RISK FACTORS AND SEXUAL RISK BEHAVIORS AMONG MIGRANT MEN

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OUTLINE







EVIDENCE-BASED POLICY MAKING AND BRIDGE TO RESEARCH



GLOBAL HEALTH POLICIES AND INFLUENCES



Sweden is a low-endemic country (incidence is 4.7/100000 inhabitants)



Approximately 8000 people live with HIV and between 400-500 individuals are infected with HIV each year



Sex between men remains the most common transmission mode domestically



Migrants constitute the largest proportion of new cases in Sweden since 1990



In Sweden - Syrians (19%), Afghani (10%), Iraqi (10%) and Somali (6%) account for the majority of asylum seekers, and unaccompanied minors - the majority (91%) are 13-17- year-old boys';



Sweden is the first country to reach the UNAIDS '90-90-90' target: it is estimated that 90% of HIV cases are diagnosed, 99.8% of people living with HIV receive ART and 95% on ART achieve viral suppression



In Sweden, HIV is a notifiable disease and subject to mandatory partner notification*



*Individuals who fulfil the treatment requirements for viral suppression and who use a condom during vaginal or anal intercourse can be exempted from disclosing their HIV status, since 2016

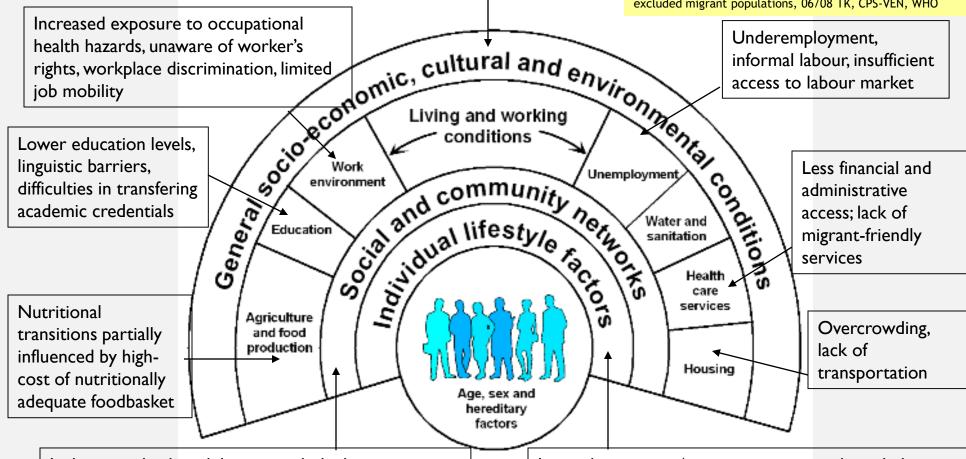
Migrants
often
comparatively
healthy "healthy

migrant

effect"

Integration strategy, social protection system and poverty reduction plans, health system, measures against discrimination/human rights violations

Note: Rainbow by Dahlgren and Whitehead 1991. Slide inspired by presentation from Dr Nani Nair, TB Regional Advisor at 15-16 September 2005 WHO/SEARO Consultation on the Social Determinants of Health, subsequently adapted to address determinants of the health of socially excluded migrant populations, 06/08 TK, CPS-VEN, WHO



Isolation and vulnerability particularly during certain periods of migration process; exclusion from destination country society; fear of encountering authorities; danger of trafficking/ organized crime; migrant community assets (networks, informal social protection); gender diff.

Limited resources (money, time, system knowledge, health literacy) for prevention; priority given to more pressing needs; protective or health-damaging cultural norms; migration is a risk factor for mental disorders and can increase exposure to other risk factors & unhealthy behaviours

PRESENT AND FUTURE CASES OF DISPLACEMENT

Meaning that we have people with different backgrounds, needs and knowledge, as well as expectations

Most displacements follow widespread violence spiraling from the following:

- Weak states with weak institutions
- Poverty and economic collapse
- Environmental disasters
- Ethnic tensions exploited through political opportunism
- Wide-scale human rights abuses

