



The  
Glasgow  
Manifesto  
Advocating for  
Policy Change  
for People Ageing  
with HIV

# Recommendations

An Analysis  
of Policy Framework  
and Recommendations  
in 7 WHO  
Europe Countries



European  
AIDS Treatment  
Group

*The Ageing with HIV – The Glasgow Manifesto:*  
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**Italy**

**Romania**

**Georgia**

**Turkey**

# Summary

This document provides an overview of **recommendations** derived from the report ***The Glasgow Manifesto: Advocating Policy Change for People Ageing with HIV – An Analysis of Policy Framework and Recommendations in 7 WHO Europe Countries***. The report will be publicly available in October 2025.

The report will provide an overview of the policies supporting the implementation of the Glasgow Manifesto across seven European countries: **Italy, Portugal, Spain, France, Romania, Turkey, and Georgia**. The Manifesto sets out key principles for improving the quality of life and ensuring equitable healthcare access for people living with HIV, with a particular focus on addressing the challenges of ageing with HIV.

The findings reveal a highly heterogeneous landscape, reflecting the diversity of political, cultural, and healthcare environments in each Country. Commonalities include widespread access to antiretroviral therapy (ART) and efforts to combat stigma, though the latter remains a persistent barrier across all contexts. However, significant differences emerge in the adoption of multidisciplinary approaches, the degree of integration of policies targeting ageing with HIV, and the uniformity of service delivery.

Countries like **France, Italy, Portugal and Spain** demonstrate advanced infrastructures and strong legislative frameworks that align closely with the Manifesto's principles, though they face challenges such as regional disparities and the lack of a specific focus on ageing with HIV. In contrast, **Romania, Turkey, and Georgia** grapple with structural and resource-based limitations, as well as deeply rooted cultural stigmas, which hinder their ability to effectively implement the Manifesto.

This Report will highlight the need for targeted interventions, increased funding, and coordinated regional and national strategies to bridge these gaps. It will reiterate the recommendations presented on this document, aimed at fostering greater alignment with the Glasgow Manifesto, emphasizing the urgency of addressing the specific needs of growing ageing populations living with HIV.

# Recommendations

The approach for intervention targeting older and ageing people living with HIV does not suit the 'one size fits all' approach which often characterises health and social care interventions. The institutional stigma, discrimination, and ageism older and ageing people living with HIV experience need to be addressed by also acknowledging many other intersecting vulnerabilities in our lives so that all of us, in our diversity, we are represented in health and social care provision, which is tailored made to address our specific needs and asks.

As a result of the [Ageing with HIV – The Glasgow Manifesto: A Platform for Change](#) project, we make the following recommendations to better address the priorities, needs and experiences of older and ageing people living with HIV. We recommend:

## Health care settings

- Join forces between older and ageing people living with HIV and health care providers to ensure they are meaningfully involved in all aspects of their health care.
- Improved links between HIV specialist services, primary care, and other health services, providing well-defined pathways, communication channels, and lines of accountability to support older and ageing people living with HIV.
- Develop people-centred, holistic, and trauma informed care models for and with older and ageing people living with HIV, adopting a geriatric approach in HIV care.
- Support the management of adherence to treatment and implement the creation of adherence services within HIV clinics. Such services could be led by nurses and third sector charity /peer support to encourage adherence to HIV treatment by involving patients in decisions about their prescribed medicines.

## Research

- Undertaking research that considers the priorities and experiences of older and ageing people living with HIV.
- Funding research which is peer-led. Meaningful research can be achieved by involving older and ageing people living with HIV in setting research questions relating to their physical and mental health and their socio-economic environment, conducting research as peer researchers, and analysing data.

## Health Commissioners

- Invest in the provision of peer support in HIV clinical settings that will assist engagement and retention in care for older and ageing people living with HIV.
- Commission peer-led services, which are essential in reducing isolation, fostering confidence and self-esteem, and improving well-being of older and ageing people living with HIV.
- Work with older and ageing people living with HIV and NGOs to translate research findings into accessible and accurate information resources around all aspects of their lives.
- Prioritise long term sustainable funding for NGO/grassroots organisations to provide meaningful, impactful, and cost-effective interventions.
- Develop collaborative links and partnership working between the HIV sector and other agencies.
- Bridge HIV services with broader social services for the elderly population.

