

Mobility in Africa: human rights and the HIV care cascade

Joseph Larmarange

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Population Mobility: Challenges for Universal HIV Testing and Treatment

Mobility in Africa: human rights and the HIV care cascade

Joseph Larmarange

Institut de Recherche pour le Développement (IRD)

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



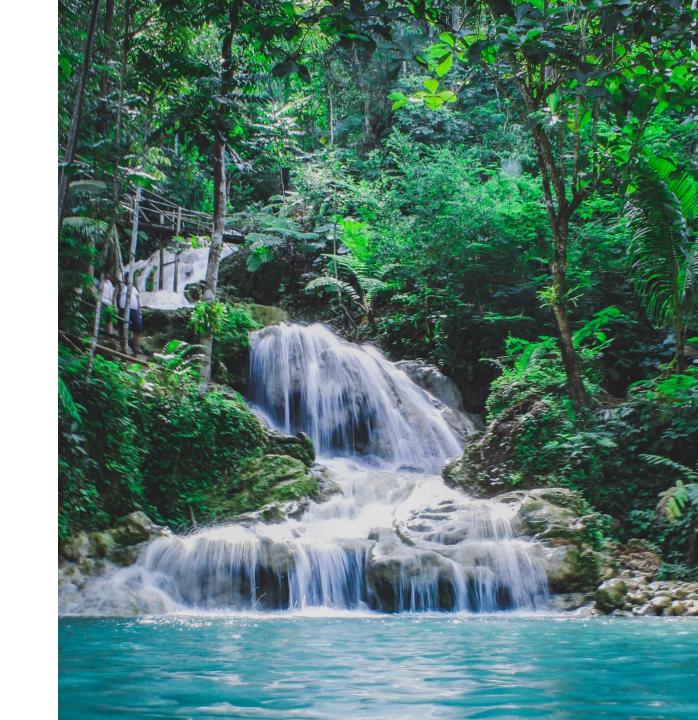
Mobility in sub-Saharan Africa

- > 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)



Population dynamics & the HIV care cascade

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(Larmarange et al. *JIAS* 2018)

Annual rates +17.3% +0.2% +4.8% HIV sero-In-migration 16th birthday conversion **Entries** Resident adult population living with HIV **Exits** Out-Death migration

-1.6%

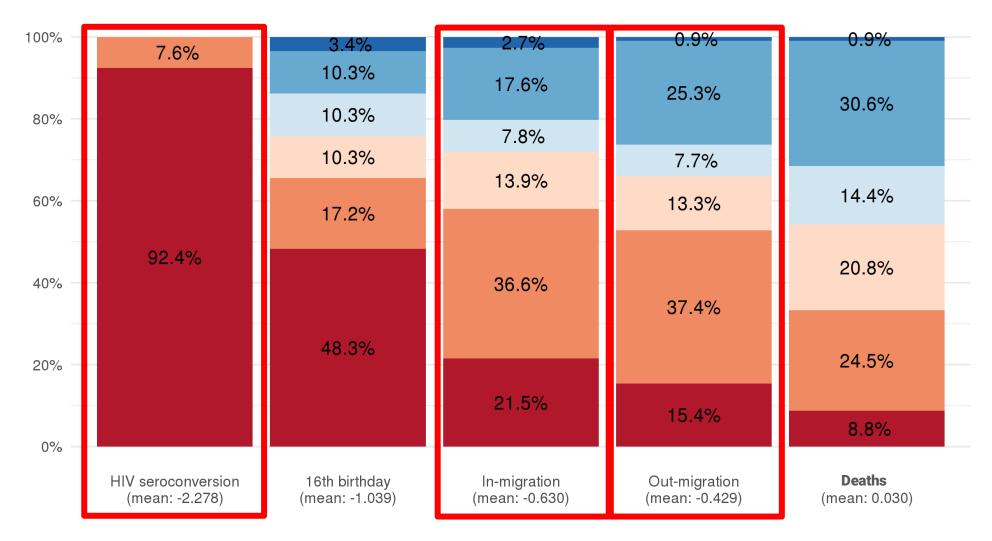
-21.0%

Cascade status at entry/exit



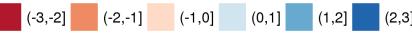
JIAS 2018)

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

Photos from Nubia Navarro (nubikini): https://www.pexels.com/