

HIVOutcomes

BEYOND VIRAL SUPPRESSION  EVENT REPORT

**NEW POLITICAL PRIORITIES FOR HIV: LONG-TERM HEALTH,
COMORBIDITIES AND HEALTH SYSTEM SUSTAINABILITY**

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NEW POLITICAL PRIORITIES FOR HIV: LONG-TERM HEALTH, COMORBIDITIES AND HEALTH SYSTEM SUSTAINABILITY

INTRODUCTION

On 1 June, policy-makers and stakeholders from the HIV and wider health policy community (patients, clinicians, academics and industry) met in Brussels for the second meeting of the “HIV Outcomes: Beyond viral suppression” multi-stakeholder initiative. The meeting focused on the need to:

- improve long-term health outcomes among people living with HIV (PLHIV)
- develop a patient-centred, sustainable model of chronic care for HIV
- improve health system monitoring – in particular with respect to ongoing access to services for, and long-term health outcomes among, PLHIV

WHO and EU policy actions in relation to HIV were also presented and discussed – including the possibility of new or updated policy frameworks that would address HIV, hepatitis and tuberculosis within an integrated approach.

The presentations and discussion from the meeting will now feed into the development of multi-stakeholder policy recommendations, which will be launched – together with the initiative’s proposals on new indicators – at a high-level meeting in the European Parliament in November 2017.

Through these recommendations, the HIV Outcomes initiative aims not only to pioneer new thinking about the required response to the challenges posed by HIV as a long-term chronic disease, but also to provide thought leadership within the wider health community by outlining innovative approaches to chronic disease and comorbidities in an era of ageing populations.

LONG-TERM HEALTH, COMORBIDITIES AND THE NEED FOR INTEGRATED CARE

In his keynote address, WHO consultant **Andy Seale** noted that more people than ever before are living with HIV, they are living longer, and their comorbidity burden increases as they age. Drawing upon the WHO Global Health Sector Strategy on HIV (2016-2021), Seale highlighted the need to improve service design for chronic HIV care, and in particular to strengthen linkages between traditionally siloed services such as physical health and mental health.

Professor Antonella D’Arminio Monforte presented evidence from Italy showing that in 2015, 10% of patients on HIV therapy were suffering from more than three comorbidities; the most common were cardiovascular disease, diabetes and chronic kidney disease. This figure is expected to increase to 46% by 2035. In addition, non-AIDS cancer is the leading cause of non-AIDS mortality amongst HIV patients and there is no evidence to suggest this will change anytime soon.

Professor Georg Behrens, Hannover Medical School, voiced concern that a successful management system of long-term care has yet to be developed, which takes into account factors such as cost and the best models to use. Despite HIV being a best practice in how to diagnose and treat a disease, policy-makers and healthcare providers now have to lead the way in tackling issues linked to ageing and comorbidities.



Georg Behrens and Andy Seale



Antonella D’Arminio Monforte

Mario Cascio, European AIDS Treatment Group (EATG) Member and Steering Committee member of “Ageing with HIV”, gave a personal account of what it means to age with HIV. Addressing the theme of patient-centred care, Cascio noted that the greatest discrimination he has faced is within the context of the health system. For example, he was advised not to have children due to the fact that they may soon be orphaned. Cascio’s son is now an adult, and he considers being a father to be one of the most important experiences of his life.



Mario Cascio

During the discussion, and in response to the argument that a more integrated model of care is needed for HIV, **Yusef Azad**, Director of Strategy at the UK’s National AIDS Trust, called for the definitions and analysis of integrated care to be more specific. He noted that it may be more useful to identify failures that could directly be attributed to a lack of integration. For example, in relation to the failure to diagnose comorbidities – was this due to a lack of integration? He also asked whether there may be models of care for other diseases that could also provide a source of inspiration for HIV.

THE NEED FOR BETTER MONITORING OF LONG-TERM HEALTH OUTCOMES

HIV Outcomes Steering Group Co-Chair and Study Group Lead, **Jeffrey Lazarus**, of the Barcelona Institute for Global Health Institute (ISGlobal), gave an update on his draft report: “Measuring access to services and health outcomes among PLHIV in the ‘beyond viral suppression’ era”.



To illustrate the gaps in current monitoring and knowledge, Lazarus began by asking how many participants would be able to answer the following questions:

- What are the leading causes of death among PLHIV in your country?
- What about the leading causes of hospital mortality?
- Are PLHIV in your country receiving the services they need for prevention and treatment of comorbidities?

