



# Jeffrey Lazarus on behalf of the HIV Outcomes Beyond Viral Suppression Coalition

19 Dec 2017

Civil Society Forum, Luxembourg

- Reflects a widespread recognition among experts that important issues of health and social inclusion of PLHIV receive insufficient attention from policy-makers and healthcare providers
- Aims to make these elements central to the overall response to HIV
- Seeks to complement existing work in prevention, diagnosis, treatment and care



*Sponsored by Gilead Sciences and ViiV Healthcare*

- WHO European Region Member States signed the **Dublin Declaration on Partnership to Fight HIV/AIDS in Europe and Central Asia** in 2004
- Sets out 33 actions relating to HIV prevention, treatment and care to which signatories committed themselves.
- It includes actions that are especially relevant to challenge of meeting needs of PLHIV who have achieved viral suppression:
  - 20. Combat stigma and discrimination of people living with HIV/AIDS in Europe and Central Asia*
  - 23. Increase access to non-discriminatory palliative care, counselling, psychosocial support, housing assistance, and other relevant social services for people living with HIV/AIDS; and*
  - 24. Invest in public research and development for the development of affordable and easier-to-use therapeutics and diagnostics to support expanded treatment access and improve the quality of life of people living with HIV.*

# 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

Prof. Jeffrey Lazarus coordinated a study group of leading academics to identify policy indicators necessary to assess countries' performance at improving access to services and health outcomes “beyond viral suppression”.

- **Dr Julia del Amo**  
National Centre for Epidemiology, Spain
- **Professor Jane Anderson**  
Homerton University Hospital NHS Foundation Trust
- **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**  
ECDC
- **Professor Kholoud Porter**  
University College London

### 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”.<sup>1</sup> 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.

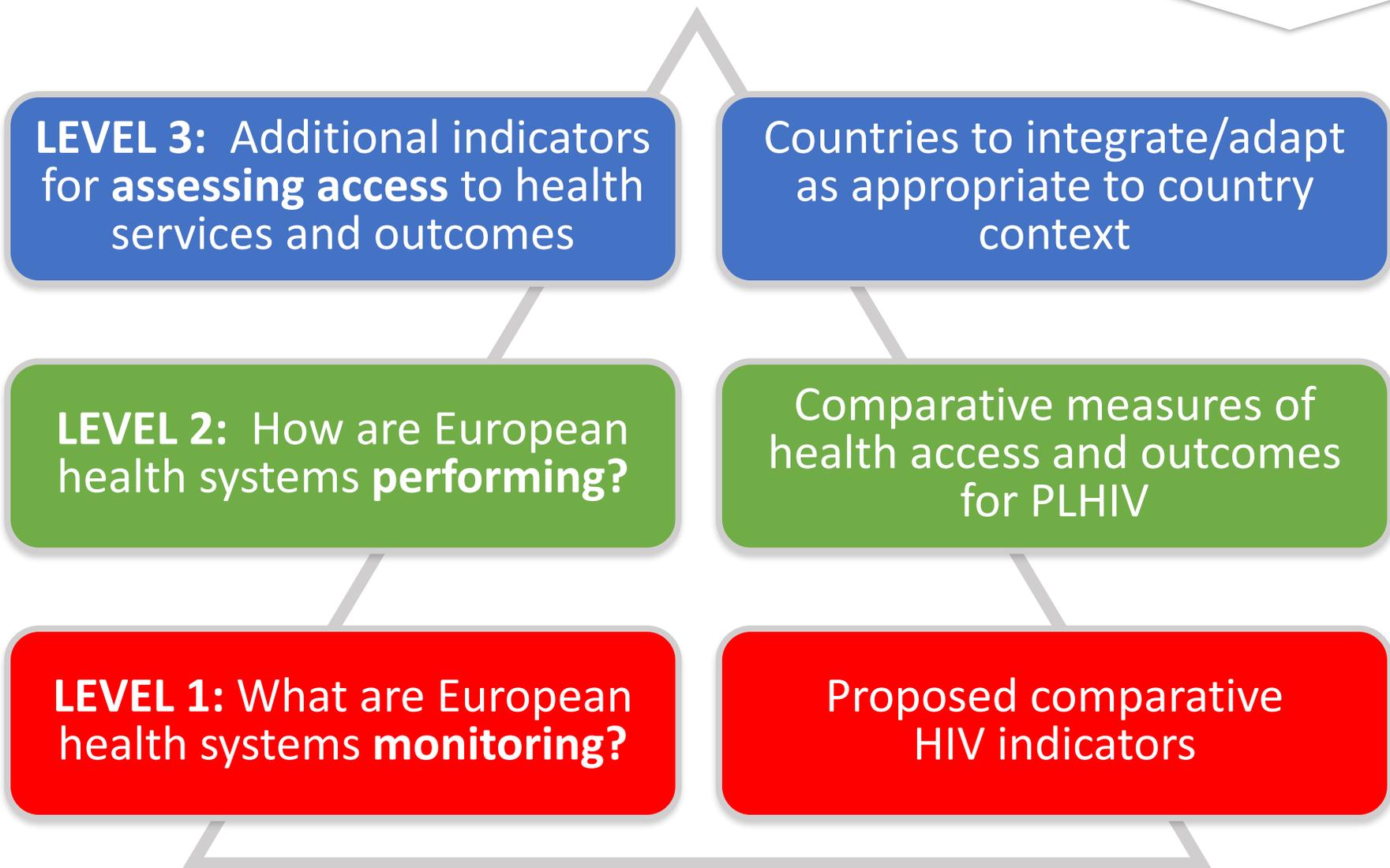
The Global Health Sector Strategy does acknowledge that challenges may remain for PLHIV after they achieve viral load suppression, yet these challenges are not reflected in key strategic targets. The “HIV Continuum of Services” description in the strategy indicates that virally suppressed PLHIV should 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/gbss-hiv/en>.