## Education and Training

- Embed HIV awareness and education in training for all professionals working in health and social care settings including nursing homes, hospices, and other specialist medical settings, focussing specifically on older and ageing people living with HIV, their needs and their asks.
- Train healthcare workers to address intersectional stigmas when interacting with older and ageing people living with HIV both in the capacity of co-workers and care providers.
- Implement training and subsequent reporting of discrimination within health care settings.
- Translate the Glasgow Manifesto into local languages so that it could be adopted for educational and training purposes at local level.

## Policy Makers

- Ensure legal provisions are in place to support the creation of a EU wide HIV Action Plan which takes into account older and ageing people living with HIV, their needs and their asks.
- Meaningfully support the proposal for the EU Age Equality Strategy which aims to reflect the diversity of older persons, encourage active and healthy ageing, build on intergenerational solidarity, and promote the rights of older people at Country level.

# Context

The Glasgow Manifesto serves as a pivotal framework for addressing the evolving needs of people living with HIV as they age. Developed to guide policies and interventions, the Manifesto emphasises core principles such as equitable access to healthcare, combating stigma, adopting multidisciplinary approaches, and creating targeted strategies to support ageing populations with HIV. With an increasing number of People living longer with HIV due to advancements in ART, the challenges of ageing, such as multimorbidities, mental health and social isolation, amongst many others require urgent and specific attention.

## Project objectives

The objective of the Project is to build a transnational understanding of the unmet needs of people ageing with HIV and ways to address them, as well as building consensus on actions to be taken by healthcare systems, providers, and policy makers. This has been achieved by reviewing existing policies and programmes compared to the recommendations contained in the Glasgow manifesto. It has done so by documenting good practices and innovative interventions and gaps in knowledge that would require further research. This Project strives to enhance the inclusion of older and ageing people living with HIV in policy discussions.

## Methodology

The methodology adopted to map currently policies against the Glasgow Manifesto is content analysis of relevant policy documents as identified by local i.e., national partners.

Each Country chosen had been allocated a Country research lead, selected via an open call amongst EATG members. All Country leads were supervised and coordinated by a Project Research Lead.

## One Approach Does Not Fit All

Despite the shared goals of the Glasgow Manifesto, the seven Countries exhibit significant differences in their policies and action plans. Factors such as healthcare infrastructure, economic conditions, regional disparities, and cultural norms heavily influence the extent to which the Manifesto's principles are integrated into national policies and practices.

While countries like France, Italy, Portugal and Spain demonstrate relatively advanced frameworks that incorporate elements of multidisciplinary care and social inclusion, others, such as Turkey and Georgia, face substantial obstacles due to limited resources, outdated legislative frameworks, and deeply entrenched stigma. Romania rests in the middle of the spectrum, showing promising progress but still lacking the targeted focus and consistent implementation needed to fully address the needs of individuals ageing with HIV.

# Comparative Analysis

The implementation of the Glasgow Manifesto across the seven analysed countries— Italy, Portugal, Spain, France, Romania, Turkey, and Georgia—reveals significant variability in alignment with its principles, reflecting differences in healthcare systems, resources, and cultural attitudes. This comparative analysis identifies commonalities, divergences, and key trends, providing insights into areas of progress and persistent challenges.

## Commonalities

### 1. Universal Access to Antiretroviral Therapy

All Countries provide universal access to ART, aligning with one of the core principles of the Glasgow Manifesto. Access to treatment is ensured through national healthcare systems or, in the case of Georgia and Turkey, heavily supported by international donors. While access is generally widespread, challenges such as regional disparities (Romania, Georgia) and logistical issues (Turkey, Georgia) undermine its uniformity.

### 2. Recognition of Stigma as a Barrier to Access Treatment

Stigma is a pervasive issue across all countries, manifesting in healthcare settings, workplaces, and broader societal attitudes. Despite legislative protections in France, Italy, Portugal and Spain, stigma continues to discourage people living with HIV, particularly older individuals, from seeking care. Countries like Georgia and Turkey face even more entrenched cultural stigmas, exacerbating barriers to access healthcare.

