Daniel Reeders — Rapporteur's Reports — Track E (Health Economics & Implementation Science)

Sunday 23rd July, 2023

Session	Taking prevention to the next level: Packaging PrEP with primary health care services as a pathway to achieving 2030 HIV prevention and universal health coverage goals [SAT015]
Summary (50w)	Providing access to PrEP as part of comprehensive primary health care services can promote uptake in key populations and provide a pathway to universal healthcare.
Highlights (200w)	Moving from siloed to synergistic delivery of PrEP and primary care can make integrated person-centred care for PrEP users a model and pathway for efforts to expand universal health coverage. Davina Canagasabey (PATH) highlights the challenge: we want both one-stop-shop models of care that offer differentiated service delivery — asking services to expand and diversify their care. Chilufya Kasanda (Zambia) argues young people need a package of sexuality education and sexual and reproductive health, mental health, substance use, and HIV services. Global funders need to support services to meet local community needs and priorities. Thi Thu Huong Phan (Viet Nam) described care available from one-stop-shop services in Viet Nam, which includes viral hepatitis, mental health and gender affirming care; data show 27% of PrEP starters first presented for non-HIV care. Ashley Vij (USAID) described the need for integrated services that span a continuum of health promotion, disease prevention, intervention and care. Heather-Marie Schmidt (UNAIDS) noted the global PrEP Appeal survey (n=17,000) found 60% of participants had unmet PrEP need. However, Mitchell Warren (AVAC) cautioned that prevention is not about products (e.g. oral PrEP). Products don't deliver themselves and can't prevent HIV unless we build program infrastructure around them.

	[196w]
Critical assessment (100w)	The session could have drawn on the conception of Primary Health formulated in the Alma-Ata Declaration (WHO, 1978). This envisions a whole-of-society response to health inequity, and this highlights the importance of community engagement and community ownership of PrEP implementation strategies. It also draws attention to the health equity questions that inevitably emerge when we offer new health services (Tudor Hart, 1971). Disciplines such as social epidemiology and health economics have much to contribute to the conversation about integrated care.

Monday 24th July, 2023

Session	Track E Late Breaker Session
Summary (50w)	Same-day initiation of antiretroviral therapy for people who test positive for HIV is cost effective and leads to high rates of retention in care and viral suppression. Meanwhile, innovative pilots and implementation studies are exploring the feasibility, acceptability and efficacy of event-based pre-exposure prophylaxis (PrEP). [45w]
Highlights (200w)	Sita Lujintanon (Thailand) describes an implementation study of key population-led same-day antiretroviral therapy initiation hubs in Bangkok which demonstrated timely initiation of treatment (97.9%) with good retention in care (84.6%) and viral suppression outcomes (94.3%). Innovations include point of care testing for labs and physician supervision via telemedicine. Meanwhile, Starley Shade (US) reports a study of Rapid Start same-day treatment initiation finds the approach cost effective. Costs were higher in small clinics, especially those targeting multiply-marginalised clients, but costs per person declined over time. John Danvic Rosadiño (Philippines) describes a remarkable pilot of ‘e-PrEPPY’ — an all-virtual, community-led, de-medicalised service offering PrEP access to men who have sex with men. Privacy and urban density mean logistics are crucial. The pilot partnered with a nation-wide parcel delivery network and in Manila trained its own motorcycle couriers to reach clients who could not have medication mailed to their homes.

	Precious Moyo (Zimbabwe) reports event-based PrEP is feasible and acceptable for MSM recruited through city clinics in Harare (n=196; 79% practiced sex work). Users valued the way that pill burden that tracked variations in their sexual frequency, but daily PrEP is seen as important where sex is frequent and unplanned. [196w]
Critical assessment (100w)	Same-day initiation of therapy is a practical response to the problem of loss to follow-up among people with HIV. However, it does not in itself address the mechanisms causing this problem and work is also needed to improve downstream experiences of HIV treatment and long-term retention in care. Data from treatment initiatives demonstrate the enormous promise of key population-led care services. We need further studies of policy enablers — best practices for persuading skeptical or downright hostile medical professionals and governments — to help us overcome resistance and outright crackdowns as seen with PrEP delivery initiatives in Thailand.

