

EXPLORING AND DEFINING WHAT QUALITY OF LIFE MEANS FOR COMMUNITIES:

An exploratory survey into the
quality of life of PLHIV in 15 FTCs

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LONDON

FAST-TRACK CITIES 2019

SEPTEMBER 8-11, 2019 | BARBICAN CENTRE

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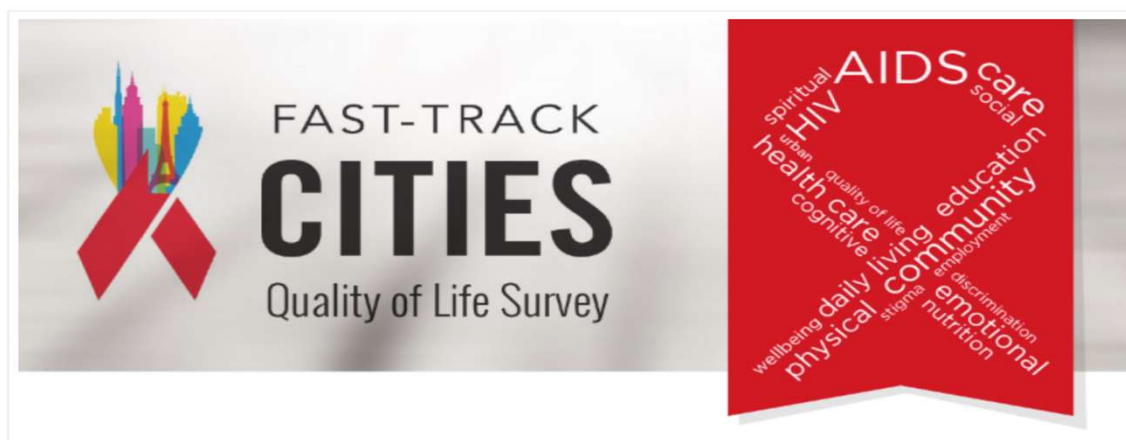
Fast-Track Cities & Quality of Life

The Fast-Track Cities initiative takes a holistic approach to programmatic target attainment, recognizing the importance of improving the health-related quality of life (HR-QOL) of people living with HIV (PLHIV) by:

- Exploring the social, political, and economic factors affecting the overall wellbeing of PLHIV
- Using QoL indicators to measure and understand the barriers to quality of life among PLHIV
- Leveraging QoL data to inform the HIV response



Introducing the Fast-Track Cities Quality of Life Survey



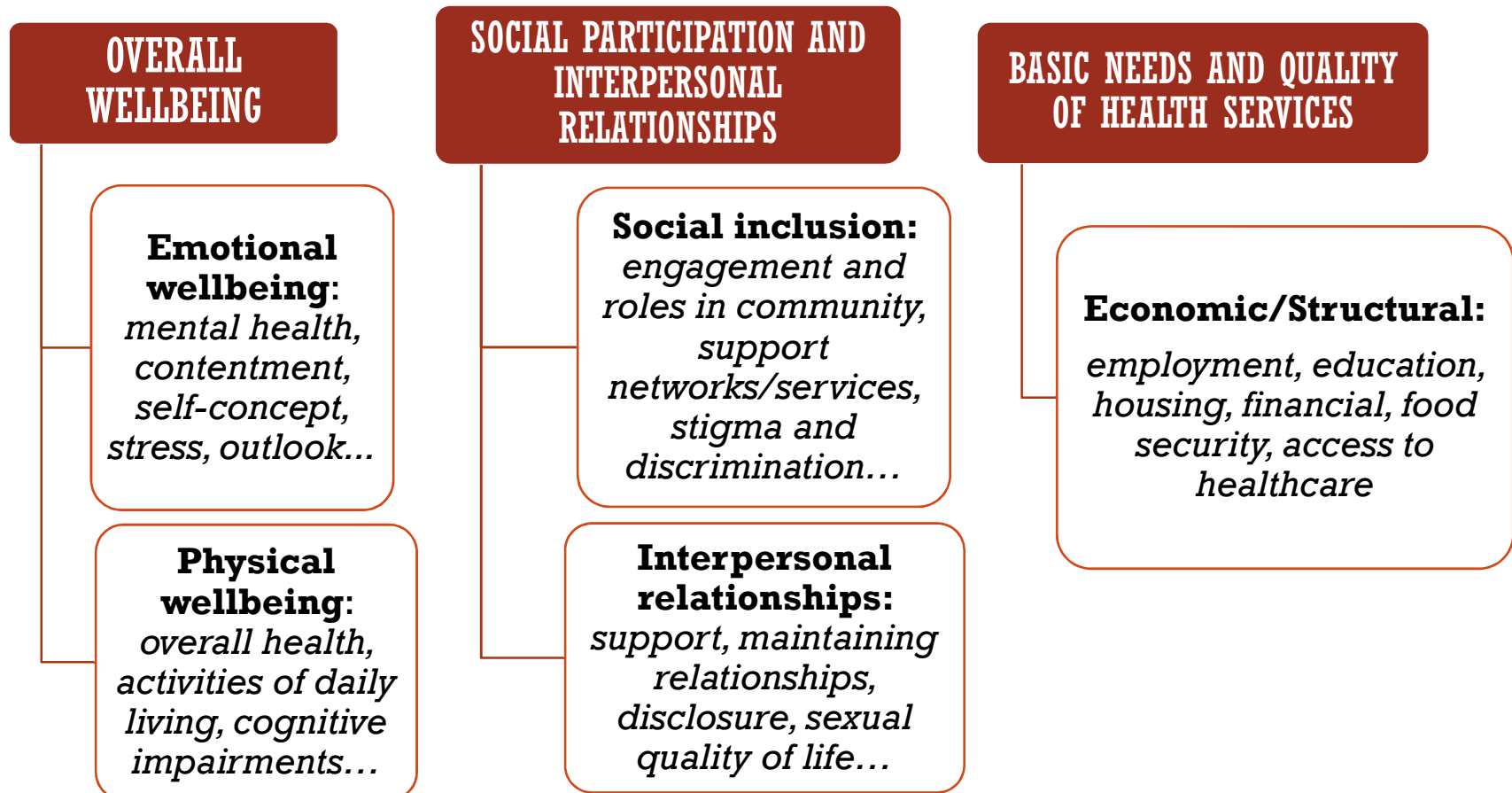
Fast-Track Cities Quality of Life Survey