### 3. Limited Policies on Ageing with HIV

None of the countries have fully developed national policies addressing the specific needs of people ageing with HIV. While Spain has taken a step forward with its Documento de Consenso sobre el Envejecimiento, implementation remains inconsistent. France and Italy incorporate ageing into broader healthcare strategies, but targeted initiatives are largely absent.

### 4. NGOs Involvement

Across the board, NGOs play a critical role in filling gaps in care, particularly in advocacy, psychosocial support, peer support and combating stigma. Their contributions are particularly evident in Georgia and Turkey, where systemic and resource constraints limit government-led efforts.

## Divergences

### 1. Multidisciplinary Care Models

- a. **Advanced Systems:** France, Spain, Portugal and Italy demonstrate relatively advanced multidisciplinary care models which see integration of services, particularly in urban centres. However, these systems often lack nationwide uniformity.
- b. **Emerging Efforts:** Romania's RNHS 2022–2030 prioritises multidisciplinary care but struggles with implementation due to regional disparities and funding constraints.
- c. **Underdeveloped Systems:** Turkey and Georgia lack formal multidisciplinary frameworks, with care primarily provided by infectious disease specialists.



## 2. Focus on Ageing with HIV

- a. **Progressive Approaches:** Spain's targeted policy on ageing with HIV sets it apart, although its practical application remains limited.
- b. **Indirect Integration:** France, Portugal and Italy address people ageing with HIV through broader health strategies, but these efforts lack the specificity required to tackle unique challenges such as frailty and social isolation, for example.
- c. **Neglect:** Romania, Turkey, and Georgia show minimal recognition of ageing with HIV as a distinct issue, with no formal policies or programs in place.

## 3. Healthcare Infrastructure and Regional Disparities

- a. **Well-Developed Systems:** France, Spain, and Italy have robust healthcare infrastructures, though regional disparities persist. Urban centres generally offer superior services compared to rural areas.
- b. **Fragmented Access:** Romania and Portugal face significant regional disparities in service availability, limiting care for people living with HIV in rural or underserved regions.
- c. **Centralised Services:** Turkey and Georgia concentrate HIV care in major cities, leaving rural areas with minimal access to specialised services.

## 4. Dependency on Donor Funding

- a. **Self-Sustained Systems:** Western European countries (France, Italy, Spain, Portugal) primarily rely on domestic resources to fund HIV care.
- b. **Donor Dependency:** Georgia and Turkey depend heavily on international donors, such as the Global Fund, to sustain their HIV programs, raising concerns about long-term sustainability.

## Key Issues

### 1. Equity in Access to ART vs. Regional Disparities

While all countries ensure ART access, regional disparities limit the equitable distribution of services. Countries like France, Italy, Portugal and Spain have stronger mechanisms to address these gaps, while Romania, Georgia, and Turkey struggle to ensure uniform access.

### 2. Evolving Multidisciplinary Care

Multidisciplinary care is recognised as essential but varies widely in implementation. France and Italy lead in integrating such models, whereas countries like Turkey and Georgia remain reliant on disease-specific approaches without broader coordination.

### 3. Insufficient Focus on Ageing

Across all Countries, ageing with HIV remains an under-addressed issue. While some progress is evident, especially in Spain, the lack of systematic attention to frailty, mental health, and social isolation reflects a significant gap in policy and practice.

### 4. Role of NGOs as Key Players

NGOs are vital in all countries, providing services that complement government efforts. Their role is particularly pronounced in donor-dependent contexts like Georgia and Turkey, where they fill critical gaps in care and advocacy.

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Learn more  
about the project



Learn more  
about the  
Glasgow Manifesto





The European AIDS Treatment Group (EATG) is a patient-led NGO that advocates for the rights and interests of people living with or affected by HIV/ AIDS and related co-infections within the WHO Europe region. Founded in 1992, the EATG is a network of more than 150 members from 45 countries in Europe.

Our members are people living with HIV and representatives of different communities affected by HIV/AIDS and co-infections. EATG represents the diversity of more than 2.3 million people living with HIV in Europe as well as those affected by HIV/AIDS and co-infections.



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