

Tailor Made Community Based Testing May Be Effective in Reaching the Most Vulnerable MSM and Transgender Migrants:

Preliminary Results of the 4C-Project in 3 European Countries

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Introduction:

- Migrant populations in the Europe are disproportionately affected by STI infections, including HIV and viral hepatitis:
 - Although migrants make up only 12% of the European Union's (EU) population, they account for a significant 44% of documented HIV diagnoses¹.
 - A study conducted by the European Centre for Disease Prevention and Control (ECDC) revealed that migrants in the EU/EEA represent approximately 25% of chronic hepatitis B cases and 14% of chronic hepatitis C cases².
- Certain subpopulations face heightened risks of STI infections due to their sexual activities and/or socio-economic positions. Notably, men who have sex with men (MSM), transgender individuals, and sex workers are particularly vulnerable:
 - In 2019, MSM worldwide faced a 26 times higher risk of HIV infection compared to other men.
 - During the same year, transgender and gender-diverse people had a 13 times higher HIV infection risk compared to the general adult population³.
- Reaching these high-risk target groups through conventional healthcare settings, linking them to care, and maintaining long-term contact poses a formidable challenge.
- This project represents a collaborative effort between five organizations located in Greece, Spain, and the Netherlands. Our primary goal is to extend critical testing and linkage to care services to these high-risk populations through community-based interventions.



Objectives: To reach 14% more MSM and transgender migrants, including refugees, asylum seekers and undocumented people by initiating, upscaling and improving proven community-based services for HIV, STIs and viral hepatitis in Greece, Spain and the Netherlands.

Methods: MSM and transgender migrants were reached out between January to July 2023 by different interventions in the three countries. The interventions were customized based on the context and the migrants' population of the country and availability of resources. These included low threshold clinical testing and linkage to care, mobile services at the places where the target group is located and organizing festive events for this population. The number of people who got tested for HIV and STIs, accessed PrEP services and received Hepatitis B vaccination was measured.

References

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3. UNAIDS (2021b) HIV and transgender and other gender-diverse people; Human rights fact sheet series. Retrieved 19/01/2022 https://www.unaids.org/sites/default/files/media_asset/04-hiv-human-rights-factsheet-transgender-gender-diverse_en.pdf

Results: In the first six months of the project 68,701 STI and HIV-tests have been done. Among people whose demographic information was available, the majority were in the age group 25-35, followed by the 18-24 age group. Most of people who got tested identified themselves as male and were MSM. The percentage of transgender persons who got tested was less than 1% of total tests.

Conclusions: Provision of low-threshold community-based services was effective at reaching MSM migrants. The number of STI and HIV tests and total number of people reached was more than the target indicators set for the first six months. However, the project should tailor the services to suit the specific needs of transgender people.