Development and fielding made possible through support from Viiv Healthcare

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What does the survey look like?



Methods



- Cross sectional one-time online self-administered survey
- Survey included 20 Fast-Track Cities
- A target sample size of 300 per city
- 45 questions adapted from the following validated tools:
 - WHOQoL Survey
 - WHOQoL Survey HIV
 - IAPAC ATLIS Survey
 - People Living with HIV Stigma Index
 - Integrated HIV Bio-behavioral Surveillance (IBBS) Survey
 - CDC HRQoL
 - MOS-HIV
- Translated into 8 languages to address any barriers that may confound results: French, Spanish, Portuguese, Romanian, Dutch, German, Thai, and Greek



Cities Included In Survey

EUROPE	AFRICA	NORTH AMERICA	LATIN AMERICA AND THE CARIBBEAN	ASIA/Pacific
Athens Berlin Lisbon Madrid	Bamako Dar es Salaam Durban Nairobi	Miami New York City Montreal	Buenos Aires Salvador de Bahia Santiago	Bangkok

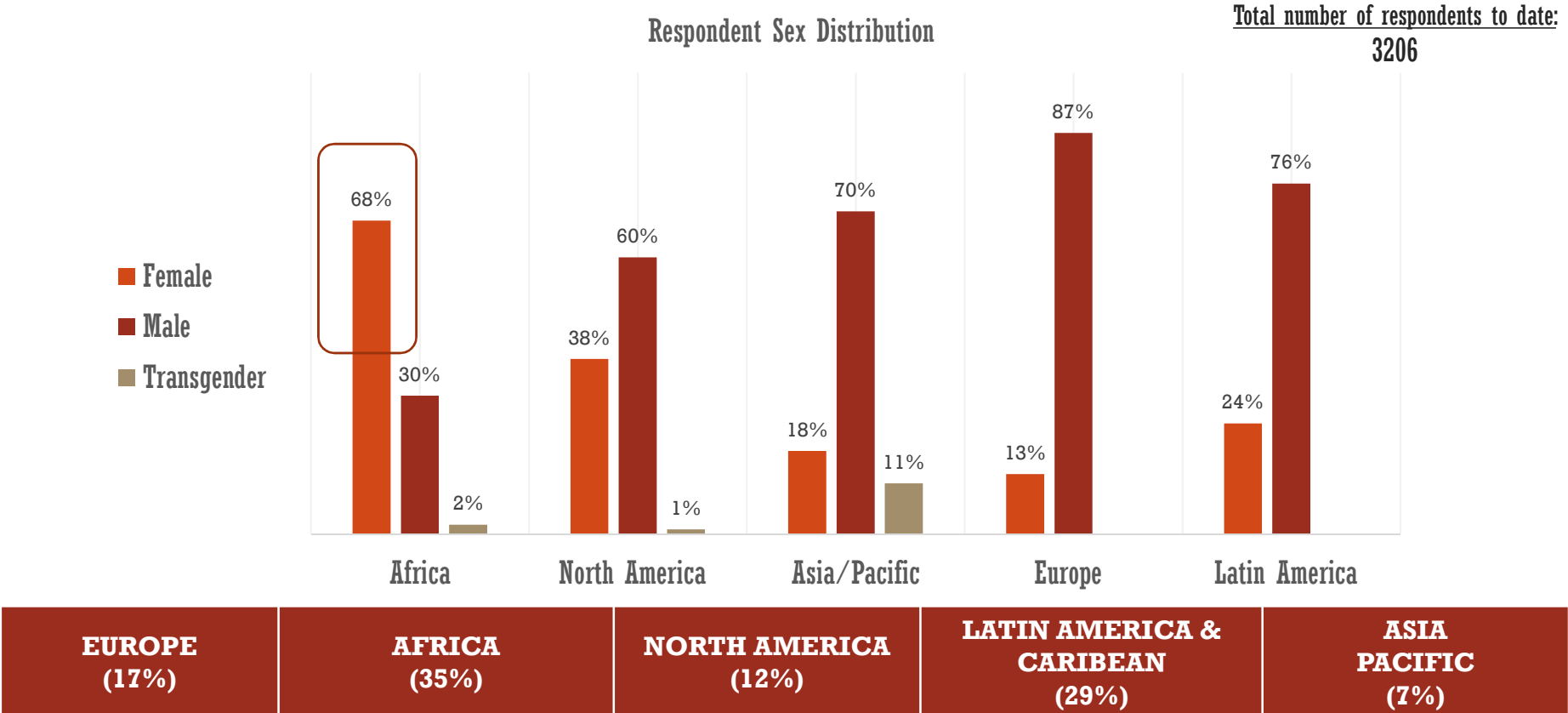




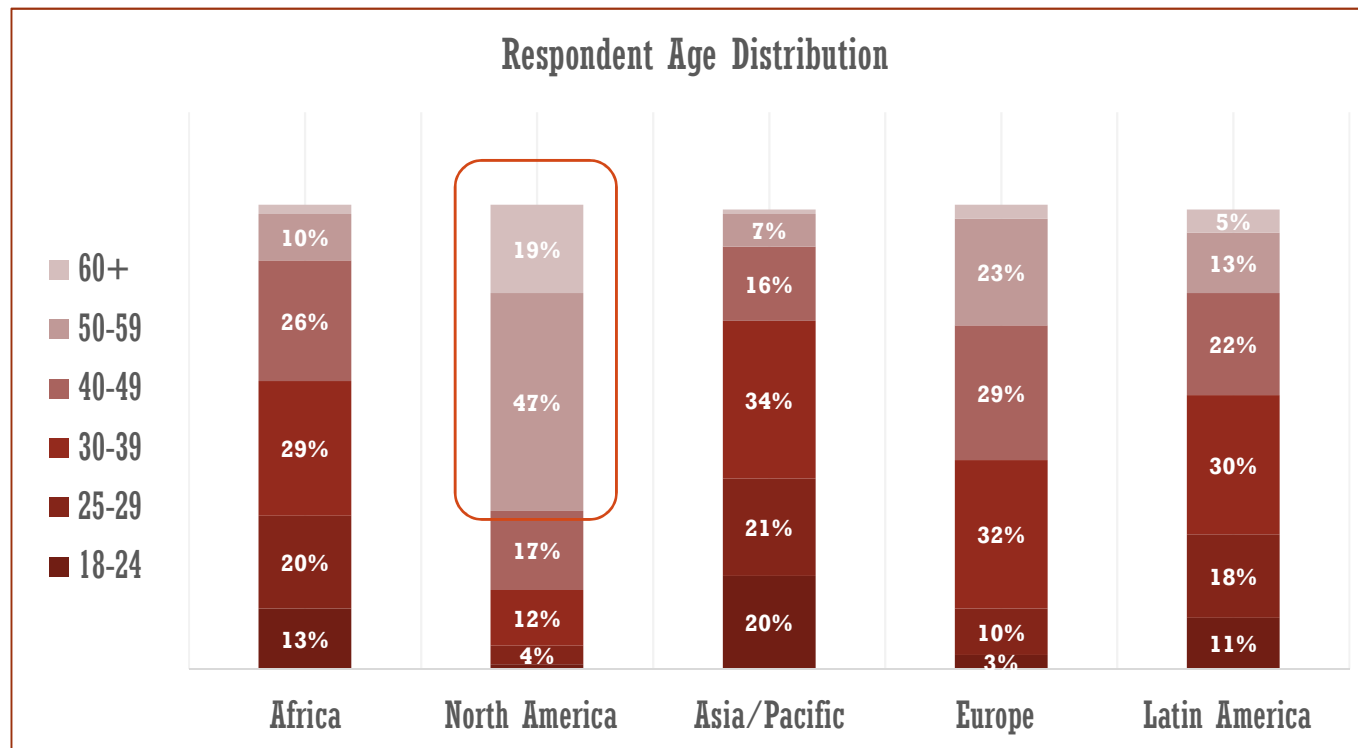
BACKGROUND AND KEY DEMOGRAPHICS

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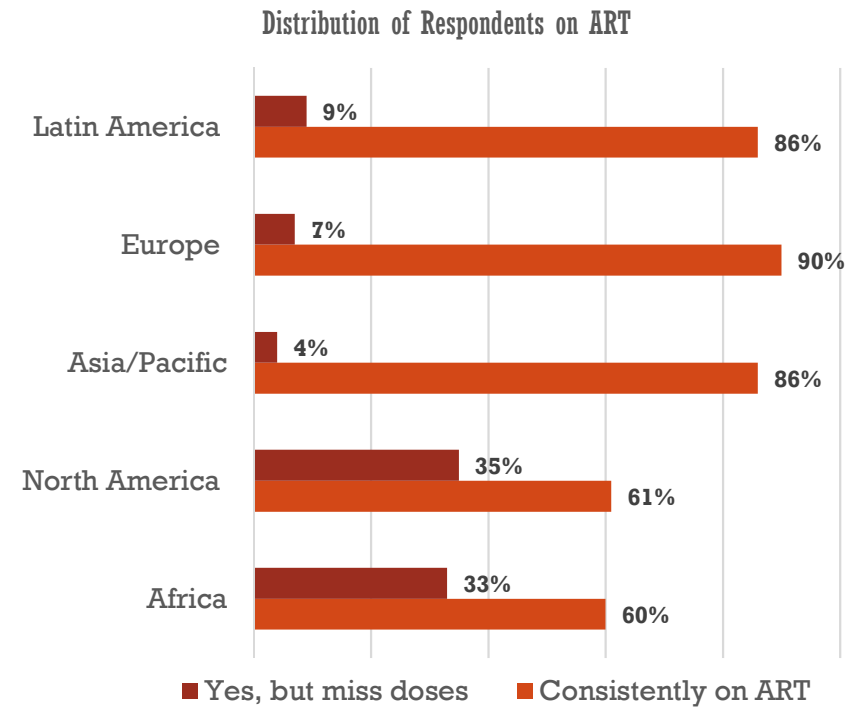
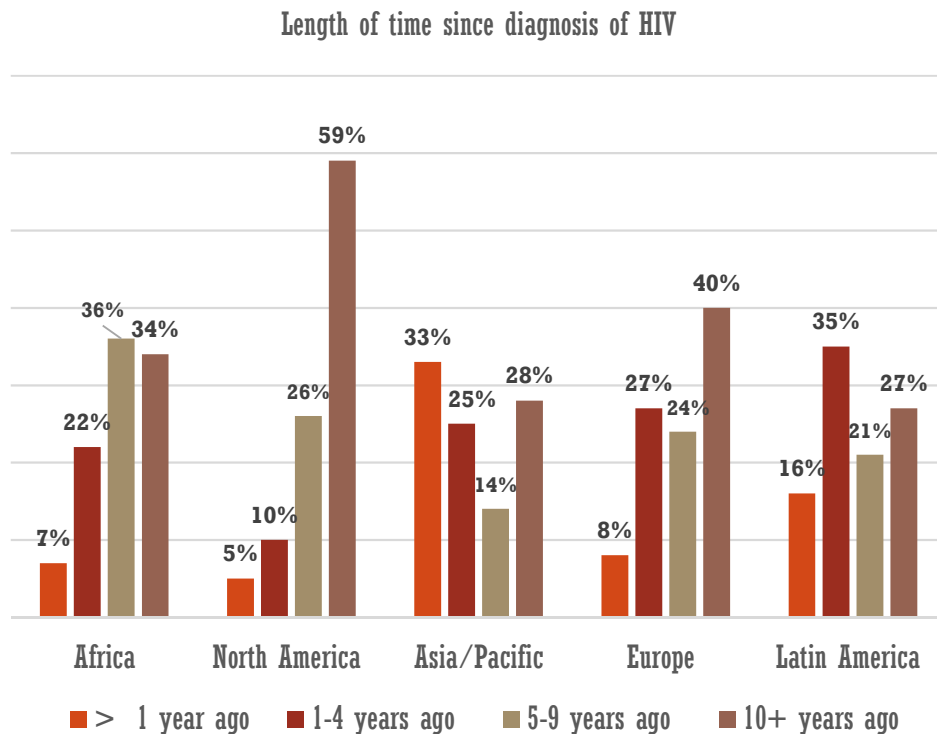
The majority of study participants are male, except in African countries where women outnumber men two to one.



