HIV positive diagnosis among migrants compared to native-born in Europe and Central Asia: COBATEST network, 2021-2022

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Introduction

Source:Tufts Observer

Pre-departure phase
- Pre-migratory events and trauma (conflict, human rights violations, torture, climate change), especially for forced migration flows or economic disparities/aspiration-driven flows
- Epidemiological profile and how it compares with the profile at destination
- Linguistic, cultural and geographic proximity to destination

Transit phase
- Duration and circumstances of journey
- Single or mass movement
- Violence, exploitation and other abuses
- Travel mode and its conditions (e.g. perilous, lack facilities for basic health necessities), especially for irregular migration flows.

CROSS-CUTTING ASPECTS
Gender; age; socioeconomic status; genetic factors; etc.

Return and reintegration phase
- Duration of absence
- Capacities of services
- Remaining community/family ties
- Changes in behavioural and health profile during time abroad
- Household determinants of health, (e.g. debt)

Arrival, stay and integration phases
- Migration policies, legal status and access to services
- "Othering", social exclusion, discrimination and exploitation
- Language and cultural values
- Linguistically and culturally adjusted services
- Separation from family, partner

Source: Adapted from Vearey, Hui, Wickramage, 2019

Source: UNAIDS, 2014

Currently, around 6 million Ukranian's have left their homes since 2022 and reside in EU (UNHCR, 2023)

By near the end of 2022, 5.2 million people have fled Ukraine due to the war (UNHCR, 2023).

1,57 million Ukrainian citizens were authorised to stay in the EU at the end of 2021 (Eurostat, 2021)

Methods

Objective Describe HIV-testing trends and examine the prevalence of HIV positive diagnosis among migrants in Europe and Central Asia (ECA) compared with native-born individuals in a year preceding and following war in Ukraine.
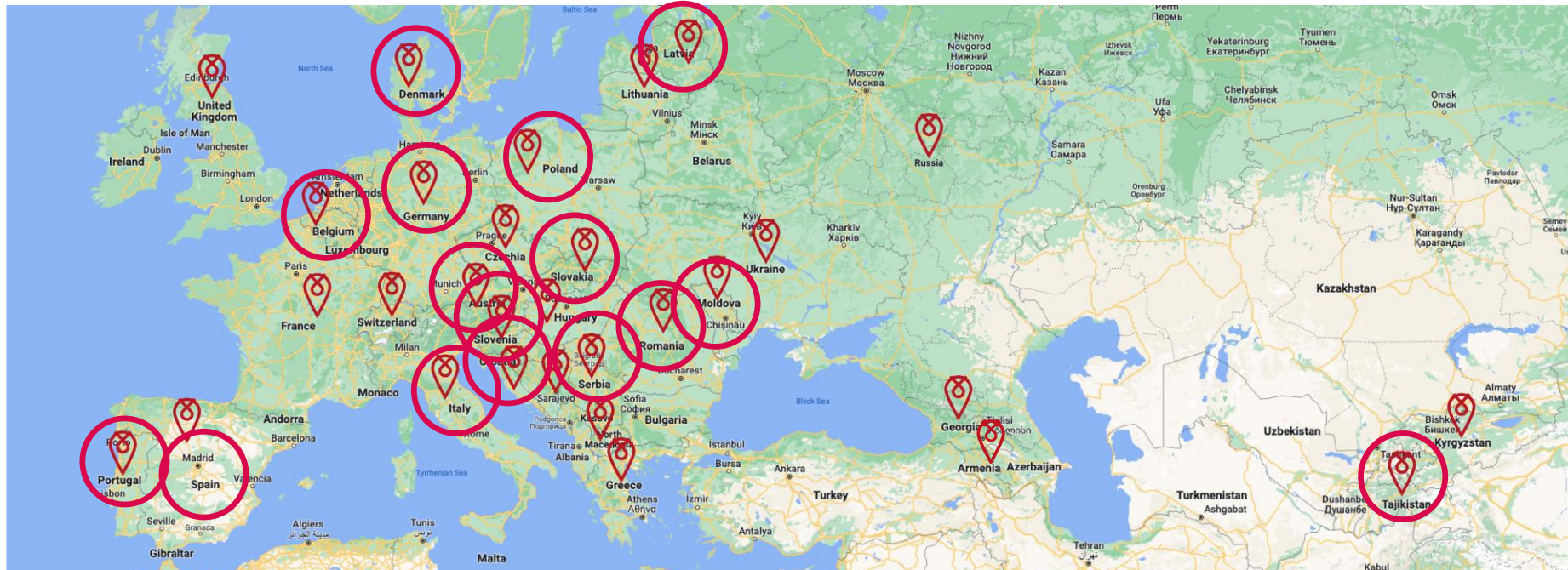
The COBATEST is a network of 111 Community-Based Voluntary and Counseling and Testing Service (CBVCT) centers in 29 European and 2 Central Asian countries.

