



# Belgian HIV Plan

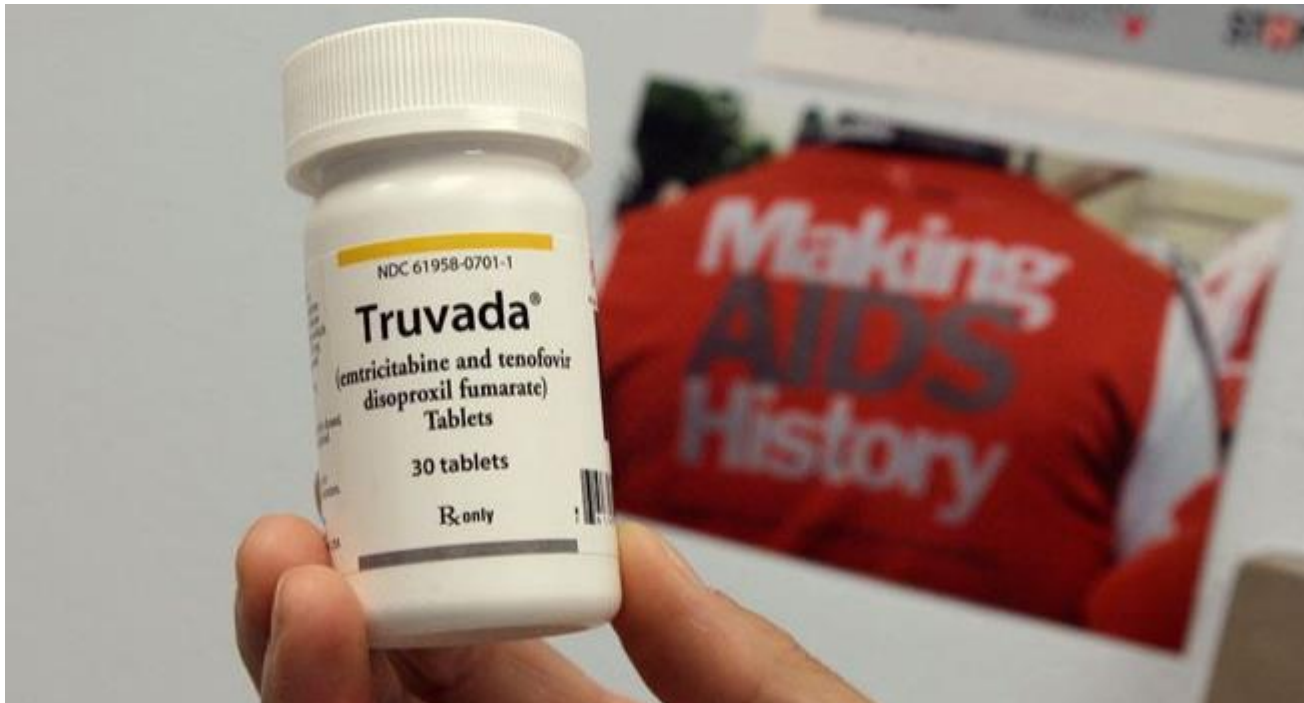
**2014 - 2019**



24 November 2017, BREACH symposium, Monitoring Committee, 2017

# Priorities of the Monitoring Committee 2017

- Task Force PrEP for Belgium
- Task Force Testing Strategy



# Task Force *PrEP for Belgium*

***The Task Force has the aim to support the process of making PrEP available in Belgium.*** It is therefore a platform to communicate on PrEP to different stakeholders.

Support will be gained on different levels:

- Building support and commitment of the Health Ministry;
- Building support among clinicians;
- Building support and commitment of the LGBT-community and -organisations, civil society (prevention organisations).

