KPMG

Ending the Epidemic

An assessment of HIV policy and recommendations to improve the lives of people living with, and at risk of HIV. Summary of findings from England, France, Germany, Italy and Spain

Background

This report commissioned by Gilead and compiled by KPMG in the UK puts the current Western European HIV policy landscape under a microscope. It breaks down how effective local policy is across the HIV care continuum: Awareness, Prevention, Testing and Screening, HIV specific Clinical Treatment and Long-term Holistic Care.

At each stage of the continuum, the current focus of policy is compared with what happens in practice, with opinion from an independent Steering Group comprising of policy, clinical and patient experts in HIV. Together with KPMG they reviewed the HIV care continuum. Secondary research and opinion from additional country experts were gathered to supplement their views. The Steering Group had editorial control of the final report.

Summary

The HIV epidemic in Western Europe today is no longer characterised by the devastating AIDs-related deaths of the 1980s and early 1990s. More people are on anti-retroviral therapy (ART) and are virally supressed. Life expectancy is close to normal and they cannot pass the infection on to others. But the epidemic has not ended – only changed.

The HIV response in England, France, Germany, Spain, and Italy (the Europe5) is now facing new challenges, like providing long-term care or equally serving new at-risk populations. At the same time barriers remain to securing the uptake of testing in primary, secondary and community settings, and ensuring people are linked to care and initiated on ART more quickly. Policy, though, is yet to change.

The Biggest Challenges

All the progress achieved by the HIV response - such as nearly achieving UNAID's treatment targets ('90- 90-90') – has allowed complacency to creep in. The visibility HIV once had has waned and HIV is fading from the public agenda. Interventions to raise awareness of HIV and reduce stigma exist, but they are not consistent across the year and across regions and cities.

Combined prevention (biomedical, structural, behavioural) strategies exist, but to varying degrees across the Europe5. The number of new HIV infections has broadly stabilised, even marginally decreased. But it has not yet significantly dropped, or stopped altogether, in any of the Europe5. Plus, high rates of diagnoses are considered 'late' (CD4<350 cells/mm^3) – contributing to higher and higher mortality and morbidity.

While national level data on time to treatment initiation is scarce, anecdotal evidence indicates it may still take several weeks to months from diagnosis - however, further data is required to develop a true picture.

Changing epidemiology and risk patterns are creating new populations who are vulnerable to HIV infection. Services are not equally focused on all these populations, often missing those hardest to reach – creating inequalities in care.

More people are living with HIV than ever before. But even though they live longer, quality of life can be poor, due to injury from infection, the burden of comorbidities and challenges associated with mental health. These needs continue to go largely unmet.

Austerity, the rise in populism, and numerous other events in Europe have heaped more pressure on the HIV response. With reduced funding, maintaining the HIV care continuum is even more challenging.

Recommendations

To address these challenges across Europe5, the Steering Group made a number of recommendations, in particular to develop combined prevention strategies, address still too high rate of undiagnosed and late diagnosis and ensure an optimal long term health of people living with HIV.

Develop combined strategies for prevention, with appropriate implementation plans, that reflect the current reality of HIV

1. Re-evaluate the current approach to prevention, using the latest available science-based evidence.
2. Include emerging trends into prevention strategies.

Address low rates of testing and high rates of late diagnosis

3. Embed repeat testing in all high risk[1] populations.
4. Improve the offer and uptake of testing across all settings of care.

Define policies that support the long-term health of people living with HIV

5. Integrate HIV into long-term health policy.
6. Develop education and training to facilitate person-centred long-term care in the community.

Find, highlight, and spread examples of good practice

7. Assess and integrate effective 'local' practices into policy - do not reinvent the wheel.

1. High risk populations defined as: Men who have sex with men (MSM), Sex workers, and People who inject drugs (PWID)

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