Results

Table 1. Characteristics of the total sample* by origin status

|	Total sample % (n=203354)	Migrants, % (n=34855)	Native-born, % (n=168499)	P value*
Sex				<0.001
Men	69.7	65.4	70.6	
Women	28.5	30.6	28	
Transgender	0.9	2.3	0.6	
Missing	0.9	1.7	0.8	
Age category				<0.001
< 25	26.8	21.2	28	
>= 25	62.3	76.2	59.4	
Missing	10.9	2.6	12.6	
Time-period				<0.001
2021	49.9	38	52.4	
2022	50.1	62	47.6	
HIV result				<0.001
Positive	1.1	1.8	0.9	
Negative	98.9	98.2	99.1	

*Total sample includes disaggregated and aggregated data.

Table 2. Characteristics of the total sample* by time-period

	Total sample % (n=203354)	2021 % (n= 101462)	2022 % (n= 101892)	P value
Sex				<0.001
Men	69.7	69	70.4	
Women	28.5	29.4	27.6	
Transgender	0.9	0.8	1	
Missing	0.9	0.8	1.1	
Age category				<0.001
< 25	26.8	25.9	27.7	
>= 25	62.3	56.9	67.6	
Missing	10.9	17.1	4.6	
HIV result				<0.001
Positive	1.1	0.9	1.2	
Negative	98.9	99.1	98.8	

*Total sample includes disaggregated and aggregated data.

