

AIDS 2010 Satellite High Level Meeting

***"Ties that Bind-Developing World Epidemics in the Developed World:
Integrating the needs of African and Black Diaspora populations in the
global response to HIV and AIDS"***



**Migrants - European and Central Asian responses to
the epidemic – key findings of the Dublin Declaration
monitoring report**

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Background



- **Basis in UNGASS HIV special session declaration in 2001**
- **Irish Presidency Dublin meeting and Declaration of 2004 – European and Central Asian common commitment to fight HIV/AIDS in the region**
- **WHO/UNAIDS pilot monitoring released in 2008 – sample of a few countries**



Background

- **EU COM tasked ECDC to perform systematic monitoring**
 - Covered period of November 2008 – June 2010
 - Advisory group – four meetings
 - Training workshop attended by 33 countries
 - 12 countries which had not responded to UNGASS 2008 responded to Dublin monitoring
- **Use of 38 indicators resulted in responses from 49 countries – tailored questionnaire using previously submitted UNGASS and EMCDDA data**
- **Summary report to be released at XVIII Aids Conference 20th July 2010, full detailed report likely to be released in September/November**
- **Summary Report available at ECDC and EU stands D416 and D509**



Indicator map used for Dublin monitoring



Figure 1: Proposed Monitoring Framework

			Commitment and Action	Programmatic	Knowledge, Behaviour, Outcome and Impact	
Leadership and Partnership	Political leadership		MDD1			
	Civil society and private sector		MDD2			
	Financial resources		MDD3 MDD4			
Prevention	Targeted at those most at risk	IDU	MDD5	MDD6 MDD7	MDD8-11	
		MSM		MDD12-13	MDD14-16	
		Sex workers		MDD17-18	MDD19-21	
		Migrants from countries with generalised epidemics		MDD22	MDD23-24	MDD25-27
		Prisoners		MDD28	MDD29	
	PSH	Young people	MDD30	MDD31		
Living with HIV	Treatment and care	MDD32	MDD33 MDD34	MDD35		
	TB/HIV		MDD36			
	Stigma and discrimination	MDD37		MDD38		

Migrant chapter of the ECDC Dublin monitoring report: issues addressed

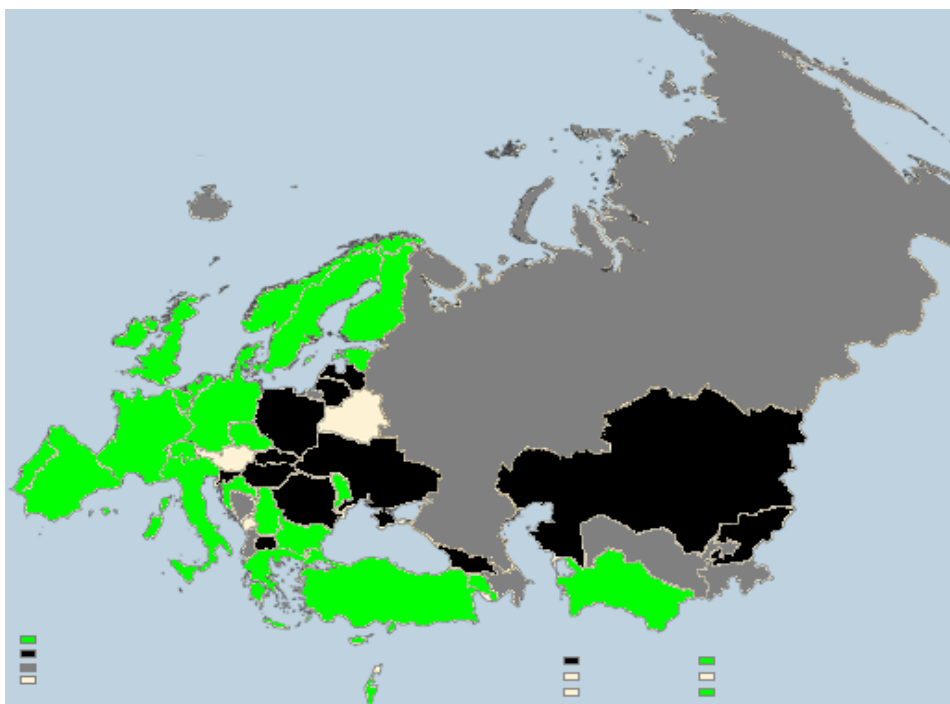


- § Importance of Migrants in Responses to HIV
- § Terminology and Definitions
- § Size of Migrant Populations
- § Evidence that Migrants are Particularly Affected by HIV
- § Services for Migrants
- § Monitoring Responses for Migrants



Results: migrants and HIV/AIDS

- Seen as important sub-group regionally
- But overlooked internationally
- Those from countries with generalised epidemics particularly affected



Map showing the extent to which countries identify migrants as an important sub-population in the national response to HIV and AIDS

Data comparability an issue



§ Country responses show that the term migrant is used quite loosely and that range of other terms are used to refer to the same group(s) of people

- Immigrants who can be first or second generation
- Foreigners or foreign citizens including those with permanent or long-term residence and those with work/study permits.
- Emigrants, i.e. those leaving the country. Although countries of Western Europe are mainly focused on migrants, in terms of those coming to the country, other countries, such as Croatia and Moldova, are more focused on their own citizens migrating to other countries.
- Mobile populations including truck drivers, merchant navy sailors, migrant workers and soldiers on international peacekeeping missions.
- Ethnic minorities

Data comparability an issue

§ In addition, there are specific terms that are applied to specific sub-groups of migrants including:

- Asylum seekers and asylum grantees
- Refugees and displaced people
- Internally-displaced people
- Foreigners in detention centres and prisons
- People reunited with family members
- Undocumented or illegal migrants
- Female victims of trafficking and transnational sex workers

§ In several cases, countries focus on migrants from regions with high levels of HIV prevalence, such as some countries of Sub-Saharan Africa, South East Asia and the Caribbean.