MIGRANTS AND ACCESS TO HEALTHCARE IN SWEDEN

- **Legal migrants** have same rights as nationals (1997/98:16; 192:763 hälso och sjukvardslag)
- **Children** same rights ad nationals and no fee for service (up to 18yrs old)
- TB, HIV, free, anonymous testing and treatment are included in covered service
- **Trafficking victims** are covered in special track
- **Undocumented migrants, asylum seekers, detainees -** same health rights (access to hospital care, preventive maternal and antenatal care and treatment of disease and injury (e.g. not mental health)) (Act on Healthcare for Asylum seekers and others 2008:344), they could be provided more care if needed (county level management of hospitals and interpretation of the law influence the level of care and procedures surrounding care for immigrations, especially asylum seekers, non-documented immigrants and non-EU citizens)
 - TB and HIV covered, and same for children (free of charge)
- **Temporary migrants/non-EU citizens** not covered with healthcare
- Migrants not targeted as special group for health education
- No knowledge on how health info is being disseminated to them (languages, places, etc.) what are the disparities

AIM

To assess the determinants of sexual risk behaviors among migrant men

To increase the knowledge of HIV testing and to meet the needs of newly arrived migrants

To evaluate the appropriateness of migrant health policies related to sexual and reproductive health and rights (SRHR) in Sweden

To enable a more coordinated, appropriate, accessible and quality assured sexual and reproductive health and rights (SRHR) response

PARTNERS IN THE PROJECT













SUB-STUDIES

STARTING POINTS

Humanitarian reasons

- Health as a human right <u>for all</u>
- Agenda 2030 Universal coverage of prevention, diagnosis, treatment and care must be realized to eliminate HIV, viral hepatitis and sexually transmitted infection epidemics

Utilitarian reasons

- Europe needs migrants (demographic balance, economic growth)
- 25 million migrants are already in the EU (5.5% of total population, 1/5 of world migrants)
- Reliable data are crucial to the achievement of SDGs. Without data, we do not know are we on track to achieve its targets, but also to design, implement and fine-tune the policies and programmes that will be needed

Pragmatic reasons

- Health burden and health needs of migrants are largely unknown
- Tradition in accepting refugees and asylum seekers

STUDY POPULATION

- All migrants (for the whole project)
- Especially migrant men, including newly arrived men (within the last 5 years) and asylum seekers from outside of the EU/EEA area, especially those aged 15-29 years
- For sub-study 3, the specific study population includes migrant MSM (men who had sex with men and/or felt attracted to men, born in country other than country of residence, living in Europe, etc.)

SPECIFIC OBJECTIVES PHD STUDENT 2

Client perspective on SRH services and HIV testingqualitative

- What are the obstacles, experiences, needs and preferences for prevention and care in relation to SRH among vulnerable migrants?
- What are the knowledge about access to information about SRHR and SRH care?

Provider perspective on SRH services – qualitative

 What are the perspectives of the key actors and healthcare providers, and what bottlenecks or obstacles in the healthcare system they perceive regarding clients' needs and barriers to uptake of health surveys, HIV tests and other SRH services?

SUB-STUDY 1

Sub-study 1	Research question	Study population, sample size	Study area, design, data collection methods	Paper 1
To assess the nature, range and appropriateness of existing policies related to SRHR and migrants (in particular men) in selected EU countries	What are national-level policies related to migrant SRHR in Sweden and what are the gaps and lessons learnt?	Key Informant Interviews (KII)- policy- makers at the national level involved in drafting or advising on policy/legislation	Mixed-methods study, including: • A document review; • Key Informant Interviews (KII)	Sexual and reproductive health policies for migrants in Sweden: a case study of targeted health policies for refugees and asylum seeking populations

SUB-STUDY 2

Sub-stu	dy 2	Research question	Study population, sample size	Study area, design, data collection methods	Paper 2 and 3
To assess to preference determinant preferences migrant no Stockholm,	es and ts of risk s among nen in	What are the risk preferences among migrant men residing in Stockholm county and what factors are associated with a «risk loving» versus «risk adverse» profile?	Migrant men residing in Stockholm, born outside of the EU/EEA and/or having residence permit as asylum seeker (n=400)	Stockholm, Sweden Cross-sectional study design using a quantitative questionnaire Game-based instruments Conveniance sampling	Risk preferences among migrant men in Stockholm
To evalua association lassociation la risk preference sexual a behaviors migrant n Stockholm,	between nces and risk among nen in	What is the association between risk preferences and sexual risk behavior among migrants?			Risk preferences and sexual risk behaviors among migrant men in Stockholm

WHY RISK BEHAVIOR?