Total study population* by key population group and period-year

Total study population n= 203354
2021 n= 101462
2022 n= 101892
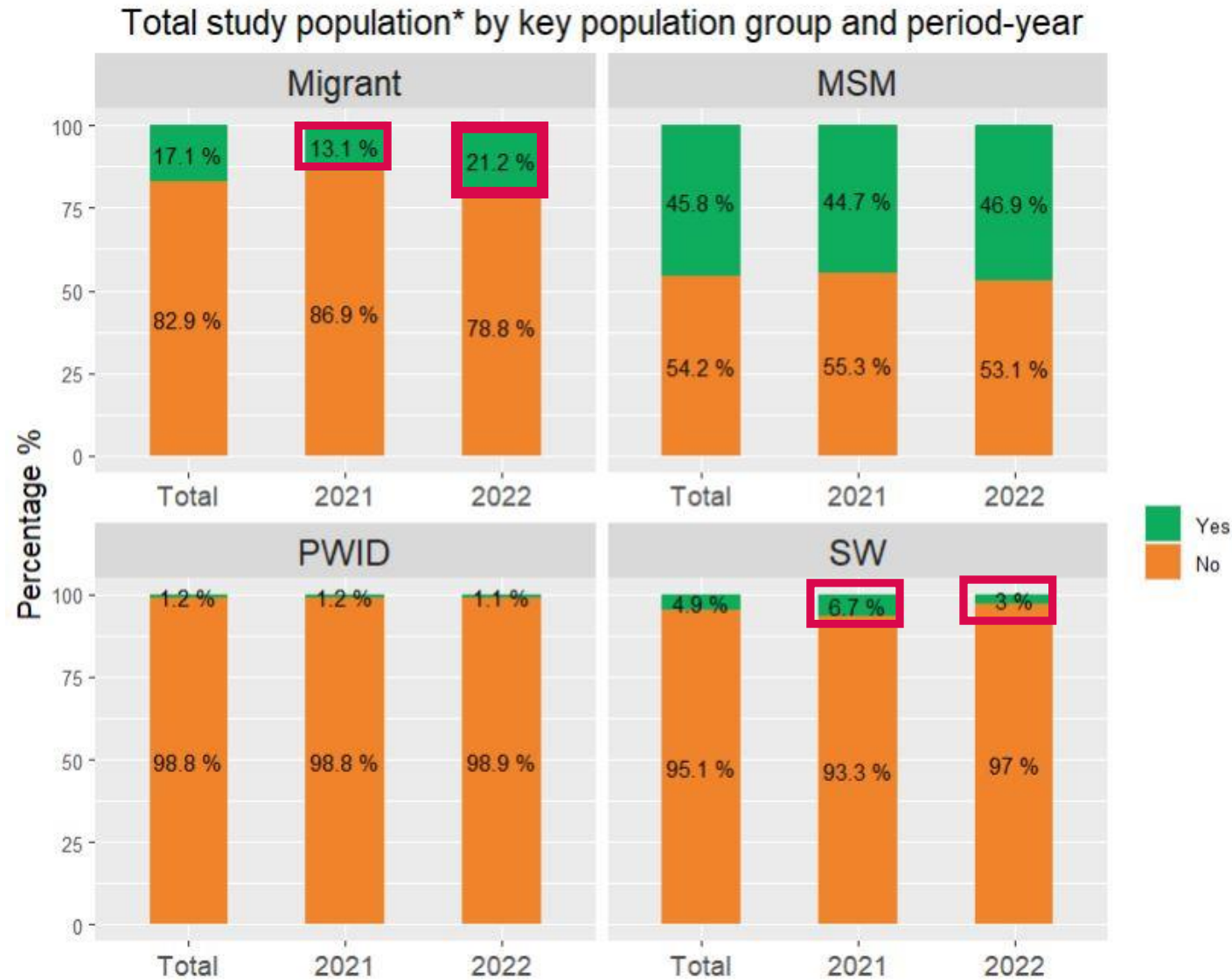
*Total study population includes disaggregated and aggregated data;
**One person can be in more than one key-population group.

Multivariable analysis of the prevalence of HIV positive results in the disaggregated data* stratified by origin status

Total disaggregated sample

Variable	N	Estimate	p
Origin status			
Native-born	31963	Reference	
Migrant	8087	2.33 (1.68, 3.22)	<0.001
Year			
2021	18286	Reference	
2022	21764	0.95 (0.73, 1.25)	0.721
Sex			
Men	25209	Reference	
Women	14266	0.57 (0.36, 0.91)	0.018
Transgender	575	1.93 (1.21, 2.98)	0.004
Age category			
16-25 y.o.	15795	Reference	
26-45 y.o.	20493	1.23 (0.98, 1.56)	0.077
46-65 y.o.	3559	0.99 (0.66, 1.43)	0.947
+65 y.o	203	1.08 (0.18, 3.34)	0.913
MSM			
No	24308	Reference	
Yes	15742	4.36 (3.17, 6.16)	<0.001
SW			
No	37584	Reference	
Yes	2466	1.07 (0.72, 1.55)	0.748
PWID			
No	39796	Reference	
Yes	254	2.36 (0.94, 4.71)	0.033

Migrants — PR, study results

Variable	N	Estimate	p
Year			
2021	3831	Reference	
2022	4256	1.25 (0.91, 1.72)	0.17
Sex			
Men	4590	Reference	
Women	3134	0.62 (0.33, 1.17)	0.14
Transgender	363	2.88 (1.69, 4.81)	<0.001
Age category			
16-25 y.o.	2560	Reference	
26-45 y.o.	4710	1.21 (0.84, 1.78)	0.31
46-65 y.o.	793	0.97 (0.51, 1.74)	0.93
+65 y.o	24	1.88 (0.11, 7.67)	0.52
MSM			
No	5063	Reference	
Yes	3024	2.87 (1.82, 4.74)	<0.001
SW			
No	6204	Reference	
Yes	1883	0.87 (0.54, 1.37)	0.56
PWID			
No	8012	Reference	
Yes	75	2.78 (0.88, 6.25)	0.04