Tuesday 25 July, 2023

Session	We know us: community-led models of HIV care [SY09]
Summary (50w)	A fascinating session explored the role that community engagement and the social determinants of health both play in the careful design of feasible and acceptable models of HIV care.
Highlights (200w)	Simran Bharucha (India) says non-HIV entry points – including gender affirming care, legal and social services – provide opportunities to enrol gender diverse people in prevention and HIV care. Over half her clinic's clients previously lacked access to care. James Ward (Australia) reports that most Indigenous people in Australia have reasonable access to sexual and reproductive health care, but barriers and inequities remain, particularly in rural and remote settings. Aboriginal Community Controlled Health Services care for half the Indigenous population and are acceptable to young Indigenous people for HIV and STI care. Ward considers peer-led models such as peer navigation are promising, but we need to consider how these approaches can be scaled-up and made sustainable. He argues we need to move beyond volunteer and casually employed peers and instead employ members of affected communities in ongoing roles.

	Donald Brown (US) is a peer outreach practitioner in Baltimore. Maintaining partnerships to reach marginalised communities requires ‘meeting them where they are’ — acceptance, dignity and respect are crucial. In order to address HIV, we first need to listen to the underlying and seemingly peripheral issues that concern communities, such as food insecurity and homelessness. ‘One-stop-shop’ service delivery requires collaboration with non-HIV social services. [199w]
Critical assessment (100w)	James Ward observes that technologies like point-of-care testing can only benefit people who present for care. Research (e.g. Link & Phelan 1995) predicts disparities will continually re-emerge despite intervention if we do not address their ‘fundamental causes’ — the dynamic social mechanisms that generate them in the first place. Donald Brown’s remarks resonate with these findings. HIV is a lens through which a whole range of social determinants and health inequities are refracted, if we choose to look for them. However, HIV can also be a model for enacting our social worlds differently to mitigate and challenge the fundamental causes of inequity.

Second session

Session	95-95-95 targets [SY15]
Summary (50w)	This session addressed efforts to achieve the 95-95-95 targets in low and middle income and high income country settings. Even as countries achieve the cascade goals, inequities persist in key populations as well as vulnerable and socially marginalised groups.
Highlights (200w)	Angeli Achrekar (UNAIDS) describes challenges and opportunities for scaling up treatment access in low and middle income countries (LMICs). Globally, we are above the UNAIDS goal for new cases but close to its goal for AIDS deaths. Some countries close to the 95-95-95 goals are missing the mark in key populations. LMIC governments allocate only 2.1% of funding to key populations despite 21% estimated need. Criminalisation of sex work and male-to-male sex remains a widespread barrier to testing and care. A new report, The Path That Ends AIDS, identifies program and policy ‘building blocks’ for effective prevention strategy. Mark Stoove (Australia) reports on HIV cascade outcomes for Melbourne under the Fast Track Cities framework. The ACCESS initiative reports accelerated progress through the cascade, with the median time from diagnosis to viral suppression decreasing

	from 252 to 51 days from 2012-19. A 1% increase in population viral suppression corresponded with a 5% decline in HIV incidence, with incidence declining 54% from 2010-19. This decline has been concentrated among Australian-born, permanent resident gay and bisexual men, with an increasing proportion of heterosexuals and temporary residents being diagnosed in low-HIV–caseload clinics. Work is needed to address these inequities and close the gaps.
Critical assessment (100w)	Angeli Achrekar noted disparities in pharmaceutical pricing pose a barrier to achieving cascade goals. Prices are almost 2.5 times higher in LMICs outside of western and central Africa. The UNAIDS Global Update 'The Path to End AIDS' mentions legal challenges by the Make Medicines Affordable campaign against patents that maintain monopolies on medication access, saving an estimated US $473 million in Argentina, Brazil, Thailand and Ukraine alone. We should not shy away from analysing the role patents and global capital play in sustaining health inequities in HIV and mobilising affected communities to demand transformative change.

