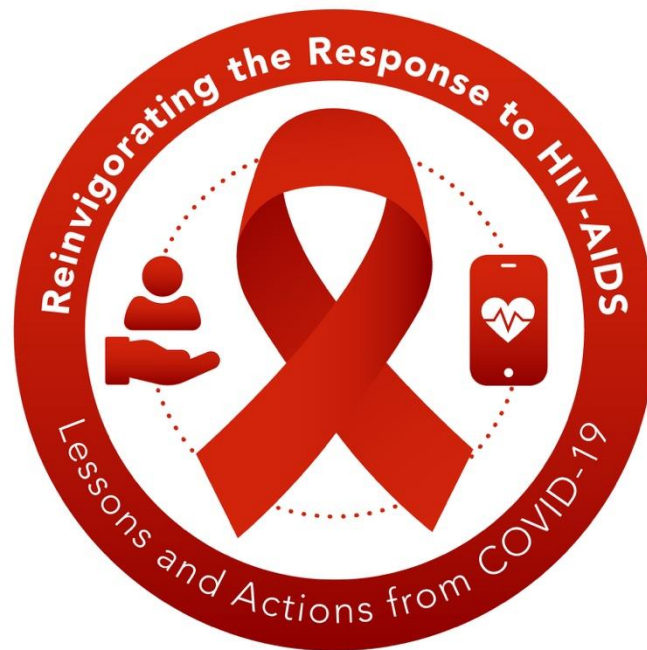




Wilton Park



Report

**Wilton Park virtual dialogue**

Reinvigorating the response to HIV: lessons  
and actions from COVID-19

Tuesday 7 December 2021 | WP2005

In association with:

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**ISGlobal** **Barcelona**  
Institute for  
Global Health



Report

## Wilton Park virtual dialogue

# Reinvigorating the response to HIV: lessons and actions from COVID-19

Tuesday 7 December 2021 | WP2005

In partnership with the Barcelona Institute for Global Health (ISGlobal)

### Executive Summary

[This Wilton Park virtual dialogue](#) convened a diverse group of 29 HIV experts and patients to discuss the challenges posed during the COVID-19 pandemic for marginalised populations in western Europe and how best to address them.

The COVID-19 pandemic has increased the risk of reversing the gains made towards ending HIV and AIDS. European countries have experienced many similar challenges during the COVID-19 pandemic, for example decreases in the number of people being tested, diagnosed and treated for HIV and increases in mental health issues. These challenges revealed existing weaknesses in health system data monitoring, information systems, and digital healthcare provision.

HIV prevention, treatment and care could greatly benefit from advances in digital health technology. Healthcare digitalisation engenders its own challenges, from a lack of investment and political will to considerations around privacy, trust, and health and technological illiteracies, which become more acute for vulnerable populations such as the elderly, homeless, migrant populations and people who inject drugs. To optimise the potential of digital health for HIV care, a patient-centred care approach is needed. This approach needs to consider individual choice, maintaining some in-person consultation with providers for those who need or desire this, while leveraging the opportunities of digital tools (e.g. telemedicine). Such a model holds great potential for improving testing, diagnostic, treatment, and monitoring capabilities.

This summary report marks the start of a process to develop a roadmap that will include an integrated, patient-centred HIV digital health consensus statement for health system decisionmakers. These findings can inform policy and care provision that seek to utilise supportive digital health interventions and aim to make current HIV models of care more patient-centred for the approximately 37.6 million people globally living with HIV.

## Introduction

In Europe, HIV programmes and policy have been largely side-lined by the COVID-19 pandemic, setting back progress on reaching the WHO/UNAIDS three 90s targets and advances in addressing the long-term health of people living with HIV (PLHIV). Global thought leaders recognise the need for health systems to address issues affecting long-term health, including multimorbidity, polypharmacy and experience of symptoms affecting health-related quality of life, as set out in a global HIV consensus statement launched at the International AIDS conference in July 2021<sup>1</sup> and the new UNAIDS global strategy.<sup>2</sup> While the potential of digital health to address such issues as part of routine HIV care has been recognised,<sup>2</sup> discussion of other issues arising from implementing a digital health transformation in HIV care has been largely absent.

At the same time, there has been a rapid development and implementation of digital health applications in response to the COVID-19 pandemic, driven in part by a reduction in access—via policy, care triage and individual choice—to hospitals and clinics, which were often overcrowded and understaffed. While the increased use of digital health technology has helped ameliorate some burdens in health service delivery, it is not a panacea.

This report presents the expert group's findings organised by thematic sessions, covering the impact of COVID-19, alignment with patient-centred care, and next steps to elucidate important emerging issues concerning digital HIV services and PLHIV, from confidentiality and privacy to digital literacy, and access to technology, especially among vulnerable groups such as elderly, homeless, migrant populations and people who inject drugs.

