

The analysis of the 59 interviews with gay men living with HIV in England and Italy, combined with the analysis of the interviews with 12 stakeholders (service providers, NGOs representatives, medical and nurse practitioners), highlighted several policy-related challenges faced by gay migrants living with HIV in the two countries, notably:

- There is a general consensus among the interviewees about the lack of adequate funding to promote educational campaigns around U=U (Undetectable equals Untransmittable, i.e. people with HIV on therapies and who have an undetectable viral load cannot transmit the virus). Participants agree that the main barrier to tackle HIV-related stigma is cultural and social. Homophobic and stigmatizing discourse from the 1980s and 1990s appears to have left a profound cultural and social legacy (emerging also in the narratives of some gay men living with HIV interviewed);
- Austerity appears to have had a very negative impact on sexual health services, i.e. services and staff have been reduced while the demand for services has increased. This has led to longer waiting times to get tests or check-ups, provoking frustration and lack of trust among patients, as well as a feeling of being unable to provide an adequate service among practitioners;
- Ageing with HIV represents 'uncharted territory' for practitioners, service providers and people living with the virus. Because this is the first generation of people growing old with the virus, little is known about the impact of the process on daily life;
- The reduction of welfare benefits in the name of austerity has impacted negatively on people's well-being and mental health, provoking stress, fear, anxiety, depression and lack of hope towards the future;
- The cuts to funding to healthcare has favored the emergence of a 'cost-saving approach' across healthcare trusts and organizations in both countries. NGOs representatives and men living with HIV lament a worrying return to the use of older (and cheaper) generations of HIV-drugs that have more side effects on patients. On the same time, they lament the cuts to routine check-up tests;
- Language barriers in accessing healthcare for those who are not fluent in the language of the country of arrival: several participants discussed the sense of frustration they get when trying to book an appointment with their GP (in the English case) or ask for detailed information to doctors (in the Italian case). Frustration and the feeling of not being treated as other patients can lead to a decreased access to healthcare;
- Benefits for asylum seekers are not adequate to guarantee a decent living. Moreover, the length of the process towards the legal status for asylum seekers provokes anxiety and uncertainty, impacting on the well-being of vulnerable subjects;
- Participants living with HIV who use recreational drugs to enhance sexual pleasure lament the persistence of a moralizing attitude from the part of medical practitioners and a stigmatizing and policing discourse from the part of policymakers and mainstream media. This makes them feel less prone to seek for help or support.

In line with these findings, the following policy measures are recommended:

- Institutions (at different levels) need to invest more financial resources for educational campaigns around HIV, starting from high schools. Sex education appears inadequate in both countries so it needs to be implemented in school curricula;
- Public spending on healthcare, including sexual health, needs to be increased at least to the pre-2008 levels in order to decrease waiting time for screenings and tests, as well as to avoid healthcare practitioners being overburdened;
- National governments and institutions should fund more research on aging with HIV, looking not only at the medical side of the process, but also its everyday social implications. Local institutions and service providers should invest more in researching and implementing new living solutions for aging people with HIV;
- Welfare benefits should be restored to the pre-austerity settings in order to make sure people living with HIV with further disabilities or are in a vulnerable position don't have to perceive their future as precarious;
- Policy makers should reject 'cost-saving approaches' to therapies and tests for people living with a chronic condition such as HIV, which might provoke unexpected medical conditions and for which patients need to take drugs all their lives;
- Staff working at medical practices, and more generally in the healthcare sector, should be better trained to deal with people who are not native speakers. On the same time, more funding is needed to provide translation service for people accessing healthcare;
- The length of the legal process around asylum should be reduced, possibly fixing limits to its length. Moreover, benefits for asylum seekers should be increased at least to the level of regular welfare benefits (e.g. universal credit in England; reddito di cittadinanza in Italy) in order to guarantee a decent living;
- Policies should prioritize harm reduction rather than policing towards recreational drug users in order to make sure they seek the help and support they need.