



European
AIDS Treatment
Group



Unmet needs of multi-vulnerables migrants : « What are the challenges to improve the quality of life and preventive health »

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TITLE

“We do not live we survive”

Multi-vulnerables Migrants

Objective

To have a better understanding of the major issues that impact the quality of life and care of migrants living with hiv/aids, in a context of social and legal inequalities that causes situations of exclusion, no rights and discrimination and forces migrants to implement strategies and practices of survival .

MIGRANTS A INVISIBLE POPULATION

- . Little visibility of undocumented migrants living with hiv and persistence of negative representations
- . Confront to a structural violence
- . The pre existing pathologies related to migration are not taking in account (stress, depression, etc.)
- . The problems are under evaluted
- . Late diagnosis, (don't enter in health system and care)
- . Lost (continuum of care)
- . Lack of informations about their rights ,health care and treatment, prevention)

Legal and Ethical issues

- LEGAL

- Legal barriers to stay, have paper
- Administrative Complexity
- No proper access to treatment and care and healthcare system
- No access to social help (no money, no housing, no food...)
- Discrimination in the institutions
- Human rights

- ETHICAL

- In a context of health inequalities the « compassionate protocol » negatively impacts the effectiveness of interventions to improve the quality of life
- the situations of non-rights contribute to the deterioration of health mental health and marginalization

Medical, social and psychological issues

- **Migrants :**

- Difficulties to manage the treatment
- Self-medication
- No prevention of comorbidities
- Difficulty maintaining undetectable viral load
- Stress related pathologies (expulsion, detention, ...)
- STIs (risk)

- **Healthcare professional**

- No respect of confidentiality
- Not sufficiently interested in the social and juridical situation of patients
- Discrimination in the health care setting (racism, serophobia, homophobia)
- Stigma and discrimination among health professional
- Lack of training /upgrading knowledge (communication)
- Perception/stereotype of migrants/language barriers
- Practical legal problems (with undocumented migrants)

psychological and social issues

Psychological:

- Isolation / loneliness,
- shame , denial
- loss of self-esteem
- Self-stigma
- psychological distress
- Problems of Mental health
- Impact of migration on the family and friends network = no support
- Institutional /social/relational stigma = denial, depression, alcohol, violence
- **But :**
- We see resilience and coping indexes (use of religious referents contribute to a certain well-being)

Social:

- Problems of Housing and social help
- Poverty
- Homeless
- No right to work (exploitation)

A poor Quality of life

No Preventive health

- Sexual and emotional life
- Family life = no
- Health = bad /see a deterioration

Faced with a structural functioning that leads to exclusion the answer are survival strategies and practices

Challenges

- Develop a strong Advocacy to access to the rights (juridical, social and medical) access to treatment and care Implement new policy
- Fight against discrimination and stigma (hospital, inside community)
- Training for health professional
- community organisation have to work on resilience and coping (institutional violence/ no rights)
- Reframing intervention strategies in a context of social inequality and chronic disease that have an impact on survival and quality of life
- Development information and community intervention strategies
- Place of community work and outreach setting