<sup>1</sup> 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>.

# Indicators: three levels of health system performance monitoring





**RECOMMENDATIONS LAUNCHED AT  
THE EUROPEAN PARLIAMENT**

NOVEMBER 2017



- Year-long multi-stakeholder process focusing on long-term health and well-being of PLHIV
- Identified priority issues at two expert roundtables (Dec 2016; June 2017)
- Expert workshop to develop recommendations responding to these issues (Sept 2017)
- Launched at European Parliament event with inter alia the Commissioner (29 Nov 2017)

1. Adopt an integrated, outcomes-focused, and patient-centred approach to long-term care:
  - Put comorbidity prevention, treatment and management at the centre of long-term HIV care
  - Coordinate outcomes-focused care delivery using a personalised care plan
  - Integrate services for mental health and neurocognitive impairment
  - Ensure an ongoing focus on sexual and reproductive health
  - Increase systematic participation of PLHIV in decisions about their care

2. Expand national monitoring of long-term care and outcomes
3. Fund studies to provide information on the long-term health of people living with HIV
4. Combat stigma and discrimination within health systems
5. Upscale involvement of the HIV community in priority setting at country level

## Health Commissioner Vytenis Andriukaitis



While HIV is no longer a fatal disease, it *“still damages the lives of so many people; and causes not only much suffering and illness, but also discrimination and stigmatisation. In addition, HIV and its co-morbidities also pose a serious challenge to health systems across Europe.”*



Offered to include long-term health and quality of life of PLHIV in a Commission paper on combatting HIV/AIDS, viral hepatitis, sexually transmittable infections and tuberculosis (expected in 2018)



**WHO:** Health system changes are needed to implement HIV Outcomes recommendations; WHO seeks to support governments and health systems to improve design and delivery of services for chronic diseases and multi-morbidity



**UNAIDS:** HIV Outcomes recommendations are, in particular, highly relevant to countries that have already made progress with 90-90-90 targets

## European Parliament – cross-party support



**MEP Christofer Fjellner** (European People’s Party, Sweden)

HIV has “*suffered from its own success*”, which allowed it to slide down the policy agenda



**MEP Eva Kaili** (Socialists & Democrats Group, Greece)

Thanked HIV Outcomes initiative for reminding policy makers of the to keep HIV on agenda and to address the long-term challenges faced by PLHIV



**MEP Gesine Meißner** (Alliance of Liberals and Democrats for Europe, Germany)

Regretted that HIV is now, incorrectly, seen as solved but that many issues linked to living with HIV remain unaddressed



**Portuguese MP Ricardo Baptista Leite**

Lamented “*lack of decisiveness and leadership in the political sphere*” to tackle HIV and underlined need to have national decision makers on board to ensure that reforms and policies called for by HIV Outcomes recommendations are implemented



Called on politicians to work together regardless of political ideology and presented UNITE – an inter-parliamentarian, non-partisan network to end HIV/AIDS, viral hepatitis and TB

- Disseminate recommendations at national level (translations)
- Feed recommendations into more focused discussions in two countries: Italy and Sweden
- Aim of national discussions:
  - What is already happening to improve long-term health, quality of life and chronic care for PLHIV
  - What obstacles exist to implementing necessary changes and how to overcome these
- Ageing with HIV conference
- Session at AIDS2018 – ensure policy angle to clinical discussion + comorbidities pre-conf
- Review article in key journal to coincide with AIDS2018 (with supplement in 2019)
- National level learnings and best practices reported at European Parliament event in late 2018 (as political groups prepare manifestos for 2019 elections)
  - Aim to further refine how to improve long-term health outcomes and quality of life of PLHIV

## Thank you

### HIV Outcomes Presidents

- **John Bowis**, OBE, former United Kingdom Health Minister and Member of the European Parliament
- **Marc Danzon**, former Director of the WHO Regional Office for Europe

### HIV Outcomes Steering Group

- **AIDS Action Europe**: represented by Sini Pasanen
- **AFEW International**: represented by Anke van Dam
- **East Europe & Central Asia Union of PLWH (ECUO)**: represented by Vladimir Zhovtyak
- **European AIDS Treatment Group (EATG)**: represented by Mario Cascio
- **Jane Anderson**: Homerton University Hospital NHS Foundation Trust, London (*Steering Group Co-Chair*)
- **Georg Behrens**: Hannover Medical School and German AIDS Society
- **Antonella d'Arminio Monforte**: University of Milan
- **Nikos Dedes**: Positive Voice (*Steering Group Co-Chair*)
- **Jeffrey Lazarus**: ISGlobal, Hospital Clínic, University of Barcelona (*Steering Group Co-Chair*)
- **Richard Stranz**: AIDES
- **Industry** represented by: Annick Manuel (Gilead Sciences) and Evelyn Schoedl (ViiV Healthcare)
- **European Centre for Disease Prevention and Control** (*observer status*): Teymur Noori

