**Better Health and Well Being: Multisectoral approach and people centered health services in HIV, Tuberculiosis and Sexually Transmitted Infections**

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**Report & Minutes**

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## **General information:**

With the start of a new legislative term of the European institutions there is a great momentum to address European policymakers with some of concerns about (the need for a more) people centered health care and offering health services that serve better the European citizens/patients. The vast experience of the AHF, as the largest provider of HIV/AIDS medical care worldwide, offered new insights on the future of chronic disease management in Europe and neighboring countries.

AHF’s idea to organise a seminar around the people centered health care has been endorsed by several Members of the European Parliament (MEPs) across the main political groups: Socialists and Democrats, Europen People’s Party and Renew Europe. The seminar took place on the 5th of November in the European Parliament in Brussels.

The timely discussion on turning the focus on the patient and not on disease, working on the education and prevention was attended by the representatives of different involved sectors. Among the attendees the hosting MEPs and AHF welcomed the representatives of national authorities, European Council, European Commission, European and National parliaments, UNAIDS, civil society and patient representatives. Some invaluable exchanges have been introduced to the further considerations of European Parliament and other institutions.

The event would not have been possible without the help and the support of the host MEPs. Their engagement, knowledge and fruitful interventions raised attention on the need to change the approach towards health care and strive for better use of ressources. MEP Juozas Olekas (Lithuania) from the Socialist & Democrat political group was the first who agreed to co-host this seminar in the European Parliament. As a surgeon, Mr Olekas gained practical experience in several hospitals in Lithuania before he became the Lithuanian Minister for Health in 2002 and he shared his views on the improvement of health systems and focus on the prevention. MEP Cristian-Silviu Busoi (Romania) from the European People’s Party, who was re-elected and serves his 4th term in the European Parliament, is widely recognized by his peers as a leading MEP, following and steering the European health agenda. Being elected as vice-chair to the Parliament’s Health and Environment Committee, Mr Busoi is particularly interested in a more inclusive health care that can rely upon the necessary research funding to address issues such as Hepatitis C and B. MEP Yanna Toom (Estonia) from the Renew Europe political group has been working all her political career on the challenges related to social exclusion and human rights and shared her perspective on need for more equite in different services. MEP Lidia Pereira (Portugal) from European People’s Party chaired the second session and highlighted the importance to implement the recommendations on people centered care provided by WHO. Ms Pereira is also member of UNITE – a national parliamentarians network facilitating the fight against infectious diseases, chaired by the Portuguese Member of National Parliament Mr Ricardo Baptista Leite. We cordially thank all the hosting MEPs for their work and their commitment to change the European health systems for better and we hope cooperating with all of them in the future.

The new European Parliament’s and European Commission’s term will confront many societal changes such as ageing, occupational health, the emerging of “forgotten diseases” and the need for more efficiency in the health care systems. This will require much more coordination at the EU level and joint efforts among different sectors such as academia, finance, economy, social affairs and industry. In order to answer those conserns, the European Parliament called upon the Commission and EU Member States to consider a paradigm shift and to put people centered health care approach much more on the political agenda and provide some concrete policy actions starting from 2020.

## **Summary of the discussions:**

## **Introductory remarks**

by the host MEPs **Juozas Olekas (S&D)** and **Christian-Silviu Busoi (EPP)**

**Juozas Olekas:** Health remains the main concern for Europeans and it is in the agenda of European Parliament asking for more engagement from the European Commission. The Motion for Resolution on the better EU’s response to HIV, AIDS, TB and Hepatitis C, approved in 2017, was calling for more actions to fight these epidemics. According to January 2019 data there were 3,217 cases of HIV in Lithuania and only 43% of them were on ART. The country starts to implement some good practices and integrated care examples to provide services in prevention and rapid testing. Nevertheless, the practice has to be applied at a larger scale in order to make impact on the overall system. For example, today the 90 % of HIV cases are diagnosed among the vulnerable populations, stigmatizing public perception, complicatiing the access to preventive and diagnostic services and slowing down the containing of the virus.

**Christian-Silviu Busoi:** ECDC study published one year ago estimates 48,000 deaths and 37 mln diseases caused by three infections: influenza, TB and HIV. It puts the epidemic of these diseases among basic priorities. According to the 2017 report of European Commission, the 80% of budget is spend for diagnostics and care of communicable disease and European Member States spend much less for the prevention. Europe will soon have the European Commission with a very ambitious President elected and EU citizens expect more involvement and more action in this health direction. We need to find answers to the challenges establishing priorities and dealing with demographic and societal changes, which should lead to constructive dialogues and people centered approach. The previously mentioned Motion for Resolution of 2017 also called for a multi-sectorial cooperation by ensuring participation and involvement of patient groups and vulnerable population when policy makers are taking decisions.