Personality traits such as impulsivity and sensation seeking have been linked to precocious and indiscriminate sexual behaviour; the effects of such personality characteristics are likely to continue across the life- course;

Studies show that after the establishment of such behavior in adolescence, it is likely to be maintained across developmental stages and into young adulthood.

Questionnaire and game lottery



Nyanländas röst! 🔻 Media Samarbetspartners 🔻 Rapporter och frågeformulär 🔻 Nyheter Kontakt 👪 Svenska 🔻

Nyheter

Invandrarindex 2019 presenteras på "Mötesplats Migration och Etablering 27-29 Maj i Tylösand"

Unikt sätt intervjua invandrare

Presentation av Invandrarindex för Region Västernorrland

Invandrarindex 2018 presenteras på "Mötesplats Migration och Etablering 10-11 dec i Växjö."

Facebook

Stockholm Formulär





Svenska Till frågorna

Arabiska

الذهاب إلى القضايا

Farsi (Dari, Persiska) صفحه ی سوالها

> Tigrinja ናብ ሕቶታት

Somaliska Tag arrimaha

Engelska

Go to the survey

Spanska **Español**

Gå till frågeformuläret







- Mostly high-schools, language schools
- Around 100 questions (with filters)
- Demographics, knowledge on SRH issues, health status in general
- Rights and norms in Sweden
- Personal values
- Knowledge on health services availability
- Risk questions and lottery
- So far n=2000



SUB-STUDY 3

Sub-study 3	Research question	Study population, sample size	Study area, design, data collection methods, period	Paper 4
To assess trends in SRH risk behaviors among migrant MSM in Sweden	What are the patterns and trends in sexual risk behaviors among migrant MSM comparing 2010 to 2017 data in Sweden i.e. before and after the large migrant wave in 2015-16?	Migrant men who have sex with men (MSM) (2010 n=3089, 12% foreign-born) (2017 n≈4400, 14% foreign-born)	Sweden Observational study design using data from the European Men who have Sex with Men Internet Survey (EMIS) in 2010 and 2017	Trends in sexual risk behaviors among migrant MSM in Sweden: the European Men who have Sex with Men Internet Survey (EMIS) in 2010 and 2017

EMIS 2017

(EMIS: English language version)

EMIS: European Men-who-have-sex-with-men Internet Survey 2017

Welcome to the world's largest survey of gay men, bisexual men and other men (including trans men) who are attracted to men. (EMIS2017)

Please take part if you are...

- a man who has sex with men
- or a man who is attracted to other men
- or a man who thinks he might have sex with men in the future.

You must be old enough to legally have sex in the country where you live.

What is it about?

It asks about relationships, sex life, risks and precautions, and use of health services.

How long will it take?

Most men take between 15 and 25 minutes to complete it. Please make sure you have enough time and battery power, because you cannot come back to complete it if you log off. However, the survey is voluntary and you can stop and withdraw at anytime. None of the data you supplied will be collected if you do this. Please complete this survey ONLY ONCE this year.

Why should I take part?

Because we all want better sex with less harm. By taking part you might find out something new. Although there will be no direct benefit to you from the information you provide, it will help health and social services to better meet the communities needs. It could also mean that services for gay and bisexual men are funded. Our first version of this survey (in 2010) recruited 181,000 men.

