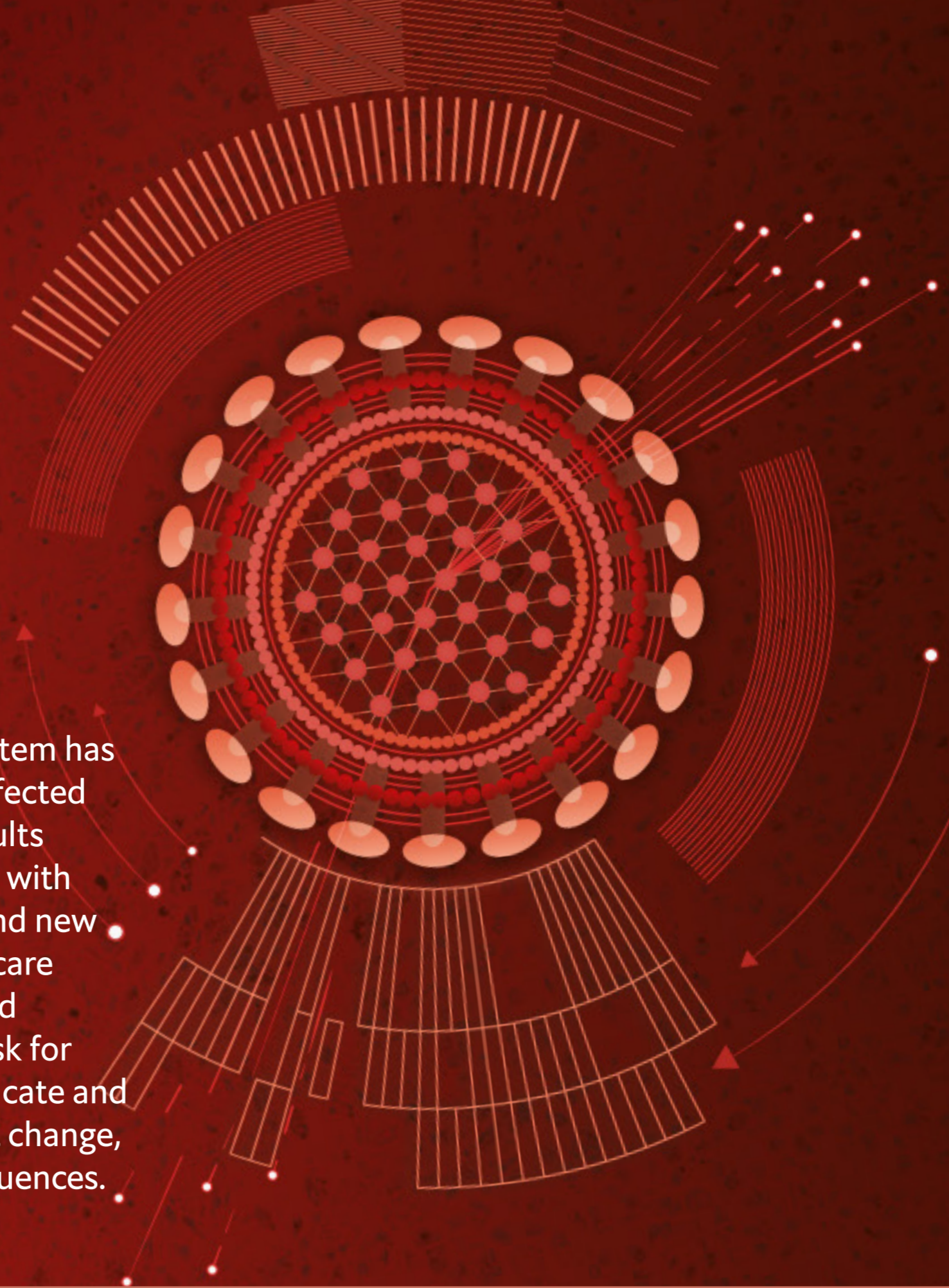


# LIVING WITH HIV:

## Challenges in Spain's HIV management

For the past two decades, Spain's public health system has acted to stem the rise of HIV, to virally suppress infected populations and to provide better healthcare. Results have been impressive, but HIV patients are ageing, with increasing comorbidities, accumulated toxicities and new unmet medical needs, and face new sets of healthcare problems that urgently require adaptive, integrated healthcare efforts. The profile of groups most at risk for new infections has also shifted, and policies to educate and provide early detection have not evolved. Without change, the HIV epidemic in Spain may have costly consequences.



