

Access program to health care and antiretroviral treatment for people living with HIV (PLWH) without sufficient health insurance during the SARS-CoV2 pandemic at Checkpoint BLN in Berlin, Germany

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October 11-13, 2022 | Barceló Sevilla Renacimiento



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Background

High administrative barriers make access to HIV care in Germany difficult for people without legal residence status or without sufficient health insurance coverage. This creates gaps in care that mainly affect people with low incomes.

Migrants, foreign students, foreign sex workers often rely on importing ARVs illegally from their countries of origin to stock up for months, either by mail or in person.

During the pandemic:

- International travel restrictions left some PLWH stranded in Berlin.
- The tightened customs restrictions led to a breakdown of personal self-sufficiency systems.
- Individuals relying on personal self-sufficiency systems were at risk of interrupting their HIV treatment.



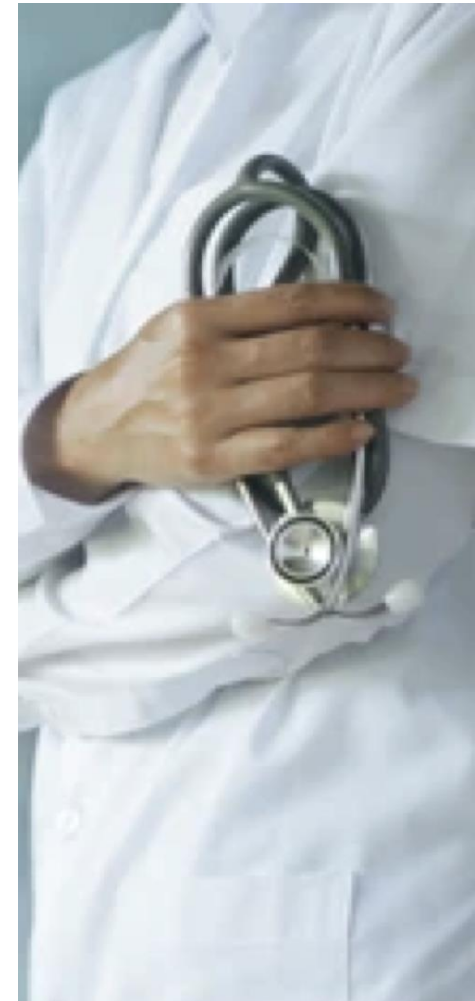
Description

We initiated a program at Checkpoint BLN:

- between 6/2020 and 12/2021
- access to free medical care

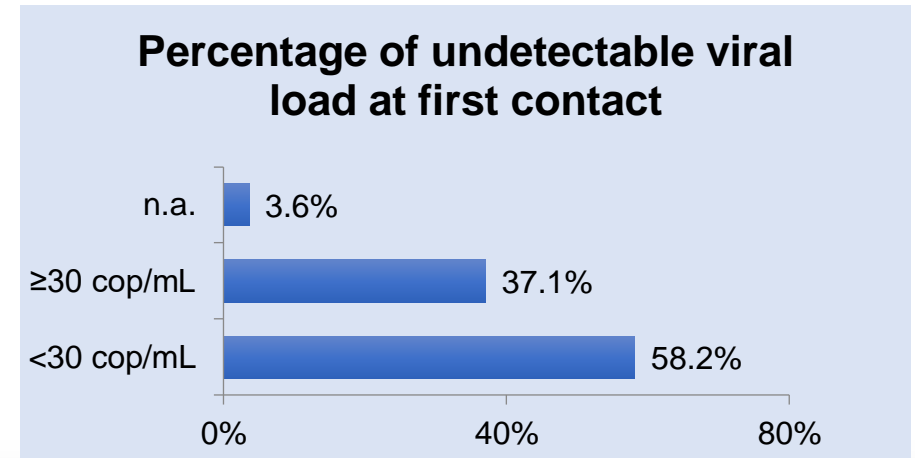
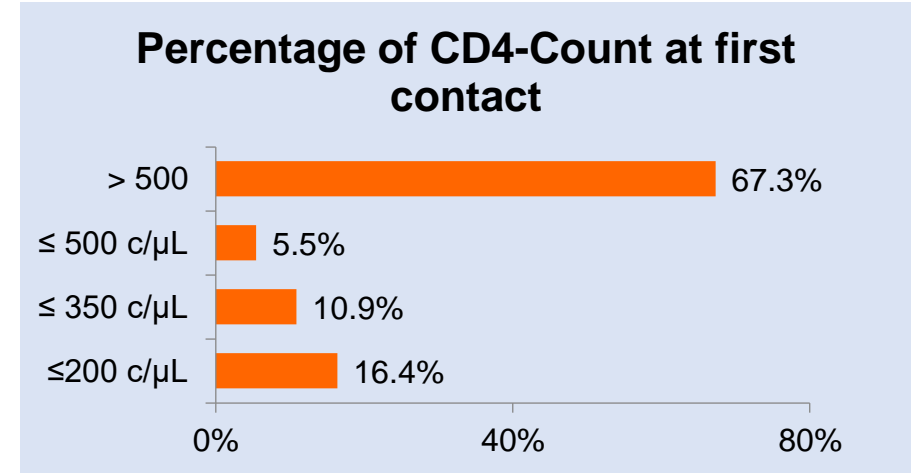
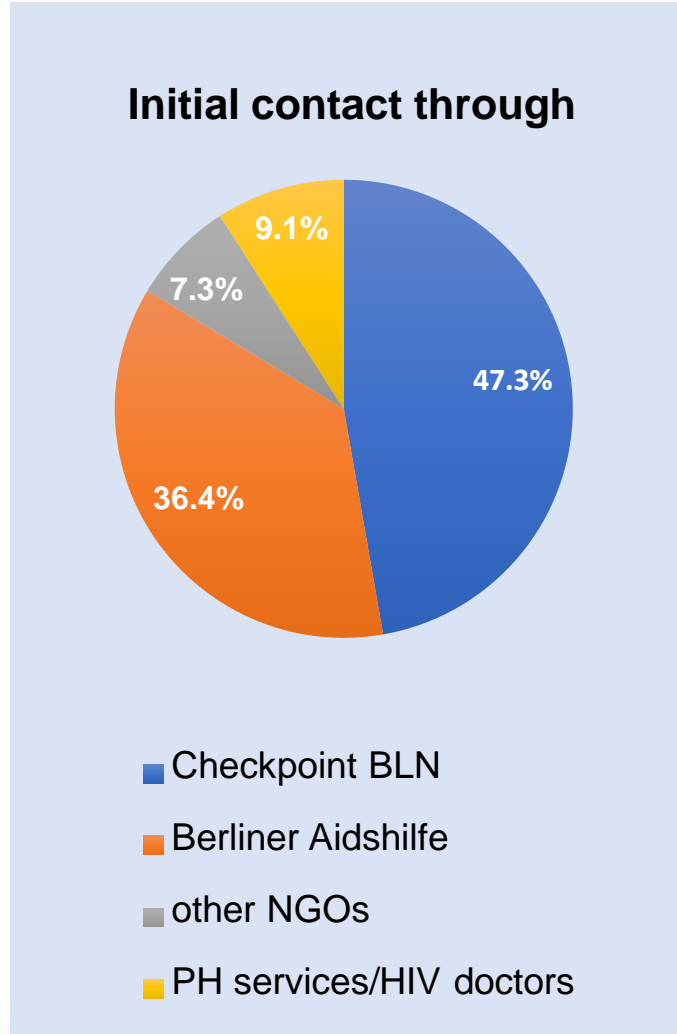
Patients were seen

- at least once by a social worker and a doctor.
- for clarification whether
 - access to statutory health insurance was accessible or
 - medical care could be covered by municipal funds.