Native-born

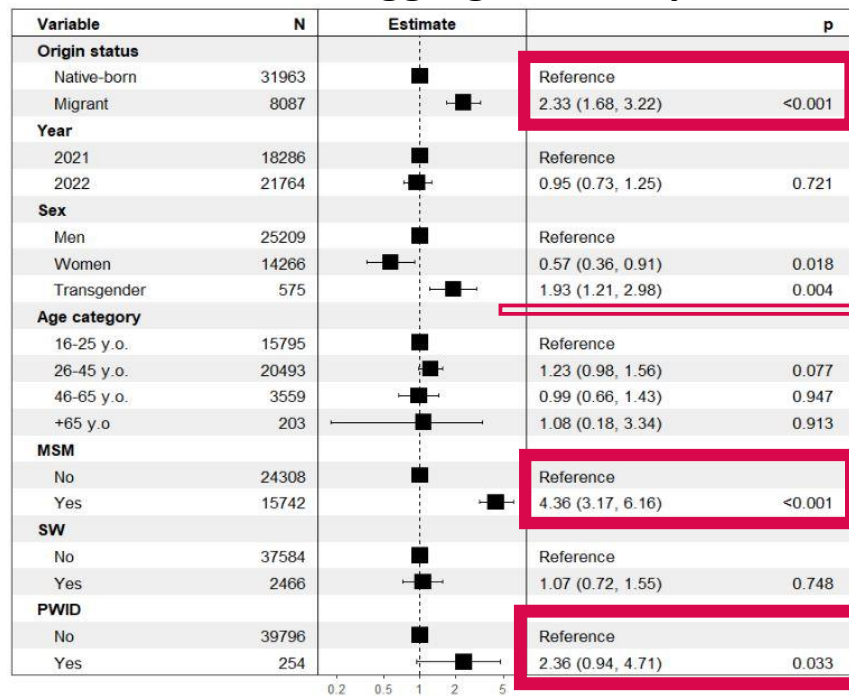| Variable	N	Estimate	p
Year			
2021	14455	Reference	
2022	17508	0.96 (0.73, 1.26)	0.76
Sex			
Men	20619	Reference	
Women	11132	0.51 (0.25, 1.03)	0.06
Transgender	212	0.40 (0.02, 1.80)	0.37
Age category			
16-25 y.o.	13235	Reference	
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+65 y.o	179	0.69 (0.04, 3.09)	0.71
MSM			
No	19245	Reference	
Yes	12718	5.99 (3.84, 9.94)	<0.001
SW			
No	31380	Reference	
Yes	583	1.32 (0.52, 2.72)	0.51
PWID			
No	31784	Reference	
Yes	179	1.99 (0.33, 6.20)	0.33

