EACS STANDARD OF CARE

for HIV and COINFECTIONS in Europe

EVALUATION REPORT

January 2019, Bucharest, Romania

EACS
European
AIDS
Clinical
Society

CONTENTS

EXECUTIVE SUMMARY

This document gives an overview of the third European AIDS Clinical Society (EACS) Standard of Care for HIV and Coinfections in Europe meeting.

The aim of the meeting was to explore and define European standards for HIV care from a clinical and public health perspective with the following proposed goals:

- To define current standards for clinical and public health practice in Europe
- To stimulate clinical and/or public health practice audits against these standards
- To use the audit results to measure progress towards European standards for HIV and coinfections
- To make recommendations and explore joint European initiatives for improving European standards of care

Attendees

A total of 89 attendees representing 30 countries joined a one-and-a-half-day meeting on Wednesday 30 January–Thursday 31 January 2019, hosted at the National Institute for Infectious Diseases "Prof. Dr. Matei Bals", Bucharest, Romania. The course was accredited by the European Accreditation Council for Continuing Medical Education (EACCME®) and offered attendees seven European CME Credits (ECMEC®s) as a reflection of the time dedicated to their education outside of daily clinical practice. The event involved individuals living with HIV, community representatives such as EATG, and public health institutional partners such as ECDC, WHO, UNAIDS, and HIV in Europe.

The programme was developed alongside six Steering Committee members from across Europe (a full list of the Steering Committee members and expert faculty can be found on page 12), and the meeting was chaired by Prof. Fiona Mulcahy (Ireland), Dr Cristiana Oprea (Romania), and Prof. Jürgen Rockstroh (Germany).

Participants from all over Europe and Canada gathered together in Bucharest, Romania, for the Standard of Care for HIV and Coinfections in Europe meeting.

Key sessions

The purpose of the meeting was (i) to hold discussions that will form the basis of a European-wide initiative to audit HIV centres to achieve a common standard of practice, and (ii) to highlight difficulties clinicians face when tackling the needs of HIV patients, including those with co-infections like viral hepatitis and tuberculosis (TB). The meeting featured plenary lectures, workshops and roundtable discussions.

The first key plenary session discussed the epidemiology and treatment landscape of HIV and coinfections across Central and Eastern Europe. Another session presented case examples of HIV and hepatitis prevention programmes and the integration of testing and linkage to care across HIV, hepatitis, and TB in Europe. These sessions highlighted the need for a process to audit clinical practice standards benchmarked against the EACS Guidelines recommendations.

Workshops were designed to promote discussions in three key areas: the challenges associated with the diagnosis and treatment of the hepatitis C virus (HCV) coinfection; HIV testing and late presentation; and the integration of HIV-TB services. The first workshop focused on identifying socio-economic and structural barriers in HIV and HCV management in Central and Eastern Europe, and identifying modalities to overcome key challenges including hard-to-reach populations such as injecting drug users and men who have sex with men. The second workshop discussed strategies to improve HIV testing in order to achieve the 2020 UNAIDS target of 90-90-90. The final workshop focused on improving collaboration between HIV and TB testing services, and infection prevention and treatment services to improve TB outcomes. These discussions helped establish European auditable standards in concordance with the EACS Guidelines recommendations.

The meeting plenaries and workshops were well received by attendees (evaluation results can be found on subsequent pages) who appreciated the opportunity to network with other professionals from a range of Central and Eastern European countries. Attendees gained an understanding of the disparities in standards of care between countries and shared experiences of successful strategies that could be implemented in their own national health care systems. Additionally, attendees strongly favoured the decision to perform pilot audits and felt it was important to monitor the global progress in the management of HIV.

Based on the outcomes of this meeting, a European project was initiated to audit standards of care provided in HIV and infectious disease clinics across Europe. The working groups discussed and drafted a set of auditable criteria in HIV-TB coinfection, HIV-hepatitis coinfection and late presentation. In order to test the feasibility and usefulness of a European audit on HIV care standards, it was suggested that a pilot audit be performed in 2019 and the preliminary results shared at the EACS/ECDC/BHIVA Standard of Care session at the 17th European AIDS Conference, Basel, in November 2019.

A full review of the educational sessions from the meeting can be found by visiting this URL: **www.aidsmap.com/page/3471614/**.

Key learnings

Over time, the challenges faced in the management of HIV have moved away from the development of efficacious prevention techniques and moved towards the difficulties of identifying people living with HIV and the delivery of treatment to them.

The percentage of people living with HIV in the WHO European region who are diagnosed late is increasing with the ageing population (**Figure 1**)[1]. Late HIV diagnosis is common in people infected through injecting drug use and in heterosexual men and women. For men who have sex with men, late diagnosis is a particular problem in certain Eastern European countries where this group is marginalised.

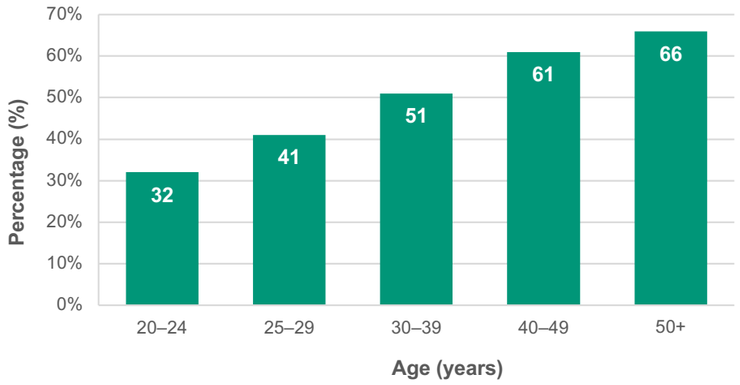


Figure 1: The percentage of people with HIV who are diagnosed late increases with age[1]

High levels of stigma and discrimination limit people in these populations from accessing HIV testing services. In addition to limited screening, there is a persistent treatment gap in Eastern Europe and Central Asia compared to Western and Central Europe. In people known to have HIV, there is a problem linking infected people to appropriate care and treatment: in Eastern Europe and Central Asia, 74% of people with HIV know their status but only 37% are on treatment and only 27% are virally suppressed (**Figure 2**)[1]. Not knowing about an HIV infection increases the risk of transmission to others, unknowingly increases their susceptibility to coinfections like viral hepatitis and TB, and delays receipt of treatment.