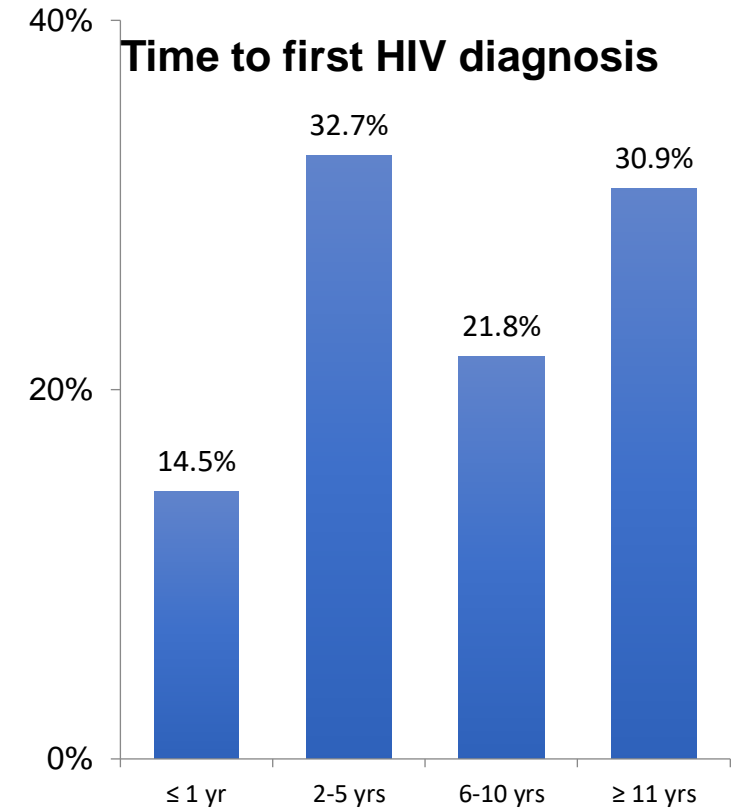
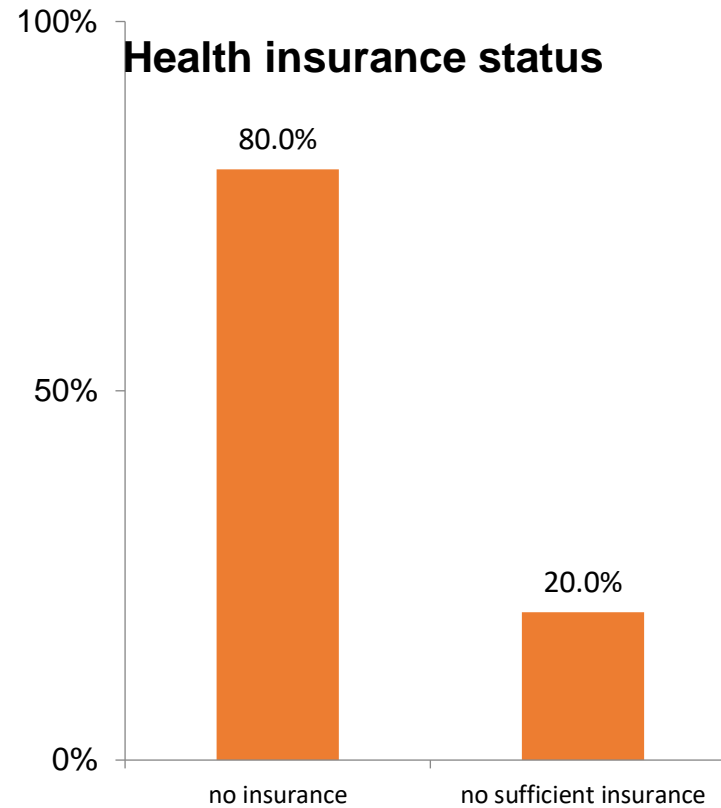
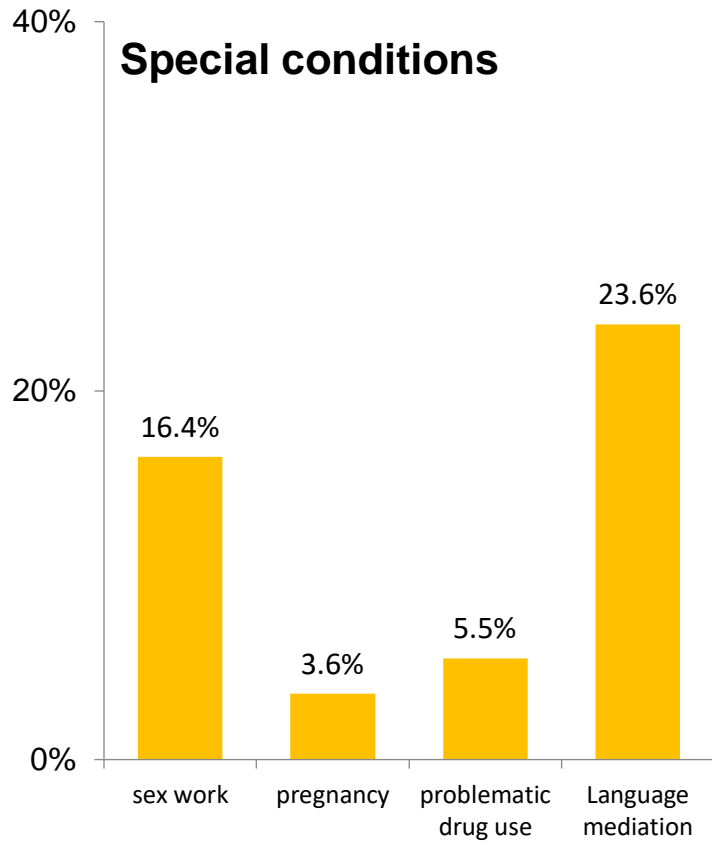