Moreover, we are now debating the financial framework and the Council is expected to take a final decision on two important financial instruments related to health. The Health should receive around 9 billion EUR in the upcoming European research programme starting in 2021. It will probably be the biggest and the most ambitious health research program in the world funded from public money. We have to ensure good use of these instruments and other instruments from Member States and European funds in order to better fight the diseases. We need to define healthcare approaches and ensure universal access to health services and cost efficient policy changes. The integrated multi-sectoral approach to health will accompany our discussions to ensure the synergies between different European services, policies and financial instruments

## **Economy of wellbeing: leaving no one behind**

Chair: MEP **Cristian-Silviu Busoi**

### **1.1 “Actions of European Union in the field of Economy of Wellbeing and Better Health”**

**Maya Matthews**, Deputy Head of Unit for strategy and coordination, DG Santé, European Commission

The sustainable development goals (SDGs) are universal and interconnected. We have specific goal to eliminate the HIV, but at the same time we have the other goals which present the global way of thinking. We have to open up the discussion and be ready for different subject areas and different sectors. It will be interesting to discuss two crosscutting initiatives : health systems reform and tackling antimicrobial resistance (AMR), in addition to the Commission’s approach to HIV, TB and STIs. For long period we were focused on prevention and early testing but currently our healthcare program is supporting 8 actions for 12 mln EUR, and many of these actions are looking for the integration of different diseases, and also for the integration and creation a continuum of care and ways to reach vulnerable groups. The Commission also funds the research and on HIV, TB and neglected diseases. Current raise in 2020 is planned to support this kind of research with 150 mln EUR. Commission is a big supporter of the Global Fund and has recently pledged 550 mln EUR.

We have recently published a working document in which we for the first time tried to put together all the different actions that Commission has supported on HIV, TB and Hep. They are about 70 actions, but still we need more coherence and synergy in this direction. We are working on chronic disease management, where HIV is placed, and here the Commission has touched healthcare systems and their deliverables in Member States. We are looking on how we can support Member States in the healthcare system reforms.

There are several ways for these and the first one is microeconomic framework aimed to show that health is a very important part of national budgets despite the crisis. We need to come to table giving recommendations to the countries on their micro-economic policies. It happens annually, the last report is dated of June 2019. Countries see it is useful to discuss challenges together and share the practices. All the recommendations are available at Commission’s website.

The other issue is how to support Member States in reaching SDGs. It is to be done through the evidence-based approach. We have some abilities and budget to build it on health issues. We started country reports on health system and we practice patients’ reporting in order to put the patient into the center of treatment. To be more effective we need to bring the discussions to measurable outcomes, and demonstrate to the countries that it is in their interests that patients have a voice because this means that they will have shorter stay in hospital and shorter recovery period and will be able to come back to work sooner.

Another issue we are passionate about is AMR as it is a global threat irrespective of what disease you have or if you do not have any disease. Almost each second person now has had the experience when antibiotic had not worked. Now we have action plan “One Health” and we see that using of antibiotics in agriculture contributes a lot to the AMR. I encourage you to make this an issue that you will fight for. We know about many cases of drug resistant forms of TB and STIs. However, I do not hear patients’ voices on it demanding that governments do something on antibiotics usage.

### **1.2 “Economy of wellbeing, Finnish experiences in national HIV policy and quality register work”**

**Sanna Isosomppi**, Medical Advisor, Finnish Institute for Health and Welfare

Promoting economy of wellbeing is one of the tasks of Finnish Presidency in European Parliament aiming to ensure that EU citizens are healthy and are able to work and pay taxes. Finland has good experience in effective collaboration between different levels of healthcare system. A virtuous cycle of policies is created in the country where wellbeing and economic growth reinforce each other and profit both people and society as a whole.

National Expert Group on HIV and Hepatitis was set up to ensure development and follow up the national strategy, policy, to work on ethical and social issues and make proposals on improving the legislation.

Patient-centered care is a part of national healthcare system of Finland. Services should be accessible and acceptable for the patients. Multi-professional collaboration in HIV is essential in providing services based on patients’ needs.