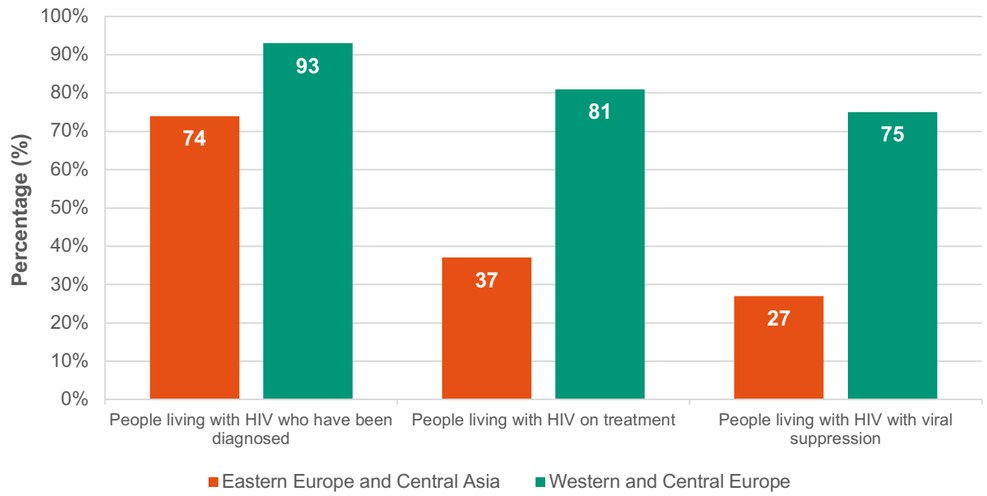


Figure 2: The percentage of people diagnosed with HIV compared to the percentage of people receiving treatment or with viral suppression[1]

The use of preventative measures to target the HIV epidemic has its own challenges. Despite the existence of measures which effectively reduce the risk of HIV transmission, such as pre-exposure prophylaxis (PrEP), the delivery of preventative measures across Europe is limited (**Figure 3**).[2] This meeting highlighted three main challenges that are faced by countries: the cost of treatment, limited technical capacity, and costs associated with service delivery (**Figure 4**).[2] To address this problem, some countries have adopted governmental and non-governmental arrangements to negotiate cheaper prices and form regional buying consortia.

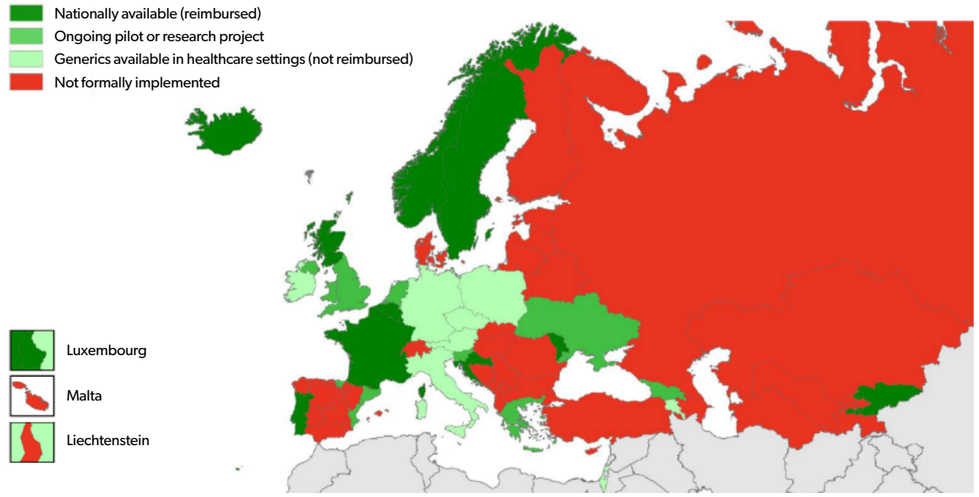


Figure 3: Status of formal PrEP implementation in Europe, December 2018[2]

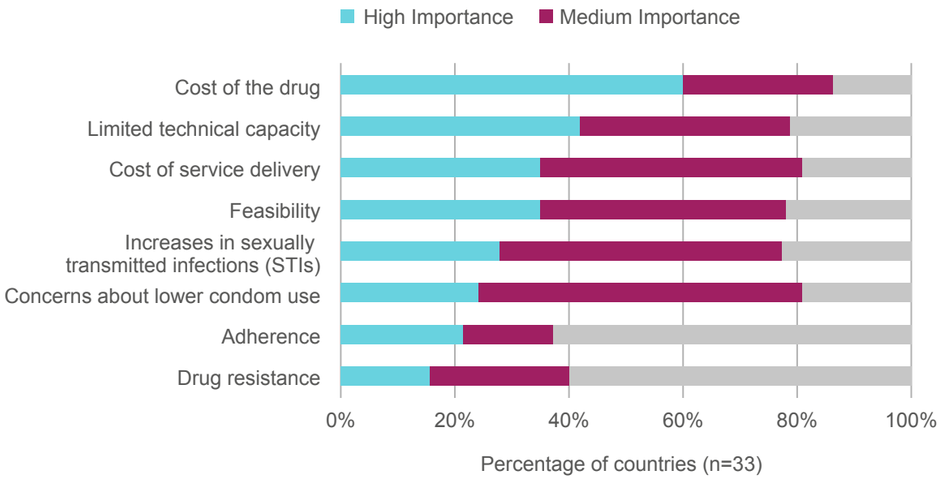


Figure 4: Challenges limiting the implementation of PrEP across countries[2]

Discussions in this meeting provided potential strategies to overcome these challenges. Proposals included the use of screening campaigns to actively promote and implement early detection of disease, the revision of medical guidelines, collaborations between stakeholders to improve access to treatments, and implementing the National Prevention Plan with the aim of "making HIV and hepatitis a 100% preventable disease".[3]

Initiatives like this meeting are essential for identifying challenges such as ineffective infectious disease management, provide a platform for discussions that drive solutions, and improve outcomes by forming a basis to establish a global standard of care.

