



Population Mobility: Challenges for
Universal HIV Testing and Treatment

Mobility in Africa: human rights and the HIV care cascade

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Preliminary comment

- > Increasing concern about restricting the movement of population
- > Current policy processes have the potential to undermine efforts to improve the global responses to migration and HIV
(Vearey JIAS 2018)



Presentation overview

- > Context: mobility and migration in Africa
- > Mobility and HIV acquisition
- > Mobility and the HIV care cascade
- > African migrants living in Europe
- > Key populations and mobility



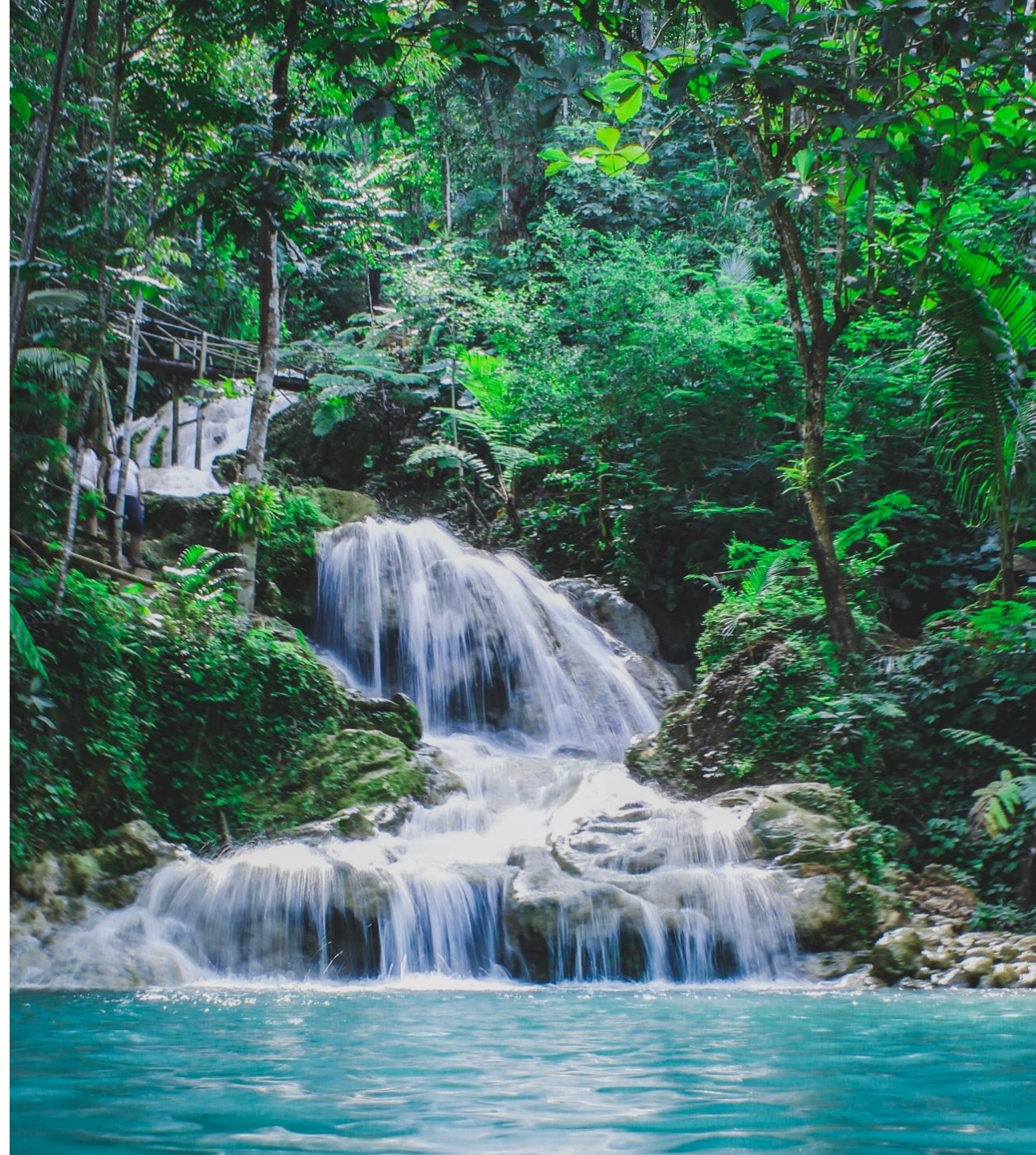
Mobility in sub-Saharan Africa

- > Low transcontinental migration
- > Intra-sub-Saharan African migration is the largest south-to-south movement
- > High level of internal mobility
- > Rural to urban, between rural, rural to semi-urban...
- > “Household fluidity” (PopART HPTN 071)