At the beginning of 2000’s people who inject drugs were the most vulnerable for HIV and we developed special model of comprehensive care for them, which included:

* Day center model
* Focus on overall needs and wellbeing
* Supported HIV treatment as a part of the service package
* ID specialist and nurse from tertiary care running outpatient clinic within the day center GP services
* Opioid substitution treatment, needle–syringe exchange
* Social worker
* Linkage to and retention in HIV treatment at a high level

Retention is a major challenge, however biggest part of the patients, who had been diagnosed in 2000’s, were still on ART with low viral load. We have had only few new cases of HIV for the recent year.

We are implementing national healthcare quality register as a pilot that is financed by government. It includes:

* Running seven disease-specific quality pilot registers
* Building a generic framework
* Quality, effectiveness, safety and equality of healthcare
* Patient-reported experience and outcome measures important part of quality assessment

Patient reported experience is one of the basic element in it.

We actively practice multi-sectorial approach involving all stakeholder groups, including NGOs, and it definitely leads to better-planned and more effective policies.

### **1.3 “Leaving no-one behind - examples from AHF worldwide programs”**

**Terri Ford**, Chief of Global Advocacy & Policy, AIDS Healthcare Foundation (AHF)

As of today AHF has almost 1,5 mln patients in 43 countries around the world and majority of them are on ART. We also performed around 5 mln rapid HIV tests on global level.

Our approach is based not only on the elimination of diseases but on the restructuring of healthcare systems and educating people to take care of their health and on creating convenient and friendly units of care.

Retention in care is a challenge in all our programs around the world. We are looking at patient-centered approach though the following initiatives:

* reducing waiting time and respecting patient’s time
* working on patient’s needs and patient’s satisfaction

We are working in 9 countries in Europe through our Europe Bureau, which is unique.

AHF has been fighting HIV for more than 30 years already. In 1988, we were starting as advocacy group and our efforts led to the opening of Chris Brownlie Hospice in USA. First AHF Global Clinic – Ithembalabantu (People’s Hope) – was open in 2002 in Africa with 100 people on treatment. At first government was not welcoming us there, but we managed to change their attitude demonstrating our effective model. Today we have 500,000 patients in Africa.

AHF India & Jyothis Clinic shows that our patients deserve the places where they are respected and valued.

“Girls Act” initiative on women and girls was started in Africa in 2018 with the basic messages to girls encouraging them to take care of their health with focus on: staying at school, preventing pregnancy, taking ART (for girls living with HIV). The initiative is growing into our a global effort.

In 2019, we set up a unique testing unit in a boat - Angely fromAmazonas – in Peru.

All these efforts and initiatives are serving the same basic goal: caring about people and bringing services wherever they need them.

**Christian-Silviu Busoi:**

Based on the key interventions presented we see that there is already a lot of commitment in the area of wellbeing and better health, and we have global and wide prospective with very important samples of concrete actions, which should be used to the most benefit.

## **Multidisciplinary actions towards inclusive health: people centered care**

Panel discussion. Chair: MEP **Lidia Pereira**

**Lidia Pereira**: The multisectoral approach, patient centered care and social inclusion are pillars to more efficient and more sustainable European health services. We have to face the future and take advantage of scientific innovations and share good practices. I am thankful to the presenters we have today as their contribution in the most welcome here.

People centered approach means putting people and communities, but not diseases, into the center of healthcare system and empowering people to be in charge of their own health rather than being passive. Evidences show that healthcare services that are targeting the needs of people are more effective, costless and beneficial to the patients. They help people to be better prepared to health related crisis.

People centered care means that people have better education and participate in taking the decision and in own care. Altough, it is important to maintain the dialogue of decision makers and stakeholders. HIV, TB and STIs are three important challenges and we need to explain to law and decision makers, what are these diseases and what are core preventions.

People centered care is directly linked to the concept of economy of the wellbeing and multi-sectoral approach is a key element of it. We have to deliver in the nearest years and show how integrated approach can better benefit European citizens and strive for more cost efficiency. In this context, shifting from the disease-centered to people-centered approach is timely and necessary.

### **2.1 “Securing Political Leadership for Better-Health and Well-Being in HIV, TB and STIs”**

**Mariam Jashi**, Member of Parliament, Georgia

I will present the mission, the scope of work and the priorities of UNITE (The Global Parliamentarians Network) as an example of political leadership towards elimination of infectious diseases. Almost 38 mln people who are living with HIV worldwide, 10 million fell ill with Tuberculosis in 2017 and 1.6 million died. Viral Hepatitis is responsible for at least.1.34 million deaths per year. Infectious Diseases (IDs) remain among leading causes of death worldwide and UN SDGs aims at ending IDs by 2030.

