

# **HIV/HCV TREATMENT ADVOCACY FOR AFRICANS IN THE UNITED KINGDOM**

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# View Presentation

- **What is HCV**
- **Background to AET Project on HIV and HCV Project**
- **Project Delivery**
- **Learning Lessons**
- **Question and Answer**



# What Hepatitis C

- **Hepatitis C is a blood-borne virus**
- **Can cause serious damage to the liver**
- **First indentified in 1989**
- **Known as non-A, non-B hepatitis**
- **Test developed in early 1990's**



# What is Hepatitis C?

- Hepatitis C virus (HCV) is spread through exposure to infected blood
- Prior to 1991 transmission through blood transfusions •
- or blood products
- Sharing of equipment using in injecting drug use



# HCV

## Less common routes of infection

- Mother to baby transmission
- Unprotected sex
- Medical & dental treatment abroad
- Tattooing, ear or body piercing
- Sharing razors, toothbrushes and other toiletries
- Needle stick injuries

# HCV

- Around 75- 85% of those infected will develop chronic Hepatitis C infection
- Of those that become chronically infected 5 to 15% will go on to develop cirrhosis of the liver within 20 years
- Often referred to as the silent epidemic
- Most show no symptoms



# HCV

- No vaccination for HCV
- Treatment for HCV
- Effectiveness of treatment can depend on the strain of the virus & stage of disease
- Treatment can last between 24 & 48 weeks
- Some people experience side effects



# Background Information- Issues:

- Black Africans in the United Kingdom are disproportionately affected and infected by HIV and HCV.
- Migrant community account for the second largest infection HIV rate in the UK
- There have problems accessing treatment, treatment information and general support.
- Africans on HIV and HCV treatment suffers from other issues related to HIV and HCV treatment: access to treatment, poor adherence, development of resistance and refusal to start treatment due to socio-cultural and religious factors, like stigma and discrimination.
- Also HCV in the UK affect migrants disproportionately, especially migrants who are also homeless and drug users.





# AET Project Delivery (1)

- AET in partnership with other HIV/HCV organisations developed a training program to build the capacity of Africans to advocate for themselves, their peers and to increase their knowledge on HIV and HCV treatment and care.
- A total of 48 African men and women were trained as HIV and HCV treatment advocates across England.
- They were representatives from various organisations who in turn have trained their peers increasing a multiplier effect.



# AET Project Delivery (2)

Areas where the Training Took Place

- MRC Clinical Trial's Unit, London
- Manchester Black Health Agency
- Enfield- Positive Run Away
- South London- AAF
- Leeds- BHA SkyLine



# Lesson learned

- HIV and HCV treatment requires highly specialised skills of management and support, and few people within the African communities have these skills and knowledge.
- Building the capacity of some community members will facilitate the dissemination of HIV and HCV treatment information and knowledge leading to a reduction in poor adherence to medication, development of resistance and reduction in transmission.
- Effective partnership with all key stakeholders involved in providing HIV and HCV treatment and support is also a very important element to educate HIV treatment advocates.



# Next steps:

- The identified success in disseminating treatment knowledge to community advocates with its multiplier effect can be adapted in various other settings with migrant or disadvantaged communities to produce effective treatment outcomes and meet the goal of universal access to ARV and DAAs.

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**End!**

# Questions and Answers