Wednesday 26th July, 2023

Session	#SwitchUp4KeyPopulations: Worldwide advancements in meeting the growing needs of key populations [OAE05]
Summary (50w)	A session offers 'glimmers of hope' for innovative and effective HIV prevention and stigma reduction outcomes at multiple levels of the epidemic response (government, health facilities, and community). Being flexible and creative with our interventions and advocacy can secure favourable outcomes for key populations.
Highlights (200w)	Laura Nyblade (US) describes the methods and findings of an initiative tackling intersecting sexual, gender and HIV stigmas in health facilities in Ghana. Methods include facility training informed by formative evaluation findings. The initiative reduced stigma by about 0.5 points (on a 5-point scale). Frances Ilika (Palladium) reports on policy enablers of successful advocacy to persuade the government of Lagos State to disburse equity funding for services targeting key populations. Enablers include strategic, targeted, collaborative, integrated multi-sectoral advocacy in alignment with existing government policy. Ria Mae Brines (Philippines) shares the results of a demand generation initiative using social media to promote HIV self-testing.

	Self-testing fills an important gap in the Philippines, where only 63% of people with HIV are aware of their status. Campaigns reached 500,000 people with 20,000 accessing testing, with uptake closely tracking the number of people reached per month. There was a 6% reactivity rate among those who reported their results. Natthakarn Laohacharoensombat (Thailand) reported on testing initiatives that used an 'online-to-offline' approach that tracks referrals from their online source to offline service uptake and HIV test outcomes. Online referrals averaged 46% higher case finding rates, which varied between referral sources (e.g. different hookup apps). [200w]
Critical assessment (100w)	In the session on HIV social science, Catherine Dodds criticised 'atheoretical' indices and interventions that conceive and measure stigma as individual negative attitudes, ignoring the social and cultural contexts and power relations that produce it. We cannot hope to achieve transformative change in health care provision without attending to this critique. Outcomes reported by Frances Ilika offer a glimmer of hope in regimes that disregard the needs and dignity of people in key populations. Similarly, data shared by Ria Mae Brines demonstrates the power and potential of communities doing it for themselves in the absence of effective government responses.

Three highlights for the final report-back session	
In the absence of effective government responses, communities are doing it for themselves	Representatives from the LoveYourself initiative in the Philippines detailed exciting new initiatives including an all-virtual, de-medicalised service for PrEP delivery, and social media campaigns that generated astonishing demand for HIV self-testing with over 500,000 people reached and 20,000 kits distributed. These initiatives offer a rare glimpse of hope from a setting where government has been missing in action for too long. [Image: e-PrEPPY service flow.png] [Image: LoveYourself Content Campaign.png]
Making peer-led programs sustainable	Prof James Ward, Director of the Poche Centre for Indigenous Health at the University of Queensland, observed that peer-led approaches offer considerable promise for expanding HIV care and support to communities grappling with multiple marginalisation.

	However, Prof Ward says we need to consider how these approaches can be scaled-up and made sustainable. He argues we need to move beyond volunteer or casually employed peers and ensure members of affected communities are employed in ongoing roles — the way Aboriginal Health Practitioners are employed in Aboriginal Community Controlled Health Services (map, pictured). [Image: ACCHS map.png]
A key theme: meeting non-HIV health needs creates entry points into prevention programs and HIV care.	Multiple presentations described the potential of 'one stop shop' models of care and the way in which meeting non-HIV health needs creates entry points into prevention programs and HIV care. For instance, Dr Phan from Viet Nam reported that 27% of PrEP initiators for presented for non-HIV care at one-stop-shop clinics, including viral hepatitis, mental health and gender affirming care. However, Davina Canagasabey highlights the challenge this poses: we want one-stop-shop models of care that offer differentiated service delivery — and that means we are asking services to expand and diversify their care. Donald Brown, a peer outreach practitioner from the United States, argued that collaboration with communities and non-HIV service is crucial to achieve this goal. [Image: Canagasabey.png] [Image: Phan.png]