Most participants (75%) are over the age of 30 with some noteworthy differences in age by region. Respondents from North America skew older while those from African and Asian/Pacific nations are generally younger.



About 40% of respondents have been living with HIV or AIDS for greater than ten years.

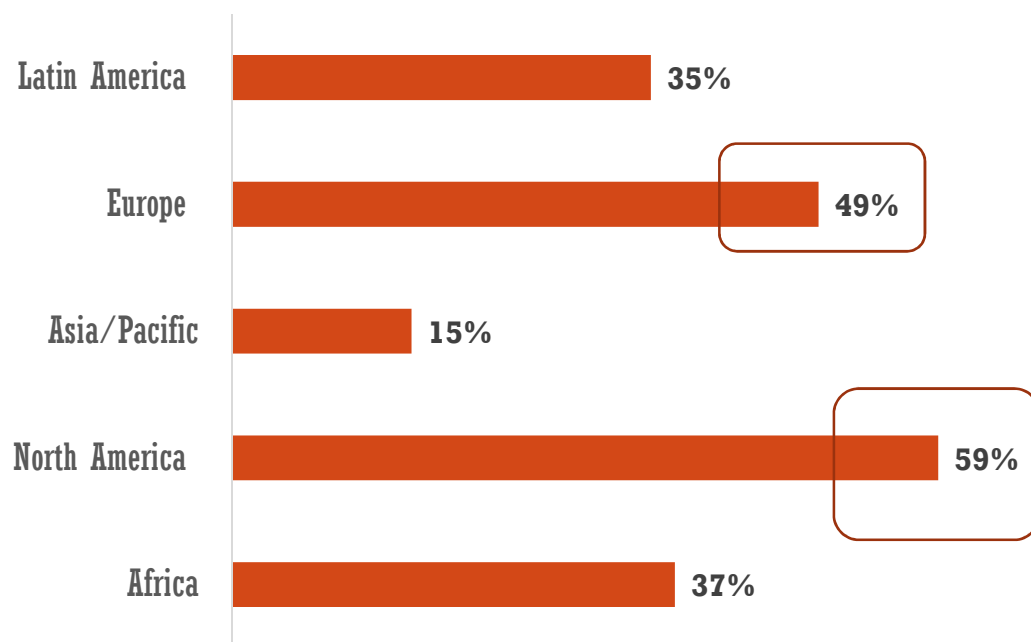


Majority of respondents (80%) reported being consistently on ART, with lowest levels reported in Africa.



On average, 38% of respondents indicated a diagnosis of anxiety and/or depression across all regions. Respondents in Europe and North America reported diagnosis 1.5 to almost 4 times more than other regions.

Distribution of Respondents Diagnosed with Anxiety and/or Depression



Results from the 2010 ATLIS (AIDS Treatment for Life International Survey) were notably lower:

Latin America: 28%

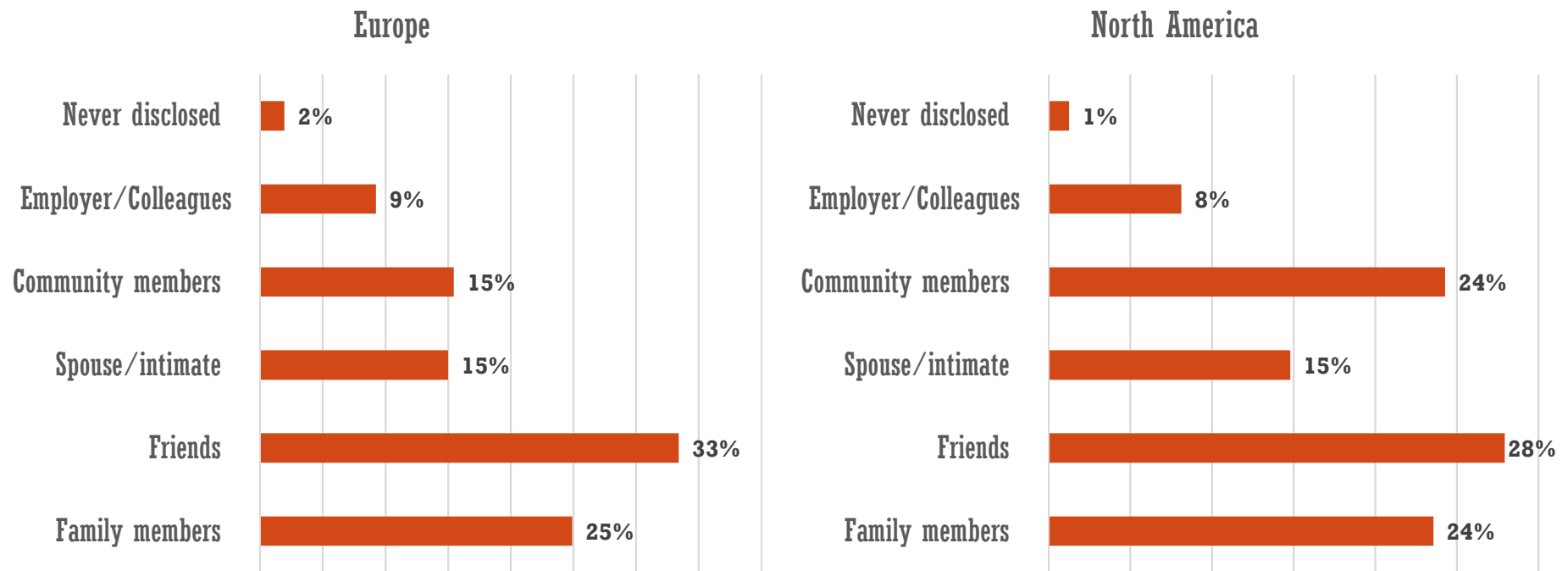
Europe: 27%

Asia/Pacific: 25%

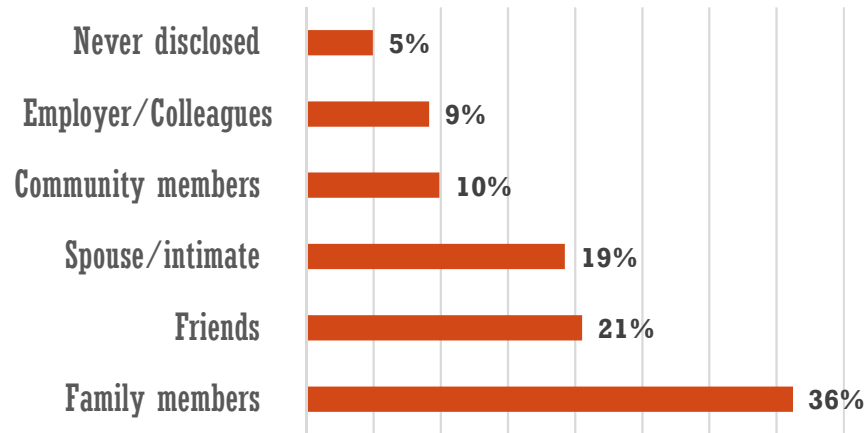
North America: 47%

Africa: 13%

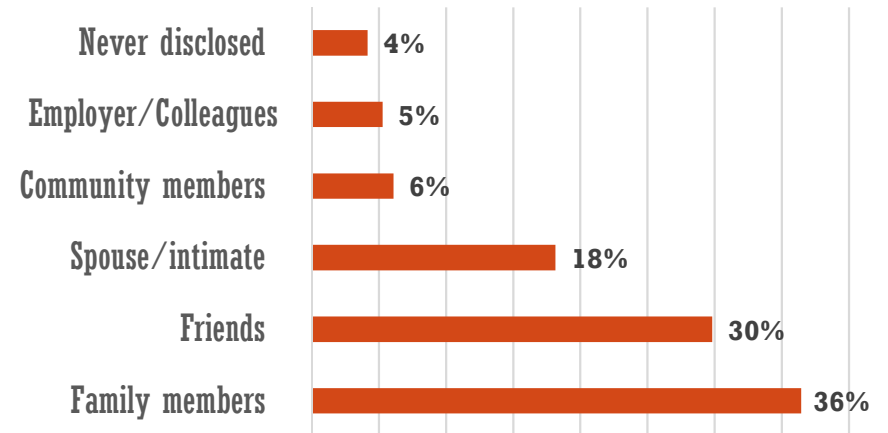
Almost one third (32%) of the respondents indicated having disclosed their status to family members. Disclosure to friends (30 %) and members of the community (20%) was slightly higher in North America and Europe compared to other regions.