SCIENTIFIC PROGRAMME

Day 1: January 2019

16.00 – 16.30	Registration
16.30 – 16.50	**The community perspective by Alex Schneider** (EATG, Switzerland)
Session 1	
Chairs: Michel Kazatchkine (UN, Switzerland), Adrian Streinu-Cercel (Romania)	
Objectives: *To present an overview on current socio-epidemiological aspects on HIV, hepatitis and TB in Central and Eastern Europe and to address the gaps in care*	
16.50 – 17.00	**Conference objectives and expectations** *Cristiana Oprea (Romania)*
17.00 – 17.20	**EACS Standard of Care meeting (Rome 2014 and Brussels 2016) – A reminder** *Stéphane De Wit (Belgium)*
17.20 – 17.40	**HIV epidemic in Eastern and Central Europe** *Vinay Saldanha (UNAIDS Regional Office, Russian Federation)*
17.40 – 18.00	**HIV and HCV coinfection - Barriers in Central and Eastern Europe** *Jerzy Jaroszewicz (Poland)*
18.00 – 18.20	**Tuberculosis and HIV coinfection still a challenge in Central and Eastern Europe** *Alexander Panteleev (Russian Federation)*
18.20 – 18.40	**Late presentation in European countries** *Jens D. Lundgren (Denmark)*
19.00 – 21.30	Dinner

Day 2: January 2019

8.15 – 8.30	Welcome coffee
Session 2 - EACS/ECDC/WHO/EMCDDA joint Standard of Care session	
Chairs: Anastasia Pharris (ECDC, Sweden), Mariana Mardarescu (Romania)	
Objectives: *To summarise and prioritise "European standards of care" for HIV, hepatitis and tuberculosis*	
8.30 – 8.45	**Recommendations of EACS Guidelines and how they are implemented in clinical practice** *Manuel Battegay (Switzerland)*
8.45 – 9.00	**Testing and screening for HIV, hepatitis and TB among populations at risk** *Elena Vovc (WHO Europe, Denmark)*
9.00 – 9.15	**INTEGRATE project** *Dorthe Raben (HIV in Europe, Denmark)*
9.15 – 9.30	**Role of communities and NGOs to improve access to diagnosis and treatment of HIV/HCV and TB** *Alex Schneider (EATG, Switzerland)*
9.30 – 10.25	**Roundtable – Models of care for HIV and hepatitis** **Moderator:** *Jens D. Lundgren (Denmark)* **Participants:** *Dagmar Hedrich (EMCDDA), Michel Kazatchkine (UN), Anastasia Pharris (ECDC), Jürgen Rockstroh (EACS), Alex Schneider (EATG), Elena Vovc (WHO Europe)*
10.25 – 10.45	Coffee break & networking
Session 3	
Chairs: Andrzej Horban (Poland), Pavlo Smyrnov (Ukraine)	
Objectives: *To update on prevention programmes for HIV, hepatitis and TB in Europe and worldwide and to outline the main challenges for diagnosis and treatment in Central and Eastern Europe*	
10.45 – 11:05	**What is new in prevention programmes for HIV, TB and hepatitis in Europe and worldwide** *Jürgen Rockstroh (Germany)*
11:05 – 11:25	**Specific challenges in key population in Romania and in Central and Eastern Europe** *Adrian Streinu-Cercel (Romania)*
11.25 – 11.45	**HIV and hepatitis prevention programmes in Eastern Europe (Case example: Georgia)** *Nikoloz Chkhartishvili (Georgia)*

Parallel workshops	
11.45 – 12.05	What might EACS extrapolate from the BHIVA Audit experience? The way forward *Chloe Orkin (United Kingdom)*
12.05 – 14.00	Three working groups

Workshop session 1

Barriers to HIV and HCV diagnosis and treatment
Moderators: Sanjay Bhagani (United Kingdom), German G. Salamov (Russian Federation)
Rapporteur: Jürgen Rockstroh (Germany)

Objectives: *Workshop focused on defining modalities to overcome main barriers to HIV and HCV treatment and linkage to care, with focus on key populations*

Workshop session 2

HIV testing and late presentation
Moderators: Deniz Gökengin (Turkey), Mike Youle (United Kingdom)
Rapporteur: Chloe Orkin (United Kingdom)

Objectives: *Workshop focused on which strategies and operational methods to implement to improve the testing and get closer to the defined UNAIDS targets. It aims also at strengthening the role of the HIV clinicians in designing and implementing testing programmes and to scale-up community-based testing and self-testing*

Workshop session 3

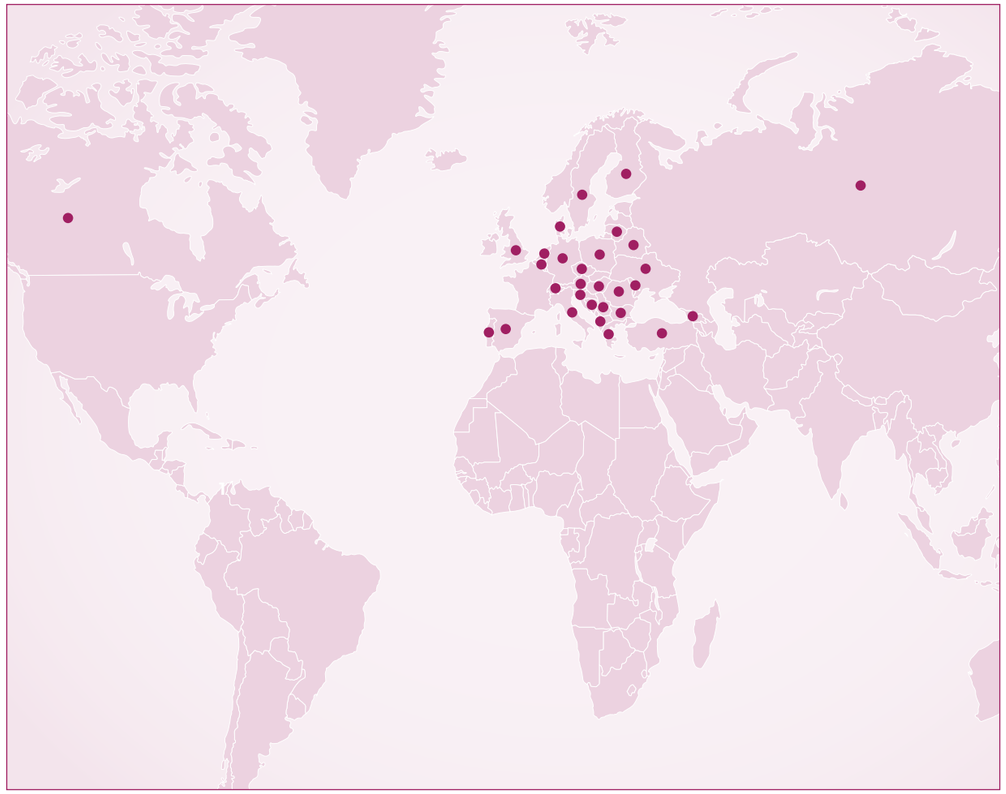
HIV and TB coinfection – Integration of HIV-TB services
Moderators: Daria Podlekareva (Denmark), Cristina Mussini (Italy)
Rapporteur: Georg Behrens (Germany)

