

# Ministry of Health. National Plan on AIDS

## HIV service tracking in 2020 in Spain; impact of COVID-19

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### **Authorship**

- National Plan on AIDS, Directorate of Public Health. Ministry of Health.
- National Center of Epidemiology. Carlos III Health Institute. Ministry of Science and Innovation.
- Government Delegation for the National Plan on Drugs. Ministry of Health.
- Directorate General for prisons, Ministry of the Interior.
- Health Prisons Department. Government of Catalonia.
- Representatives of the HIV and STI Plans in the Spanish Autonomous Regions and Cities.
- Advisory Committee of NGO (COAC).
- Spanish HIV/AIDS Research Network (RIS).



## HIV service tracking in 2020 in Spain: impact of COVID-19

### 1. Health Information needs to track progress towards ending AIDS by 2030

While the COVID-19 pandemic continues to expand globally, the assessment of its impact on HIV and AIDS and national responses becomes necessary. The Global AIDS Monitoring exercise led by UNAIDS was exceptionally complicated in 2020 due to the COVID-19 situation. The aim of this initiative is to identify potential HIV service disruptions in countries' progress towards the Fast-Track Targets in ending AIDS epidemic by 2030.

The data requested by UNAIDS to the National Plan on AIDS in (NPA) the Ministry of Health (MoH) of Spain is structured around the following five topical areas: Testing and treatment, Mother-to-child transmission, Key populations, Prevention and Sexual and gender-based violence.

In response to UNAIDS call to track HIV services in Spain during 2020 and to assess the impact of COVID-19 pandemic, the NPA has considered the appropriateness and the feasibility of collecting each one of the indicators requested. Because of the decentralized nature of our political and administration system, it has not been possible to provide a quantitative assessment of each one of indicators. Furthermore, we have considered important to provide some additional indicators of performance to help understanding potential HIV service disruptions in Spain's progress towards the Fast-Track Targets in ending AIDS by 2030. For a better comprehension, we provide some background information regarding the structure and governance of the Spanish National Health System.

### 2. The Spanish National Health System

Article 43 of the 1978 Spanish Constitution establishes the right to health protection and healthcare for all citizens. Spain has a National Health System –NHS– which is configured as a coordinated set of health services from the Central Government Administration and the 17 Autonomous Regions that undertake all healthcare functions and benefits for which public authorities are legally responsible. The NHS is publicly funded and provides universal coverage and free healthcare services. In July 2018, the MoH of Spain reversed the decision to deny undocumented migrants access to universal healthcare. In July 2018, the MoH revoked the decision to deny universal medical care access to migrants in an irregular administrative situation. However, barriers to access health care are still detected.

Spanish NHS is characterized by political decentralization of healthcare which is entrusted to the autonomous regions.

- The Central Government is responsible for basic health principles and coordination, foreign health affairs and policy on medicines.
- The Autonomous Regions are responsible for health planning, public health, and healthcare services management.
- The local councils are responsible for health and hygiene and cooperation in the management of public services.



The NPA was created in 1993 following an agreement of the Council of Ministers of 1987 which created the National Commission for the Coordination and Monitoring of AIDS Prevention Programs, integrated by Regional Directorates of Public Health, General Directorate of Pharmacy, the Government Delegation for the National Plan on Drugs, General Directorate of Public Health of the Prison system in the Ministry of Internal Affairs, the Ministry of Education, the Ministry of Justice, the Federation of Municipalities, the NGO council (COAC), the Scientific Societies on HIV (for adults and children), among others.

The NPA is integrated in the General Directorate of Public Health in the MoH and is responsible for the coordination of programs developed by central and autonomic administrations for the prevention and control of HIV/AIDS (all HIV Plans in the Autonomous Regions). The NPA performs a variety of functions such as the preparation of proposals for action in relation to the prevention and control of HIV, the collection, without prejudice to the competence of other administrative bodies, of the necessary information to facilitate the adoption of decisions to be embraced in the area of HIV/AIDS, reporting and monitoring actions in coordination with a variety of actors.

Regarding HIV surveillance, this is done at the Autonomous Region level and coordinated centrally at the National Center for Epidemiology, Institute of Health Carlos III (ISCIII), in close collaboration with the NPA. Regarding HIV prevention and testing, this is done at the Autonomic level, and some aspects at the municipality level too, through ad-hoc plans, aligned to the NPA. HIV care provision is provided by the Autonomous Regions.

HIV testing is free and confidential in Spain; it can be requested within primary health care, STI clinics, hospital settings and NGO services throughout the country. The NPA and many of the autonomic plans have public calls to fund NGO HIV prevention programs aligned with the National & Autonomic strategic plans. Antiretroviral Treatment (ART) for HIV is fully covered for people living with HIV and for Post-Exposure Prophylaxis (PPE) and Pre-Exposure Prophylaxis (PrEP) users. ART is exclusively provided by hospital pharmacies and HIV care in Spain is largely based in hospital settings. Primary health care has a role in HIV testing and specialist referral but less so in the follow-up of common health conditions in persons with HIV.

