

Differences in access to HIV testing, treatment and healthcare among non-migrants and migrants living with HIV in the Netherlands: a cross-sectional study

Janneke P. Bil^{1,2}, Freke R. Zuure^{1,2}, Debora Alvarez-del Arco³, Jan Prins², Kees Brinkman⁴, Eliane Leyten⁵, Ard van Sighem⁶, Fiona Burns⁷, Maria Prins^{1,2}

¹Public Health Service Amsterdam, Amsterdam, The Netherlands, ²Academic Medical Center, University of Amsterdam, The Netherlands, ³Universidad Complutense de Madrid, Spain, ⁴Onze Lieve Vrouwe Gasthuis (OLVG), Amsterdam, the Netherlands, ⁵Medical Center Haaglanden-Bronovo, The Hague, The Netherlands, ⁶Stichting HIV Monitoring, Amsterdam, The Netherlands, ⁷University College London, United Kingdom



Background

- Migrants represent a significant group in the HIV epidemic across Europe and in the Netherlands.
- Data suggests migrants face barriers in accessing and utilizing HIV related healthcare, however differences in barriers faced between migrants and those born in the country of residence are not well known.

Objectives

- To assess differences in access to HIV prevention, testing and treatment between non-migrant and migrant men who have sex with men (MSM) and heterosexual patients living with HIV in the Netherlands.

Conclusions

- We found differences in access to HIV testing and healthcare, experienced HIV discrimination and PEP knowledge between HIV-positive non-migrant MSM, migrant MSM, non-migrant heterosexual men, migrant heterosexual men and migrant women.
- Tailored interventions are needed for each specific group (non-migrant MSM, migrant MSM, non-migrant heterosexual men, migrant heterosexual men and migrant women) to prevent HIV infections and to ensure timely HIV diagnosis, treatment and care for those infected.

Results

- We included 247 HIV-positive patients; 115 non-migrant MSM, 77 migrant MSM, 14 non-migrant heterosexual men, 21 migrant heterosexual men and 20 migrant women. Median time since HIV diagnosis was 2 years (IQR 1-4).
- Significant differences were found in access to HIV testing and healthcare, PEP knowledge and experienced HIV discrimination between HIV-positive non-migrant MSM (ref.), migrant MSM, non-migrant heterosexual men, migrant heterosexual men and migrant women (see Fig. 1).

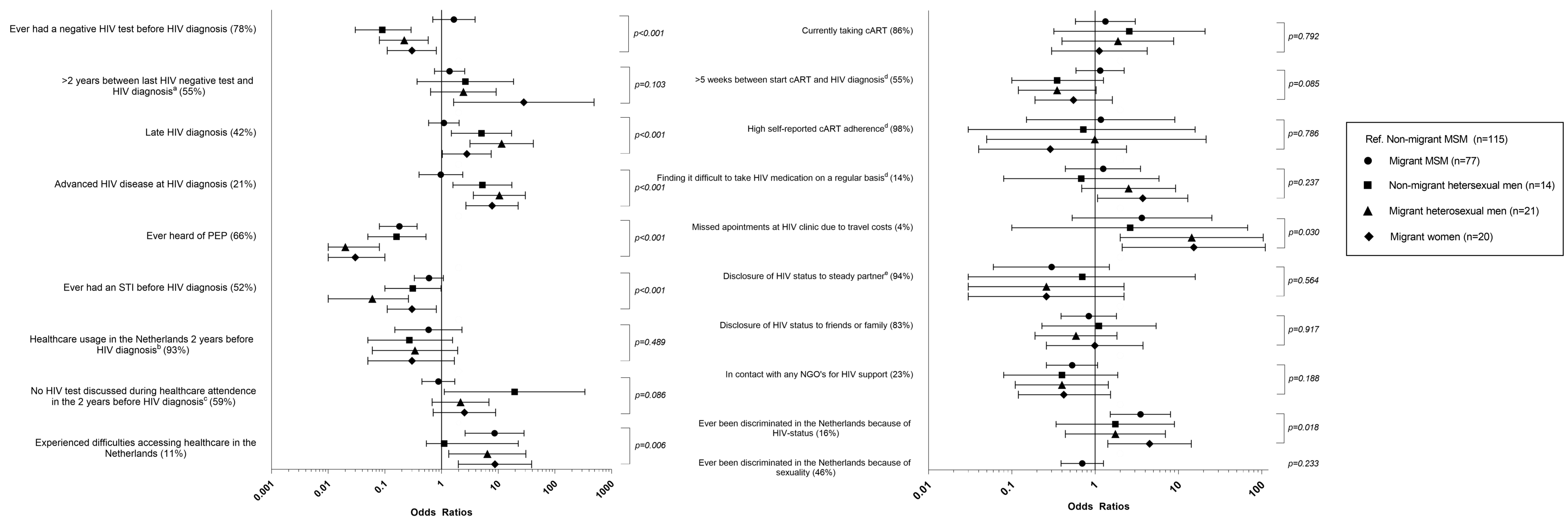


Figure 1: Univariate analyses of differences in testing behaviour, access to healthcare, HIV treatment, disclosure and discrimination among 129 non-migrant and 118 migrant participants of the aMASE study in the Netherlands, 2013-2015.

MSM: men who have sex with men; PEP: post-exposure prophylaxis; STI: sexually transmitted infection; cART: combination antiretroviral therapy; NGO: non-governmental organization.

Late HIV diagnosis: AIDS or CD4 count <350 cells/mm³, Advanced HIV diagnosis: AIDS or CD4 count <200 cells/mm³.

a Only participants were included who had a previous negative HIV test before diagnosis. b Only participants were included who lived in the Netherlands for two years or more and who were diagnosed with HIV in the Netherlands. c Only participants were included who lived in the Netherlands for two years or more, who were diagnosed with HIV in the Netherlands and who had used healthcare in the Netherlands in the last two years before HIV diagnosis. d Only participants were included who were currently using cART. e Only participants were included who had a steady partner.

Methods

- We used questionnaire data and clinical indicators of HIV disease collected between July 2013-June 2015 among HIV-positive non-migrant and migrant (defined as persons born outside the Netherlands) participants of the cross-sectional aMASE (Advancing Migrant Access to health Services in Europe) study.
- Participants aged ≥ 18 years and being diagnosed within 5 years of study participation were recruited at three HIV outpatient clinics in the Netherlands.
- In univariable logistic regression analyses, we compared outcomes on HIV prevention, testing, treatment and healthcare between non-migrant MSM (reference group), migrant MSM, non-migrant heterosexual men, migrant heterosexual men and migrant women.