Objectives: *Workshop focused on how to improve collaboration between HIV/HCV and TB services, in order to strengthen national TB health care systems and improve TB outcomes*

Cristiana Oprea to coordinate the workshop reports

14.00 – 14.55	Reports from the working groups (Discussion panel)
14.55 – 15.15	Final remarks, conclusions and statement *Jürgen Rockstroh, EACS President (Germany)*
15.15	Closure of the meeting and lunch

GLOBAL SPREAD OF ATTENDEES



- Albania **1**
- Armenia **1**
- Austria **1**
- Belarus **2**
- Belgium **3**
- Bulgaria **1**
- Canada **1**
- Croatia **1**
- Czech Republic **1**
- Denmark **6**
- Finland **1**
- Georgia **2**
- Germany **4**
- Greece **2**
- Hungary **1**
- Italy **3**
- Lithuania **2**
- Macedonia **1**
- Moldova **3**
- Poland **5**
- Portugal **2**
- Romania **12**
- Russian Federation **7**
- Spain **1**
- Sweden **3**
- Switzerland **4**
- Netherlands **3**
- Turkey **1**
- Ukraine **7**
- United Kingdom **7**

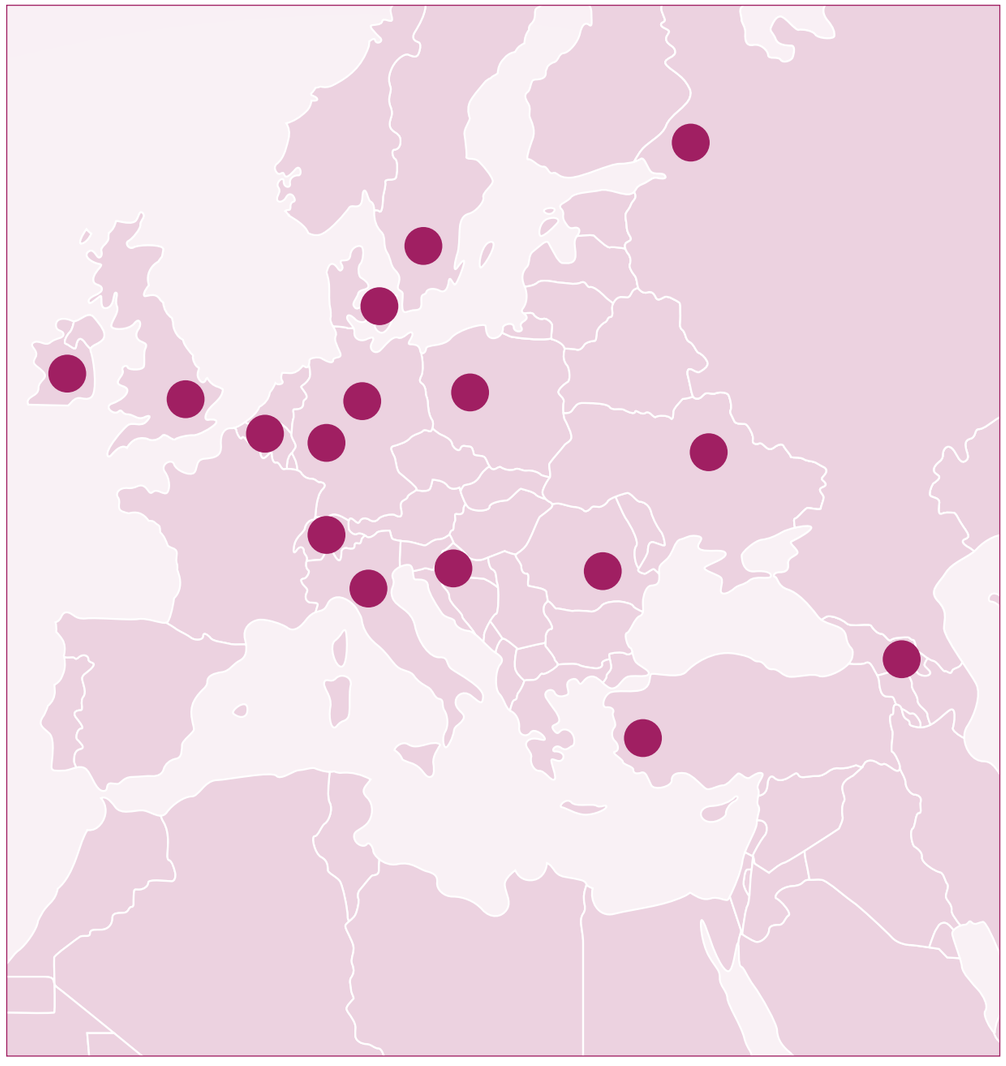
Steering Committee

- **Andrzej Horban**, Warsaw Medical University, Hospital for Infectious Diseases, Warsaw, Poland
- **Mariana Mardarescu**, National Institute for Infectious Diseases "Prof. Dr. Matei Bals", Bucharest, Romania
- **Fiona Mulcahy**, St James's Hospital, Dublin, Ireland (Chair)
- **Cristiana Oprea**, "Victor Babes" Clinical Hospital for Infectious and Tropical Diseases, Carol Davila University of Medicine and Pharmacy, Bucharest, Romania (Chair)
- **Jürgen Rockstroh**, University of Bonn, Bonn, Germany (EACS President) (Chair)
- **Adrian Streinu-Cercel**, National Institute for Infectious Diseases "Prof. Dr. Matei Bals", Bucharest, Romania

Scientific Committee

- **Silvia Asandi**, Romanian Angel Appeal Foundation, Bucharest, Romania
- **Josip Begovac**, University of Zagreb, Zagreb, Croatia
- **Georg Behrens**, Hannover Medical School, Hannover, Germany
- **Sanjay Bhagani**, Royal Free Hospital, London, United Kingdom
- **Nikoloz Chkhartishvili**, AIDS and Clinical Immunology Research Center, Tbilisi, Georgia
- **Nathan Clumeck**, Saint-Pierre University Hospital, Brussels, Belgium
- **M. John Gill**, University of Calgary, Calgary, Canada
- **Deniz Gökengin**, Ege University, Izmir, Turkey
- **Christine Katlama**, Pitié-Salpêtrière Hospital, Paris, France
- **Tetiana Koval**, Ukrainian Medical Stomatological Academy, Poltava, Ukraine
- **Jens D. Lundgren**, University of Copenhagen, Copenhagen, Denmark
- **Cristina Mussini**, University Hospital of Modena and Reggio Emilia, Modena, Italy
- **Alexander Panteleev**, City TB hospital #2, Saint-Petersburg, Russian Federation
- **Anastasia Pharris**, European Center for Disease Prevention and Control, Solna, Sweden
- **Alex Schneider**, EATG, Lenzburg, Switzerland
- **Mike Youle**, Royal Free Hospital, London, United Kingdom

STEERING COMMITTEE MEMBERS AND EXPERT FACULTY



EVALUATION METHODOLOGY

The meeting attendees were sent a SurveyMonkey link (an online platform that specialises in gathering data in a digital format). Data was analysed in Excel to measure how the meeting was perceived by attendees and to gain insights on ways to enhance future meetings. Of the 89 attendees, 75 provided their feedback, with the number of responses varying between questions.