95% Confidence Interval — P-value

*The model was applied only to disaggregated data from 48 COBATEST member centers;
**A time-period*migrant variable refers to an interaction term between migrant and year (2021 vs.2022) that was included in the model;
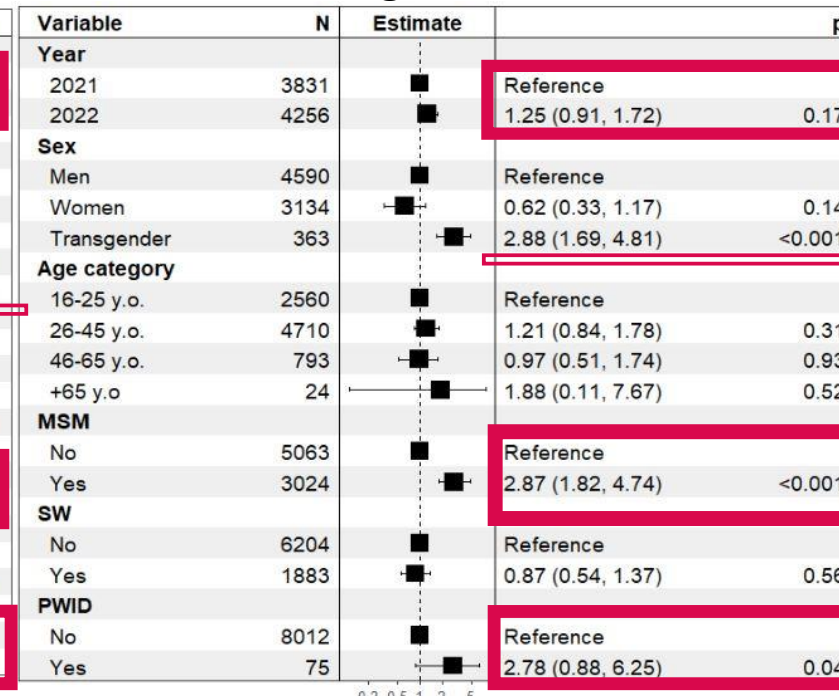***One person can be in more than one key-population group;
PR, prevalence ratio.

Multivariable analysis of the prevalence of HIV positive results in the disaggregated data* stratified by origin status