### **3. Methods to identify potential HIV service disruptions in Spain**

The NPA assessed the appropriateness and the feasibility to collect each one of the indicators requested by UNAIDS through the network previously described. Because of the decentralized nature of our system, it has been impossible to provide a quantitative assessment of all indicators. We have tried to meet the information needs by assessing alternative sources of information (i.e qualitative, publications), and have developed a set of additional indicators considered more appropriate for HIV service tracking in the Spanish setting.

#### **Quantitative indicators requested by UNAIDS**

##### **1. Testing and treatment**

- a. 90-90-90: people on treatment, initiating treatment; receiving routine viral load test.
- b. HIV testing volume and positivity.



- c. Self-testing.
- d. Reporting rate.
- 2. Mother-to-child transmission**
  - a. Early infant diagnosis.
  - b. Preventing the mother-to-child transmission of HIV.
  - c. HIV testing in pregnant women.
  - d. Reporting rate.
- 3. Key populations**
  - a. Coverage of HIV prevention programs among key populations.
  - b. Coverage of opioid substitution therapy.
  - c. HIV prevention programs in prisons.
  - d. Reporting rate.
- 4. Prevention**
  - a. People who received PrEP at least once during the reporting period.
  - b. Number of condoms distributed by type of provider.
  - c. Reporting rate.
  - d. Voluntary medical male circumcision.
  - e. Number of males voluntarily circumcised (16 countries).
- 5. Sexual and gender-based violence**
  - a. Provision of HIV testing and PEP for those who experience sexual and gender-based violence.

#### Data sources

The indicators and data sources used are summarized in table 1. We contacted HIV surveillance Unit at the National Center for Epidemiology (ISCIII), contacted all 17 HIV coordinators as well as the two Autonomous Regions, the NGO council, the Government Delegation for the National Plan on Drugs, General Directorate of Public Health of the Prison system of the central government of Spain and of Catalonia, The Observatory for Gender-based violence, all relevant HIV Scientific Societies, and key stakeholders as required.

**Table 1. Quantitative indicators requested by UNAIDS**

Testing and treatment indicator	Data sources
90-90-90: people on treatment,	1,2
90-90-90: people initiating treatment	NA
90-90-90: people receiving routine viral load test	NA
90-90-90: people on viral load test suppression	1,2
HIV testing volume and positivity	2,3
Self-testing	3,4
<b>Mother-to-child transmission</b>	
Early infant diagnosis	1,2,5



Preventing the mother-to-child transmission of HIV	2,5
HIV testing in pregnant women	2,5
<b>Key populations</b>	
Coverage of HIV prevention programs among key populations	2,3
Coverage of opioid substitution therapy	2,3,5
HIV prevention programs in prisons	3,5
<b>Prevention</b>	
People who received PrEP at least once during the reporting period	1,2,3
Number of condoms distributed by type of provider	NA
Voluntary medical male circumcision	NA
Number of males voluntarily circumcised (16 countries)	NA
<b>Sexual and gender-based violence</b>	
Provision of HIV testing and PEP for those who experience sexual and gender-based violence	NA

- 1: HIV Surveillance, National Center for Epidemiology/ISCIH.
- 2: Survey to HIV coordinators: by 16<sup>th</sup> November 2020, 11 out of the 17 autonomous regions, and 1 out the two autonomous cities, had responded.
- 3: Survey to COAC.
- 4: Request to HIV self-test company.
- 5: Qualitative information from key stakeholders (Public Health Prison authorities, scientific societies, clinicians).

**Table 2. Additional indicators of performance / innovation of HIV programs**

Indicator	Data sources
HIV case reporting & surveillance activities in 2020	1
<b>Testing and treatment indicators</b>	
Interruptions in ART provision and HIV care for patients	2,3,5
Use of telemedicine in the care of patients with HIV	2,3,5
Innovation in ART delivery by hospital pharmacies	2,3,5
<b>HIV prevention programs</b>	
Continuation of HIV prevention public calls for NGO	2,3

- 1: HIV Surveillance, National Center for Epidemiology/ISCIH.



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3: Survey to COAC.

5: Qualitative information from key stakeholders (Public Health Prison authorities, scientific societies, clinicians).

## RESULTS

### HIV case reporting and surveillance activities in 2020

Surveillance of new HIV diagnoses and AIDS cases has been affected by COVID-19 as public services at regional level were overwhelmed. Data collection from the 17 Autonomous Regions and two autonomous cities is pooled centrally in the National Center of Epidemiology once a year during the summer.