### HIV IN SPAIN

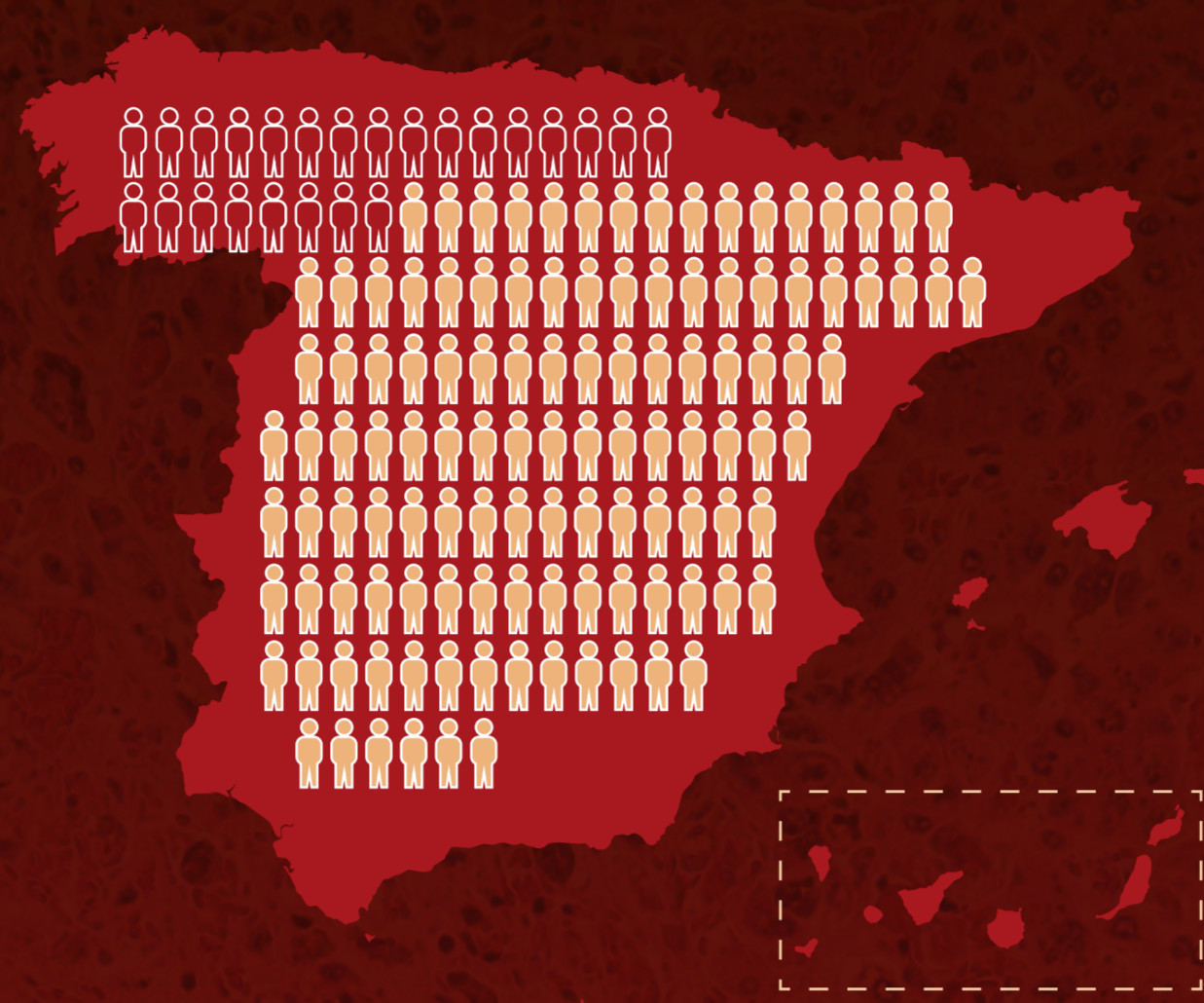
Estimated number of people living with HIV (PLHIV) in Spain:

**141,000**

Estimated number of people diagnosed:

**115,620**

In the Madrid region, which is the most affected, an estimated one-third of infected populations remain undiagnosed.