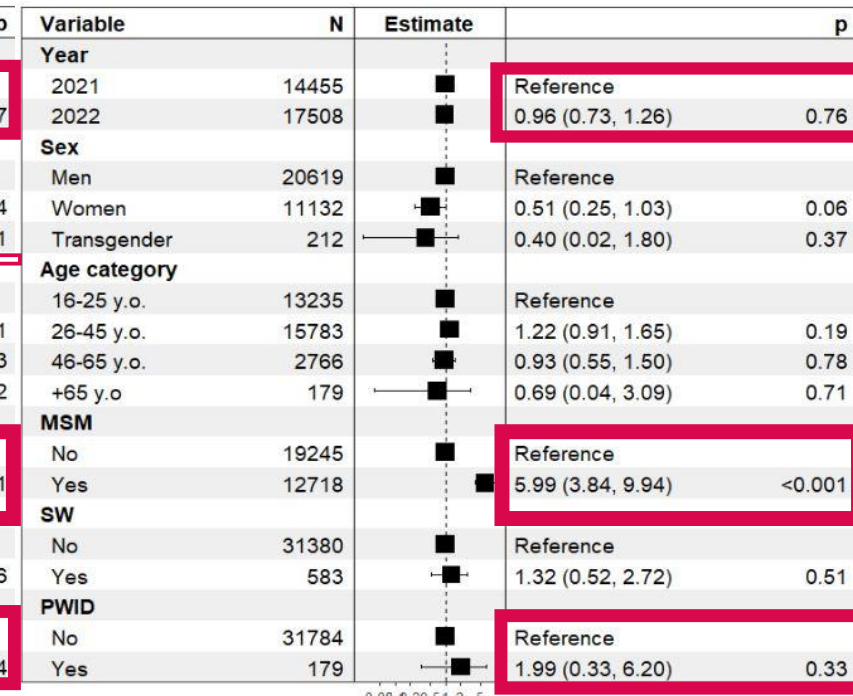### Total disaggregated sample

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Native-born

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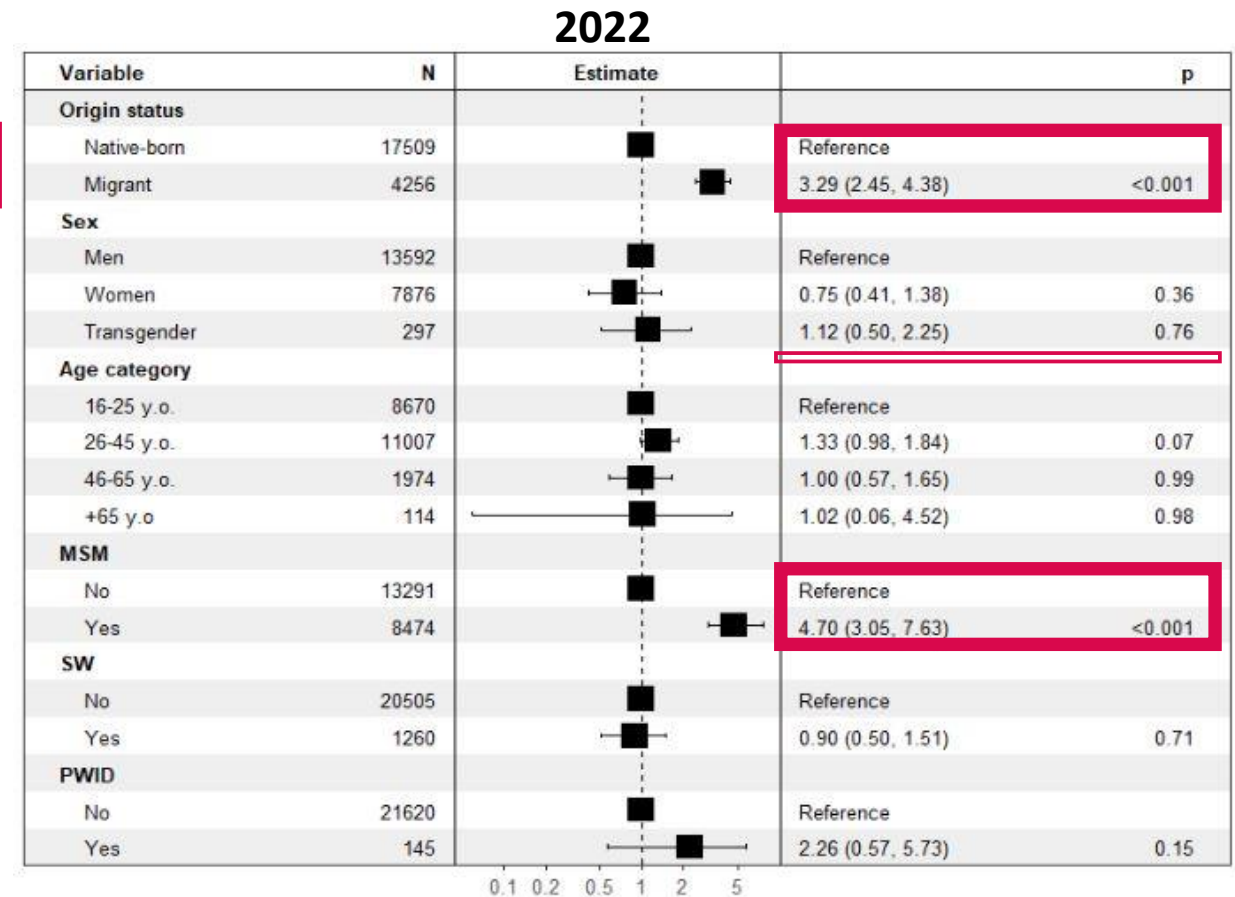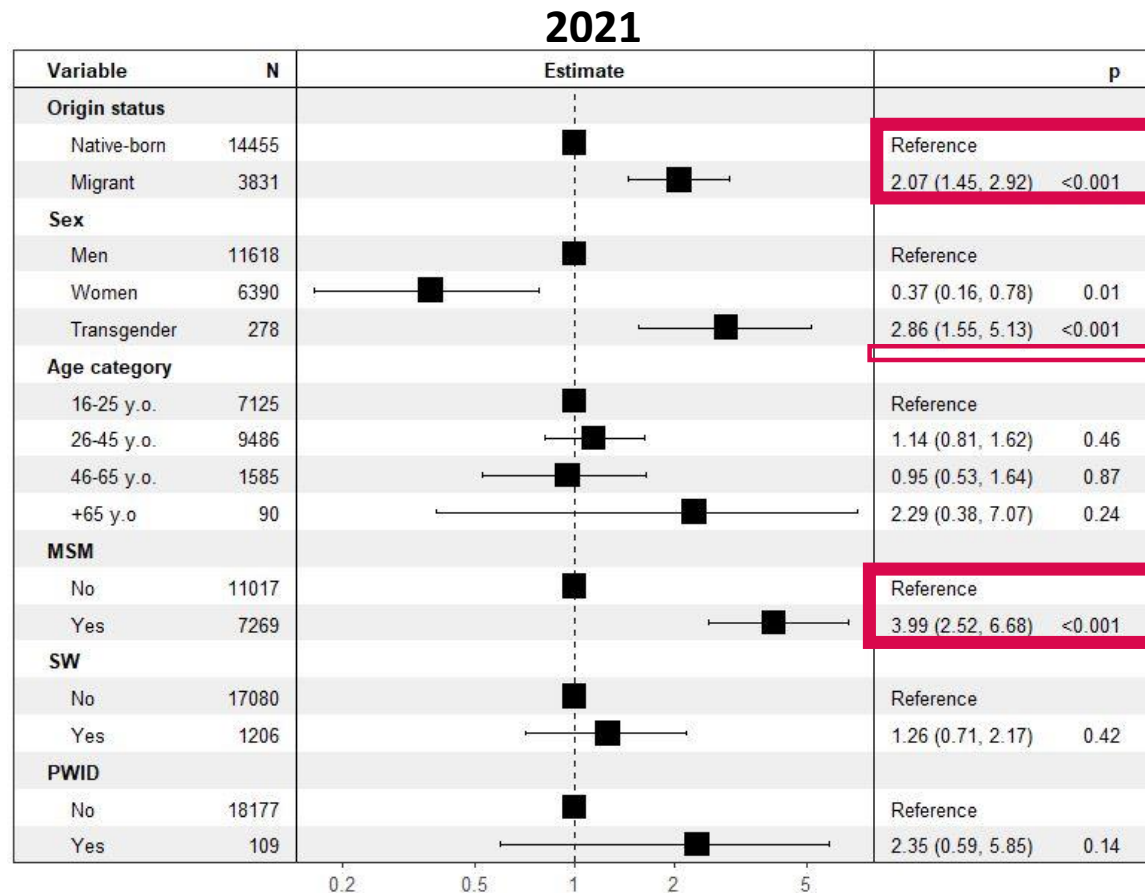
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Conclusions

