

Health system capacity to report on indicators fostering integrated people-centred HIV care: findings from six European countries



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INTRODUCTION

Effective antiretroviral treatment has greatly increased life expectancy for people living with HIV (PLHIV). However, PLHIV have higher levels of multimorbidity than the general population. Integrated people-centred health services are needed to effectively manage non-AIDS comorbidities and to achieve good health-related quality of life (HRQoL). This study assesses national health system capacity to monitor indicators that are relevant to the changing focus of HIV care.

METHODS

Through desk research and expert consultation we determined that health-related concerns for PLHIV in Europe include certain non-AIDS comorbidities, HRQoL, discrimination within health systems and unmet psychosocial needs. We created a 56-item English-language survey to assess whether health systems currently report on these issues as part of routine HIV monitoring or whether they have the capacity to do so. One leading HIV expert completed the survey in each of six countries: Estonia, Italy, the Netherlands, Slovenia, Sweden and Turkey. Data collection took place in April–June 2018. We compiled results in Microsoft Excel and performed descriptive analyses.

RESULTS

Bone loss, cardiovascular disease, drug dependence, non-AIDS malignancies and renal disease were reported to be the most comprehensively monitored comorbidities (Table 1). Five countries could potentially report on leading causes of death among PLHIV, while two could potentially report on leading causes of hospital admission (data not shown). Respondents from three countries indicated capacity to report on the HRQoL of PLHIV. Two countries could report on the percentage of PLHIV denied health services because of HIV status, while none appeared to have indicators for monitoring psychosocial service provision.

Table 1. Capacity of six European countries to report on indicators for comorbidity screening/testing, diagnosis and treatment in PLHIV

	Indicators addressing whether PLHIV are offered screening/testing for specified comorbidities	Indicators addressing whether PLHIV are screened/tested for specified comorbidities	Indicators addressing whether PLHIV are diagnosed with specified comorbidities	Indicators addressing whether PLHIV are treated for specified comorbidities
Alcohol dependence	2 countries can report	2 countries can report	3 countries can report	2 countries can report
Anxiety	2 countries can report	2 countries can report	2 countries can report	2 countries can report
Bone loss	3 countries can report	3 countries can report	3 countries can report	3 countries can report
Cardiovascular disease	3 countries can report	3 countries can report	3 countries can report	3 countries can report
Chronic pain syndrome	2 countries can report	2 countries can report	2 countries can report	2 countries can report
Depression	2 countries can report	2 countries can report	2 countries can report	2 countries can report
Drug dependence	3 countries can report	3 countries can report	5 countries can report	3 countries can report
Hepatitis B virus	4 countries can report	4 countries can report	4 countries can report	3 countries can report
Hepatitis C virus	4 countries can report	4 countries can report	4 countries can report	3 countries can report
Liver disease other than chronic hepatitis	2 countries can report	3 countries can report	3 countries can report	2 countries can report
Neurocognitive disorders	2 countries can report	3 countries can report	3 countries can report	2 countries can report
Non-AIDS malignancies	3 countries can report	3 countries can report	3 countries can report	3 countries can report
Renal disease	3 countries can report	3 countries can report	3 countries can report	3 countries can report
Respiratory disease	2 countries can report	3 countries can report	3 countries can report	2 countries can report
Sexual dysfunction	2 countries can report	3 countries can report	3 countries can report	3 countries can report
Sexually transmitted infections	3 countries can report	3 countries can report	3 countries can report	2 countries can report
Tuberculosis	4 countries can report	5 countries can report	5 countries can report	5 countries can report

Green indicates that three or more countries can report.
Orange indicates that fewer than three countries can report.
A country was considered to be able to report if the respondent indicated one of the following: (a) national HIV monitoring includes reporting on the indicator, (b) national HIV monitoring systems collect data that would allow for reporting on the indicator, or (c) national HIV monitoring systems could be easily modified to collect data that would allow for reporting on the indicator.
A country was considered to not be able to report if the respondent indicated that national HIV monitoring systems could not be easily modified to collect data to allow for reporting on the indicator.

DISCUSSION

National HIV monitoring programmes across study countries have greater capacity to report on some non-AIDS comorbidities than others. The conditions that are most widely monitored may be those for which monitoring could be expanded most easily in other countries. However, not monitoring conditions which may be harder to document (e.g. chronic pain syndrome and depression) risks overlooking problems that may greatly affect the well-being of PLHIV.

CONCLUSIONS

Study countries collectively have prominent monitoring gaps across key domains of HIV care including comorbidities, HRQoL, psychosocial services and discrimination within health systems. Careful prioritisation is warranted in regard to which indicators should be utilised, with consideration given to monitoring those with the greatest impact on HRQoL, minimising the reporting burden and aligning data collection with current monitoring in other disease areas.

LESSONS LEARNED

Our survey instrument is an effective tool for gathering information about national capacity to report on indicators relating to comorbidities and people-centred health services in the context of HIV care.

LIMITATIONS

We did not confirm the accuracy of data reported in surveys. Having data from only six countries limits the generalisability of study findings.

SUGGESTIONS FOR FUTURE RESEARCH

Collecting data from a larger number of countries would provide evidence to guide decision-making about which indicators should be incorporated into national and regional HIV monitoring throughout Europe in order to support efforts to meet the long-term healthcare needs of the region's PLHIV in an integrated manner.

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