Patients characteristics

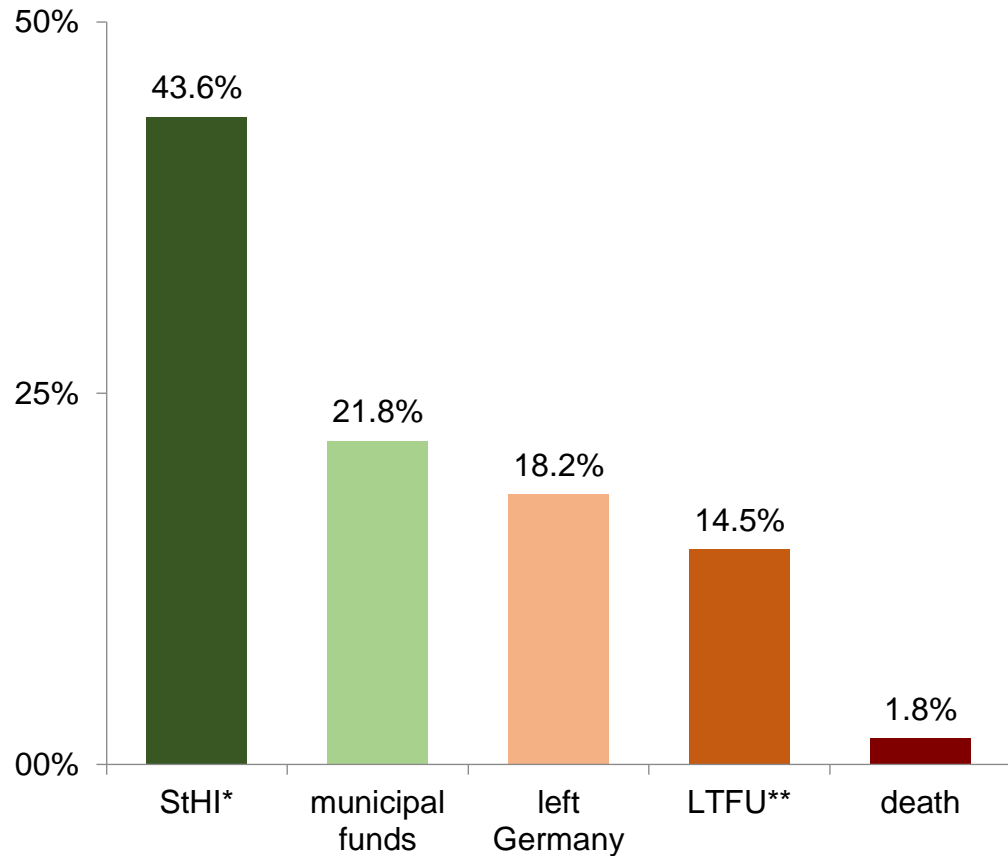
		N=55
Gender		N (%)
Male		36 (65.5)
Female		2 (3.6)
transM		1 (1,8)
transF		2 (3.6)
Non-binary		1 (1,8)
no answer		13 (23.6)
Age range		
20-29 yrs		14 (25.5)
30-39 yrs		25 (45.5)
40-49 yrs		10 (18.2)
50-59 yrs		3 (5.5)
> 60 yrs		3 (5.5)
income		
no income, no savings		13 (23.6)
live off savings		8 (14.5)
1-500 €		11 (20.0)
501-1000 €		14 (25.5)
1001-2001 €		2 (3.6)
unkonwn		7 (12.7)



Patients characteristics



Patient outcomes after the bridging period



*StHI = statutory health insurance

** LTFU = lost to follow up

- 66.4% (36/55) of the patient received medical care through either statutory health insurance or special municipal funds
- 32.7% (18/55) had left Germany either to return to their home country or to travel to other countries where medical care is easier to obtain or were lost to follow up.
- 1.8% (1/55) – one patient died due to drug overdose

Lessons learned

- The restrictions in the SARS-CoV2 pandemic have significantly worsened the situation for migrants living with HIV who do not have access to health care.
- There is a high need to offer medical care to people living with HIV (PLWH) without adequate health insurance coverage
- Access to HIV care means more than medication alone, it must include language mediation, social workers and psychologists.

Conclusion

- Medical doctors, social workers and interpreters coordinating their actions results in a better understanding of the patient's situation.
- Integrated Care is the provision of seamless, effective and efficient care that reflects the whole of a patient's medical and social needs
 - We combine HIV medical care and health insurance counselling
 - We provide all services simultaneously under one roof
- From mid-2020 to the end of 2021, we only reached a limited number of PLWH without access to care. That's why we launched a free general HIV care program for PLWH with insufficient insurance coverage at Checkpoint BLN