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HIV testing and linkage to care in sub-Saharan African migrants in the Netherlands

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Background

Sub-Saharan African migrants (SSAM) remain the most-at-risk migrant population for HIV in the Netherlands and are disproportionately affected by HIV, with late diagnoses and delayed presentation for HIV care remaining a challenge. However, research on barriers to HIV-testing and linkage to care among SSAM in the Netherlands, and in Europe, remains limited. Using the socioecological framework, we set out to identify and investigate important changeable factors influencing HIV-testing and linkage to care in people from sub-Saharan Africa living in the Netherlands.

Research question

"*What are the perceived barriers and facilitators to HIV testing and linkage to care in people from sub-Saharan Africa residing in the Netherlands?*"

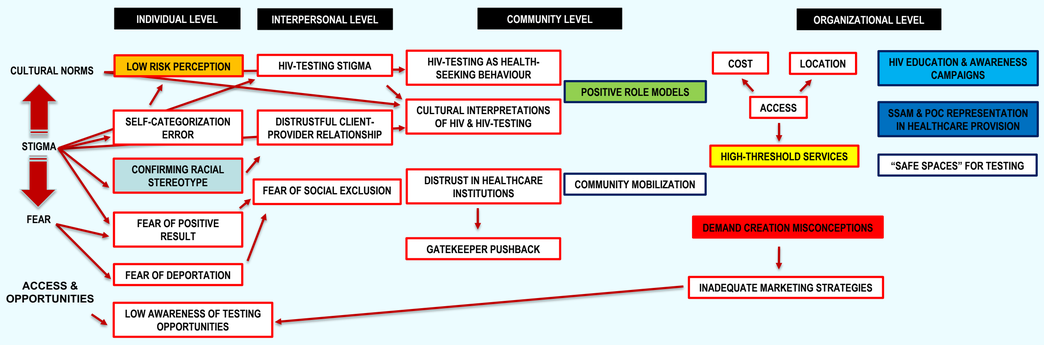
Methods

40 semi-structured interviews were conducted with a broad range of (at time, intersecting) SSAM subpopulations (heterosexual men, heterosexual women, men-who-have-sex-with-men (MSM), undocumented individuals, and PLHIV) and key informants. Interviews were transcribed verbatim and thematic analyses was conducted.

Results

We identified several barriers and facilitators at multiple socioecological levels. HIV testing (**see Figure 1, left**) and linkage to care (**see Figure 2, right**) barriers were largely driven by HIV-related stigma and fear of HIV-stigma. These intersected and interacted with other barriers across socioecological levels. Furthermore, low awareness of testing possibilities as a result of insufficient HIV-testing promotion strategies and limited knowledge on the right to HIV care were notable barriers to HIV testing and linkage to care.

Figure 1. Barriers and Facilitators to HIV testing



"*If I was sexually involved with other men, right? Then I'd be like, Hmm, this is first in the list. Everybody says this is the highest risk group. So maybe I should test. But, that's not the case.*" (Man, 23, Cameroon)

"*When you're Black and African especially, you just feel like every time you're there, you're kind of ticking a box in their head. Then you just don't want to go.*" (Woman, 25, Kenya)

"*They have so many intrusive questions.. you just want it to be checked, that's it and I'm like, yeah, you're making it way too much difficult.*" (Woman, 31, Cameroon)

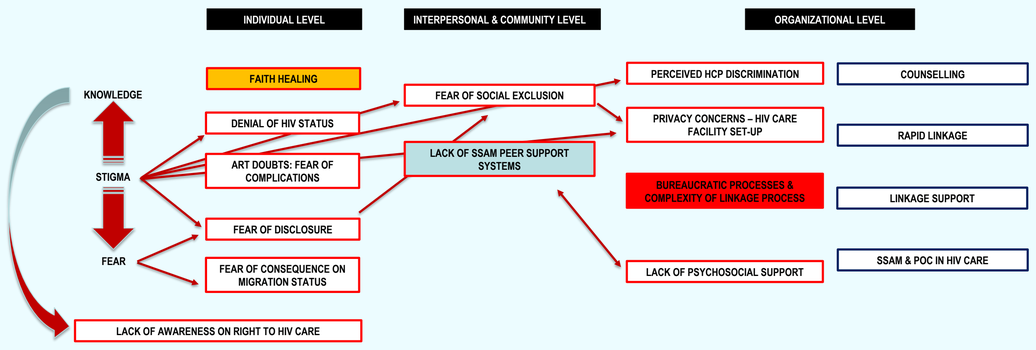
"*There are a lot of assumptions that everything's on Google, but not everybody's going to Google. Our community don't really use Google.*" (Man, 38, Nigeria)

"*Having successful stories of HIV positive people would encourage people more to test.*" (Man, 29, Uganda)

"*..have like a group of black nurses and doctors go to specific parts of places like the Bijlmer, like places where the black people are.*" (Woman, 21, Kenya)

"*Works better if one of our employees here (who) is also from an African ethnicity is the one who does the testing, that works the best, we know that as a fact.*" (Healthcare Professional 1, Amsterdam)

Figure 2. Barriers and Facilitators to Linkage to care



"*We had a belief that maybe it can heal when you pray. I said I will pray for myself. I thought I had prayed, and I thought I was healed.*" (Woman, 46, Undocumented living with HIV, Uganda)

"*It doesn't help being a migrant and then this on top of it. And then you know, there is not much support for us. I know there's a buddy system, but it's mostly for gay white men.*" (Man, 46, living with HIV, Kenya)

"*Advocacy groups are mainly driven by MSM. People from sub-Sahara Africa are not so much visible there.*" (Healthcare Professional 2, Rotterdam)

"*The first part of connecting it all, and getting everyone where they need to be is so stressful unnecessarily.*" (Asylum LGBT Support Coordinator)

Conclusions

Overall, we found several interacting and intersecting barriers and facilitators across socioecological levels, thus suggesting the need for multilevel interventions to enhance testing and linkage to care. Based on our analyses that intersectional HIV stigma and inadequate messaging on HIV and HIV-testing acted as considerable barriers to HIV testing and linkage to care among SSAM in this study, it is critical that theory and evidence-based **community-owned** interventions that reduce **stigma** and **increase awareness on HIV** and **HIV-testing opportunities** are developed and implemented.

Recommendations

1. Low-threshold (outreach) services at an optimal distance from the community
2. Development of relevant HIV messaging and communication strategies
3. Increased ethnic diversity and cultural competence training among healthcare providers
4. SSA-specific stigma prevention interventions among healthcare professionals

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