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BEYOND VIRAL SUPPRESSION

Measuring access to services and health outcomes among PLHIV in the 'beyond viral suppression' era

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How many of you can answer these questions…

1. What are the leading causes of death among PLHIV in your country?
2. What about the leading causes of hospital admission?
3. Are PLHIV in your country receiving the services they need for prevention and treatment of comorbidities?

Beyond Viral Suppression: Our research plan

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The Beyond Viral Suppression initiative: improving outcomes for people living with HIV and fostering innovative health system approaches to long-term HIV care in Europe

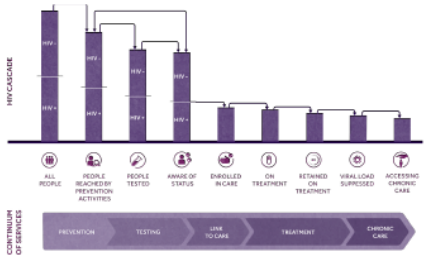
Introduction

Despite the widespread availability of highly effective HIV treatment in most European countries, people living with HIV (PLHIV) continue to face major health-related challenges. European health systems are not sufficiently addressing the full array of medical or psychosocial needs of PLHIV, including virally suppressed PLHIV, resulting in negative consequences for these individuals, for the health systems and for society as a whole.

The core issue is that the widely accepted paradigm for thinking about the purpose of HIV treatment no longer fits the current reality of living with HIV. The influential Global Health Sector Strategy on HIV, developed by the World Health Organization (WHO), emphasises the "90-90-90" targets, the third of which is to "ensure that 90% of people living with HIV, and who are on treatment, achieve viral load suppression".[1] While it is certainly an important clinical milestone, many people have come to view it as the endpoint of HIV efforts. Public health goals beyond this – goals related to helping HIV-infected individuals live well with their disease – have not been clearly articulated.

The Global Health Sector Strategy does acknowledge that challenges may remain for PLHIV after they achieve viral load suppression, yet these challenges are not reflected in key strategic targets. The "HIV Continuum of Services" description in the strategy indicates that virally suppressed PLHIV should be "accessing chronic care", a notable departure from how the HIV continuum of care has long been depicted, with the achievement of viral suppression as the endpoint (Figure 1). However, what is still missing – from both the Global Health Sector Strategy and from the HIV policy discourse more generally – is an evidence-based public health vision for what the new endpoint beyond viral suppression should encompass.

Figure 1. **The HIV continuum of services, as depicted in the Global Health Sector Strategy on HIV**



Source: WHO 2016, http://www.who.int/hiv/strategy2016-2021/ghss-hiv/en.

[1] World Health Organization. Global Health Sector Strategy on HIV, 2016–2021. 2016. http://apps.who.int/iris/bitstream/10665/246178/1/WHO-HIV-2016.05-eng.pdf?ua=1.

Our Question: How are health systems performing in relation to the changing clinical and psychosocial realities facing people with HIV in Europe as we go 'beyond viral suppression'?

Beyond Viral Suppression: Our research plan

Our Research Actions

- **Assess** existing evidence on health system performance in relation to PLHIV for:
  - Access to services
  - Health outcomes
- **Develop and pilot** in-country performance assessments using existing and new indicators
- **Report** on research findings and make policy **recommendations**

Health outcomes for people living with HIV

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There is insufficient attention being paid to long-term health outcomes and quality of life

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OPINION Open Access

Beyond viral suppression of HIV – the new quality of life frontier

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Abstract

Background: In 2016, the World Health Organization (WHO) adopted a new Global Health Sector Strategy on HIV for 2016–2021. It establishes 15 ambitious targets, including the '90-90-90' target calling on health systems to reduce under-diagnosis of HIV, treat a greater number of those diagnosed, and ensure that those being treated achieve viral suppression.

Discussion: The WHO strategy calls for person-centered chronic care for people living with HIV (PLHIV), implicitly acknowledging that viral suppression is not the ultimate goal of treatment. However, it stops short of providing an explicit target for health-related quality of life. It thus fails to take into account the needs of PLHIV who have achieved viral suppression but still must contend with other intense challenges such as serious non-communicable diseases, depression, anxiety, financial stress, and experiences of or apprehension about HIV-related discrimination. We propose adding a 'fourth 90' to the testing and treatment target: ensure that 90 % of people with viral load suppression have good health-related quality of life. The new target would expand the continuum-of-services paradigm beyond the existing endpoint of viral suppression. Good health-related quality of life for PLHIV entails attention to two domains: comorbidities and self-perceived quality of life.