# Results 2017 PrEP

- Be-PrEP-ared study (ITM)
  - Financial support from the Flemish Government
  - Roll out started
- Reimbursement of PrEP available since May 2017 (conditions)
- Successful entry of approximately 800 PrEPers in ARCs
- National register for data collection expected for 2018 (INAMI/RIZIV)
- Discussing “PrEP clinical package”

# Task Force *Testing Strategy*

- Technical Working Group ‘Sexual Health’ established in the context of the **Protocol agreement on prevention** (21 March 2016)
  - TWG composed of policy makers
  - Reports to Interkabinetten Werkgroep Chronische Ziekten (IKW)/ Groupe de Travail Intercabinets Maladies Chroniques (GTI)
  - Focus: HIV plan, actions 37 & 38 = TESTING
  - 2 layers as to the development of a ***National STI/HIV Testing Strategy***
    - Evidenced-based and clinical aspects (who should be tested, frequency of testing ...) which are dealt with by the KCE.
    - The coordination of policies between the federal government and the regions (offer, education & training, data collection) which are dealt with by the TWG ‘Sexual health’
- TWG will introduce a proposal to the IKW/GTI

# Results 2017 Testing: Self-test

- 24<sup>th</sup> of November 2016 first HIV self-test available in pharmacies.
- Brochure on **HIV self-test** (IPH).
- Data collection on self-testing is not feasible. Data can only be visible if the person pursues medical care after a reactive self-test.
- Post market surveillance is to be performed by the manufacturers of the self-tests.
- Other HIV self-tests to be marketed shortly.

# Results 2017 Testing: Demedicalised Testing

- Favourable advice 9224 SHC on **demedecialised and decentralised** testing
- Law 18<sup>th</sup> December 2016 allowing for demedicalised testing
  - *“Non-health care professionals can perform orienting tests under certain conditions”*
    - KB/AR is in development defining conditions
    - Focus: training – certificate
    - Operationalisation AR/KB expected mid 2018
    - Financing of projects *remains regional competence*
- Discussion anonymous registration test-results (IPH)
- *If successful implementation open to discuss STI testing*

# Results 2017 Testing: Anonymous Testing Centers

- KB/AR 6th March 2017 structural financing for 3 low threshold screening centres for anonymous testing:
  - Help Center (Antwerp);
  - Elisa (Brussels)
  - CHU Liège + SidaSol (Liège)
- New convention defines population , type of test, data collection and proportion of decentralised testing covered



# Results 2017

## Testing: Instruments

- Opt Test EUROHIV conference and instruments
  - [Tools to set up/ improve indicator condition \(IC\) guided testing in clinics](#)
  - [Tools for improving linkage to HIV treatment and care](#)
  - [Tools to evaluate cost-effectiveness of testing](#)
  - [Tools to advance legal and regulatory changes to improve testing and linkage to care of key affected communities](#)
  - [Tools to address Stigma](#)
- Screening tools for use: workshop planned in 2018
- <http://www.opttest.eu/>

# Primary Prevention

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- Current **information** was actively distributed and priority groups were targeted;
- **Distribution** of condoms and lubricant, test offer, *needle exchange* promoted towards priority groups
- **Professionals** participated in information sessions, conference cycles, roundtable debates and contributed to collective projects;
- Paradigm shift to combination prevention proceeds successfully



# Outstanding questions “Primary Prevention”

- **HPV vaccination of boys**

- Favourable advice SHC October 2016;
- Industry needs to enter demand to enlarge reimbursement criteria RIZIV/INAMI and negotiate with regional governments to enlarge current policy
- KCE: cost-effectiveness study vaccinating boys to start in December 2017, results expected in 2018.

