



**EACS** European  
AIDS Clinical Society



# **WAVE Workshop**

## **Nov 2016**



# Overall Objectives

- 1. Review existing EACS guidelines and make recommendations for additions or corrections**
- 2. Develop a Mission Statement for Standard of Care (SOC)**
- 3. List key data/knowledge gaps**
- 4. Propose action points for WAVE/EACS**



# Parallel Working Groups

- 1. SOC 1: Access, Engagement, Retention**
- 2. SOC 2: Monitoring, ART, Co-morbidities/infections**
- 3. EACS Guidelines: Revision organised by guidelines sections**



# Models of Care

- Multiple models / different settings
- Flexible approach
- Maintain **integrated care** for women
  - e.g., integration of maternal or paediatric and HIV care,
  - Develop and maintain integration with other services (e.g., reproductive issues, HRT, mental health, CVD, etc.)
  - Consider expert virtual clinics, “specialised” primary care involvement, etc.



# Women's Only Clinics

- What is the consensus?
  - **Pros:** targeted care, link to other services, peer support
  - **Cons:** fewer dates, cost effectiveness, other HCPs disengage
  - Cost-effectiveness?
  - Practicalities?
- May work in some settings, ensure they do not place the women at a disadvantage, take into account local demographics



# Guidelines -1

- **Incorporate** women's issues in general guidance, avoid women's section
- **Revise** guidelines on assessment, when and what to start switch, failure, drug interactions, screenings (e.g., cervical cancer, anal cancer, others), co-morbidities (e.g., bone, CVD, mental health, HRT) **keeping in mind women's' circumstances and needs**
  - *Discussion about EFV, AZT, LPV/r, TDF*



# Guidelines -2

- **Develop** guidelines sections (for all genders) on:
  - Retention into care, prevention of treatment failure
  - Monitoring
  - How to conceive
- **Revise** pregnancy section and **develop** breastfeeding section
- **Develop** scenarios on when to consider PreP for women



# Key Take Away Points

- ▶ Certain **vulnerabilities** in women affect access, engagement, retention & outcomes:
  - psycho-social dimension
  - partnership dynamics (disclosure, violence, equality)
  - family dynamics (reproductive issues, caring responsibilities, confidentiality)
- ▶ Need to provide/facilitate **peer-support** as an integral part of care – share good practice experience





# Key Take Away Points

- **Readiness of start ART** remains an important consideration for women to prevent poor adherence and loss to follow-up
- **Special needs** of certain demographic groups (IDUs, migrant populations, language barriers, etc.)
- Special needs of female **adolescents** (discussion on sexual activities, pregnancy, contraception, etc.)
- Recommend PT, emergency contraception, discussion of reproductive wishes where appropriate (e.g., PHI, PreP, ART decisions)



# Key Take Away Points

- Develop an **assessment check-list** inclusive of women-related issues (e.g., reproductive wishes, menstrual history, contraception needs, menopausal symptoms, cervical screening),
- Include **predictors** of disengagement/poor adherence/virological failure that help guide frequency of monitoring
- Acknowledge that disengagement and virological failure are more common in women and **preventive interventions** are needed (e.g., in women who start ART in pregnancy as a group at high risk of loss to follow-up)



# Key Gaps

- Acknowledge data gap about ART outcomes in women (pregnancy and beyond)
  - *Recommend data submission about ART use in pregnancy*
- ART toxicity (post EFV, NVP, LPV/r)
- Adolescents
- HCV therapy

# Recommendations for EACS & WAVE

- Engage with ECDC on **Testing Guidelines 2017**
  - *Variations in access to testing including in ANCs*
- Engage with **other specialist societies** (HIV/Non-HIV)
- Engage with **NGOs**
- Run **regional training programmes**
- Engage with **women's community groups**
- Raise awareness, fight **stigma**
- Consider a **web forum** for HCPs
- In SOC and Guidelines, acknowledge regional **variability**, need for **flexibility** in guidance
- Share **best practice** experience

# Call for Help

- ▶ Please ask junior and “less senior” HCPs in your setting to get involved with the work of WAVE
- ▶ Email [WaveSecretariat@eacsociety.org](mailto:WaveSecretariat@eacsociety.org)

*Thank you*