There were 15 questions asked in total and the responses are displayed along with the number of respondents, plus the number who skipped the question (for transparency). All quantitative results are displayed as either 100% stacked column bar charts or clustered column bar charts produced in Excel. The qualitative results have been edited for grammatical purposes only (the sentiment has not been changed) and as there was repetition in the responses received, only responses of different opinions have been included to provide as much breadth and representation from the attendees as possible.

The raw data was analysed by the EACS Secretariat, and writing support was provided by ISO.health, a medical education and communications agency based in London. If you have any questions about the data within this report, please contact **info@eacsociety.org**.

KEY STATISTICS

Over 83% of attendees rated the sessions on Day 1 as very good/good and over 78% of attendees rated the sessions on Day 2 as very good/good.

92% of attendees would recommend the EACS Standard of Care meeting to their colleagues.

The workshop reports were well received, with over 90% of attendees finding them to be very good/good.

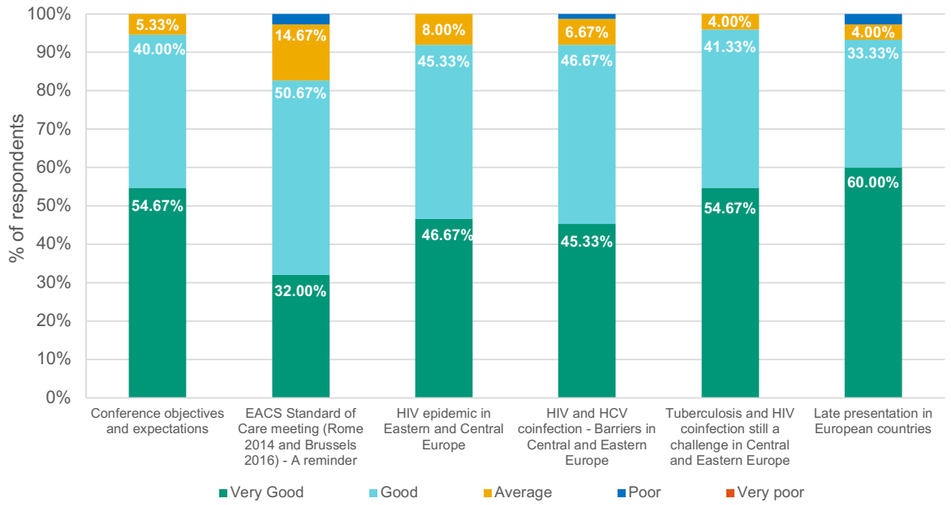
Feedback on the work of the EACS Secretariat was positive, with 99% of attendees rating them as very good/good.

Between 11% and 16% of respondents rated the formative method used and quality of materials as average, highlighting a potential area for improvement at subsequent meetings.

Over 93% of attendees stated that the organisational aspects of the meeting including travel, accommodation and registration were very good/good.

EVALUATION RESULTS

Question 1: How would you evaluate the session 1 plenary presentations?

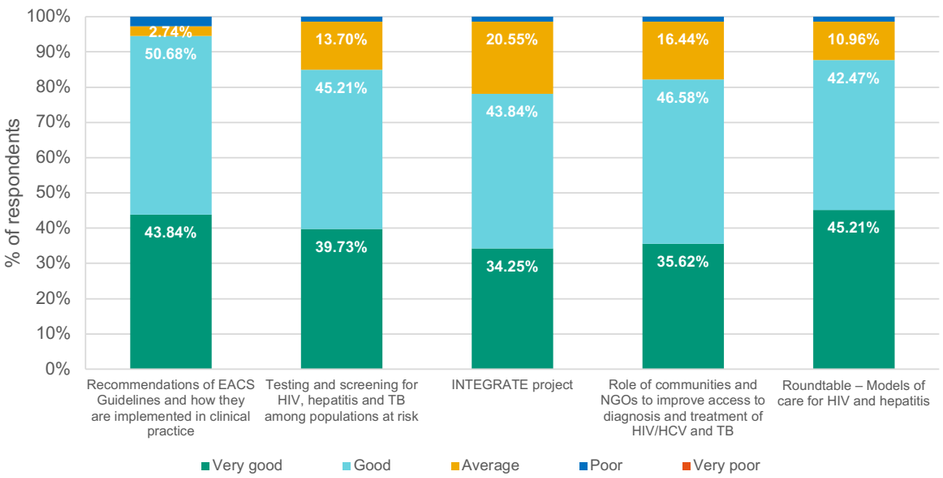


Number of respondents = 75

83%–96% of the attendees found the plenary sessions on Day 1 to be very good/good.

Please note that the percentages for poor have not been shown but are available upon request.

Question 2: How would you evaluate the session 2 plenary presentations?

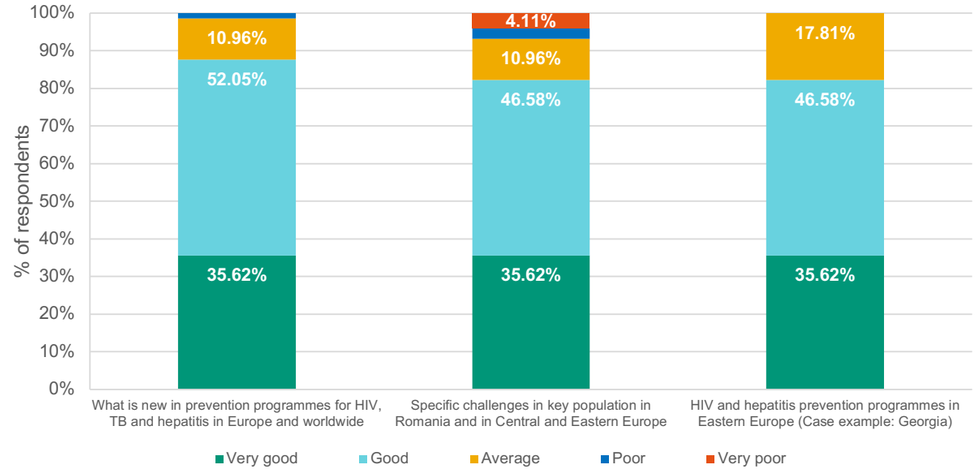


Number of respondents = 73; 2 attendees skipped this question.