More than **3,400** new HIV infections in 2015

Around **1,200** deaths from AIDS-related illnesses in 2015

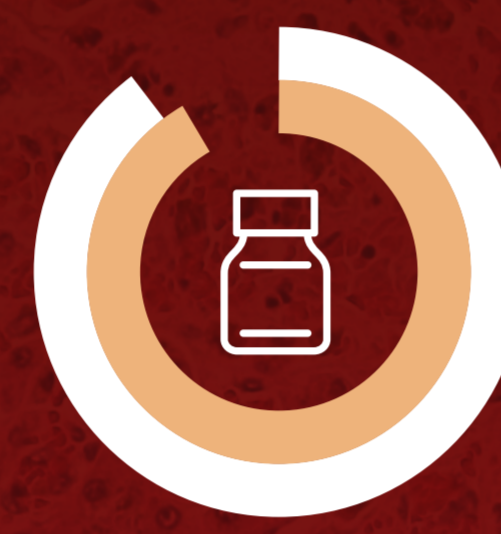
Source: ECDC

Those living with HIV who are diagnosed

Those diagnosed with HIV who are on Antiretroviral drugs (ART)

Those on ART who are virally suppressed

Those living with HIV who are virally suppressed



● 2020 target  
● Spain

For the first time, **nearly half** of HIV-infected people in Spain are over the age of 50.



**1980** Those infected toward the start of the HIV epidemic in Spain were more likely to come from backgrounds of social exclusion.

**Today** The profiles of recently infected populations are less likely to be different than those in the past two decades.

**"The ways of infection have changed; it used to be drug users, but now the majority is sexually related."**

Julio Gomez Caballero, director of the Federación Trabajando en Positivo

Most new cases are among men having sex with men populations. They are diagnosed relatively quickly and early.

Heterosexual transmission might be lower, but it often corresponds with late diagnosis.

### FOUR GENERATIONS OF INFECTIONS AND IMPLICATIONS FOR QUALITY OF LIFE

THERE ARE SHARP DIFFERENCES BETWEEN THOSE INFECTED IN THE 1980S TOWARD THE START OF THE EPIDEMIC AND THOSE INFECTED MORE RECENTLY.

Those who survived the initial wave of the virus, when there was no effective treatment.

Those whose virus was detected when the first effective treatments were coming into use.

Those diagnosed during a period of effective and less toxic treatments.

Their virus has not yet been detected, but they are likely to be diagnosed after a relatively short period of infection and start treatment early.

#### 1ST GENERATION

They are typically left frail, unable to work and have smaller social networks. They have experienced many medical complications.

#### 2ND GENERATION

They coped with significant toxicity and side effects, leaving them with health problems today.

#### 3RD GENERATION

The availability of effective treatment increased their life expectancy around 10 years longer than that of previous generations.

#### 4TH GENERATION

With less toxic treatments, this generation is likely to age with similar age-related diseases as the general population.

### ACCESS TO CARE CHALLENGES

**Comorbidities**  
*The presence of more than one illness occurring in the same person*

#### COMORBIDITIES ARE ON THE RISE:

Older HIV-infected people are categorised as aged 50 or above; by age 50, the comorbidities found in this population are similar to those aged 65 in the general population.



#### INTEGRATED CARE CHALLENGES:

HIV clinics can no longer give referrals to some specialists. Instead, patients must go back to their GP for a referral, a process that can take up to a month.



#### BUDGET CUTS:

Changes in Spain's health system, budget cuts and new hurdles to access specialised medical staff make it increasingly challenging to deliver comprehensive treatment.



#### NEW AT-RISK GROUPS NEED TO BE TARGETED:

Outreach and early detection reduce the spread of HIV infection. Strategies are not adapting to new at-risk populations.



### A NEW APPROACH



#### CONSIDER QUALITY OF LIFE:

The three "90s" of the UNAIDS targets should be supplemented by a fourth: ensuring that patient management helps those with the virus achieve a better quality of life.



#### EDUCATE TO REDUCE STIGMAS:

Discrimination against those with HIV remains a challenge for Spain. When stigma is reduced social integration improves and the likelihood of undiagnosed infection is lowered.



#### PROMOTE EQUAL ACCESS TO HEALTHCARE:

Access to diagnosis and care varies greatly across Spain's 17 autonomous regions. Moreover, many infected and undocumented migrants are unclear about their access to healthcare.



#### REVIVE POLITICAL WILL AND INVESTMENT:

Commitment and funding are needed to reduce new HIV infections, improve patient outcomes, and increase the quality of life for the patient population.

#### Sources:

- <https://ecdc.europa.eu/sites/portal/files/documents/Continuum-of-HIV-care-2017.pdf>
- [http://www.unaids.org/sites/default/files/media\\_asset/2016-AIDS-data\\_en.pdf](http://www.unaids.org/sites/default/files/media_asset/2016-AIDS-data_en.pdf)
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