MIGRANT WOMEN IN UK

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UK SITUATION

HPA: HIV in UK 2012 report: (2011 figures)

- Total living with HIV = 96,000
- Total diagnosed and receiving care = 73,400 - 58% increase since 2002
- Total undiagnosed = 22,600

Appendix 1: Estimated number[1] of people living with HIV (both diagnosed and undiagnosed): United Kingdom, 2011

Exposure group		Number diagnosed	Number undiagnosed	Total	% Undiagnosed
Men who have sex with men		31,900 (31,300-32,700)[2]	8,100 (4,100-13,700)	40,100 (36,000-45,700)	20% (11-30%)
People who inject drugs		1,900 (1,700-2,100)	400 (200-700)	2,300 (2,000-2,600)	17% (10-28%)
Heterosexuals		37,600 (36,700-38,500)	13,900 (11,300-17,300)	51,500 (48,700-54,800)	27% (23-32%)
	Men	14,400 (14,000-14,700)	6,300 (4,700-8,000)	20,600 (19,000-22,900)	30% (25-37%)
	African born	7,600 (7,400-7,800)	2,900 (2,000-4,100)	10,500 (9,600-11,700)	27% (21-35%)
	Non-African born	6,800 (6,600-7,000)	3,300 (2,000-5,500)	10,100 (8,800-12,200)	33% (23-45%)
	Women	23,200 (22,800-23,900)	7,600 (6,200-9,200)	30,800 (29,300-32,500)	25% (21-29%)
	African born	15,900 (15,500-16,400)	4,300 (3,200-5,700)	20,300 (19,100-21,700)	21% (17-26%)
	Non-African born	7,200 (7,000-7,500)	3,300 (2,300-4,500)	10,500 (9,500-11,800)	31% (24-38%)
Total[3]		***73,400*** ***(71,900-75,000)***	***22,600*** ***(17,600-28,000)***	***96,000*** ***(90,800-102,500)***	***24%*** ***(19-28%)***

WOMEN WITH HIV IN UK

Late diagnoses – 47% of which:

- black African women 61% (600/990),
- black Caribbean women 43% (30/60)

- Proportion of late diagnoses remained high in spite of a slow but significant decline over the last decade.
- Rates of new HIV diagnoses and HIV prevalence continue to be significantly higher in London than elsewhere in the UK.
- The most deprived areas in the UK also have the highest diagnosed HIV prevalence; this health inequality is particularly evident in London.
- Access to HIV medical care and the quality of care available in the UK is excellent, with 88% of people for whom treatment was indicated receiving ART

CHALLENGES IN ACCESSING SERVICES

The same issues are still prevalent:

- Language barriers
- Family responsibilities as mothers/childcare – worry about children in home country
- Living conditions, anxiety, depression
- Fear of blame/disclosure
- GP access for some
- Lack of knowledge of HIV transmission, treatment benefits, myths, etc
- Social and cultural attitudes, religion
- Lack of cultural sensitive testing and prevention information

GOOD PRACTICE IN THE UK

- Excellent BHIVA treatment and standard of care guidelines.
- HIV treatment is now free to undocumented migrants
- HIV testing offered during PAP smears (optional) and in A&E if symptoms are present
- Voluntary support organisations targeting migrant population:
  - Positively UK – African and Caribbean support groups
  - Outreach at minicab offices, pubs and churches
  - Radio and online services on African radio stations
  - Positive media coverage

SERVICES TARGETING AFRICANS

- **Be wise** range of leaflets covering topics including looking after your sexual health, going for a test, and taking PEP.
- **Talksafe** - a safe place to get the answers that matter to the African community. Advice is available from a mentor your own age or talk to a counsellor and it's completely safe, private, and confidential.
- **African Eye** magazine –breaks down treatment information for African HIV advocates
- **NAHIP** program funded by the DoH
- Ffena (AHPN) engagges in influencing policy, research and practice policy on African issues.

ADVOCACY POINTS

- HIV testing, which is free and confidential at services such as STI clinics, should be promoted among higher risk groups to ensure individuals are aware of their HIV status. Specifically:
  - Black Africans and Caribeans should have an HIV test and should have regular HIV/STI screening if having unprotected sex with new or casual partners.
  - MSM should have an HIV/STI screen at least annually, and every three months if having unprotected sex with new or casual partners.
- Clinicians should take every opportunity to offer and recommend HIV testing to those known to be at higher risk of HIV infection. Every effort should be made to reduce health service barriers to HIV testing

- The evidence that ART reduces the risk of onward transmission should be discussed with all people receiving HIV care.
- ART should be started for those with a CD4 cell count >350 cells/mm3 who wish to reduce the risk of transmission to their sexual partners, in line with the 2012 BHIVA guidelines.
- Monitoring of key clinical indicators should continue in order to ensure the current high quality of HIV medical care is maintained.
- HCPs should be trained to understand fears and concerns of these migrant women, some of who cannot ask for help even when they need it.
- Plan to roll out the recently launched BHIVA standards of care to migrant populations.

Thank you