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Conference Abstract

Integrated HIV Care - Good Practices from Bulgaria

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Abstract

People living with HIV who belong to vulnerable groups usually have complex medical and psychosocial needs that challenge traditional care models. It means they need stronger linkage and engagement at all levels providing treatment, care and support to create entire client-centred services.

The provision of a comprehensive model of HIV treatment and care till now is the best way for an effective response to the disease especially among vulnerable groups because: 1) HIV is a socially important infectious disease, and limiting its spread is beneficial for the whole society; 2) the spread of HIV depends significantly on human behaviour related to: having safe sex, harm reduction when injecting drug use and especially strict adherence to HIV follow up and treatment 3) HIV infects not only the human body but also human (personal, social, etc) rights, his role in the society, his family, his intimacy...

In 2002, the creation of the Global Fund to Fight AIDS, Tuberculosis and Malaria ensured financial support to effective programs of prevention, treatment, care and support in the developing countries. Bulgaria has two approved grants for the period of 2004 till 2015 which have allowed the implementation of some of the best policies and practices in HIV treatment, care and support.

Best practices of the Program presented here consider the provision of integrated HIV care for people living with HIV, who belong to the following vulnerable groups: intravenous drug users, young Roma men with risky behaviour, sexworkers, men who have sex with men, prisoners etc. The integration of care happens through the collaboration of case managers from non governmental organisations and psychosocial consultants who work at HIV treatment facilities. Their common aim is to motivate people living with HIV/AIDS to adhere to treatment and to prevent HIV transmission to their partners. The roles of the both professionals are essential for access of people living with HIV/AIDS to care and treatment, especially for those who are so called "difficult cases" for the health and social system, like: people without identity cards, who can not even enter the health care system; people with mental disabilities or addicted to drugs, which limits the control over their own behaviour; people with low health literacy who do not understand the nature of the

disease and the necessary measures for the prevention and treatment; trafficked people, homeless adults and children, refugees, pregnant sexworkers and etc.

Integrated HIV care for people, living with HIV, especially for the vulnerable groups has been absent in Bulgaria since the beginning of the Program “Prevention and Control of HIV/AIDS”. Now more than 1500 people receive case management, and after 10-year experience the Program can recognise its best practices in HIV prevention, care and support to the most-at risk groups, as well as its lessons learned in the provision of integrated HIV care, which include:

- Further integration of policies and services is needed at all but especially local levels
- Legal framework is necessary to define the roles and rights of all professionals, engaged with undertaking “difficult cases” in the field of HIV.
- Convincing funding organisations that client and service oriented funding is inappropriate for ensuring integrated care, integrated services and holistic approach to the clients’ needs.
- Convincing policy-makers that the investment in HIV treatment, care and support among the vulnerable groups is a benefit for the whole society and it should continue;

Nevertheless the Program is expiring after the end of 2015 and the continuation of integrated HIV care activities are facing some systems strengthening and financial challenges, the model, named “agents of integration”, which combines services from different structures through particular specialists (psychosocial consultants from hospitals and case managers from non-governmental organizations), presents an absolutely new way for providing services to a specific group of patients within the country. The adaptation of this model and putting it into practice for other structures like: social services and municipalities, hospitals and home institutions, would be as well beneficial and valued.

Keywords

integrated hiv care; hiv policy; vulnerable groups; case mangement

PowerPoint presentation

<http://integratedcarefoundation.org/resource/icic15-presentations>