



REDUCING HIV UNKNOWN CASES IN SPAIN

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19 MILLION OF THE **35 MILLION** PEOPLE
LIVING WITH HIV GLOBALLY
DO NOT KNOW THEIR HIV-POSITIVE
STATUS

**To end the HIV epidemic
we need to diagnose and treat
them**

Dominant Topic	Total	1981-1986	1987-1990	1991-1995	1996-1999	2000-2002
HIV prevention/protection	13%	10%	14%	14%	12%	12%
Education/awareness efforts	7%	4%	7%	7%	6%	6%
Research	11%	13%	11%	9%	14%	10%
Treatment/drugs	5%	5%	5%	3%	7%	4%
Vaccine	2%	1%	2%	1%	2%	2%
Transmission	10%	17%	11%	9%	8%	3%
Social issues	10%	15%	13%	8%	6%	4%
Discrimination/stigma	6%	12%	7%	4%	2%	1%
Government funding/financing	8%	7%	9%	5%	8%	18%
Funding for treatment	2%	2%	3%	1%	1%	2%
Cost of prescription drugs	1%	<1%	1%	<1%	1%	7%
Epidemiology	8%	11%	6%	6%	8%	12%
Philanthropic fundraising efforts	7%	3%	4%	9%	10%	10%
Testing	6%	7%	8%	5%	5%	2%
Political issues	6%	5%	7%	6%	2%	8%
Treatment	5%	3%	6%	5%	7%	6%
Public figures' HIV status/death	5%	3%	3%	9%	4%	3%
Reviews (film, music, etc.)	4%	1%	3%	7%	5%	5%
Volunteer efforts	2%	<1%	1%	3%	4%	3%
Other	4%	3%	4%	5%	6%	5%

On September 22 2006, CDC release revised HIV testing recommendations for healthcare settings, recommending routine HIV screening for all adults, aged 13-64, and yearly screening for those at high risk. **They introduced the notion of cost-effectiveness into their report thanks to the results obtained by David Paltiel and his team.**

R to PM

- 2010 ECDC publishes that around 30% of people with HIV are not aware of having it, and are likely to generate approximately 50% of new infections
- Surveillance data from Spain show that 48% of new diagnosis are late diagnosis (<350 CD4)
- 2014 “Guideline on Recommendations for early diagnosis of HIV in Health Care settings in Spain”
- Spanish HIV experts asked for a cost-effectiveness study to compare strategies based on these two criteria
- Experts from the Institute of Health Carlos III (ISCIII) were appointed to lead the project. ISCIII is the research institution that feeds data to the Ministry of Health and our team coordinates a cohort of HIV patients in Spain

PM to R

WHAT IS OUR AIM?

To find the best strategy to reduce the number of unknown HIV cases and the diagnostic delay at an acceptable cost

HOW DO WE DO THIS?

- Through health impact assessment by comparing different strategies to test for HIV in the spanish population.
- We need data, a model, and experts.

First partner: INSERM

R to R

- We contacted Dr Yazdanpanah from INSERM who has experience in cost-effectiveness analysis and asked for help
- We presented Spanish surveillance data, data from the AIDS Research Network Cohort (CoRIS) and Spain in general