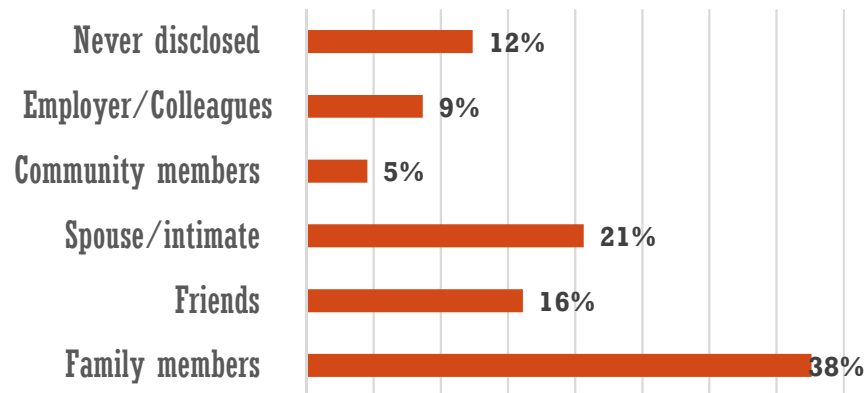
Africa



Latin America



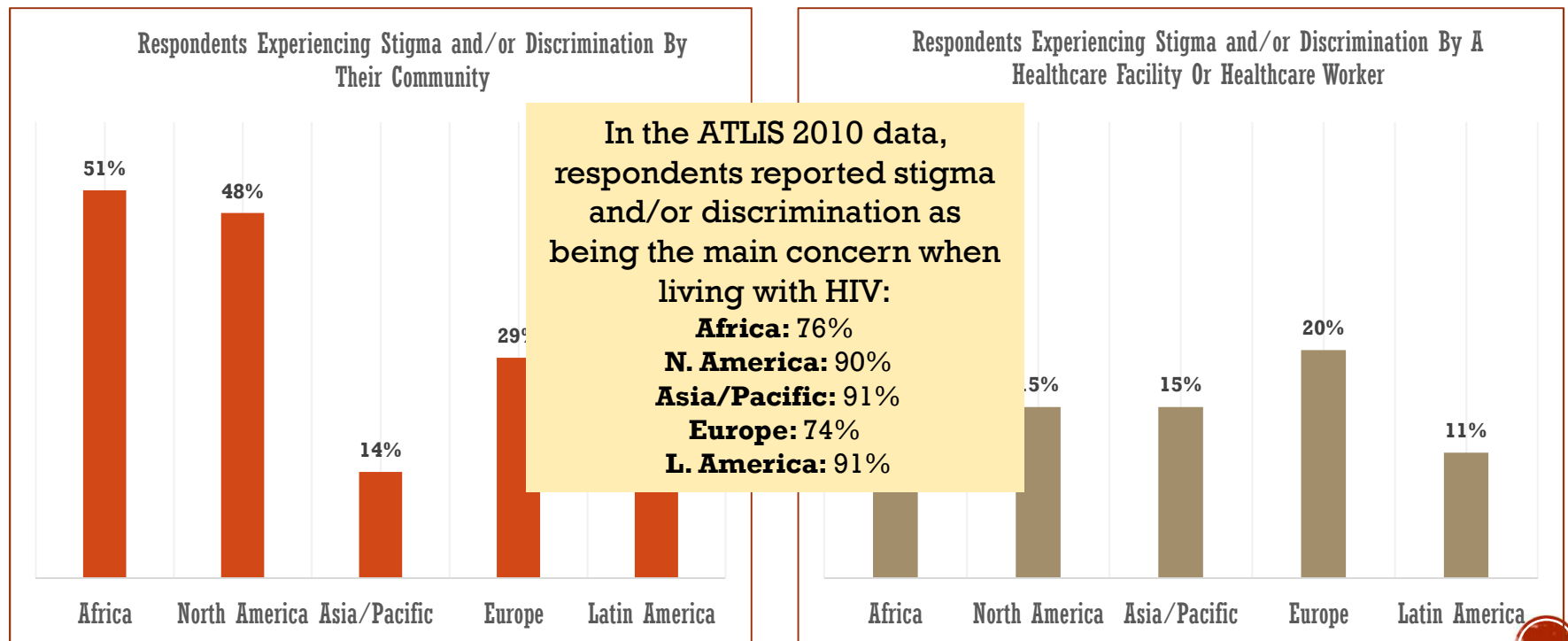
Asia/Pacific



Percentages for disclosure to family was higher among respondents from African, Asian, and Latin American regions (37%). Disclosure to community members (7%) and at the workplace (8%) was lower than in other regions.