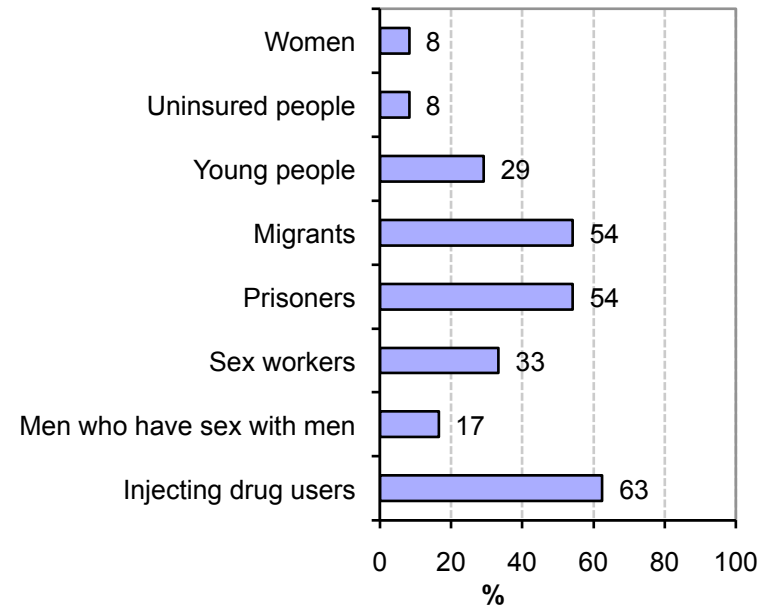
Services for Migrants



- § Many countries reported a range of examples of HIV-related programmes focused on migrants and ethnic minorities.
- In the United Kingdom, the Department of Health funds the National African HIV Prevention Programme (NAHIP) which focuses on HIV prevention among Africans living in the United Kingdom
 - In Germany, there are a range of HIV programmes for migrants from different regions, including sub-Saharan Africa and Eastern Europe (ProMig and GEMO). There are also programmes for migrant IDU and sex workers and a programme to strengthen the involvement of migrants in HIV prevention with immigrant communities.
 - In the Netherlands, HIV prevention programmes are particularly well-developed in four large cities but there are also health programmes for migrants in most municipalities.
 - In Finland, the AIDS Council has a Multicultural HIV Programme that aims to reduce HIV infections among people with an immigrant background; improve the competence of social and health care professionals to meet and provide services for HIV positive immigrants; and develop new models for peer support and preventive work with immigrants.
- § Some countries (France and Norway) identified expanded work with migrant populations as a key achievement of their prevention activities

ART access

- § Of 49 countries reporting, 20 (41%) reported having data on access to antiretroviral therapy (ART) among migrants
- § Of these, nine referred to their policies relating to ART for migrants.
- § A further four simply stated that they had such data. Seven countries provided quantitative data which took three main forms:
 - Three countries reported the proportion of migrants receiving ART compared to all those receiving ART in the country.
 - Three countries reported the proportion of migrants receiving ART compared to all migrants known to be HIV positive.
 - Two countries reported the number of migrants receiving ART.



Percentage of countries reporting legal, regulatory and policy barriers for specified populations to access HIV treatment, care and support

Findings and Conclusions

- **Migrants from countries with generalized HIV epidemics bear a high burden of HIV in the region.**
- **Although it is entirely appropriate for countries to define migrants in a way that is appropriate to their context, there is a need for selected standard definitions of categories of migrants in relation to HIV in Europe.**
- **There is a strong argument for one of these categories to be someone born in a country with a generalized HIV epidemic.**
- **There is a need for EU/EFTA countries to develop and expand programmes for migrants from countries with generalized HIV epidemics.**
- **There is also need to develop ways of monitoring whether these programmes are being delivered at sufficient scale.**

Findings and Conclusions

- There are rising numbers of people on ART but some populations still face obstacles in accessing treatment.
- There is a need to ensure that programmes focused on other key populations, for example, sex workers, MSM and IDU, provide equitable access to services, including to those born in other countries or having a particular nationality or ethnicity, regardless of legal status.
- In some contexts, ensuring equitable access may require additional resources for specific services targeting migrants within these key populations.
- There is a need to develop a standard set of HIV indicators for inclusion in a regional European monitoring and evaluation system.



Thank you for your attention!

**Monitoring of the Dublin Declaration on Partnership to Fight HIV/
AIDS in Europe and Central Asia**

**Summary Report available on July 20th at www.ecdc.europa.eu
and at EU & ECDC stands **D509** and **D416****

July 2010