(Hoddinot et al. JIAS 2018)



The HIV care cascade

- > Population-based and cross-sectional concept
- > Proportion of HIV+ being
 - > diagnosed,
 - > in care,
 - > on ART,
 - > virally suppressed
- > Computed
 - > among resident PLWHIV
 - > within a geographical area
 - > at a specific time point



Mobility and HIV acquisition

- > Increased sexual risk behaviour and HIV prevalence among migrants
 - > in Kenya and Uganda (SEARCH) (Camlin et al. *JIAS* 2018)
 - > in rural KwaZulu Natal (South Africa) (McGrath et al. *Lancet HIV* 2015)
- > Relation between distance of migration and HIV acquisition (Dobra et al. *AIDS* 2017)



Population dynamics & the HIV care cascade

- > Data from ANRS 12249 TasP trial
 - > rural KwaZulu Natal
 - > 2012-2016
- > Individual longitudinal trajectories
 - > residency
 - > HIV status
 - > engagement with HIV care

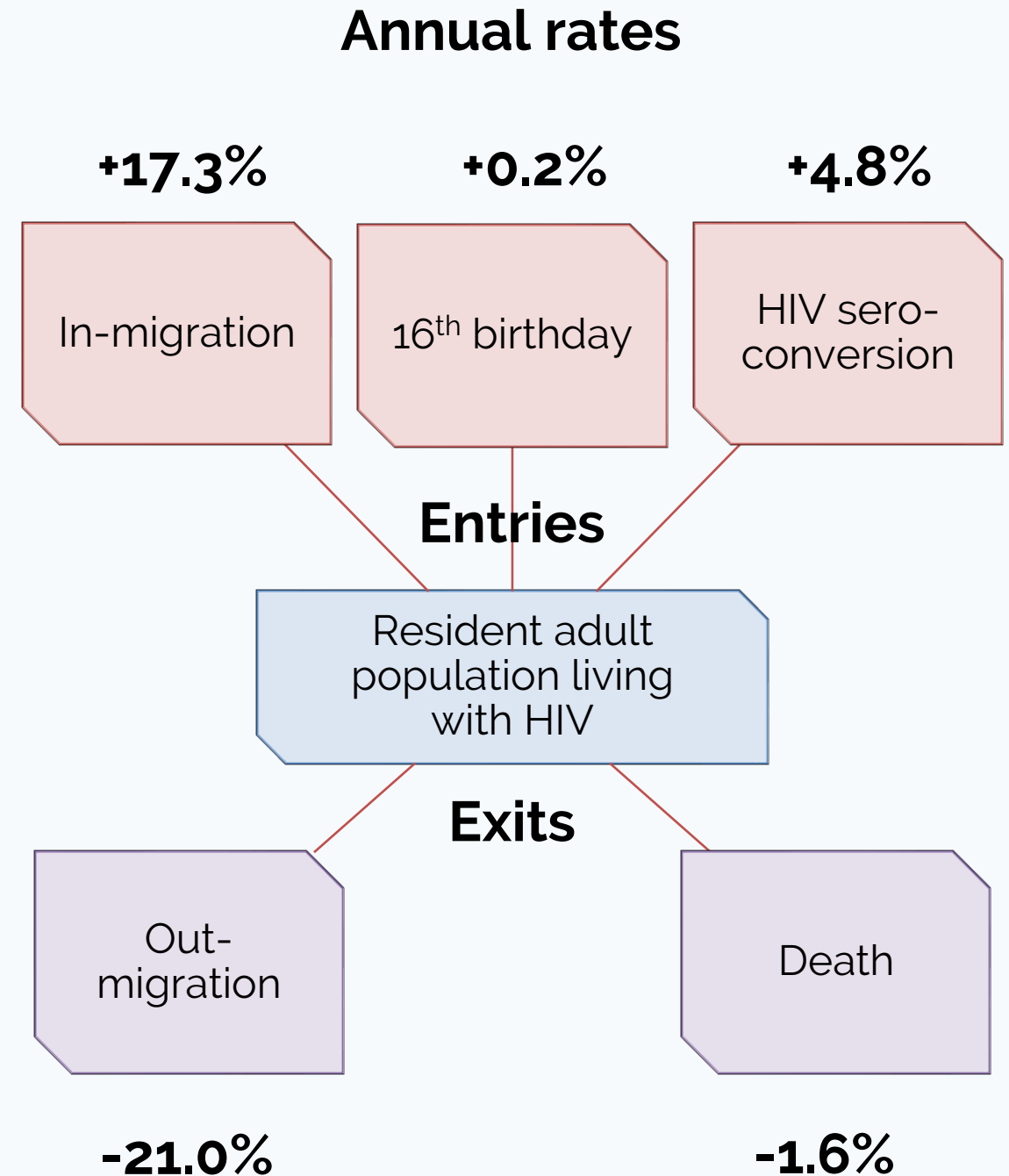
(Larmarange et al. *JIAS* 2018)



