European AIDS Treatment Group

ageing with HIV

Ageing with HIV

Quality of Life and Preventive Healthcare

CONCLUSIONS

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Comorbidities and Preventative Healthcare

- "*Empowered communities and patients should act as powerful agents of change adopting a human rights framework*"

- **Observations**
  - Chronic stress, isolation, … make PLHIV tend to smoke, drink alcohol and use substances more
  - NCDs are not life style diseases but are mainly shaped by socioeconomic conditions
  - Most effective interventions are population level multisectoral policies
  - PLHIV are most sedentary population of people living with chronic diseases
  - Cancer is number 1 mortality of PLHIV because of living older

- **Actions needed**

⇒Support healthier lifestyles by informing PLHIV (everybody has a role)

⇒Work on readiness to engage in exercise and physical activity

⇒Promote and facilitate access to cervical/anal screening (and vaccination)

Comorbidities and Preventative Healthcare

- “HIV/TB co-infection is driving force of development of TB epidemic in Ukraine”

- **Observations**
  - Oral screening both to detect HIV and importance of maintaining good oral health
  - Good efficacy of TB treatment with medico social support programs
  - Collaboration, between NGOs, PLHIV, key groups and public sector is basis for success
  - Mortality curves approach HIV negative: what blocks normalization of PLHIV life expectancy
  - Around half of PLHIV have some degree of cognitive impairment despite ART

- **Actions needed**

⇒Sensibilisation about screening, but also maintaining good oral health

⇒Look at difficulty of identifying TB routine testing methods in PLHIV (LAM testing)

⇒Importance of TB infection control and development of standards and training

⇒Need for an anti-inflammatory strategy?

⇒Importance of control of associated factors (lifestyle, depression) to HAND as key issue of management

⇒Stronger place of co-morbidities within guidelines

Multi-vulnerability populations (sex workers, migrants)

- *"We need more vocal support against all forms of criminalisation" – "When you migrate, you migrate alone"*

- **Observations**
  - Little nationally representative data on HIV prevalence, testing, treatment in sex workers lack of data on male sex workers
  - Major problem of violence and assault; precarity and poverty
  - Pre-existing pathologies related to migration are not taken into account
  - The situation of non rights contribute to the deterioration of mental health and marginalisation

- **Actions needed**

⇒More research and data on sex workers living with HIV

⇒Better inclusion of sex workers in services

⇒Combat stigma, discrimination, violence, legal barriers

⇒Provide training and upgrade knowledge; provide preventive services

Multi-vulnerability populations (prisoners, trans)

- *“ Prison is not a 5 star hotel but inmates must have appropriate conditions” – “Trans are being harassed for not being real enough or being too real”*

- **Observations**
  - Low health care coverage in EECA (testing, ARV, HCV, TB treatment…)
  - Fear by HCP about trans issues (not knowing what to say)
  - Interactions and medical problems linked to hormone treatments etc
  - Little available funding available for groups, support

- **Actions needed**

⇒Need of better ART, testing, … coverage within EECA prison setting

⇒Data on ART retention after release

⇒Decriminalisation of risk behaviour;

⇒Training of prison staff and prisoners

⇒Create better, safer spaces (incl e.g. nursing home)

Multi-vulnerability populations (migrant MSM, PWUD)

- *"Cultural, social, policy and legal factors contribute to HIV vulnerability among migrant MSM" – "Support! Don't punish"*

- **Observations**
  - HIV diagnoses in migrant MSM continue to increase: 7/10 migrant MSM acquire HIV post migration into Europe
  - Services are not sensitive to the needs of migrant MSM
  - Need to better understand the impact of racism in gay community, transactional sex, chemsex, dating apps …
  - Health systems are vertical and provider centred and not adapted to PWID
  - High levels of HCV in PWID and high risk of contracting TB for HIV positive PWID

- **Actions needed**

⇒Combat legal barriers and improve needs based preventive and testing services (information)

⇒Involvement of migrant MSM in designing prevention strategies

⇒Develop recommendations and policies to be implemented at European level

⇒Learn from good practice examples such as MAT program for PWID

⇒Advocate for reforms that take into account ageing group e.g. OST (inclusion of services, stigma, discrimination…)

⇒voice of community needs to be very loud

Fit for purpose integrated care

Integrated services

- Should look at my needs and not only my health as it might not be my priority
- Should offer setting that looks at different elements. With ageing other needs come up and doctors are not fit for the purpose
- Should integrate accross social care, health care. Should be multi-disciplinary, but connecting services (it's very personal)
- Should offer specialist care and be done in a setting where smb has access to services for other needs (co-morbodities)
- Should be something where someone gets his services without fear of discrimination, refusal (with a holistic approach)
- Should be in connection with community services