



UHC – comprehensive approach to public health– perspectives from people living with HIV



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From the age of 9 to 25, I was getting all my HIV care at a health facility run by MSF Belgium. **I got my ARVs, STI screening, my contraceptives, Hep B vaccinations. I had check-ups for TB when I had bad coughs, treatment for any opportunistic infections,** and get my biochemistry done. Then MSF B transitioned from the health facility and it became a government hospital. **I had to move hospitals since the facility no longer offered any of the services I used to receive** - not even counselling.



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I still get my ARVs easily. But I have to push for Biochemistry which is no longer free. **No-one has ever mentioned hepatitis to me. If I have coughs, they screen me for TB but I have to pay for it.** It was so easy when I was at MSF B clinic, everything was integrated. I trusted my doctors, I didn't have to worry about money for my treatment or testing. Things are so different now and it is quite a hassle just to receive a quality integrated level of treatment and care. **Now it is an effort and I have to try to keep on top of it all.**



Sasha, GNP+, Saint- Petersburg & Kiev & Amsterdam

I have heart disease, kidney disease, hep B, hep C, hep D and was using drugs previously, but staying clean for years. When I arrived in the Netherlands I was offered to try to treat my hep D with interferons. I discussed my addiction with my doctor but wasn't offered any antidepressants or any support for mental health, though interferons are known to cause depression, I asked about it, but didn't insist on it – thinking that the doctor knows better. **So I was getting my hep D treated but not dealing with the fact I also have an addiction and may have mental health issues.** This led me into depression, then I waited for an appointment with a psychiatrist for a month, which led to relapse and I ended up in psychiatric care for 2 weeks. **My care did not take into account my full life situation.**



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In Eastern Europe there is a push to integrate HIV/TB/Hep – which was quite successful, but **what we lack is HIV/TB/Hep care integration with addiction care & mental health care and harm reduction services. It is only community organizations and NGOs** who are trying to make training modules about HIV, TB and Hepatitis – **it is still not supported from government's side.**

Stigma and discrimination is big barrier – it have build parallel medical system (AIDS centers) in EECA. And we are trapped now, reform is needed, but it have to be well prepared.



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In Europe with general practitioner, **I have a general doctor who knows the whole picture.** There is at least one person on earth who knows everything. Before, my heart doctor didn't know I had HIV, my Hep doctor doesn't know about heart. Specialist after specialist after specialist. Even here, in Western Europe, even if there are mistakes, **the system is more connected** compared with Eastern Europe. **And it is free from Stigma and Discrimination** – for example my doctor in Netherlands was seriously discussing with me opportunity of liver transplantation. This is impossible to imagine in Russia, as HIV positive people are excluded from any transplantation programs.



What makes integration and comprehensive care work?

- Health providers who take the opportunity to ask about other health issues and can proactively signpost to other services
 - Healthcare providers who know what they are doing and are friendly, open, non-judgmental
 - At least one healthcare provider who knows your full story and then refers you for specialist care when you need it
 - Peer supporters who are well-supported and resourced to be able to assist peers with information, to encourage them and connect them with services
 - Tests and diagnostics have to be free (not just medicines)
 - Stigma and Discrimination have to come to zero— otherwise it prevent people from coming to get help
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When doesn't it work?

- When health providers just see your one disease and don't see you as a person with many health needs
 - Engaging with multiple specialists which takes up time and you have to tell your story over and over again
 - Out of pocket payments can screw up even great success in treatment access
 - In some contexts, physically separating people living with HIV in a health facility, making parallel medical system for HIV positive people
 - When we have high Stigma and Discrimination and paternalistic approach
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