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BELGIAN RESEARCH AIDS&HIV CONSORTIUM

Best Posters Contest

12 Posters

- 2 Basic Science
- 4 Clinical Science
- 6 Social Science

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Comparing latency profiles of HIV-1 and HIV-2.

BEST POSTER

Basic Science

" COMPARING LATENCY PROFILES OF HIV-1 AND HIV-2 "

Bruggemans A., Vansant G., Zurnic I., Debyser, Z.
KU Leuven, Molecular Virology and Gene Therapy

7th BREACH SYMPOSIUM
November 30th, 2018
Concertgebouw, Bruges

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BEST POSTER

Clinical Science

“ WHO IS DIAGNOSING WHO?
DATA FROM THE NATIONAL HIV SURVEILLANCE, BELGIUM, 2016-17 ”

Van Beckhoven D., Fransen K., Verhofstede C., Delforge ML.,
Van Den Wijngaert S., Pierard D., Hayette MP., Van Ranst M., Dessilly G.,
Apers H., Loos J., Sasse A., Deblonde J.

7th BREACH SYMPOSIUM

November 30th, 2018

Concertgebouw, Bruges

Presented at the 22nd International AIDS Conference – Amsterdam, the Netherlands
www.aids2018.org

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BEST POSTER

Social Science

"QUANTIFYING THE IMPACT OF REDUCED INVESTMENTS IN INTEGRATED HIV CARE DELIVERY IN BELGIUM"

Vermeersch S.J., **Demeester R.,** Callens S. , De Wit S., Annemans L.

7th BREACH SYMPOSIUM

November 30th, 2018

Concertgebouw, Bruges

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Context and objectives

In Belgium, **AIDS Reference Centers (ARC) deliver patient centered, integrated HIV** care leveraging state of the art medicine and expertise to provide [illegible] management.

We developed an [illegible] framework[a] to help drive value-driven financing approaches. The **quantification of ARC value drivers is a key framework component. The present study quantifies the impact of disinvestments in ARC.**

Methods

We leveraged the **published BELHIVPREV model**[b] to assess the [illegible] in Belgium.

5 of the 10 key value drivers identified in the ARC value framework:

1. Prevent new infections
2. Reduce the number of undiagnosed
3. Link to care: visiting a healthcare provider after a positive diagnosis
4. Retain in care: having viral load measured at least once per year
5. Achieve and maintain virological control: viral load < 200 copies/ml

Included in our analysis

6. Support quality of life
7. Manage and reduce comorbidities
8. Maintain sexual and reproductive health
9. Perform data collection
10. Drive and execute research

[a] See poster/abstract PED566 – *A framework for value-based financing of integrated care for persons living with HIV*

[b] Detailed model description in *Vermeersch et al. Acta Clin Belg 73 (1),54-67*

We simulated **4 scenario's** for 2020, which were further extrapolated to 2030: (i) **current effort**; (ii) **reduced effort**; (iii) **additional effort**; (iv) **additional effort + reinforced outreach**

	Current effort	Reduced effort	Additional effort	Additional effort + reinforced outreach
Undiagnosed	11%	12%	10%	8%
Treated	94%	92%	97%	97%
Viral load < 200 c/ml	93%	94%	98%	99%
Linked to care	98,2%	95%	99%	99%
Retained in care	97,9%	97%	99%	99%
PrEP (patients)	1 500	1 000	2 633	2 633

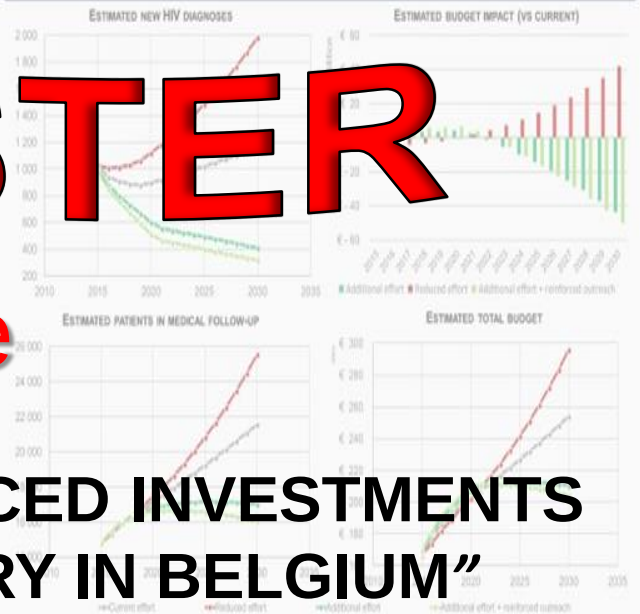
Model scenarios were based on hypothetical yet realistic, expert estimated parameter settings.

Cumulative costs were generated from 2015 to 2030 and assumed:

- **3M€/year investment** (+60% of total Belgian ARC costs) in the **'additional effort'** scenario.
- **2,2M€/year disinvestment** (-43% of total Belgian ARC costs) in the **'reduced effort'** scenario.

For the 'additional' and 'reduced' effort scenarios the **ROI** was calculated as the ratio of (cumulative budget impact – cumulative investment cost) over (cumulative investment cost).

Results



	Current effort	Reduced effort	Additional effort	Additional effort + reinforced outreach
New diagnoses **2020** (patients)	899	1 121	603	513
Annual budget **2020** (euro)	203 M€	202 M€	207 M€	209 M€
Annual budget **2030** (euro)	254 M€	296 M€	211 M€	204 M€

RETURN ON INVESTMENT	COST OF NON-INVESTMENT
2,4	-4,0
Every € invested results in 2,4 € saved by 2030	Every € saved results in 4,0 € lost by 2030

Conclusions

Investing in integrated care remains critical in managing HIV disease and budget impact. Reducing ARC budgets leads to **significant and lasting impact on the epidemic and healthcare budget expenditure.**

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