- MC supports EACS guidelines to be applied uniformly across ARCs

Human Papilloma Virus (HPV)	Shared risk with HIV of contracting infection. Higher rate of cervical and anal cancer	Vaccinate with 3 doses for all HIV-positive persons up to age 26 / age 40 if MSM (health insurance coverage differs by country according to age, sex, sexual orientation). Use 9-valent vaccine if available. If HPV infection is established, efficacy of vaccine is questionable
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- Update advice 8902 SHC desirable given results PARTNER-study

# Test and Treat: reimbursement

- Sustaining favourable effect of TasP measures on epidemiology
- RIZIV/INAMI will reimburse treatment syphilis (Penadur) as of 1<sup>st</sup> January 2018

Nieuwe Paragraaf xxx0000	Nouveau Paragraphe xxx0000
a) De specialiteit wordt vergoed in categorie A voor zover de arts verantwoordelijk voor de behandeling attesteert dat de rechthebbende zich bevindt in één van de volgende situaties:	a) La spécialité fait l'objet d'un remboursement en catégorie A pour autant que le médecin responsable du traitement atteste que le bénéficiaire se trouve dans l'une des deux situations suivantes:
- het betreft een rechthebbende besmet met syfilis ongeacht het stadium, bewezen op basis van een VDRL,TPHA of RPR-test	- Soit qu'il s'agit d'un bénéficiaire qui est atteint syphilis quel que soit le stade, prouvée sur base de tests VDRL, TPHA ou RPR
- het betreft een rechthebbende die de seksuele partner is van een patiënt besmet met syfilis	- Soit qu'il s'agit d'un bénéficiaire qui est un partenaire sexuel d'un patient atteint de syphilis
b) Bovendien attesteert de hierboven vermelde arts, dat hij weet dat de maximaal vergoedbare posologie beperkt is tot 6 verpakkingen van 1,2 miljoen UI per jaar.	b) En outre, le médecin visé ci-dessus atteste qu'il sait que la posologie maximale remboursable est limitée à 6 conditionnements de 1,2 millions d'UI par année.
c) De hierboven vermelde arts verbindt zich ertoe om, in het medisch dossier van de patiënt de bewijsstukken die aantonen dat aan bovenvermelde voorwaarden werd voldaan op het ogenblik van het voorschrijf (for infection :Test results of both treponemal and non-treponemal (RPR) assay, or Treponema pallidum PCR result and for reinfections: a fourfold rise of RPR titer), ter beschikking te houden van de adviserend geneesheer.	c) Le médecin visé ci-dessus s'engage à tenir à disposition du médecin-conseil, dans le dossier médical du patient, les preuves que les conditions susmentionnées étaient satisfaites lors de la prescription (for infection: Test results of both treponemal and non-treponemal (RPR) assay, or Treponema pallidum PCR result and for reinfections: a fourfold rise of RPR titer).
d) Op basis van het attest opgemaakt door de arts verantwoordelijk voor de behandeling, reikt de adviserende geneesheer aan de rechthebbende een machtiging uit waarvan het model vastgesteld is onder "b" van bijlage III van dit besluit en waarvan de geldigheidsduur beperkt is tot een maximale periode van 12 maanden.	d) Sur base de l'attestation du médecin responsable du traitement, le médecin-conseil délivre au bénéficiaire l'autorisation dont le modèle est fixé sous « b » de l'annexe III du présent arrêté et dont la durée de validité est limitée à une période maximale de 12 mois.

# Quality of Life PLWH

- Awareness raising campaigns on anti-discrimination of PLWH
- Improving empowerment and self-management of PLWH
  - Comorbidities, UVL, social rights and housing, Positief Contact, peer support weekends, workshops for priority populations on disclosure and sex...
  - Pleading for access to care for most vulnerable PLWH
- Participatory approach in development of information materials, workshops, empowering materials for patient-doctor communication
  - E-learning tool, Hermetic and GPs training sessions,
- Needs assessment PLWH scheduled 2018-2019 in Flanders



