

## WHO Consultation on 2022-2030 Global Health Sector Strategies for HIV, viral hepatitis and sexually transmitted infections

### General Questions

#### **1. Do you think it is important that 2022-2030 Global Health Sector Strategies for HIV, viral hepatitis and sexually transmitted infections be developed?**

##### Proposed Response

*HIV Outcomes is highly supportive of the proposal to develop Global Health Sector Strategies for HIV, viral hepatitis and sexually transmitted infections. The current strategies have a strong focus on prevalence reduction, which we support with reference to the following points.*

- 1. Focus on reducing inequalities within and between HIV, viral hepatitis and sexually transmitted infections*
- 2. Address the challenges facing Europe's most vulnerable communities through a common and collective approach to health education, monitoring, screening and early diagnosis.*
- 3. Provides the opportunity for health related quality of life (HRQoL) to be included as a unique and valuable means to support the evolution of the strategies.*

#### **5. Do you have any comments regarding the 2022-2030 Global Health Sector Strategies will be guided by a set of over-arching principles.**

##### Proposed Response

*The principle that HIVO would suggest the Strategies should be guided by is that of health related quality of life (HRQoL). The groups and individuals impacted by HIV, viral hepatitis and sexually transmitted infections should enjoy a HRQoL equivalent to the wider population i.e. there should be a principle of HRQoL Parity. The adoption of such a principle would ensure that the strategies adopt a personalised and patient centred approach.*

#### **11. Can you suggest any additional considerations regarding the scope and ambition of the strategies?**

##### Proposed Response

*The scope of the strategies should be extended to include HRQoL as an indicator and parity of HRQoL as a goal. Such an approach would facilitate connection with the 1948 WHO Constitution definition of health being "a state of complete physical, mental and social well-being." The ambition of the strategies should be to support the development of HRQoL metrics and to improve data collection of clinical and patient reported outcomes to assess progress in achieving designated goals as they are developed. HRQoL has been used to assess the health status of individuals and to assess clinical and other interventions.*

**16. Are there other priorities that should be elevated to a strategic priority in the new strategies or prioritized under the proposed five priority areas?**

Proposed Response

*The inclusion of HRQoL as a strategic priority could have a significant impact on helping to ensure that it is afforded a higher priority level amongst health stakeholders and with this is prioritised for investment and development.*

**18. What key elements should be included in the theory of change or the strategies that could support strengthened accountability?**

Proposed Response

*HIV Outcomes would suggest the following elements of a Theory of Change be integrated, so as to enable HRQoL to be embed within the strategies. The material relates to HIV but is of course applicable to viral hepatitis and sexually transmitted diseases.*

*Challenge: Despite significant developments in screening, prevention and treatment the complete health and social needs of people living with HIV are not currently being fully met. In addition current systems to assess patient perspective are limited in scope and focus being intervention rather than care focussed.*

*Primary Aim: Establish a means to reliably assess the full health and wellbeing of people living with HIV. Such an approach to build on existing platforms e.g. EQ5D, NHP, PGWB and to incorporate PROMS and PREMS in a manner that covers a broad spectrum.*

*Primary Objective: Support the adoption of a system of assessment at clinical level and through this monitor and report on the health and well-being of people living with HIV so as to connect beyond the clinical level.*

*Secondary Aim: Increase policy engagement with patient level reporting and use to help develop and test interventions to increase the health and well-being of people living with HIV.*

*Secondary Objective: Improve the health and well-being of people living with HIV through the provision of personalised and patient centred treatment and care.*

*Goal: Deliver health and wellbeing parity (HRQoL) for people living with HIV*

**HIV Specific Questions**

**23. WHO is considering framing the strategy as “ending HIV” as an evolution from “ending AIDS”. What are your thoughts on this?**

Proposed Response

*HIV Outcomes is fully supportive of the extension of the strategy to frame around ending HIV, but would counsel that such an objective has a number of related elements to it. Ending could include the development of a cure over a fully effective treatment and it could include a vaccination over the existing and again fully effective preventative treatment. However, where HIV status remains there will be additional challenges relating to the stigma felt by people living with HIV and the discrimination they experience within and outside healthcare settings. There are additional issues related to the side effects of treatment as there are of common comorbidities associated with their status. These aspects should be highlighted in the reframed strategy as should clear targets and milestones towards the broader 'ending HIV' strategy.*

**24. Do you have any other comments on the vision and 2030 goals? Is there anything missing or should anything be changed?**

Proposed Response

*As stated in our response to Question 23 HIV Outcomes would support the overall goal of ending HIV, but would ask for additional detail to added with regard to what 'ending' may involve and the milestones that should be established towards its achievement. With respect to 2030 goals we would ask for specific goals relating to achieving a meaningful reduction in health related stigma and discrimination and a focus on the screening, monitoring and early intervention to deal with significant comorbidities impacting on people living with HIV. Beyond these we would also ask that a goal regarding the achievement of parity of HRQoL be set for people living with HIV.*

**26. Do you have any additional comments on what 2025 targets for HIV should be considered for the 2022-2030 HIV strategy?**

Proposed Response

*We believe that adding in the goal of HRQoL parity for those living with HIV will allow a measurable target to be set for 2025. Given that significant efforts will be required to develop and embed HRQoL, we would suggest that the 2025 target be focussed on development and adoption of clinically focussed approaches to measure and assess HRQoL through the use of PROMS and PREMS. The sharing of effective practice will be central to achieving any target set for 2025 as will strong political and health stakeholder commitment.*

**27. In your opinion what are likely to be the greatest opportunities or 'game-changers' affecting HIV during the period 2022-2030?**

Proposed Response

*Augment the commitment to reduce prevalence (prevention) and increase access to treatment with a holistic patient centred commitment to assess the factors which act to reduce the health related quality of life (HRQoL) of people living with HIV. Focussing on*

*stigma, discrimination and comorbidities as the factors most likely to have a negative impact on HRQoL, such an approach provides for an ambitious but realisable goal.*