

Complex entitlement regulations and processes can be disentangled with a client centred approach - Greece

What was the issue?

A hospital contacted Positive Voices (PV) about an HIV positive migrant woman who was hospitalised in Thessaloniki due to heart related health issues and needed support. She lived in a small town with her two children and no family member knew about her status. Although she had been diagnosed 6 years ago and had initially started treatment, she had stopped because she was afraid that ART might have negative implications for her heart condition. The distance to the nearest clinic and related travel costs also played an important role in her decision to stop treatment.

Why was change needed?

It is important that every PLHIV has adequate access to care and treatment in order to live healthy and happy lives. HIV positive migrants, in particular, can experience multiple barriers in accessing healthcare as they are more likely to face different forms of discrimination and greater poverty. Access to care for HIV that live in smaller towns or in the countryside can be challenging. Usually they visit hospitals in bigger cities in order to avoid unwanted confrontations with people they know, but the distance they have to travel and the cost of that travel may impede their willingness to access necessary health services.

What were the barriers to change?

The main obstacle to keeping her in care was financial, as she was unemployed and her late husband had also left debts, which she found out about during her hospitalisation. Though she had been married for over a decade, she had never received a Greek identity card and could not get insurance because of her husband's debts. Both of these were essential to receive welfare benefits. The complexity of the issues that she faced, along with her fear of discrimination and stigmatisation in the small town that she lived in, required multiple interventions.

At the first meeting she expressed her willingness to work with PV and improve her health. However, she was ambivalent about staying in care, as she could not afford to travel regularly to the hospital in Thessaloniki and was really worried about leaving her children behind. Her mother was willing to take care of them for the initial days that she was hospitalised, but she was unwilling to stay as long as the doctors advised, or to commit to returning regularly. The doctors and members of the empowerment group finally convinced her to stay in Thessaloniki because her CD4 count was below 200 and she had encephalopathy. She eventually returned to her children, but without continuing ART and a month later she was back in hospital because of heart arrhythmia.

How long did it take and who was involved in the change?

Organising the support she needed to address the whole of her complex situation took more than a year as there were many things that needed to be settled. The Assistance and Empowerment Group for PLHIV that are hospitalised worked with her. Members of this group escort patients to hospital appointments, provide psychological support, keep them company, help them change clothes and cover basic expenses if needed. This initiative is based on a peer to peer approach in collaboration with the HIV clinic of the hospital concerned. An accountant and a lawyer were also involved in helping to untangle the situation with debt and insurance.

How was change made?

An accountant helped her shut down her husband's company. A lawyer voluntarily took on her case to help her with the insurance issue and company debts. The PV empowerment officer in Thessaloniki helped her navigate through the procedure of obtaining an identity card, as the residence permit which was all she had was not enough to allow her to access welfare benefits. The Disability Certification Centre was contacted in order to find out whether there had been a similar case in the past. Although after receiving her ID and insurance she was eligible for help from them, she was reluctant to claim at the local DCC as there might well be people that she knew there who did not know about her status. PV therefore reached out to their members in Northern Greece and found one willing to be registered as her host. That allowed her to pass through the examination in a safer environment and arrangements were made with the clinic for her to get her treatment by mail, so that she did not have to travel so often to obtain it. Eventually, with support, she disclosed her status to her children.

What lessons have been learnt?

HIV related stigma and its burden on people's lives and health are a familiar problem. However, this case illustrates well the multiple barriers that an individual can experience. Whether the barriers are real or perceived, regulatory, physical or social, linkage and access to care and treatment are fundamental needs for PLHIV. The consistency of PV's approach and the sense of commitment and safety that was cultivated among the persons involved were of major importance in order to gain her trust.

The welfare system in Greece is bureaucratic and not particularly friendly towards non natives and/or non-Greek speakers. The barriers and complex bureaucratic procedures people face in their attempts to access it can end in frustration and discouragement. The needs of that beneficiary in a lot of cases went beyond PV's organisational capacity, knowledge and expertise. The collaboration with the clinic and everyone else involved was what determined the positive outcomes.

Crisis management skills were developed by those helping as decisions and interventions had to be made and implemented on the spot while she was hospitalised and gravely ill. The employees are volunteers in the Empowerment Group too and their contribution was of high importance. This is a crucial part that totally changes the outcomes of our work.