Second partner: Harvard Medical School

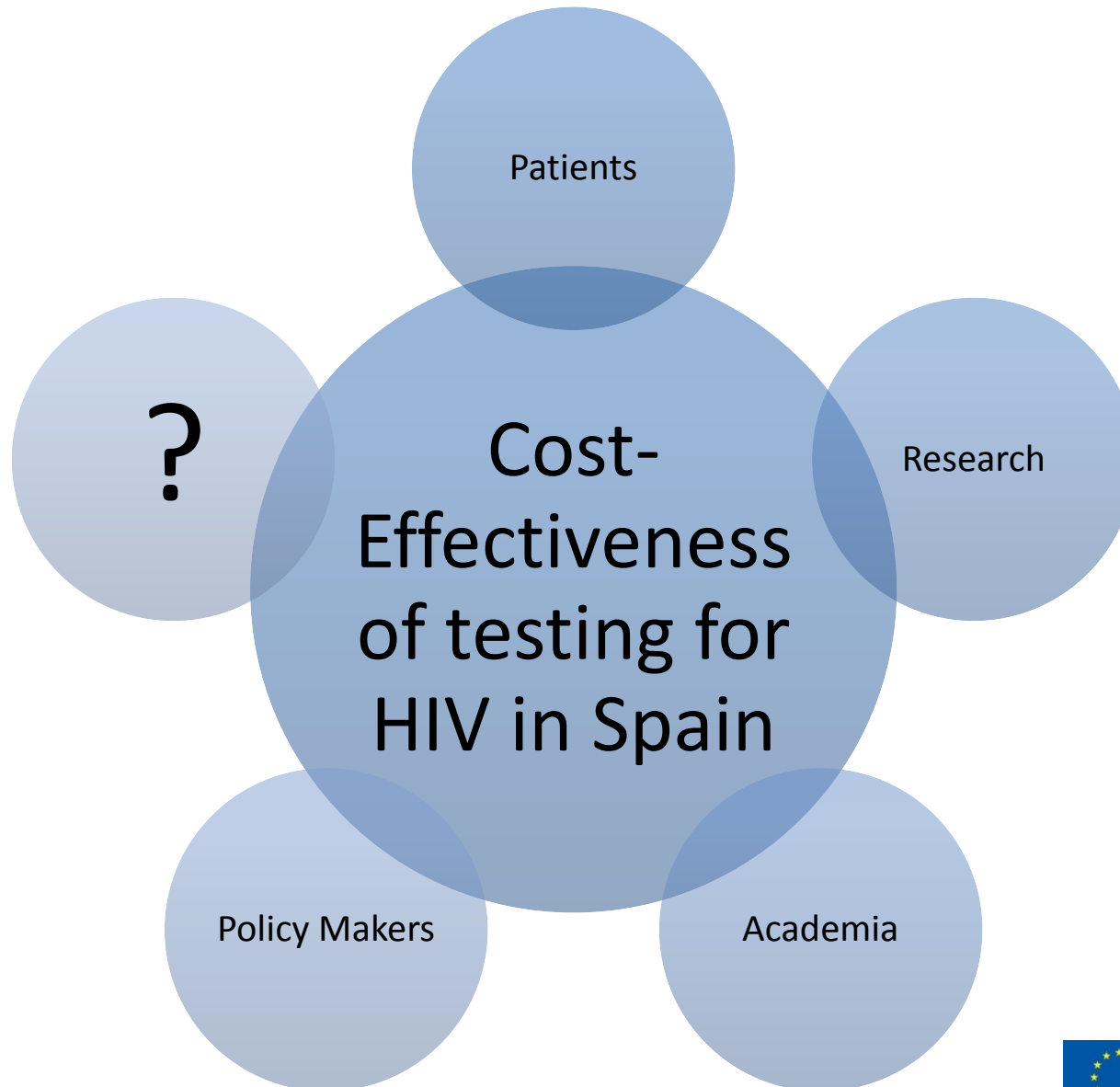
R to A

- We contacted Dr. Kenneth Freedberg from the Harvard Medical School (long standing partner with Dr Yazdanpanah) and explained our project
- Agreed to collaborate with us with their Cost-Effectiveness of Preventing AIDS Complications (CEPAC) model

WHO IS DOING WHAT?