MORE ABOUT EMIS 2017

- EMIS 2017 was live and collecting data from gay, bisexual, and other MSM in 50 countries between 18 October 2017 and 31 January 2018
- The online questionnaire was available simultaneously in 33 languages
- More than 100,000 men in the European Union took part, in addition to more than 6,000 in EFTA countries, and about 7,000 in countries in the <u>EU</u> <u>Enlargement Area</u> or the <u>European Neighbourhood Policy</u>
- Also recruited 6,000 MSM in Russia, 6,000 in Canada, and 3,500 in the Philippines

RESEARCH LIMITATIONS

- For policy analysis A diversity of definitions of migrant populations and ethnic minorities;
- For questionnaire Self-reported attitudes and behaviors, influenced by social desirability bias and concerns about confidentiality;
- Cross-sectional, non-random samples limiting generalizability of the results to other settings;

Right People

Right Place

Right Practices

Gay men and other MSM, trans people,

young people etc.

Priority areas, such as major

metropolitan areas, rural areas etc.

Community-based HIV testing, HIV

self-tests, PreP, early ART, etc

EUROPEAN COALITION ON MALE HEALTH SUGGESTION







Open access Research

BMJ Open Intersectoral and integrated approaches in achieving the right to health for refugees on resettlement: a scoping review

Shirley Ho, Dena Javadi, Sara Causevic, Etienne V Langlois, Peter Friberg, 4 Göran Tomson^{2,5}

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ABSTRACT

Background Better understanding, documentation and evaluation of different refugee health interventions and their means of health system integration and intersectoral collaboration are needed.

Objectives Explore the barriers and facilitators to the integration of health services for refugees; the processes involved and the different stakeholders engaged in levaraging intersectoral approaches to protect refugees' right to health on resettlement.

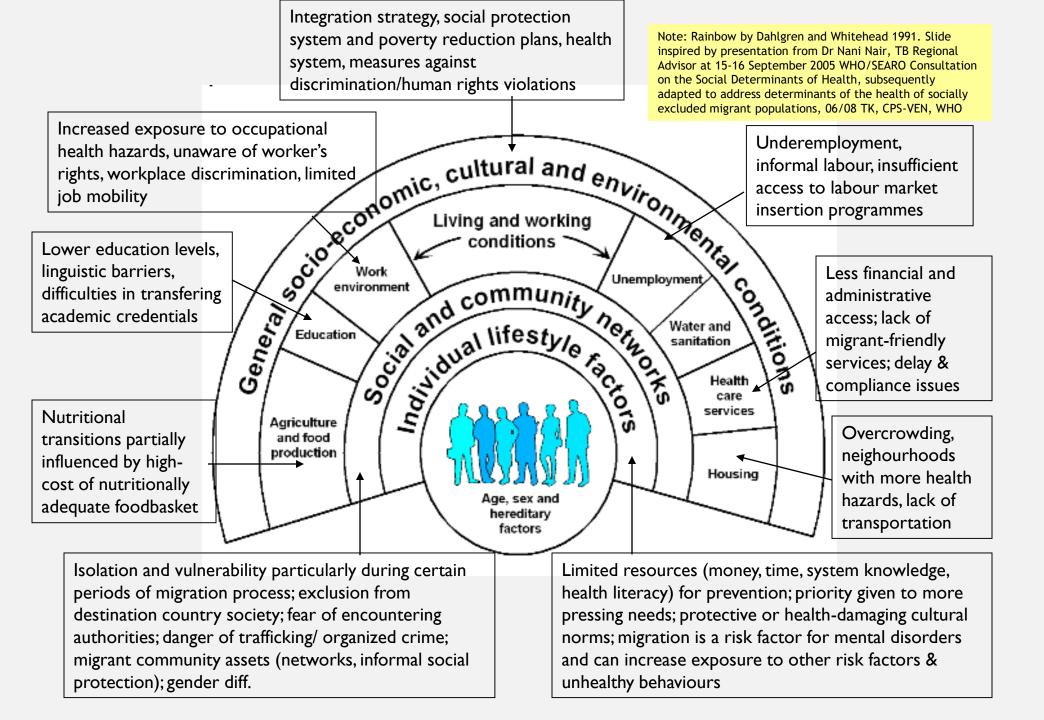
Design Scoping review.

Methods A search of articles from 2000 onward was done in MEDLINE, Web of Science, Global Health and PsycINFO, Embase. Two frameworks were applied in our analysis, the 'framework for analysing integration of targeted health interventions in systems' and 'Health in All Policies' framework for country action. A comprehensive description of the methods is included in our published protocol.