### Scene-setting: The impact of COVID-19 on PLHIV and at-risk communities

1. Public health systems have been unable to ensure full access to essential HIV services during the COVID-19 pandemic, including for vulnerable groups, with decreases in prevention, testing and treatment services reported across Europe, including in settings with low PrEP access.
2. PLHIV previously in care have been lost to follow up and many care providers lack resources to relink them to care, which will implicate the timely detection and diagnosis of comorbidities common with HIV for a segment of the population.
3. There is an acute need for attention to mental health, as there is abundant evidence of increases in depression, anxiety, and other mental health issues among PLHIV as well as factors that affect mental health, such as the use of alcohol and other drugs.
4. Community-based services have demonstrated resilience in providing access to HIV services across countries and should be integrally involved in the development and implementation of resilience strategies and responses.

### Learnings in digital health and implementing a patient-centred care approach

5. In a digitalised world in which 60% of all people are connected online, including 300 million new users since the start of the COVID-19 pandemic, the health sector must integrate telehealth and digital technologies within routine service delivery.

<sup>1</sup> Lazarus, J.V., Safreed-Harmon, K., Kamarulzaman, A. et al. Consensus statement on the role of health systems in advancing the long-term well-being of people living with HIV. *Nat Commun* 12, 4450 (2021). <https://doi.org/10.1038/s41467-021-24673-w>

<sup>2</sup> UNAIDS. End Inequalities. End AIDS. Global AIDS Strategy 2021-2026. <https://www.unaids.org/en/Global-AIDS-Strategy-2021-2026>

6. Accelerated digital changes can have advantages for health systems by promoting equitable access to quality services and facilitating more personalised care.
7. Risk and dangers including cyber security, privacy, data ownership, and the re-use of data are critical considerations and must be considered throughout the design and implementation of digital interventions.

#### *Improving individual health*

8. Digital health technologies, such as mobile applications, can improve access to HIV services, including teleconsultation which has been a key care platform during the COVID-19 pandemic.
9. The collection of biomarkers digitally can be used to develop timely and personalised healthcare interventions.
10. These technologies may also allow providers to look at the health of people in a holistic way including mental health, sleep, exercise and diet, which can be highly beneficial for PLHIV.
11. Digital platforms can support the collection and analysis of longitudinal patient data, allowing healthcare providers to optimise their time by consulting relevant data shared among multiple providers; such approaches can be most beneficial for patients with multimorbidity managed by different care providers.
12. There are opportunities for technology in the field of HIV/STI prevention to improve access to sexual health knowledge and counselling services among casual sex, sex work, drug use, and chemsex networks.

#### *Population-level implications*

13. The field of HIV has effectively implemented digital health technologies, for example to educate populations on stigma and pre-exposure prophylaxis, to facilitate outreach for testing services to at-risk groups, and to monitor treatment. Though the field is well positioned to expand on this progress, there is a digital divide between countries, regions and ages.
14. Despite the growing potential of health technologies, health and technological illiteracies remain global barriers to their use. Digital health technologies for PLHIV should consider engagements that create nudges for content, include treatment reminders, provide coaching and community, and improve the communication of accurate information between patients, providers, and policy experts.
15. Health inequalities should be monitored and addressed in national strategies, and digital approaches evaluated to determine the positive and negative impacts these approaches may have on inequities.
16. Preparedness and resilience for future pandemics requires aggregate data on the effectiveness of interventions as well as their ability to maintain or improve access to services during crisis e.g. via teleconsultation, chat systems, and chatbots.

#### *Privacy issues*

17. Data privacy for patients both at hospital or from their homes is not the same for PLHIV compared to the general population or people with other conditions, due to pervasive HIV-related stigma.
18. Strict HIV data protection laws may need to be reviewed in an era of increasingly expanding digitalisation to strengthen data privacy without inhibiting data use to improve population and individual health.

## **Building a digital health roadmap for patient-centred HIV through development of a consensus statement: guiding principles and next steps**

### *Guiding principles for the roadmap*

19. A platform that creates a digital place for patients and professionals to meet, while ensuring that face-to-face access remains available, is integral to patient-centred HIV care.
20. Digital interventions should support and strengthen commonly identified values (e.g. trust, compassion) between health providers and patients in their development and use.
21. In particular, marginalised communities should be centralised in decision making to address the complexities of navigating health systems and improve health outcomes, included health-related quality of life.
22. In the digital age, new questions have and will continue to emerge, such as the metrics to measure quality of care in digital settings. PLHIV, especially those from vulnerable communities, should be involved in framing and answering such questions.
23. Digital solutions should assist health system in moving from disease to health, by identifying qualitative changes in wellbeing and health rather than only disease biomarkers.
24. Regulatory changes due to the pandemic and response to the economic impacts, as well as increased investment in telemedicine, creates an enabling environment for developing novel digital solutions in HIV care.

### *Next steps to develop a consensus statement*

25. A consensus statement among leading HIV and digital health experts can help decisionmakers prioritise investments in and address issues related to the application of digital health to improve HIV care.
26. The Delphi method will be employed as it can achieve consensus through an iterative multi-stage process that uses quantitative and qualitative feedback, modifying individual opinions and merging them to achieve a set of consensus statements and, if desired, consensus recommendations.

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### **Jeffrey V Lazarus, Trent White and Lena Van Selm**

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