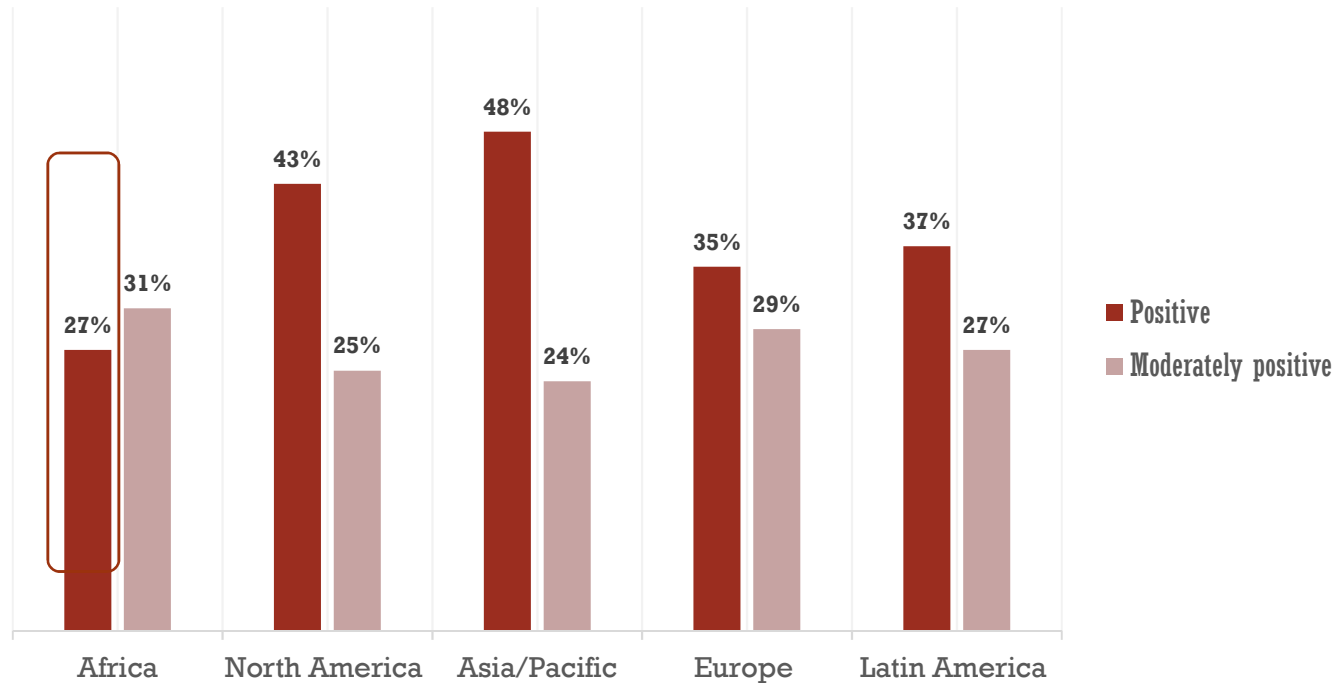


Though stigma and discrimination was an issue across all regions, respondents in African countries more frequently reported experiencing stigma and/or discrimination in both their communities (51%) and healthcare facilities (36%).

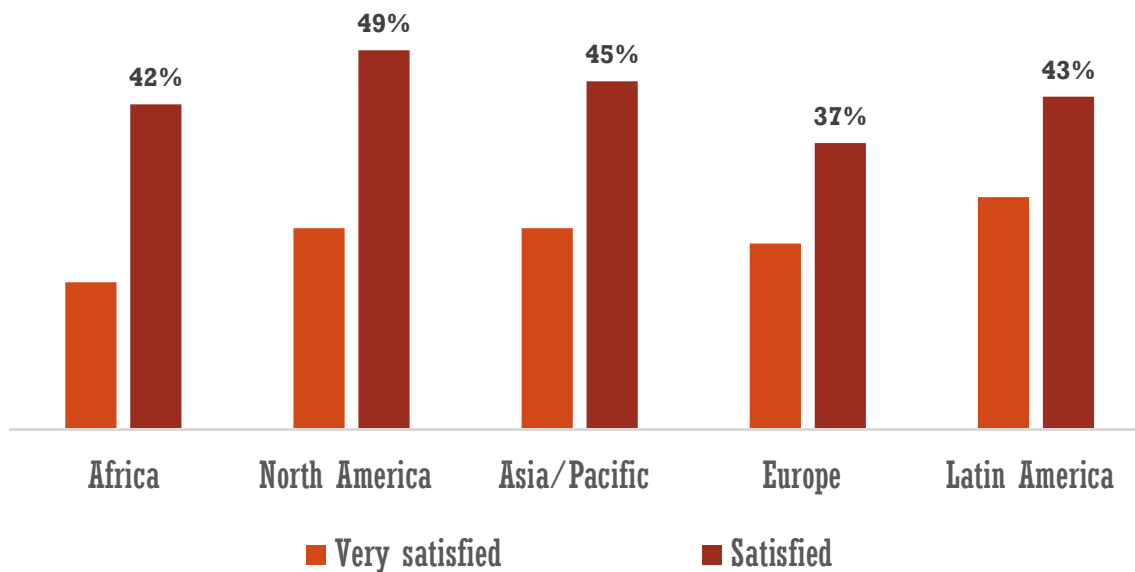


Many respondents (40%) reported having a positive outlook on life, with African respondents less likely to report a positive outlook when compared to other regions.

Respondents Reporting a Positive and "Moderately" Positive Outlook On Life



Distribution of Respondent Overall Quality of Life



**MOST RESPONDENTS
(APPROX. 40%)
REPORTED BEING
SATISFIED WITH THEIR
OVERALL QUALITY OF
LIFE. ONE QUARTER
WERE "VERY"
SATISFIED.**

**RESPONSES WERE
SIMILAR ACROSS ALL
REGIONS.**





KEY DATA FROM 8 FAST-TRACK CITIES

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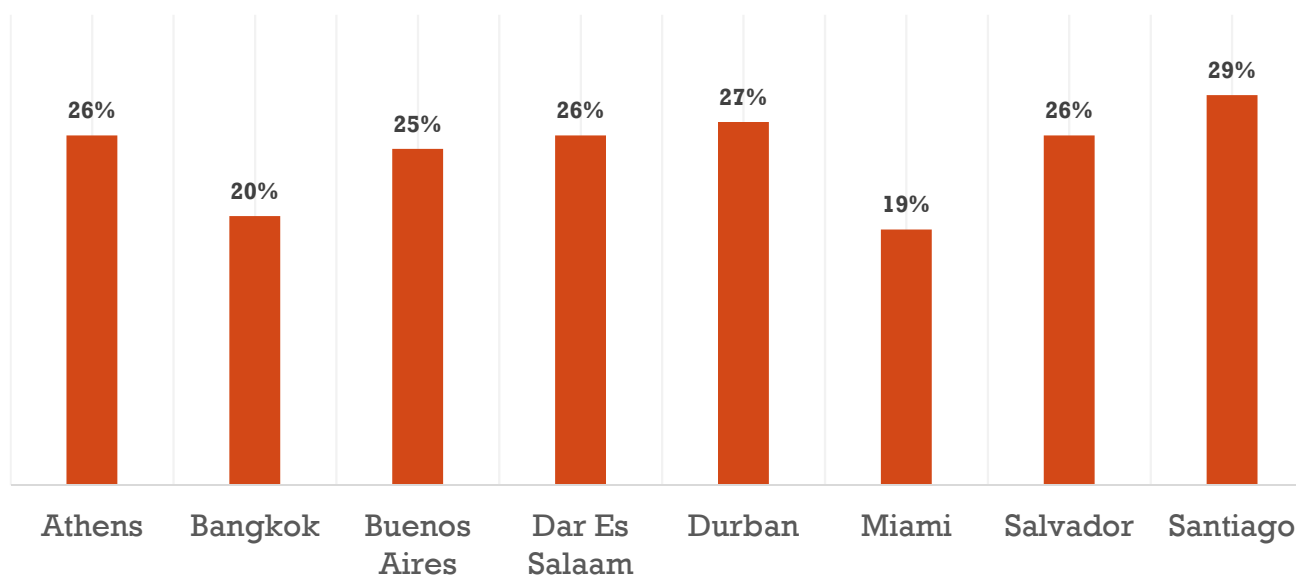
Majority of respondents who were diagnosed with anxiety and/or depression have been living with HIV for more than 10 years.