# Positive Council: improving quality of care and quality of care of PLWH

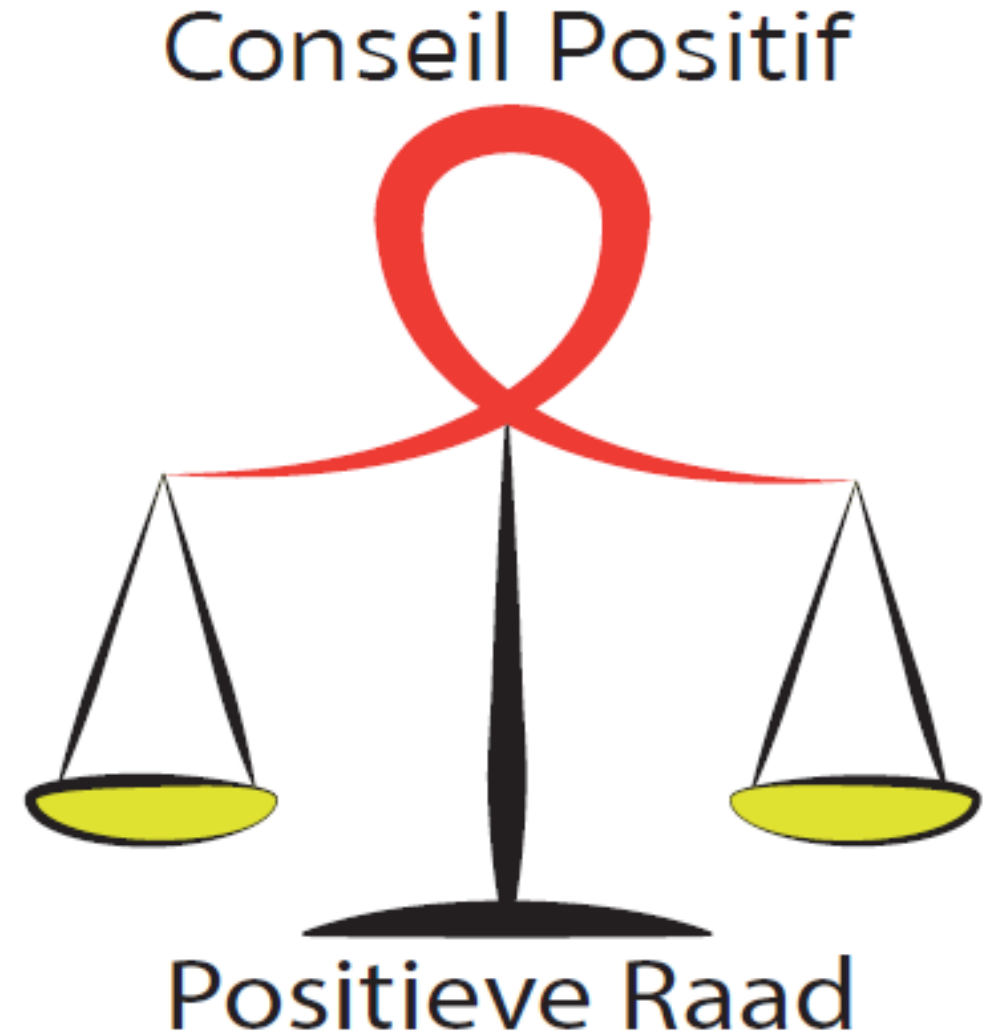
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- Advice on reimbursement of HIV medication regardless of CD4 level.
- Involvement in discussions on the new Convention.
- Important considerations & principles:
  - Include the target group "*Long Term Survivors*" in the Convention (education, quality of care,...)
  - "Quality of care " of PLHIV should not suffer from a focus on prevention.
  - Develop further *peer to peer education*, prevention, health information
  - Strengthen the recognition of *associations and patient educators* playing an essential role in education and support of PLHIV.
  - Provide *differentiated consultation time*.
  - Improve the *coordination* between specialists and GPs to the benefit of the patient.
  - Invest in decreasing *differences* between ARCs



## Chemsex

- Initiation of a multi-disciplinary working group with all stakeholders involved (ARCs, NGOs, specialist centers and Chemsex users) to improve support and harm reduction.
- - **HPV** vaccination of HIV Risk group: Stimulate alignment and request to follow SHC and recent EACS guidelines (October 2017).



To conclude

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HIV Plan: where are we?

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MID TERM

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Preparing for 2019  
and beyond