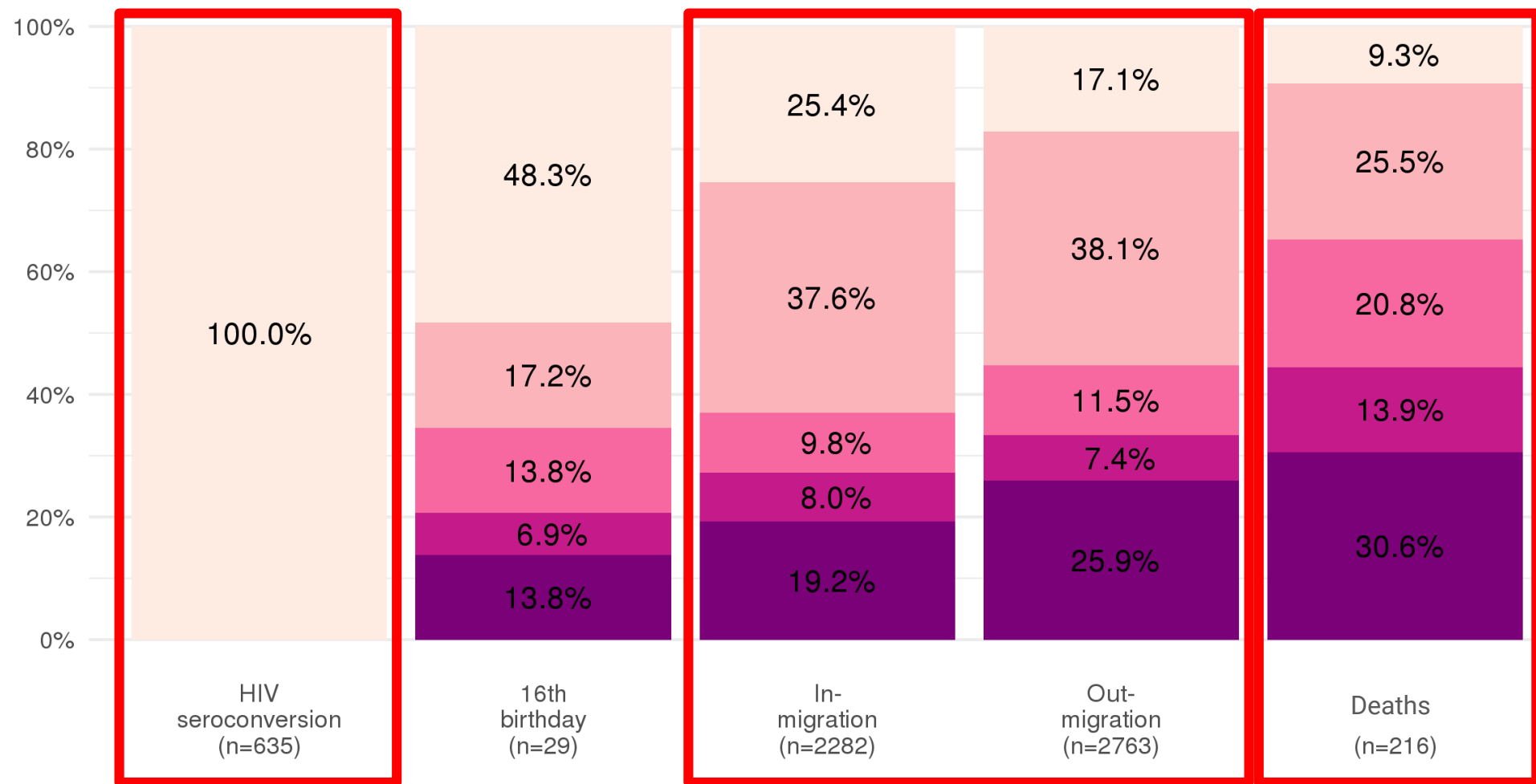
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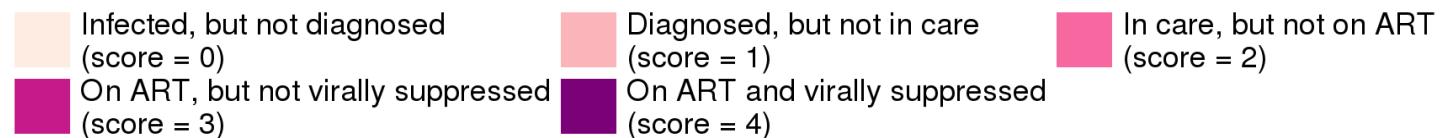
