




# WAVE Workshop




# Overall Objectives

1. Prepare a summary of key recommendations to be introduced in the EACS guidelines
2. Publish our vision for Standard of Care (SOC) – *Headings, structure, target audience* – working group
3. Identify data/knowledge gap
4. Recommend action points for WAVE/EACS



# SOC 1: Access, Engagement Retention

1. Define Access, Engagement, Retention
2. Barriers to Access, Engagement, Retention
  - Stigma
  - Socio-economic factors
    - Poverty, education etc
  - Geographical testing variations
    - Antenatal testing – not all countries
    - Opt in, opt out, counselling differences




# SOC 1: Access, Engagement Retention

## 4. Strategies to address barriers


### ➤ Reduce stigma

- EACS statement about HIV women, making clinical recommendations taking account of stigma, social factors
- Raise awareness with other HCPs
- Role of peer support variable – share best practice
- Garner support of NGOs, women's groups



# SOC 1: Access, Engagement Retention


- Share best practice and expertise
  - Session at EACS 2017
  - Education of Healthcare Workers
    - Peer to peer engagement –  
online HCP forum



# SOC 1: Access, Engagement Retention

5. Develop concepts by  
DG, AH, FL, CO, KAP


- Realistic to aim for geographical uniformity in the definitions?
  - Minimal and optimal standards
- What minimal target level of retention?



# SOC 1: Access, Engagement Retention

- What is the consensus around HIV Women's clinics?
  - Pros - targeted care, link to other services, peer support
  - Cons - fewer dates, cost effectiveness, other HCPs disengage
  - Barriers - cost
  - Practicalities- geographical variability





# SOC 1: Access, Engagement Retention

- ▶ HIV Women's clinics
  - ▶ What can EACS/WAVE do in this respect – *set of recommendations*
    - ▶ *Define services for comprehensive care of women*
    - ▶ *Share different models e.g. one-stop shops, virtual networks, skill building/sharing*





# SOC 2: ART

## 1. Starting ART:

- Gender-specific issues (if any)
- Knowledge gaps?
- Develop concept prepared by AdAM, SP



# SOC 2: ART


## 1. Selecting ART:

- ▶ How does gender influence ART selection (if at all)?
- ▶ Key factors to consider: drug interactions, pregnancy, others?



# SOC 2: Monitoring, Co-morbidities/infections

1. Monitoring needs specifically relevant to women:
  - Minimal monitoring
  - Optimal monitoring
  - Consider impact of co-morbidities
  - Consider impact of co-infections (if any)
  - Develop concepts prepared by FP (renal, bone), DK (HPV, cancer)



# Guidelines: Preliminary List of Points on Assessment

1. Psychosocial: partner violence, role of peer support (ST, YG)
  - What shape peer support should take?
2. Sexual & reproductive health: contraceptive needs (ST, YG), menstrual history, menopausal symptoms (ST)




# Guidelines: Preliminary List of Points on Starting ART

1. Readiness to start and ART selection:
  - Develop concept prepared by YG
  - Disclosure to partner
  - Partner violence
  - Confidentiality issues when children
  - Vulnerability factors and mental health (ST)



# Guidelines: Preliminary List of Points on ART Selection

1. Acknowledge data gap about women (pregnancy and beyond) (NM)
2. Consider impact of endogenous/exogenous hormones at different life stages (NM,SR,YG)
3. Consider pregnancy wishes and contraception preference (YG)
4. Recommend data submission about ART use in pregnancy (NM)



# Guidelines: Preliminary List of Points on PHI (YG)

1. Recommend a PT
2. Consider emergency contraception
3. If pregnant consider 4 agents with INI to reduce MTCT





# Guidelines: Preliminary List of Points on Switching ART (YG)

1. Pregnancy can be unplanned
2. Consider wishes regarding pregnancy plans




# Guidelines: Preliminary List of Points on ART Failure

1. Why are women more likely to discontinue ART?
  - Acknowledge data gap for women (NM)
  - Consider hyperemesis or use of anti-acids in the context of known/suspected pregnancy (YG)



# Guidelines: Preliminary List of Points on Mental Health

1. Under Depression Screening and Diagnosis and in the NCI algorithm:
  - Consider mental health needs in pregnancy and the post-delivery period (SR, YG)
  - Consider peri-menopausal needs (YG)




# Guidelines: Preliminary List of Points on Drug Interactions

1. Under Drug Dependency/Addiction:
  - Consider DDIs with hormones (SR)
2. Under Antidepressants:
  - Consider DDIs with hormones (SR)



# Guidelines: Preliminary List of Points on Pregnancy

1. Develop concept prepared by YG
  - Any change in ART selection relative to current EACS Guidelines will require references/reasoned justification



# Guidelines: Preliminary List of Points on Co-Infections

1. Develop concept prepared by TB
  - Are there gender differences in response and tolerability of DAAs for HCV?
  - Consider DDIs with DAAs and hormones
  - TasP for HCV in women: what should EACS recommend?
  - Should the OIs section have a separate listing for HPV? (JK)
  - Any other OI requiring focus?

# Action points for WAVE/EACS?

DG

- Run a large-scale study to determine barriers to HIV care among women in Western, Central and Eastern European countries
- Establish a committee to determine the minimum standards of HIV care for women
- Write a separate section on HIV care for women in EACS guidelines including the standards set
- Hold regional women workshops to build cooperation among countries to overcome obstacles
- Start exchange programs for young clinicians to visit good examples of women clinics



# Action points for WAVE/EACS?

AH

- Develop and implement programs to improve community education on HIV/AIDS
- Raise awareness to the special need of women living with HIV (Potential target groups: HIV-specialists, "other" doctors like e.g. gynaecologists; African communities; general population)
- Establish co-operations with other medical specialities to improve the knowledge on HIV/AIDS and reduce stigma and discrimination in the medical field

# Action points for WAVE/EACS?

## KAP

- Qualitative research to elucidate local factors impacting linkage to care
- Give advice for family-level counselling and peer based interventions
- Outreach testing & linkage
- Patient centred care models to reduce number of clinical visits: e.g. family planning, cervical cancer screening, psychological services, postmenopausal counselling
- Linkage of paediatric HIV care with maternal HIV care, children friendly consultation facilities (waiting area, diaper changing possibility)



# Agenda

11-12

Introduction

12-12:30

Lunch

12:30-14:15

Parallel Workshops

14:15-14:30

Break

14:30-15:15

Reporting

15:15-16:00

Discussion & Consensus

16:00

Close