78%–95% of the attendees found the plenary sessions on Day 2 to be very good/good.

Please note that the percentages for poor have not been shown but are available upon request.

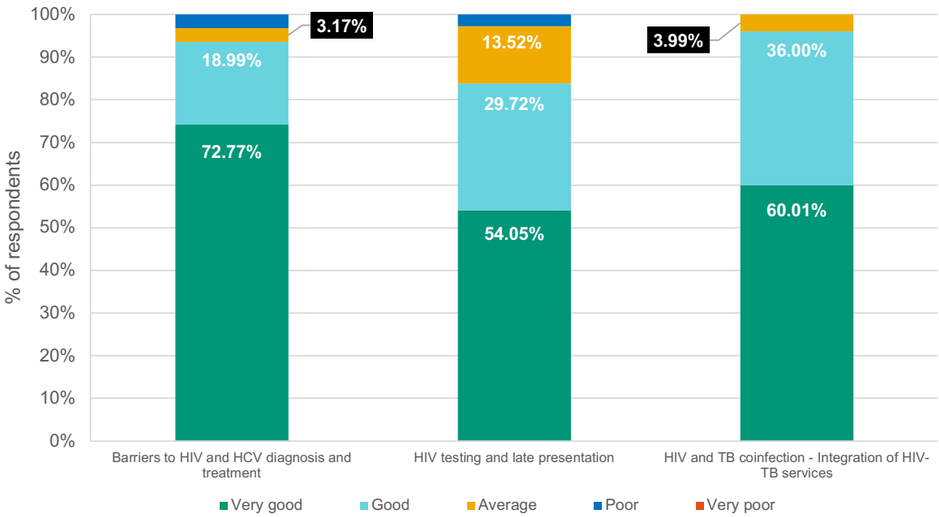
Question 3: How would you evaluate the session 3 plenary presentations?



Number of respondents = 73; 2 attendees skipped this question.

Please note that the percentages for poor have not been shown but are available upon request.

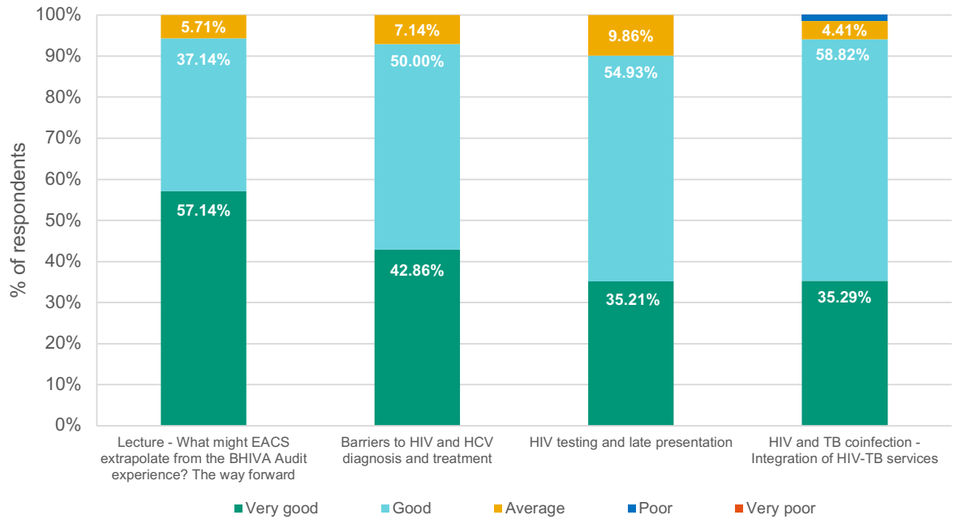
Question 4: How would you evaluate the parallel workshops presentations?



Number of respondents = 73; 2 attendees skipped this question.

Please note that the percentages for poor have not been shown but are available upon request. Respondents only attended one of the parallel workshops. Workshops not attended were marked 'N/A' in the evaluation survey. This graph shows the ratio of the responses excluding the N/A answers.

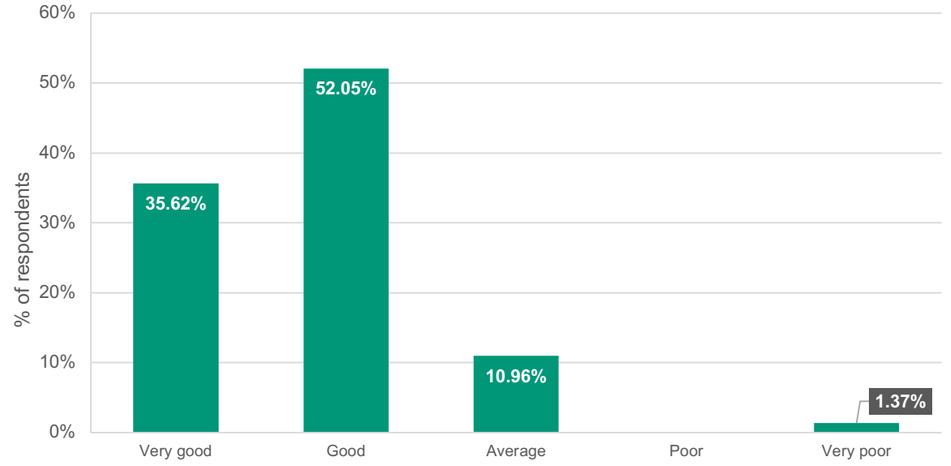
Question 5: How would you evaluate the overall discussion of the parallel workshop presentations?



Number of respondents = 73; 2 attendees skipped this question.