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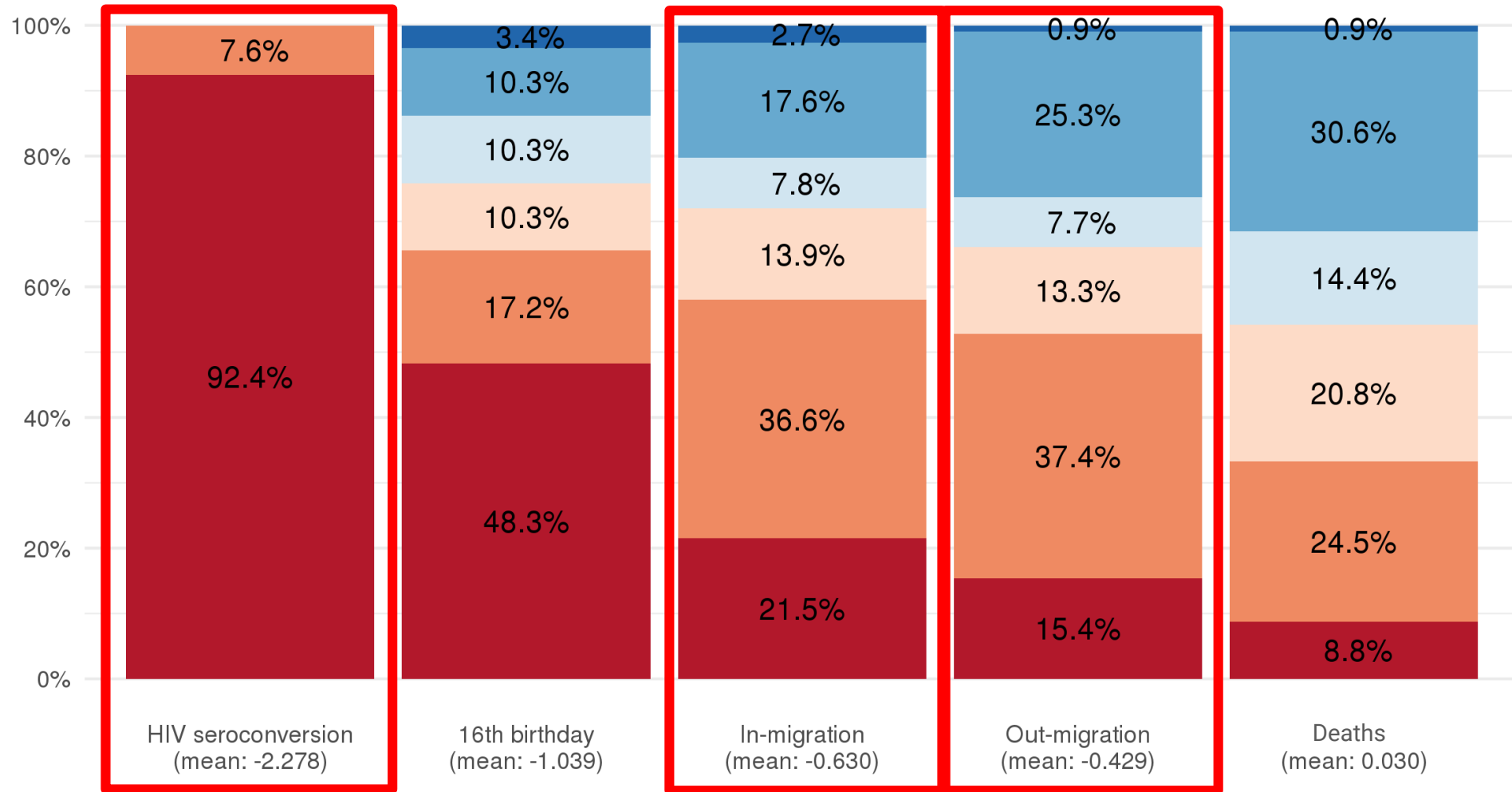
Cascade status at entry/exit