In 2020, 15 autonomous regions and one of the two autonomous cities reported cases for 2019; the other autonomous regions and another of the two autonomous cities reported provisional cases. As a result, 2,698 new HIV diagnoses were reported, representing a rate of 5.94 / 100,000 population without correcting for delay in notification. After correcting for notification delay, it is estimated that the rate for 2019 will be 7.46 per 100,000 population. This reporting delay will affect the first indicator estimates of 90% for next year.

### Testing and treatment indicators

#### **90-90-90: people on treatment**

The number of people on ART and the proportion of those people with viral load suppression are estimated with the National Hospital Survey, an annual cross-sectional survey that collects information in a sample of public hospitals. Due to COVID-19 pandemic, the 2020 edition of this survey has been cancelled. A new edition is planned for 2021. In the 2019 survey, self-rated health was first collected as a proxy of the fourth 90 aiming to capture "quality of life related to health".

#### **Interruptions in ART provision and HIV care for patients (Use of telemedicine in the care of patients with HIV and innovation in ART delivery by hospital pharmacies)**

ART provision and care for HIV-positive patients in Spain has been globally maintained as reported by the Autonomous Regions (12 out of 17) and Autonomous Cities (1 out of 2). Nine Autonomous Regions report having used telemedicine; largely telephone calls and only 3 video-calls, to engage with patients. ART in Spain is provided exclusively by hospital pharmacies, which report having extended the provision of supplies of antivirals to reduce the number of visits to sites, as well as incorporating tele pharmacy consultations and home delivery of drugs, whose delivery cost was paid mainly by the patient.



The NGO council also reports no interruptions in ART care and provision during the COVID-19 pandemic in Spain. The NGO implemented medication collection systems at hospital pharmacies and home delivery at no cost for the patients.

They report, though, individual situations of travelers trapped in Spain during lock-down which had difficulties in obtaining ART, which were eventually sorted out through solidarity pharmacies and delivery of medication abroad for stranded Spaniards.

### **HIV testing volume and positivity**

Spain lacks a centralized information system assembling the number of HIV tests done and the positivity rate. However, information from key stake-holders and key informants is consistent in that HIV testing declined in the first semester of the year; particularly during lock-down and less so in the de-escalation. Some of the largest STI clinics and HIV testing centers in Spain closed during lock-down and others decreased working hours. For example, sites in Madrid and Barcelona closed and/or restricted care for emergencies and symptomatic cases. Sites attempted to maintain telephone consultation and support for PrEP users. To which degree HIV testing has picked-up in those, and other sites, is yet to be established. Picchio et al have reported declines in HIV testing activities in harm reduction centers in Spain from March to June 2020 compared to the same period in 2019.

### **Self-testing**

Self-testing in Spain is only available through the acquisition of the pharmaceutical company Mylan auto-tests in pharmacies, which costs approximately 25€ per test. Declines in self-testing sales are reported by Mylan; from January to October 2019, 13.925 tests were sold and 11.548 were sold from January to October 2020.

### **Mother-to-child transmission**

No major interruptions in HIV testing to pregnant women, a well-established practice in Spain, have been reported. No disruptions have been reported in obstetric care and this includes HIV testing to all pregnant women.

### **Key populations**

#### **Coverage of HIV prevention programs among key populations**

As reported by the Government Delegation for the National Plan on Drugs, needle exchange programs have remained open in approximately half of the Autonomous Regions in Spain, though their activity during the state of alarm was reduced. It is yet not known to which degree service levels have been restored. Doctors of the World NGO report reductions of approximately 25% in needle exchange activities.

Picchio et al have reported declines of 26% in numbers of attendees to sample of 20 harm reduction centers in the 4 regions in Spain with the highest number of people who injected drugs (PID); 13 (65%) responded to the survey. Overall, 11 out of the 13 centers reported they were able to keep the centers opened during the state of alarm. Activities in harm reduction centers



from March to June 2020 were compared to the same period in 2019 and a 40% decline in the number of needles distributed was observed.

Programs targeting other key populations gay, bisexual and other—men who have sex with men (GBMSM), transgender persons, vulnerable migrants, commercial sex workers – are reported to have been affected. This last population has been particularly affected by the impact of the restrictions to contain the spread of COVID-19, not being able to take advantage of the emergency social protection measures implemented for the rest of the working population affected by the cessation of exercise. The NGO working in the HIV field in Spain have increased their work to respond to the needs of the groups they serve in different areas such as needle exchange programs, shelter houses and supervised flats. They have provided emotional and psychological support, including psychosocial support for chemsex users through peer support programs, mutual aid groups, information about COVID-19 and HIV, severity of COVID-19 in people living with HIV (PLWHIV) and employment rights.