Strengths and limitations of this study

- Our study employs a systematic approach by using two frameworks, the 'framework for analysing integration of targeted health interventions in systems' and 'Health in All Policies' framework for country action to develop a stronger understanding of the processes and actors involved in integration and intersectoral action.
- ▶ Our findings can be applied for policy and action aiming to enhance the integration of refugee health services within health systems, and identifying research needs to advance the right to health for refugees.
- ▶ The lack of evidence on intersectoral and integrated approaches from low-income and middle-income countries may impact the generalisability of the findings.





FRAMEWORKS USED

- Framework for analyzing integration of targeted health interventions in systems, where integration is defined as "the extent, pattern, and rate of adoption and eventual assimilation of health interventions into each of the critical functions of a health system."
 - (i) governance, (ii) financing, (iii) planning, (iv) service delivery, (v) monitoring and evaluation (M&E), and (vi) demand generation.
- Health in All Policies (HiAP) framework for country action. HiAP is defined as a way for countries
 to protect population health through "an approach to public policies across sectors that
 systematically takes into account the health implications of decisions, seeks synergies, and avoids
 harmful health impacts in order to improve population health and health equity."
 - i) establish the need and priorities for HiAP, ii) frame planned action, iii) identify supportive structures and policies, iv) facilitate assessment and engagement, v) ensure monitoring and evaluation, and vi) build capacity.

SDGs related to MIGRATION

Goal 3 -W

Migrants can be especially vulnerable to health risks. Migrants having reached their destination may not have access to health care. It is important for the well-being of migrants to improve access to safe, effective and affordable health care services.



Migrants help cities to thrive and become more vibrant, successful centers of economy and life.

Local governments are encouraged to include migration and migrants in their urban development planning and implementation.

Goal 4 EDUCATION

Facilitating student mobility means providing more opportunities for youth in developing countries to study abroad.



GENDER EQUALITY

Migrant women and girls are especially vulnerable to human trafficking and gender-based violence. Supporting women's participation and leadership reduces the risk of gender-based violence and inequalities.

"Awareness brings changes. Every migrant worker is a migrant hero"

#iamamigrant



Migrants are often among the most harshly affected by climate-related disasters. To better protect them, we are strengthening responses to disaster and climate change.



Preventing trafficking in persons and offering survivors of trafficking safe and sustainable reintegration support efforts to eliminate all forms of violence against women and girls.



The importance of migrants in the global economy continues to grow. Ethical recruitment, humane working conditions and safe migration helps enhance the impact of migrants on



Having specific and current data pertaining to a group's specific needs, especially in developing countries, helps increase the capacity to deliver migrant services.

SDGs that directly reference migration

Student Mobility	→ Increasing international student mobility	4 mortu
Human Trafficking and Exploitation	 → Combating all types of trafficking and exploitation → Addressing trafficking and exploitation of women and children 	5.2, 8.7, 16.
Labour Migration and Employment	 → Promoting decent work → Combating child labour and the worst forms of child labour → Combating trafficking for forced labour → Addressing the feminization of migration → Improving labour migration governance 	8.5, 8.7, 8.
Migration Governance	 → Facilitating orderly, safe, regular and responsible migration and mobility → Implementing planned and well-managed migration policies 	10.
Remittances	→ Lowering remittance transaction costs	10.
Migration Data	 → Improving data across migration topics → Increasing disaggregation of data by migratory status → Increasing disaggregation of migration data by other variables 	17.1

Health

- Migrants should be included in universal health coverage and all health targets
- → The distribution of the global health workforce should be improved
- Understanding migration is crucial to strengthen health emergency preparedness, develop inclusive health policies and enhance access to migrantsensitive health services
- → The health of migrants will improve through progress in many other targets
- Improving the health of migrants is a fundamental precondition to work, be productive and contribute to society, contributing to other targets

3.1, 3.2, 3.3, 3.4, 3.7, 3.8, 3.B, 3.C, 3.D, 5.6, 8.7, 8.8, 10.7, 10.C









RIGHT TO HEALTH



Commitment to universal health coverage in the SDGs



Universal health coverage is a guarantee that all people and communities can access high quality health services, while ensuring that they are not exposed to financial hardship



Health coverage cannot be described as universal if it excludes migrants, but many countries do so



This is particularly true for undocumented migrants

Together on the road to universal health coverage



"All roads lead to universal health coverage—and this is our top priority at WHO. For me, the key question is an ethical one.