ANRS 1229 TasP
(Larmarange et al.
JIAS 2018)

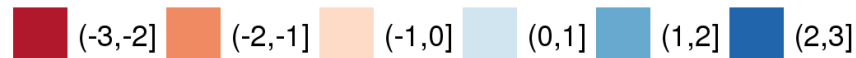


Relative position in the HIV care cascade



ANRS 1229 TasP
(Larmarange et al.
JIAS 2018)

Difference between cascade score at entry/exit and the cluster average score



Mobility, access to and retention into care

- > Optimal lifelong engagement with HIV care could be threatened by mobility
- > Will be detailed in the following presentations, in particular with results from PopART HPTN 071 and MaxART
- > Migrants face specific vulnerabilities that limit their retention at each step of the cascade



African migrants in Europe

- > Overrepresented in European epidemic
- > ANRS Parcours study
 - > ~ half of African migrants acquired HIV after migration (Desgrées du Lou et al. *Eurosurveillance* 2015)
 - > Increased exposure to HIV acquisition due to social hardships, including **lack of a residence permit** (Pannetier et al. *Lancet Public Health* 2017)
 - > Timing and determinants: tomorrow at 11:00 in Elicium 1 (Gosselin #WEAC0104)



Migrants in Europe (2)

- > aMASE study (Fakoya et al. JIAS 2018)
 - > 9 European countries / 57 HIV clinics
- > Median time to diagnosis
 - > 5 years (women)
 - > 8 years (heterosexual men)
 - > 7 years (gay and bisexual men)
- > Late diagnosis
 - > Despite utilization of health services
 - > Missed opportunities for testing
- > Migration-specific barriers, including **difficulties understanding the legal rights** to accessing health care



Key Populations and mobility

- > Missed opportunities in terms of prevention among gay and bisexual migrants in Europe (Fakoya et al. *JIAS* 2018)
- > Sex workers and men who have sex with men very mobile in southern Africa (Vearey *JIAS* 2018)
- > Mobility of female sex workers in Côte d'Ivoire: a challenge for continuity of prevention and care (Becquet et al. *ICASA* 2017)



(re)Setting the policy agenda on migration

- > It is crucial to integrate the dimension of mobility and migrations into our responses to the HIV epidemics
- > Access to prevention and care is also a fundamental right for mobile populations
- > *“There is an urgent need to develop migration-aware and mobility-competent responses to health globally.”*
(Vearey JIAS 2018)





**Thank you
for your attention**