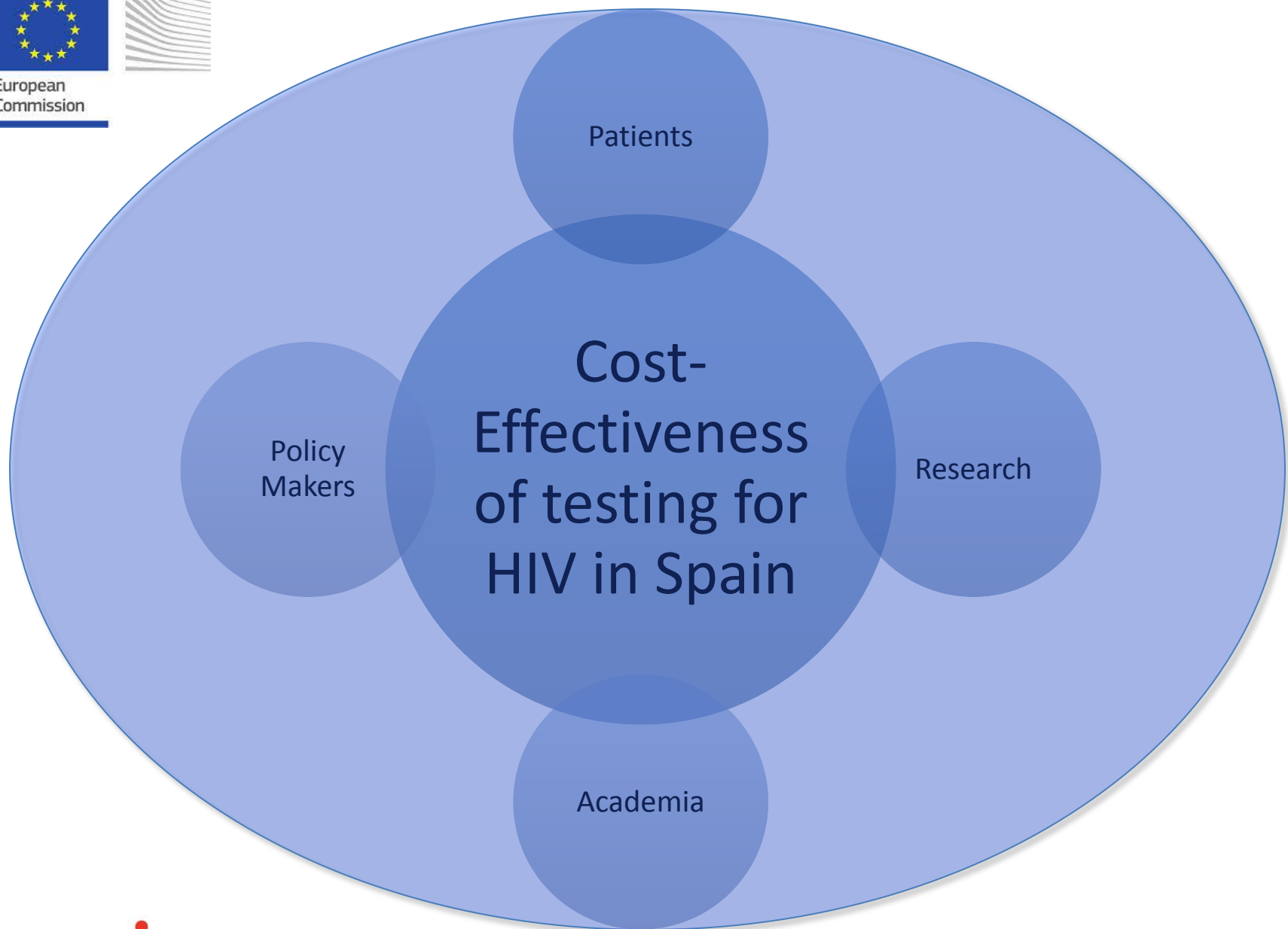
- ISCIII: agreed to collect data on use of health services by HIV patients, unit cost per service and treatment, data analysis, etc.
- INSERM co-leads and supervises the process through their experience and knowledge on cost-effectiveness analysis
- HMS contributes with the model and knowledge on cost-effectiveness analysis

Good news: a new partner





European
Commission



Current situation

- Optimizing testing and linkage to care for HIV across Europe (OptTEST) received a grant from the European Commission's Consumer, Health and Food Executive Agency Health
- Work Package 6 is dedicated to Cost-effectiveness of HIV testing in **Estonia, France and Spain**
- The project started June 4th 2014

At the end of this study:

Each country will have identified the most cost-effective strategy to reduce their unknown cases of HIV and contribute to **end the HIV epidemic**

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 - OptTEST Steering Committee members:
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 - OptTEST Partners
 - Main Partner- CHIP; Denmark
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www.opttest.eu