	10+ years since diagnosis
Buenos Aires, Dar es Salaam, Durban, Salvador	40% - 50%
Athens, Santiago	50% - 55%
Miami	74%



On average one quarter of all respondents reported fear of disclosure to intimate partners over that last year.

Proportion of PLHIV reported worrying about disclosing their HIV status to intimate partners or their spouse in the past 12 months



Distribution of respondents reporting experiencing stigma and/or discrimination by years since diagnosis

Experience in Community

	< 10 years since diagnosis
Bangkok, Buenos Aires	5-10%
Salvador, Athens	25-30%
Santiago	40%
Miami, Durban	50-60%
Dar es Salaam	69%

Experience in Healthcare Settings

	< 10 years since diagnosis
Bangkok, Santiago	15%
Buenos Aires, Salvador, Miami	10%
Athens	20%
Dar es Salaam, Durban	50-60%



Distribution of respondents reporting a “positive” outlook on life among those consistently on ART was comparable across all 8 FTCs.

Athens	Bangkok	Buenos Aires	Dar es Salaam	Durban	Miami	Salvador	Santiago
38%	45%	39%	35%	34%	42%	39%	34%

Distribution of respondents reporting being “satisfied” with their overall quality of life and also consistently on ART.

Athens	Bangkok	Buenos Aires	Dar es Salaam	Durban	Miami	Salvador	Santiago
31%	38%	44%	52%	27%	46%	47%	31%



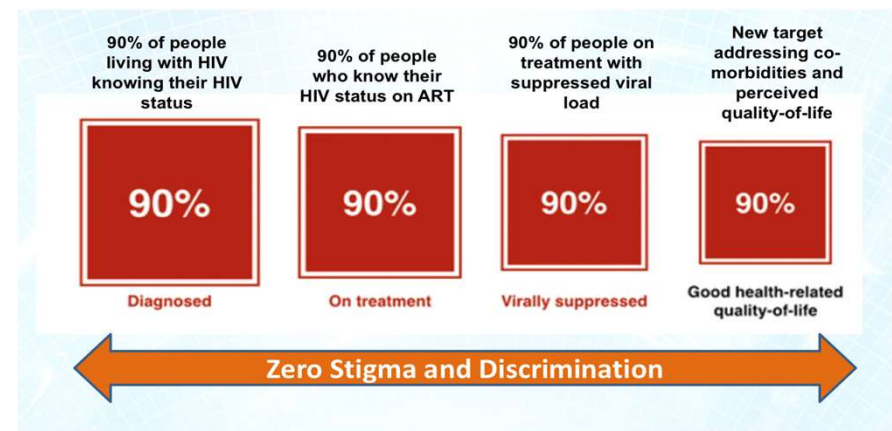
Top 3 major concerns respondents identified regarding aging with HIV.

1. Decreased mobility, disability	Athens (37%) Buenos Aires (26%) Salvador de Bahia (42%)
2. Lifelong HIV medication-taking	Bangkok (41%) Dar es Salaam (91%) Durban (60%) Miami (63%) Santiago (44%) Salvador de Bahia (35%)
3. Decreased life expectancy	Bangkok (18%) Buenos Aires (37%) Dar es Salaam (88%) Durban (50%) Santiago (47%)



CONCLUSIONS

- Understanding the factors playing a key role in the perceived quality of life remains a key step to ensuring those already virally suppressed continue on a good overall health trajectory.
- Pushing towards a more integrated, people-centered care is the key to addressing challenges that persist even for those already virally suppressed i.e stigma and discrimination, co-morbidities, aging with HIV, fear of transmission
- Complete success in HIV care and treatment will be attained when we will reach the “Fourth 90”!



Beyond viral suppression (Lazarus JV et al. BMC Medicine 2016 14:94)



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Bucharest	- ARAS
Buenos Aires	- Dr. Miguel Pedrola – AHF
Dar es Salaam	Tanzania National Network of People with HIV/AIDS (TANEPHA) Tanzania National Network of Girls and Young Women Affected and Living with HIV/AIDS (TANGYWA+)
Durban	- AIDS Foundation of South Africa - The National Association of PLHIV (NAPWA South Africa)
Lisbon	- GAT – CheckpointLX - Associao ILGA Portugal
Madrid	- Seisida
Miami, FL	- Empower U Community Health center
Montréal	- Maison Plein Coeur - COCQ-SIDA
Nairobi	- African Jesuit AIDS Network
Paris	AIDES Solidarité SIDA
Santiago	- Chile Positivo