There is a strong need to take action among decision makers and global policies developers and to deliver global policy goals. For years, international communities and executive governments have been misunderstanding and underestimating the roles of the parliaments. When we move to parliamentary democracy, the MPs have a very important role in interfering priorities settings, budgets allocations, etc.

UNITE is a Global Network of current and former Parliamentarians committed to ending Infectious Diseases (IDs) as a global health threat. We define HIV\AIDS, Viral Hepatitis, Malaria, TB, Waterborne Disease and Neglected Tropical Diseases as priority IDs. Our priority areas are: drug policy, antimicrobial resistance, vaccination, vulnerable populations, SDGs Universal Health Coverage, Outbake and Preparedness Control.

UNITE’s prime strategy is based on:

* Promoting Political Accountability to end IDs (f.i. leading a political voice in the work on policies, declarations, international regulations, etc)
* Raising Political Awareness (f.i. Joint Action Policy Days)
* Increasing Political Advocacy (f.i. calls for actions)
* Mobilizing Political Will for actions to end IDs (f.i. working on policy changes)
* Ensuring Political Leadership in law changes aimed to end IDs

### **2.2 “National response to HIV/AIDS in Lithuania”**

 **Rasa Kanašonkienė**, Advisor to the Member of Lithuanian National Parliament (Seimas)

National HIV/AIDS/STI Prevention and Control Action Plan 2018–2020 aims to achieve:

* Early detection of new HIV cases by increasing the availability of HIV testing services among target groups, as well as broaden the coverage of HIV treatment, by increasing the coverage and quality of HIV-related healthcare services
* Raised public awareness about HIV/AIDS and STIs and efforts on their prevention
* Improved knowledge and competencies of healthcare specialists and other professionals in HIV / AIDS and STIs prevention
* Improved access to HIV and STIs health services
* Ensure epidemiological surveillance and monitoring of HIV/AIDS and STIs

Main steps for effective response to HIV and related comorbidities

* Changes to the law and policies - increased access to HIV testing
* Implementation of integrated care - expanding screening for other infections that starts at community level (e.g. TB, Syphilis, Hepatitis screening with express tests)
* Intervention to reduce stigma - awareness of healthcare specialists, patients’ influencers, adjustments to medical curricula
* Intervention to improve knowledge and awareness among key populations and general population

The main gaps in HIV response are related to:

* Community HIV screening is not legally possible
* Insufficient availability of HIV treatment specialists at regional level
* Collaboration between NGOs, governmental organizations and institution coordinating HIV response (Centre for Communicable Diseases and AIDS) is very limited
* Lack of integration of social-health services
* Lack of awareness of healthcare specialists about HIV (diagnosis and treatment) and comorbidities

Strategies to include in National response

* “Test and Treat” - an intervention strategy in which the population at risk is screened for HIV infection and diagnosed HIV infected individuals receive early treatment and care, aiming to improve their quality of life and reduce HIV transmission to others
* TasP (Treatment as Prevention) - refers to HIV prevention methods and programs that use antiretroviral treatment (ART) to decrease the risk of HIV transmission
* UegualU (U=U “undetectable” – “untransmutable”) - means that people living with HIV who achieve and maintain an undetectable viral load by taking and adhering to antiretroviral therapy (ART) as prescribed, cannot sexually transmit the virus to others
* PrEP - Pre-exposure prophylaxis (is a way for people who do not have HIV but who are at very high risk of getting HIV to prevent HIV infection)

Link to the speech of **Dovilė Šakalienė** – Member of Lithuanian Parliament

<https://www.youtube.com/watch?v=1Xw2mRhLDhM&feature=youtu.be>

### **2.3 “People-centered health services - experience in implementing the approach in AHF Europe programs”**

**Anna Zakowicz**, Deputy Bureau Chief, AHF Europe

AHF has been providing HIV services in Europe since late 2009 starting with the first patient in Odessa, Ukraine. AHF runs HIV prevention, testing, linkage to care and treatment and care services together with the partners, governmental and non-governmental institutions and alone in nine European countries in the west, center and the east. AHF own led programs include: Linda Clinic in Estonia, Test&Treat Clinic in Odessa, Checkpoints in Amsterdam, Kyiv and Lviv.