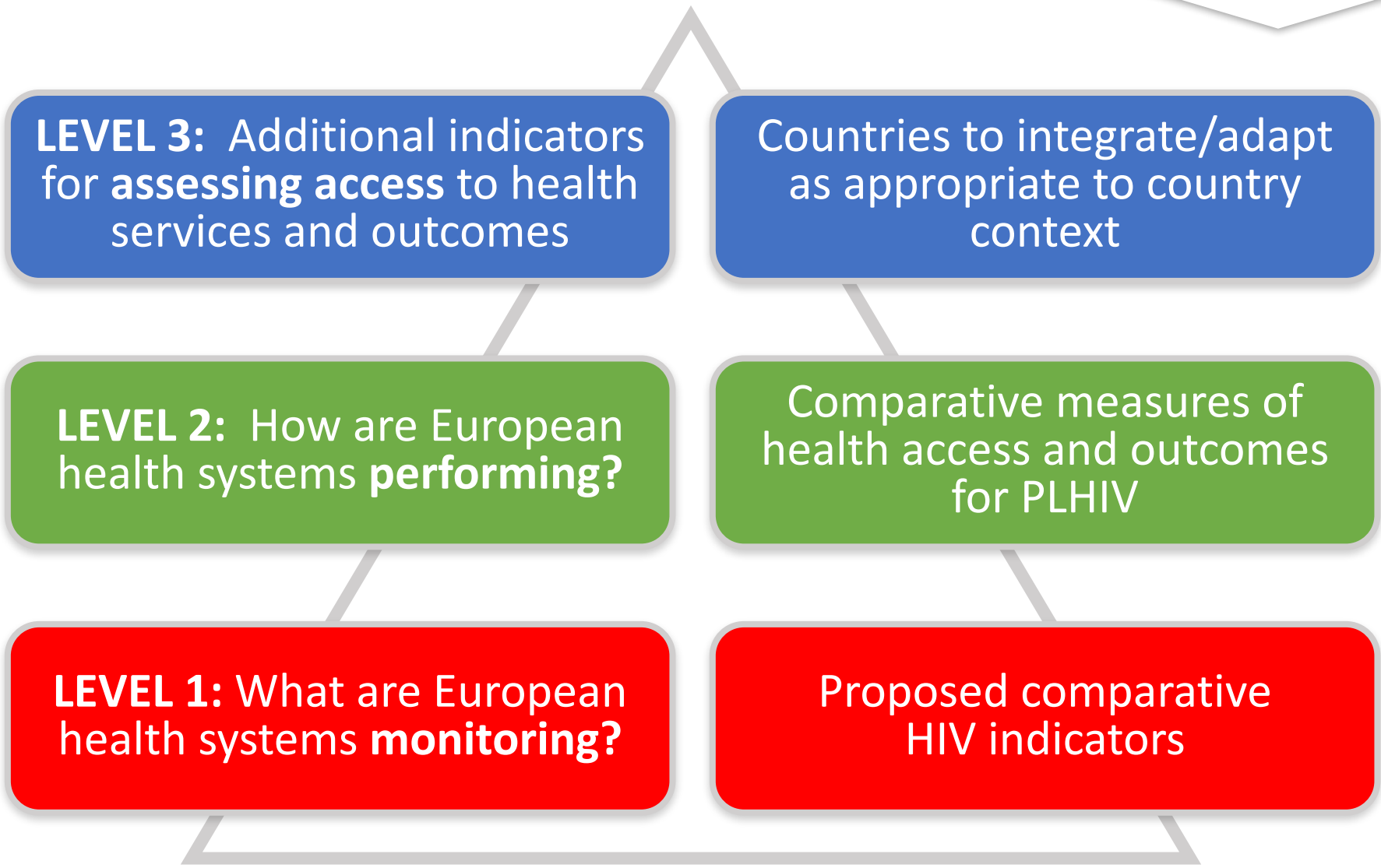
Conclusions: Health systems everywhere need to become more integrated and more people-centered to successfully meet the needs of virally suppressed PLHIV. By doing so, these systems can better meet the needs of all of their constituents – regardless of HIV status – in an era when many populations worldwide are living much longer with multiple comorbidities.

Keywords: AIDS, HIV, Health policy, Health systems

What is our focus?

1. HIV clinical management
2. Comorbidities
3. Psychosocial services
4. Stigma and discrimination within health systems
5. Health-related quality of life

Three Levels of Health System Performance Monitoring



Level 1 indicators

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What are European health systems monitoring? Proposed comparative HIV indicators

Focal area		Indicator Does national HIV monitoring include one or more indicators addressing (yes/no) –
1.1	HIV clinical management	▪ 60-month retention on HIV treatment? ▪ HIV treatment shortages? ▪ Treatment adherence-related issues? ▪ Frequency of viral load monitoring?
1.2	Comorbidities	▪ … whether PLHIV are offered screening, are screened, or are treated for specific comorbidities? ▪ … leading causes of hospital admission and/or death among PLHIV?
1.3	Psychosocial services	… whether PLHIV have an unmet need for psychosocial services?
1.4	Stigma and discrimination within health systems	… stigma and discrimination in health care settings?
1.5	Health-related quality of life	… the health-related quality of life of PLHIV?