Do we want our fellow citizens to die because they are poor?

Or millions of families to become impoverished by catastrophic health expenditures because they lack financial risk protection?

Of course not,

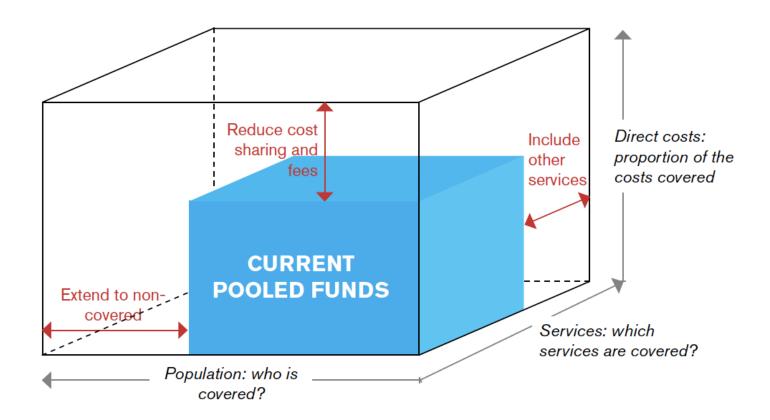
because universal health coverage is a human right."

(Tedros Adhanom Ghebreyesus, Director-General, WHO)

HIV, UHC and post-2015 development agenda

- the integration of health and HIV into the post-2015 development agenda
- the completion of the "unfinished business" of the Millennium Development Goals
- the contribution of the HIV response to universal health coverage
- the role of universal health coverage in strengthening the HIV response

The Universal Health Coverage Cube



UHC aims to bring better health and protection from poverty; it is the achievement of total population coverage, with a comprehensive set of interventions, and zero out-of-pocket expenses for all interventions.

Statement for the Multi-stakeholder Panel of the UN High-Level Meeting on UHC on September 23, 2019 By Lancet Migration

Speaker: Paul Spiegel, co-Chair Lancet Migration

Panel 2: Accelerating multi-sectoral and multi-stakeholder action and investments for achieving UHC

Draft joint statement (within 200 words or 2 minutes):

Honourable Chair, Distinguished Delegates, Ladies and Gentlemen.

I am speaking today on behalf of Lancet Migration. Lancet Migration is a new global collaboration among *The Lancet*, academic institutions and multilateral agencies to contribute to advancing migration & health as a priority agenda for global health. Our first report, the *UCL*-Lancet Commission on Migration and Health, was published in The *Lancet* in December 2018. It was launched in Marrakech at the Intergovernmental Conference on the Global Compact for Migration. The report outlined the urgency of addressing health aspects of migration as both a global health and a migration priority.

Despite evidence that migrants overall have a positive benefit to societies, many men, women and children who migrate are excluded from universal health coverage and by failing health systems. This exclusion is occurring despite the pledge made by States to leave no-one behind in achieving the SDGs. Migrants are often particularly marginalised, and yet it is they who are often most exposed to health risks.

Universal health coverage will not be achieved unless the hundreds of millions of migrants globally are included in health strategies during all stages throughout their journey. Marginalization of population groups, for whatever reason, has never been a sound public health strategy.

We urge international and regional bodies, Member States, and civil society to:

- Dedicate courageous leadership, political capital as well as financial and human resources to include migrants in universal health coverage, including the tracking of its progress through robust monitoring and accountability mechanisms.
- Ensure that healthcare and public health interventions are made available to all migrants at every point in the migration process, and that there are no impediments to their access, be it financial or lack of documentation.
- Ensure non-discriminatory access to healthcare and all determinants of health. No migrant should be denied access, or provided differential access to care based on wealth, ethnicity, colour, gender, age or documentation.
- Provide acceptable and high-quality health services to migrants. This means culturally, linguistically, and socially appropriate healthcare, using evidence-based approaches to delivery.