The mission of the organization is “Cutting edge medicine and advocacy regardless of ability to pay*”.*

In our programs AHF

* addresses challenges related to unequal access to health services: geographic, for some populations, related to costs
* provides universal, equitable, high quality services with financial sustainability
* provides services that address the needs of the users
* aims to deliver people-centered care including co-production

In 2016, 69th World Health Assembly adopted the resolution on strengthening integrated, people-centered care health services. The Executive Board of WHO in its recommendation on adoption of the resolution urged the Member States:

* to implement proposed policy options in the framework on integrated, people-centered health services in accordance with nationally set priorities towards achieving and sustaining universal health coverage;
* to make health care systems more responsive to people’s needs, preferences and expectations, while recognizing their rights and responsibilities with regard to their own health
* to promote coordination of health services within the health sector and inter-sectoral collaboration in order to address the broader social determinants of health and to ensure a holistic approach to services, including health promotion, disease prevention, diagnosis, treatment, disease-management, rehabilitation and palliative care services;

The framework on integrated, people centered health care services focuses on five main areas, which can lead us to transformational shift in health care:

* Empowering and engaging people and communities
* Strengthening governance and accountability
* Reorienting the model of care
* Coordinating services within and acros**s** the sectors
* Creating an enabling environment

AHF programs succeeded in designing services that address the needs and support the client across continuum of care, data analysis and reducing the barrier of co-payment.

AHF on one hand integrated HIV/OST/TB under one roof and on the other is providing HIV/TB/HCV, mental health, gynecologic consultations, prevention of CVDs and psychosocial support for violence.

AHF is promoting decentralization including outreach care by client pathways- differentiated care or by task shifting: e. g. nurses and lay testers work as providers of HIV care.

AHH is empowering and engaging individuals, families and communities in StART Clubs, PAG, and Community health workers.

### **2.4 “Innovative person-centered approaches - examples from Norway“**

**Maryan Said**, Patient representative, Norway

The basic consumers of HIV related care services in Norway are migrants. The approach to the problem from the side of healthcare professionals is not satisfactory; patients are not involved into the system development. Migrant populations in Europe are vulnerable to HIV and not covered enough with educational and preventive initiatives.

We are in need for the modules, where patients can group and advocate for getting access to the coordination of services and possibility to influence the quality and structure of services. They need to share the issues they meet on the way of getting HIV care. We managed to establish and develop a user driven HIV outpatient clinic in Southern Norway. Apart from care services, it is supporting active involvement of people living with HIV in service development and delivery. Migrant patients suffer of the language barriers and extremely low literacy on HIV treatment. We address these problems through peer support workers whose purpose is to ensure that patients are well informed and receive the most comprehensive care.

## **Closing remarks**

by the host MEP **Yana Toom**

Several effective and valuable models that were presented as the examples of good practices showed that we already got some important developments in this area. We have some conclusions, which will help us to define the directions and items for the future work:

* Comprehensive approach is valuable, but it is not sufficient;
* Revision and reforming of the national healthcare systems is needed;
* Stigma is still a great problem and it correlates closely with low literacy;
* Lack of sexual education as well as lack of special education for healthcare professionals contribute a lot to the problems.

To address the challenges related to better health and wellbeing we need to:

* Continue exchanging best practices and proper information in a systematic way;
* Set up recommendations on social policies;
* Develop tools that will help to put some pressure on Member States and make them follow international recommendations and guidelines;
* Work on the development of social policies on EU level;
* Look for the sources of financial support and funding and ensure their proper use;
* Address social divisions between the Member States.

## **Reccomendations and the way forward**

By co-organising the event at the European Parliament AHF stood as a reliable partner to the European institutions and European decision makers willing to engage in the field of health and share the expertise. During the informal follow up discussions, the seminar received some positive feedbacks from the attendees and the speakers. The event is the first step towards a closer partnership with the policy makers, creating the favorable climate to exchange on the most outstanding health issues. The people centered care is one of the topics that AHF is promoting at it’s daily work. The Member States still struggle with the social inclusion of affected people, lacking the legislative background for more efficient “Test and Treat” practice by the community, the investment of national authorities in the fight against infectious diseases and the awareness raising on the health importance among the large populations.

At a larger scale, and in accordance with the concerns of European Commission on the AMR and better preparedness to contain epidemics, AHF will promote the necessity to call a Global Convention on Health, led by Europe, that would aim to align on the global response to the biggest health challenges. With nowadays’ communications systems, an outbreak born in one place of the world, may quicker than ever spread to other regions. To contain future epidemies, the national authorities will need to find common guidelines on how to prevent, respond and engage on specific actions. The recent case of Ebola outbreak is still one of the best examples showing the need to work together and to find more effective health protection systems.