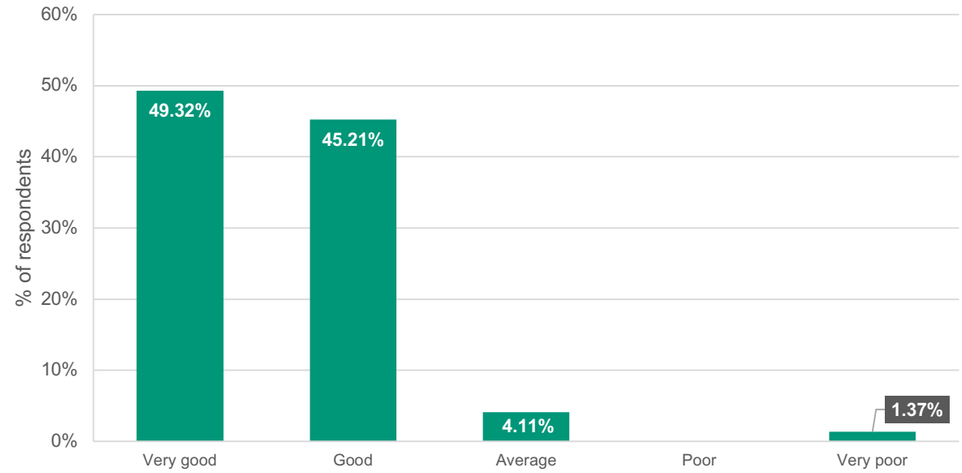
Please note that the percentages for poor have not been shown but are available upon request.

Question 6: How would you evaluate the quality of the formative method used?



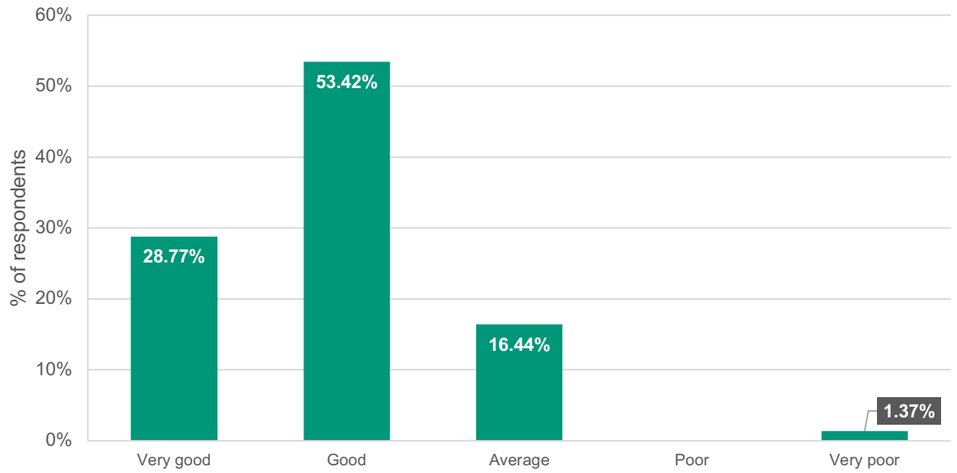
Number of respondents = 73; 2 attendees skipped this question.

Question 7: How would you evaluate the quality of the overall meeting programme provided by EACS?



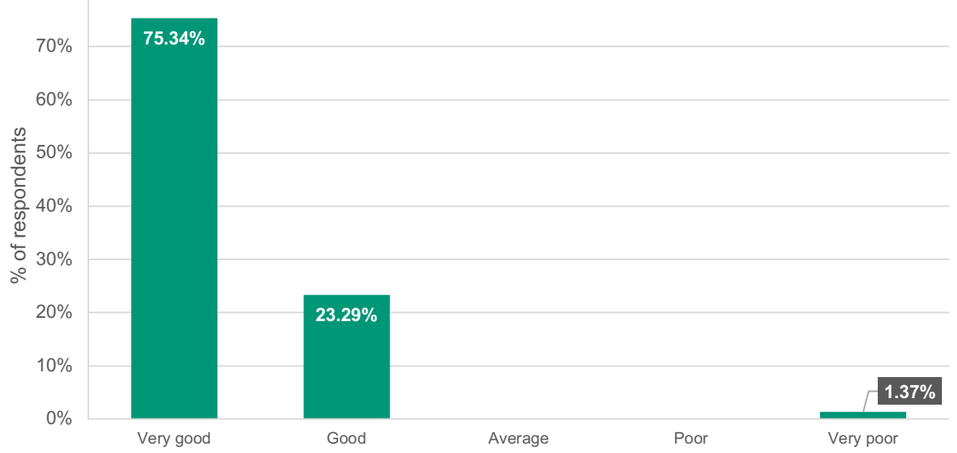
Number of respondents = 73; 2 attendees skipped this question.

Question 8: How would you evaluate the quality of the training material used?



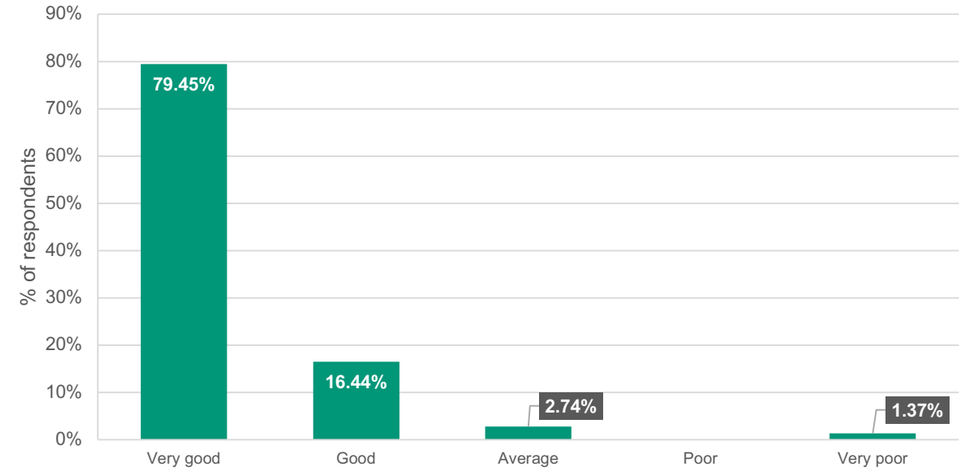
Number of respondents = 73; 2 attendees skipped this question.

Question 9: How would you evaluate the work of the EACS Secretariat who supported your participation in the meeting?



