LETTER TO THE EDITOR

Title:
Overcoming Barriers to HIV Prevention and Healthcare among Sub-Saharan African Migrants in Spain

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Fakoya and colleagues explored factors associated with access to HIV testing and primary care among migrants living in Europe in their study recently published in this journal\(^1\). The authors highlighted the importance of continued HIV knowledge and awareness initiatives aimed at migrant communities. We would like to emphasize that linguistic and cultural adaptation of such initiatives is crucial to send effective preventative messages and to overcome barriers, especially among sub-Saharan African migrants (SSAM), as well as the role of intercultural mediators and the institutional support to ensure the strategies’ continuity.

SSAM participating in our HIV-prevention program have reported to be native-speakers of 30 different African languages, Wolof and Bambara being especially prominent. Given this great language diversity, we developed a training program on intercultural mediation for SSAM. Currently, they act as interpreters and peer educators in informative seminars and medical consultations, playing a key role to avoid misunderstandings, overcome linguistic barriers and improve communication among patients and health professionals. Drawing from qualitative and quantitative research, our informative HIV-prevention seminars include key aspects about the functioning of the Spanish health system, as well as specific information for SSAM about blood testing. Previous experiences of SSAM with healthcare systems –both in Africa and Spain– influenced the perception of blood testing as a potentially unhealthy and abusive practice\(^2\). Reluctance to undergo blood testing was hampering patients’ medical follow-up while increasing barriers for HIV testing and treatment. For these reasons, we inform about why ‘so many tubes’ of blood are needed, how our body recovers afterwards, how long it takes to get the results and the patients’ rights to be informed about such results. Specific brochures for SSAM were developed, where the abovementioned information about blood testing was included\(^3\).

Last, we would like to highlight the importance of measuring the efficacy of the interventions, in order to further adapt them to the changing target population’s profile. Fakoya and colleagues reported additional individual-level obstacles to HIV prevention and testing such as lack of knowledge about HIV and low perception of risk\(^1\). The existence of HIV was questioned or denied by a significant number of migrants who participated in our program (16%), being
most of them SSAM. After attending our seminars, the proportion of participants who believe that HIV existed increased significantly (47% vs. 95%). While analysing the factors influencing the level of knowledge about HIV using multilingual KAP questionnaires, we observed no correlation between the variable “having received previous information about HIV in Spain” and a higher level of knowledge (2006-2009)\textsuperscript{4}. This highlighted the need of better adapting the strategies to the target population, as some interventions are performed in the host country’s language and without cultural adaptation. Thus, we started to train healthcare providers and NGO professionals on HIV prevention with migrants from 2008\textsuperscript{5}.

We encourage researchers to advocate for institutional support and to share information about the social, cultural and structural dimensions that influence the access to healthcare for migrant populations with migrant communities, healthcare professionals, policy-makers and any other relevant actors for migrant’s health.
References


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