job
- Low risk perception of HIV acquisition
- Cultural health seeking behavior and health promotion
  - Lack of knowledge about the health system
  - No perceived need of health promotion
  - Consultation when someone is very sick
Interventions for HIV/STI prevention, approach
Intervention domains

- HIV/STI prevention
- HIV testing
- Positive prevention
- HIV stigma reduction
- Research
Strategies

Project VIH

Intermediaries
- Community leaders/volunteers
- Health professionals, integration services

SAM communities

- Project content, Training, supporting, Evaluation
- Information, Sensibilisation
- Distribution of prevention materials
- Behavior change (condom use)
- HIV/STI/hepatitis testing
- PLHIV empowered

PLHIV empowered
Community approach and community engagement
Regular meetings with the community leaders and volunteers

Activities:
- Prevention/testing: what and how
- Organisation of info sessions, outreach testing
- Sensibilisation: info stands, outreach activities
- Provision of the prevention materials
Training of the community-leaders and other volunteers
HIV primary prevention in the communities
Prevention interventions

Festivals

Winkels

Outreach (café, trein station)
Info stands
Sesnsitization: messages and distribution of prevention materials
Promotion of HIV testing in the communities and in the health services
HIV testing among SAM and linkage to care

- Patient’s request
  - SAM: 29% (46% MSM)

- Time between HIV contamination and diagnosis* (Merty, 2017)
  - 28 months (women)
  - 33.5 months (men)

- Consequences of late diagnosis (Burns et al, 2007, Krentz et al, 2004)
  - Delay in medical & psychological care
  - Reservoir for onward transmission
  - High morbidity & high cost of care
  - Mortality
Hidden epidemic of SAM in Belgium (Hermetic study, 201..)

- **In Belgium**
  - 172,7 undiagnosed HIV+ women/10000 Sub-Saharan African women
  - 92,6 undiagnosed HIV+ men/10000 Sub-Saharan African men

- **In Antwerpen**
  - 331 undiagnosed HIV+women/10000 Sub-Saharan African women
  - 116,8 undiagnosed HIV+men/10 000 Sub-Saharan African men

*Merty, 2017*
Promotion of HIV testing in the communities: HIV testing

take an HIV test!
take care of your health

HIV is real
✓ Let us accept people living with HIV
✓ Let us take an HIV-test at least yearly
✓ Let us use condoms

Helpcenter
voor seksuele gezondheid

"I'm HIV Tested! And You?"
Outreach HIV testing

swab2know

In gemeenschapsettings, in samenwerking met gemeenschapsleiders

1. Groepscounseling & getuigenis

2. Gratis HIV speekseltest

3. Resultaat
   - Online, via beschermd website
   - Consult in Helpcenter-ITG

Rapid test: Oracquick 1/2
Hiv info en testen in de kerk
Outreach HIV, Hepatitis B and C in collaboration with DoW

OraQuick Rapid 1/2

Rapid HIV test, HpB & C
Promotion of the proactive HIV testing and counseling in the primary health care system

- Training
- Communication
Other themas for prevention

- Treatment as Prevention “U=U”
- Post-Exposure Prophylaxis (PEP)
- Pre-exposure Prophylaxis (PrEP)
- Screening Hepatitis B & C
- HPV-Vaccination
Sensitizing for reduction of the HIV-related stigma and discrimination
Positive prevention
Culturally tailored support for SAM living with HIV

- Patient’s support and counseling
  - Need of partner or child
  - Migration-related problems
  - Lonileness

- Support group
  - Monthly meetings (lonileness, socializing)
  - Training on topics chosen by participants
  - Weekend for patients together with Sensoa

- Advices to ARC’s requests

- Workshop “coping with HIV diagnosis” for newly diagnosed
Conclusion

- SAM are highly affected and contaminated also in Belgium
- Unknown determinants for HIV acquisition but hardships increase HIV risks
- Community approach is applied to engage the SAM communities in the HIV prevention and promotion of HIV testing
- Many SAM don’t dare to ask an HIV test themselves, they want healthcare providers initiating the request
- Late diagnosis $\rightarrow$ undiagnosed reservoir $\rightarrow$ onward transmission
- Promote an early HIV diagnosis, early HIV care
  - Overcome barriers of patients and providers
    - Promotion of PITC and applying the guidelines of the clinical indicator conditions for Hiv testing
    - Sensitizing & mobilization for HIV testing in SAM communities
- Culturally adapted patients’ support is offered (individual & group)
- Workshop for coping with HIV is ongoing