People-centred health services at HIV clinics across Europe

Findings from the EuroSIDA clinic survey

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Background

- People-centred health systems (PCHS) should organise services around patient needs, and this includes integrated care.

- What does this mean in the field of HIV – and what are implications for patients?

- Long-running EuroSIDA cohort study provides an opportunity to investigate these questions.
Background: the EuroSIDA study

- Prospective observational cohort study launched in 1994
- 108 clinics in 35 European countries, Israel and Argentina
- More than than 18,000 HIV-positive patients enrolled
Methods

- 59-item survey of 98 active EuroSIDA clinics (excluding Argentina) in early 2014
- Survey included PCHS items
- Responses from “EuroSIDA East” clinics – Belarus, Estonia, Lithuania, Russian Federation and Ukraine – compared to responses from clinics in 26 other countries – employs a EurosSIDA designation of East
- Fisher’s exact test; statistical significance defined as p<0.05
Results

Availability of people-centred health services

P-values from Fishers exact test for comparing proportions.

1N=81 responses: 11 from East and 70 from non-East.
2N=81 responses: 12 from East and 69 from non-East.
3N=80 responses: 12 from East and 68 from non-East.
Results

**Availability of free services**

- No patients charged for clinic visits: p=0.28
- No patients charged for ART: p=0.51
- No patients charged for CD4 testing: p=0.32
- No patients charged for VL testing: p=0.47
- No patients charged for drugs to treat OIs: p=0.93

P-values from Fishers exact test for comparing proportions.
All questions had 81 responses: 12 from East and 69 from non-East.
ART = antiretroviral therapy; CD4 = CD4 cell count; VL = viral load; OIs = opportunistic infections.
Limitations

- Survey data reported by clinic representatives –
  - Possible errors
  - Possible response bias
- Survey conducted in English only
- Responding clinics not representative of HIV clinics in Europe –
  - Half were university clinics
  - Almost half were government-affiliated
  - Many were in capital cities
Conclusions

- Some service gaps in EuroSIDA East (Belarus, Estonia, Lithuania, Russian Federation and Ukraine)
  - Mental health treatment/referral
  - Family planning counseling
  - Foreign language interpreters

- Some service gaps in full cohort of EuroSIDA clinics
  - Drug/alcohol treatment
  - Opioid substitution therapy
  - On-site childcare
Conclusions

- Further research needed on whether HIV patients with drug/alcohol addiction have access to treatment and to opioid substitution therapy

- Further research needed on consequences of health service fees for HIV patients

- **Strategic question**: how can large observational cohort studies such as EuroSIDA be harnessed to advance our understanding of people-centred health care and in particular the integration of services?
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