During this Universal Health Coverage High Level Meeting, we all share the unique opportunity to firmly embrace a global and explicit commitment towards all migrants, regardless of their legal status. We share a commitment to ensure equitable and unhindered access to healthcare, so that migrants will not be the ones left behind during this historic time. At Lancet Migration, we will continue to undertake research and policy analysis that will allow international and regional bodies, Member States, and civil society to undertake evidence-based action to improve health coverage for migrants.

Thank you.

THE LANCET

December 2018

www.thelancet.com

The UCL-Lancet Commission on Migration and Health



"Worldwide mobility is our future—regardless of laws and walls."

A Commission by The Lancet

STRATEGIES FOR IMPROVEMENT

- Criteria for intersectoral action:
 - Coordination across sectors
 - Addressing social determinants of health
 - Enabling policy environment to include health across
 - Housing programmes
 - Language learning programmes
 - Recognition of foreign credentials
 - Citizenship process enabled



POLICY SUGGESTIONS

- Improving coordination between existing programmes through financing stronger data and referral systems
- Incentivizing health and social service authorities to establish formal system navigator roles that connect all relevant services
- Engaging host communities to enhance understanding, to reduce stigma, and to create an enabling environment for migrants to thrive
- Communicating the availability of programmes and services through cultural mediators and establishing formal translation and transport services to improve access
- Establishing training and resources for providers to
 - a) better understand the needs of refugee communities,
 - b) be aware of available and relevant services for referral across sectors, and
 - c) more efficiently manage cases

WHY DO WE (NEED TO) APPROACH MIGRANTS WHEN PLANNING POLICIES AND MAKING SYSTEMS WORK?

Power

Constructions

- Voices of scholars are most powerful when they are aligned with community experiences
- Missing voices are creating exclusion, harm, harassment, and waste
- Inclusion will improve health outcomes and mitigate harm across populations
- If community voices are absent, we need to address the factors that systematically keep them out of the rooms where they are needed
- Exclusion Those who most require effective and equitable health systems are least able to shape the priorities and implementation of policies made by elites in capital cities
- Social construct vs. Population-based data matters!!!!

	Positive	Negative			
	Advantaged	Contenders			
Strong	The elderly Veterans Business Scientists	The rich Big unions Minorities Cultural elite Moral majority			
Weak	Dependents Children Mothers Disabled	Deviants Criminals Drug addicts Communists Flag burners Gangs			

Source: Social Construction of Target Populations: Implications for Politics and Policy. Anne Schneider and Helen Ingram. The American Political Science Review, Vol. 87, No. 2 (Jun., 1993), pp. 334-347





Statistical victory or a moral defeat?

"Disaggregate the data and we find that our statistical national successes are masking moral and practical failures. People who are left behind simply because they live in rural communities or urban slums, in conflict zones, as part of indigenous groups, or are with disabilities ..."

UNICEF ED 2010-2017

THANK YOU



https://twitter.com/SaraCausev



https://www.linkedin.com/in/saracausevic/

PREP CALCULATION

- An estimation was done on the predicted need for PrEP in MSM with high risk behaviour based on two or more episodes of sexual transmitted infections at any location; gonorrhea, chlamydia, lymphogranuloma venerum (the last two years) or syphilis (the last five years). The information was obtained from the national statistics of Public Health Sweden for STI and statistics for STI among MSM at the Gay Mens Health Clinic, South Hospital, Stockholm.
- Based on the assessment of rectally located STI and/or syphilis (any location) the last two years, 500
 MSM per year were predicted to fulfill the criteria for the use of PrEP
- Based on the WHO recommendation to use PrEP, together with other preventive measures, in populations where the HIV-incidence is 3 per 100 person-year or higher, this Swedish high-risk population should be offered PrEP
- Around 500 MSM fulfill the criteria for PrEP (WHO as well as the Swedish Reference group for antiviral therapy)