

HIVOutcomes

BEYOND VIRAL SUPPRESSION EVENT REPORT



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IMPROVING OUTCOMES AND HEALTH SYSTEM INNOVATION FOR PEOPLE LIVING WITH HIV

INAUGURAL MEETING OF 'HIV OUTCOMES: BEYOND VIRAL SUPPRESSION',
BRUSSELS, 7 DECEMBER 2016

On 7 December, policy-makers and stakeholders from across Europe assembled in Brussels for the launch of a new initiative. 'HIV Outcomes: Beyond Viral Suppression' aims to ensure that health systems respond better to the multi-faceted challenges faced by people living with HIV (PLHIV) so that they can live long, active and healthy lives.



Improving outcomes can lead to health system efficiencies and economic benefits – e.g. by reducing future demand for health services, and enabling PLHIV to make a greater economic contribution – thereby also contributing to social cohesion.

Success in tackling HIV as a public health problem is increasingly being evaluated against countries' progress towards the global (UNAIDS/WHO) targets for diagnosis, treatment and viral suppression (the 90-90-90 targets) – where considerable efforts continue to be required. At the same time PLHIV (including those who are virally suppressed) face

numerous other health and social challenges – many of which receive too little attention in current HIV policy frameworks.

The challenges include life-long, consistent access to patient-centred care (including chronic care and psychosocial support), the prevention and management of an array of other physical and mental health conditions (co-morbidities), as well as obstacles to social inclusion resulting from stigma and discrimination. Effective action to overcome these challenges will both improve outcomes for PLHIV, and speed progress towards the 90-90-90 targets¹.

CROSS-PARTY POLITICAL ENDORSEMENT

The meeting attracted cross-party support: MEPs **Eva Kaili** (Greece, Socialists and Democrats) and **Christofer Fjellner** (Sweden, European People's Party) were the co-hosts. MEP Kaili emphasised that there was much still to do to improve the response to HIV/AIDS in Europe, and politicians must continue to cast a political spotlight on the issue.

John Bowis, the former UK Health Minister and MEP, whose involvement in HIV policy stretches back many years, highlighted a number of current and forthcoming opportunities to make the case for improved outcomes for PLHIV. In particular:

- The expiry of the EU Action Plan on HIV at the end of 2016 – which should be replaced by a new policy framework that encompasses related communicable diseases, in particular, viral hepatitis and TB;
- In January 2017, the Maltese Presidency of the EU and the European Centre for Disease Prevention and Control (ECDC) will hold a technical conference on HIV. The aim is to produce a technical declaration on HIV to inform discussions at the level of EU health ministers in March 2017;
- The commitment of Member States and the European Commission (recently re-stated in a European

¹ Specifically, the target is for 90% of PLHIV to be diagnosed, 90% of those diagnosed to be on treatment, and 90% of those on treatment to be virally suppressed.

Commission Communication) to implement the Sustainable Development Goals, which include ending the AIDS epidemic by 2030.

Ricardo Baptista Leite, Member of the Portuguese Parliament and Head of Public Health at the Catholic University of Portugal, stressed the need for a more patient-centred model of care in HIV, which delivers value for patients and health systems by improving the outcomes that matter to PLHIV.

Baptista Leite announced that, with the support of UNAIDS, he would lead the development of an inter-parliamentary network to facilitate cooperation between MPs and MEPs, so that HIV, hepatitis and TB remain on the political agenda.

THE HIV OUTCOMES INITIATIVE

The HIV Outcomes initiative arose out of a shared recognition among leading HIV experts that the varied and complex challenges confronting PLHIV require a more robust and integrated response – in particular by health and social care systems.

The co-chairs of the HIV Outcomes Steering Group are:

- **Nikos Dedes**, Founder of Positive Voice (the Greek Association of PLHIV) and Board member of the European AIDS Treatment Group (EATG)
- **Professor Jane Anderson** of Homerton University Hospital NHS Foundation Trust (London)
- **Professor Jeffrey Lazarus** of the Barcelona Institute for Global Health (ISGlobal), Hospital Clínic, and Rigshospitalet, the University of Copenhagen.

Further international engagement from interested organisations will be sought in early 2017. The initiative is enabled by co-sponsorship from Gilead Sciences and ViiV Healthcare.

On behalf of the initiative, Nikos Dedes launched a Call to Action on improving outcomes and health system innovation for PLHIV. It recommends improved monitoring of health and social outcomes among PLHIV, including alignment on international policy indicators for this purpose, and the adoption at EU level of a new integrated policy framework on HIV, viral hepatitis and TB.

PATIENT AND CLINICIANS CALL FOR MORE PATIENT-CENTRED CARE



The first session of the meeting brought together patient representatives and clinicians to discuss the challenges faced by PLHIV in their interactions with the health system. **Jackie Morton**, Chair of the European AIDS Treatment Group, **Professor Jane Anderson**, and **Professor Stéphane de Wit** of the European AIDS Clinical Society, all focused on the need for more patient-centred and integrated services that focus on the needs of the patient, rather than just treating the disease.

- **Morton** stressed that as people with HIV grow older and develop other conditions, seamless integration of complex, long-term care will be essential.
- **Anderson** agreed: healthcare systems are not designed with the long-term health of PLHIV in mind. For those on effective treatment, HIV has now changed from a terminal illness into a long-term manageable condition. While people with HIV are living longer lives, their quality of life is often below that of the general population.
- **De Wit** said that doctors should go to where the patients are, rather than patients having to find their way to different specialists to treat co-existing conditions.
- Responding to the discussion, **Bertrand Audoin** of the International Association of Providers of AIDS Care said that this was precisely the message being given to local leaders in the context of the Fast Track Cities Initiative. Led by mayors and city governments from more than 50 cities with a high HIV burden Fast Track Cities aims to achieve the 90-90-90 targets plus zero discrimination and stigma by 2020.