What are European health systems monitoring? Proposed comparative HIV indicators

Example

Comorbidities. Does national HIV monitoring include one or more indicators addressing whether PLHIV are offered screening, are screened, or are treated for the following comorbidities?

- ❑ Tuberculosis
- ❑ Hepatitis B virus
- ❑ Hepatitis C virus
- ❑ Sexually transmitted infections (e.g., chlamydia, gonorrhea, syphilis)
- ❑ Cancer
- ❑ Cardiovascular disease
- ❑ Renal disease
- ❑ Liver diseases other than chronic viral hepatitis
- ❑ Bone loss
- ❑ Neurocognitive disorders
- ❑ Mental health disorders
- ❑ Alcohol dependence
- ❑ Drug dependence

What are European health systems monitoring? Proposed comparative HIV indicators

Example

Health-related quality of life. Does national HIV monitoring include one or more indicators addressing the health-related quality of life of PLHIV?

If yes –

- Which tool or index is used to measure quality of life?
- Does monitoring compare the quality of life of PLHIV to the quality of life of the general population?
- When were quality-of-life monitoring data last collected? (Year)

Level 2 indicators

How are European health systems performing? Comparative measures of PLHIV health access and outcomes

Focal area		Indicator
2.1	**HIV clinical management**	▪ 60-month retention on HIV treatment ▪ HIV treatment shortages ▪ Treatment adherence support ▪ Frequency of viral load monitoring
2.2	**Comorbidities**	▪ Leading causes of hospital admission among PLHIV ▪ Leading causes of death among PLHIV
2.3	**Psychosocial services**	Unmet levels of need among PLHIV for key psychosocial services
2.4	**Stigma and discrimination within health systems**	Discrimination in health care settings
2.5	**Health-related quality of life**	*None*

How are European health systems performing? Comparative measures of PLHIV health access and outcomes

Example

HIV clinical management. Percentage of virally suppressed patients on ART with a viral load result documented in the medical record and/or laboratory information systems within the past 12 months.*

* Based on the following indicator from the *PEPFAR MER 2.0 Indicator Reference Guide:* "Percentage of ART patients with a viral load result documented in the medical record and/or laboratory information systems within the past 12 months with a suppressed viral load (<1000 copies/ml)."

How are European health systems performing? Comparative measures of PLHIV health access and outcomes

Example

Comorbidities. Report the five leading causes of hospital admission in the last calendar year among people diagnosed with HIV. For each cause, report the percentage of hospital admissions among people diagnosed with HIV attributable to this cause.

	Cause of hospital admission	% of admissions attributable to cause
1.		
2.		
3.		
4.		
5.		

Level 3 indicators

Additional indicators for assessing PLHIV access to health services and outcomes

Focal area		Indicator
3.1	**HIV clinical management**	▪ Retention on HIV treatment ▪ Shortages of viral load and/or CD4 tests ▪ Treatment adherence support
3.2	**Comorbidities**	▪ PLHIV offered screening or screened for specific comorbidities ▪ PLHIV treated for specific comorbidities ▪ PLHIV morbidity and mortality from specific comorbidities
3.3	**Psychosocial services**	Unmet levels of need among PLHIV for psychosocial services
3.4	**Stigma and discrimination within health systems**	Stigma and discrimination in health care settings
3.5	**Health-related quality of life**	Health-related quality of life

Level 3 indicators

Additional indicators for assessing PLHIV access to health services and outcomes

Example

HIV clinical management. Among people with documented low ART adherence who are referred for adherence support, percentage of people who receive this service within 30 days.

Additional indicators for assessing PLHIV access to health services and outcomes

Example

Comorbidities. Proportion of people with diagnosed HIV infection who were screened for drug dependence at least once during the preceding 12 months.*

* Based on the following indicator from *Monitoring HIV Care in the United States:* "Proportion of people with diagnosed HIV infection and substance use disorder who are referred for substance abuse services and receive these services within 60 days."

Summary

- Consider indicators that measure health system performance in relation to *today's* HIV epidemic
- Address monitoring gaps relating to comorbidities and quality of life
- Build on and align with current indicators and monitoring activities/frameworks

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- *Research team*: Kelly Safreed-Harmon, Daniel Bromberg, Kristina L Hetherington, Misha Hoekstra

The Beyond Viral Suppression initiative

The Beyond Viral Suppression initiative arises out of a shared recognition among leading HIV experts that there are crucially important issues relating to the health and social inclusion of PLHIV that have to date received insufficient attention from policy-makers and healthcare providers, and which must now form part of the HIV response.

The steering group is co-chaired by:

- **Nikos Dedes,** Founder of Positive Voice (the Greek association for PLHIV) and a Board Member of the European AIDS Treatment Group (EATG);
- Professor **Jane Anderson** of Homerton University Hospital NHS Foundation Trust in London;
- Professor **Jeffrey V Lazarus** of ISGlobal, Hospital Clínic, University of Barcelona, and CHIP, Rigshospitalet, University of Copenhagen.

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