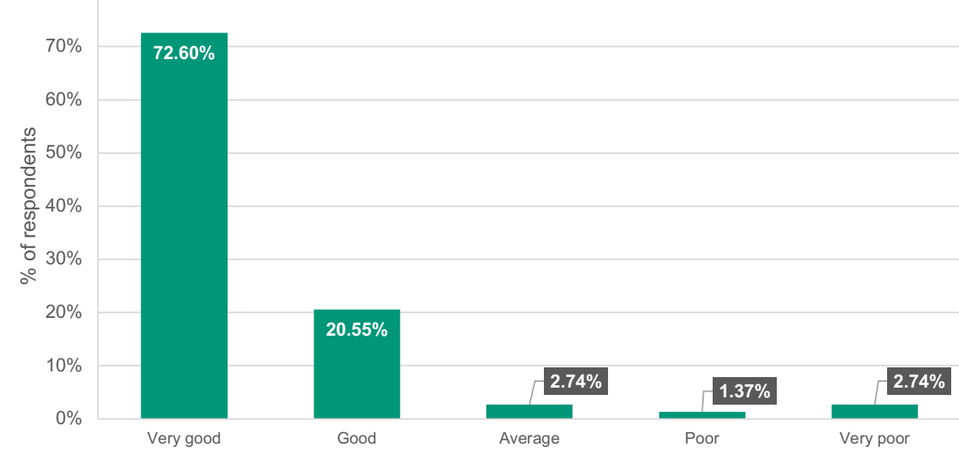
Number of respondents = 73; 2 attendees skipped this question.

Question 10: How was the registration process for you?



Number of respondents = 73; 2 attendees skipped this question.

Question 11: How would you evaluate the information provided about your travel and accommodation?



Number of respondents = 73; 2 attendees skipped this question.

Question 12: What did you like best about the meeting, find most useful and why?

The attendees spoke highly of the meeting, highlighting the opportunity to network and share experiences with peers from across Europe. Attendees were positive about the goal-oriented meeting and the aim of implementing tangible follow-up actions. We have displayed some of the specific comments below:

- Opportunity to network and meet HIV healthcare providers from East and Central Europe.
- The topics and the international aspect, workshops were great.
- The focus on EECA and urgent need to join forces for a change in the course of the epidemic and improving the quality of care and for all. The discussion on audit was interesting. It was useful from a community side to be able to communicate concerns and to hear from practitioners from different countries about their issues.
- Getting a more detailed picture of the epidemic and standards of care in Eastern Europe was very useful. The authentic descriptions from all over Europe were very useful especially for future networking.
- A very practical, goal-oriented discussion about Eastern Europe with very good presentations from Eastern Europe. Well done and thanks.
- An opportunity to communicate with my colleagues and experience exchange. Communication with the best specialists in HIV and coinfections.
- The possibility to share experiences between Eastern, Central and Western Europe, the session on the audit experience of BHIVA and related workshops and discussions.
- The organisation of the meeting was very good. Good opportunity to meet and communicate with colleagues. Excellent initiative to audit guidelines and evaluate adherence to it in different countries (and barriers to adherence).
- To meet people from all the different countries and to hear how they work.
- This meeting tried to come up with more concrete follow-up actions for EACS.
- Exchange among practitioners, presentations at high scientific level, correct mix for achieving impact.

Number of respondents = 73; 2 attendees skipped this question.

Question 13: What did you like least about the meeting and why?

The aspects which attendees found least useful were related to the meeting programme only allowing restricted time for discussion and reflection.

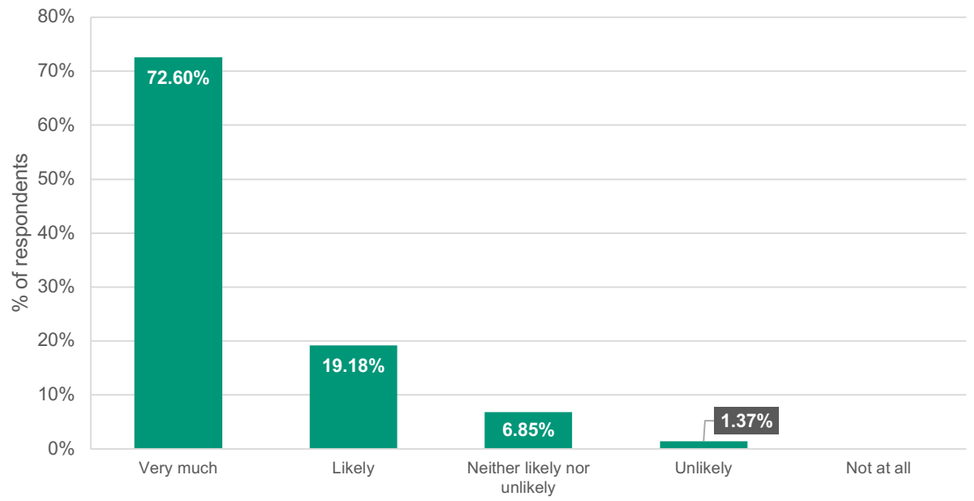
- The agenda was very intense, specifically after the HepHIV2019 meeting.
- Would like to have more time for exchange, discussions and questions in plenary.
- More time for discussions and to create a document for the standards in the key areas (on the second day).

There were suggestions to incorporate more interactive elements into sessions and to send pre-work in advance of the meeting to get the most from future sessions.

- Working group information should be sent out earlier to provide time to think about inputs.
- Maybe we could have had data and detailed questions beforehand to prepare the meeting.
- Too many lectures. I would prefer more interactive sessions.

Number of respondents = 73; 2 attendees skipped this question.

Question 14: Would you recommend the EACS Standard of Care meeting to your colleagues?



Number of respondents = 73; 2 attendees skipped this question.

Question 15: Please provide any additional comments about the meeting

- Thanks for all the efforts. Activities further East are hard but need to be promoted. This was a realistic effort. Thanks.
- Great start for addressing unique aspects of HIV epidemic and care in Eastern Europe.
- A successful meeting. EACS Standard of Care should definitely be organised in the future in a Central and/or East European country.
- Thank you for the invitation. I have got new ideas and potential network cooperation.
- Thank you for the opportunity to attend to this meeting.
- Thank you very much to the organisers.
- Organisers of the meeting demonstrated a possibility to conduct a high quality and high impact meeting on a low cost by choosing meeting venue at the hospital, and less expensive (but very good) hotel.
- Thanks a lot, and I hope to continue this collaborative work.
- It was a great initiative to organise the meeting in Romania!
- Good reports and discussions. Everything is OK. Thanks!
- Congratulations!!

Suggestions for improvements:

- I would like to suggest for you to invite the national coordinators specifically for each area.
- I think I would prefer a focus on a few priority topics with more time to discuss these more extensively.
- I would like a summary to share with the HIV and clinical community in my country.
- I am grateful for the perfect arrangement of the meeting. Would it be possible to run the similar meeting in Ukraine?

Number of respondents = 31; 44 attendees skipped this question.

ACKNOWLEDGEMENTS

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