POLICY MAKERS HIGHLIGHT NATIONAL, EUROPEAN AND GLOBAL CHALLENGES

Leen Meulenbergs, WHO Representative to the European Union, **Sylvain Giraud**, European Commission Head of Unit for the Performance of National Health Systems, and **Anna-Liisa Pääsukene**, an Adviser in the Estonian Ministry of Social Affairs (Estonia will hold the Presidency of the EU in the second half of 2017), all addressed the meeting and outlined relevant policy initiatives developed and pursued by their respective institutions.

Meulenbergs presented the WHO's Global Health Sector Strategy on HIV 2016-2021, which is of particular relevance and importance to Eastern Europe (where the rate of new HIV infections continues to increase). While the WHO strategy highlights the need for access to chronic care for PLHIV (as the final stage in the continuum of care), it receives comparatively little attention. Filling that gap is one of the goals of the HIV Outcomes initiative.

Pääsukene explained that her government is taking steps to address the high rate of new HIV diagnoses in Estonia (the highest in the EU/EEA in 2015), including by developing indicators to assess the performance of services provided to PLHIV.

Giraud took a wider health systems perspective, and presented the European Commission's agenda on effective, accessible and resilient health systems. Many of the themes highlighted by Giraud are very relevant to the HIV Outcomes initiative – in particular, the challenges posed by ageing populations and the sustainability of health systems.

For example, improved prevention and management of co-morbidities (especially those which PLHIV are at high risk of developing) could enable cost-savings in the medium and long-term, thereby contributing to the financial sustainability of health systems.

ASSESSING PERFORMANCE IN IMPROVING HIV OUTCOMES

Professor Jeffrey Lazarus is leading a study group² of HIV and health system experts to first investigate, and then develop a framework for assessing country performance in relation to HIV services and outcomes 'beyond viral

suppression'. The performance assessment framework will include three 'domains': (i) access to appropriate health services; (ii) health outcomes; and (iii) social well-being.

Based on the initial, investigative phase of the research, Lazarus presented an interim research report – the key findings of which included:

- There is limited evidence on access to: (i) ongoing HIV treatment-related services; (ii) services for co-morbidity prevention, diagnosis, treatment and management; and (iii) psychosocial services. This points to a need for improved monitoring of these issues.
- PLHIV have a high burden of comorbidities, including mental health disorders, but there is a need for clarity regarding which indicators should be used to routinely track outcomes at the population level.
- Stigma and discrimination, both prevalent in Europe, are correlated with negative health and psychosocial outcomes.

Lazarus invited stakeholders to consider how the European (ECDC) monitoring for HIV might be expanded to better reflect the new HIV treatment era. Relating his presentation to the earlier contribution by Sylvain Giraud, Lazarus proposed that HIV could become a best practice pilot on how to address the interrelated challenges of population ageing, a rising burden of co-morbidities, and health system sustainability.

Lazarus explained that the study group will draw on the research findings to develop a performance assessment framework – to be piloted in three European countries. The results will be presented, together with policy recommendations, in the second half of 2017.

IMPROVING HIV OUTCOMES: NEXT STEPS

During the roundtable discussion, many of the participants expressed their support for the initiative, as well as their willingness to be involved in it going forward. The steering group co-chairs invited all stakeholders to join a follow-up meeting in May 2017 (details of which will be available shortly), when recommendations will be made on the policy indicators needed to monitor country performance in relation to key HIV outcomes.

Participants were also reminded of the opportunities to make progress at a political and policy level: the technical declaration on HIV during the Maltese EU Presidency; the expiry of the EU's HIV Action Plan; and the EU's commitment to deliver on the Sustainable Development Goals.

² In addition to Professor Jeffrey Lazarus (ISGlobal, University of Barcelona), study group participants include: Dr Julia del Amo (National Centre for Epidemiology, Spain), Professor Jane Anderson (Homerton University Hospital NHS Foundation Trust), Celine Aubin (ViiV Healthcare), Yusef Azad (UK National AIDS Trust), Dr Natasha Azzopardi Muscat (European Public Health Association and the University of Malta), Dr Udi Davidovich (Amsterdam Public Health Service), Nikos Dedes (European AIDS Treatment Group), Dr Josep Maria Gatell (University of Barcelona), Meaghan Kall (Public Health England), Konstantinos Lykopoulos (ViiV Healthcare), Dr Annick Manuel (Gilead Sciences), Dr Ellen Nolte (London School of Hygiene and Tropical Medicine), Teymur Noori (European Centre for Disease Prevention and Control), Professor Kholoud Porter (University College London).

CALL TO ACTION

The HIV Outcomes Call to Action, presented by Nikos Dedes, includes three principal recommendations:

1. **Update the European monitoring framework for HIV** (based on the 2004 Dublin Declaration on Partnership to Fight HIV/AIDS) in order to track the long-term health and social inclusion of PLHIV. The Dublin Declaration was signed during the Irish EU Presidency in 2004 (with UN engagement) by government and state representatives of European and Central Asian countries. Signatories' committed to actions relating to HIV prevention, treatment and care. Progress on these commitments is monitored by the ECDC.
2. Agree on **policy indicators to monitor and assess country performance** in improving health and social outcomes for PLHIV.
3. Adopt an **integrated EU Policy Framework on HIV/AIDS, viral hepatitis and TB**

The EU has had action plans on HIV since 2009, with the original plan developed to complement the Commission's 2009 Communication on combating HIV and AIDS in the EU and neighbouring countries. With the second action plan ending in 2016, an updated policy framework is urgently needed.

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