Migrants compared with Native-born

Significantly high PR

Migrants tested in 2022 compared with 2021

Higher PR of HIV-positive diagnoses in 2022

Significant increase in prevalence of migrants tested in 2022

Migrant characteristics (HIV-positive diagnosis)

Significantly high PR among transgender migrants

Significantly high PR among MSM (2021 and 2022)

➢ **Analysis of data by country of origin to further tailor the strategies by specific groups within migrant population.**

➢ **Urgent need for inclusive health policies and scale-up of strategies for delivering HIV testing, prevention, and treatment tailored to migrant population**

Austria

Aids Hilfe Wien

Belgium

BeTested - Aimer Jeunes (FLCPF)
BeTested - Marolles (FLCPF)
PlateForme Prévention Sida
BeTested - Jette (FLCPF)
BeTested - Uccle (FLCPF)
Médecins du Monde Belgique
SidaSol (Liège)
Exaequo
ELISA Center (Brussels)
Aide Info Sida
Centre de Planning Familial Verviers

Croatia

Croatian Association for HIV and Hepatitis (CAHIV)

Denmark

AIDS Fondet

Germany

Deutsche Aidshilfe Checkpoint Network

Italy

Fondazione LILA Milano
Checkpoint Milano
ANLAIDS Sezione Regionale Ligure ONLUS
ASA Associazione solidarietà AIDS
Bergamo Fast Track City
Latina Check Point
Roma Checkpoint

Latvia

Baltic HIV Association

Moldova

GENDERDOC-M

Poland

National AIDS Center

Not yet finished

Thank you

Special thank you to Jordi Aceiton and Lucia Alonso