NGO have provided food (home delivery), personal and home hygiene products, housing—mortgage, rent, travel pass, payment of water and electricity supplies for the most vulnerable. NGO within the NPA Council acknowledge these measures have been insufficient and anticipate the situation is likely to continue during 2020 and 2021 so that resources can be made available to attend these populations. The NPA and the NGO Council agree that lockdown and COVID-19 pandemic has had and will have an enormous impact in the most vulnerable populations, often those at risk for HIV too.

### **Coverage of opioid substitution therapy**

The majority of the Autonomous Regions who provided data to the Government Delegation for the National Plan on Drugs report maintenance of the activity – though at reduced levels - of the opioid substitution therapy centers. Regions report approximately 50% reduction of their normal activity. Opioid substitution therapy centers report providing extended supplies of opioids to service users to reduce the number of visits to sites. Because of the difficulties to access heroin during lock-down, increases in the uptake of opioid substitution with methadone or buprenorphine were expected. Trends vary by region, with some reporting increases, others decreases and others reporting no change.

Out of 13 harm reduction centers surveyed by Picchio et al, six reported providing methadone on-site. From March 2019 to June 2019, 1,163 attendees received methadone versus 1,422 in the same months in 2020; this is a 22% increase in methadone distribution.

### **HIV prevention programs in prisons**

Information on HIV prevention programs in prisons in Spain is centralized in the Public Health Area of the Prisons Health Department of the Ministry of Internal Affairs, except for Catalonia which has an independent reporting system that has been provided for this report as well.

In 2020, 2,328 prison interns in Spain were receiving ART. ART provision for HIV-positive interns has not been interrupted in the Spanish prisons; it has been dispensed on time, and telephone and telemedicine clinical follow-up has taken place. Prisons in Catalonia –The only autonomous region that has transferred the competencies of prison management– report no disruptions either in ART provision, and other HIV prevention services and methadone programs.



Harm reduction programs in the Spanish prisons have been maintained, both needle exchange programs and methadone substitution. Significant declines in drug use by interns have been documented due to social distancing and interruption of external visits and exit permits. As a consequence, reductions in drug-related deaths have been remarkable. A program to support drug abstinence called “Extralife, infect yourself with Life” has been initiated in the Spanish prisons.

### **Continuation of HIV prevention public calls for NGOs**

The NPA has published its annual call for funding NGO projects with national scope. Because of COVID-19, the publication of the call was delayed 2,5 months. Of the 17 Autonomous Regions, 10 of them issue annual calls for funding NGO projects of regional scope which have been maintained throughout 2020.

The NPA works in close cooperation with the Ministry of Social Welfare and 2030 Agenda and its public call for NGO funding with distinct regional and national scopes. This year, funding NGOs which work in HIV prevention has been maintained and an extraordinary call for funding COVID-19 related emergency to the Third Sector (which includes some of the HIV NGOs) has been accomplished.

### **Prevention**

#### **People who received PrEP at least once during the reporting period**

In November 2019, PrEP became publicly and totally (100%) reimbursed in Spain for men GBMSM, transgender persons and female sex workers, over 18 years old and at high risk of HIV infection. Year 2020 was expected to be the year of PrEP implementation, but the COVID-19 pandemic has slowed the process. In February 2020, the NPA published PrEP Implementation guidelines. In July 2020, the NPA launched the national PrEP monitoring system, SIPrEP, to support PrEP monitoring, in collaboration with the Autonomous Regions, the National Centre for Epidemiology of ISCIII and the Spanish Network of HIV research. By December 2020, 26 PrEP dispensing sites from 6 Autonomous Regions have registered in a webpage created to that end (<https://siprep.es/>) with public and private access. SIPrEP is not yet fully implemented and this is partially due to the COVID-19 crisis. However, information about 85 dispensing sites from 10 Autonomous Regions is published in the public directory.

By December 2020, of the 17 Autonomous Regions; 12 have implemented PrEP programs in their territories, 3 have not, and information is not yet available for 2 of them. One of the two Autonomous Cities has implemented PrEP. Overall, 2,511 persons have to date been reported to be on PrEP by the Autonomous Regions. However, according to the NGO Council, this number is larger highlighting the needs to improve the monitoring of PrEP delivery programs.

The largest PrEP provision sites in Barcelona and Madrid had close down and/or reduced service hours during the state of alarm, but managed to continue supporting PrEP user through telemedicine, postal delivery of drugs and HIV self-tests. Key informants from the NGO Council report interruptions in PrEP use during lock-down, partially attributable to decreases in high-risk sexual behaviors and consistent with reports from London, Wales, Brazil, and Australia. NGO have launched awareness campaign *Ponte a Punto*, inviting people to go for HIV and STI testing before re-engaging in their sexual life.



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