Lazarus then outlined three levels of health system performance monitoring in relation to HIV, together with some suggested indicators for each level. The three levels are:

1. Comparative indicators to determine what health systems are currently monitoring;
2. Comparative measures of access to services and health outcomes;
3. Additional indicators for assessing access to services and health outcomes.

In response, **Teymur Noori** of the European Centre for Disease Prevention and Control (ECDC) congratulated Lazarus on the work to date. He noted that ECDC is due to review the “Dublin Declaration on Partnership to Fight HIV/AIDS” monitoring provisions later in the year, and that the draft indicators presented by Lazarus could be considered in that process.

Jane Anderson from Homerton University Hospital and Steering Group Co-Chair explained that the indicators would contribute to more informed policy, which in turn could support long-term health outcomes and quality of life of PLHIV in Europe.

EU ACTION ON HIV



John Ryan

John Ryan, Director for Public Health in the Directorate-General for Health and Food Safety in the European Commission, presented the work of the Commission in relation to HIV, both in the past and going forward. He emphasised that the European Commission is committed to supporting Member States in reaching the Sustainable Development Goals (SDGs) target of ending HIV/AIDS by 2030, as well as the need for an integrated approach to HIV, hepatitis and

TB. In this context, Ryan highlighted the importance of the “Dublin Declaration on Partnership to Fight HIV/AIDS”, and indicated that the Commission would be willing to consider proposing a renewal of the Dublin Declaration commitments, as well as an extension of its scope to include hepatitis and TB.

Representatives from the Dutch, Estonian and Maltese governments also addressed the meeting and presented current developments and policy initiatives on HIV at the national and EU level:



- **Charmaine Gauci**, Superintendent for Public Health at the Maltese Ministry for Health (holding the Presidency of the EU in the first half of 2017) presented the “Malta Declaration on HIV”, which Health Ministers acknowledged at a meeting on 16 June. This Declaration calls for Member States to ensure a comprehensive public health approach to targeting HIV, and invites the European Commission to expand its activities on HIV/AIDS, TB and viral hepatitis.
- **Anna-Liisa Paasukene**, an advisor in the Estonian Ministry of Social Affairs, (holding the Presidency of the EU in the second half of 2017) presented Estonia’s new HIV Action Plan and spoke of the need for Ministries of Health and Finance to work together to deliver sustainable responses to HIV.
- **Maaïke van den Biggelaar**, Senior Policy Officer in the Dutch Ministry of Health, indicated that the Dutch Government would support a new EU Action Plan on HIV (following the expiry of the previous plan at the end of 2016), and drew attention to the International AIDS Society Conference which will take place in Amsterdam in July 2018.



Portuguese MP **Ricardo Baptista Leite** presented his new inter-parliamentarian network to end HIV/AIDS, viral hepatitis and TB, known as UNITE. Funded by UNAIDS, UNITE aims to facilitate cooperation between national MPs and Members of the European Parliament to keep HIV/AIDS, viral hepatitis and TB on the political agenda. Leite underlined the importance of reaching decision makers at national level. This will be essential if reforms and policies proposed by initiatives such as HIV Outcomes are to be implemented.

Ricardo Baptista Leite



HIV OUTCOMES – NEXT STEPS

During the meeting, many participants expressed their interest in becoming more involved in the initiative. Steering Group Co-Chair **Nikos Dedes** encouraged them to reach out to their local parliamentarians and Health Ministers to ensure that the important issues of health and social inclusion of PLHIV receive sufficient attention.

The HIV Outcomes initiative is now embarking on a process of developing policy recommendations addressing the challenges related to long-term health and chronic care for PLHIV. Participants wishing to contribute to this process should contact the secretariat: hivoutcomes.secretariat@gmail.com. Dedes also invited all stakeholders to join an event in the European Parliament in November 2017 at which the recommendations will be presented, together with Jeffrey Lazarus' final report on monitoring access to services and health outcomes.



Steering Group Co-Chairs

John Bowis, former UK Health Minister and MEP, and a President of the HIV Outcomes initiative reminded participants that by focusing on a single yet complex condition, HIV Outcomes could act as a pilot for the wider health system, identifying new and effective ways of dealing with ageing and comorbidities, with a view to improving patient outcomes and contributing to more sustainable health care systems.

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