

Transferring and expanding EmERGE and similar interventions

EmERGE Stakeholder Meeting

2 September 2020

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- Introduction
- Why mHealth?
- Health system and clinic level
- User level
- Innovation and implementation

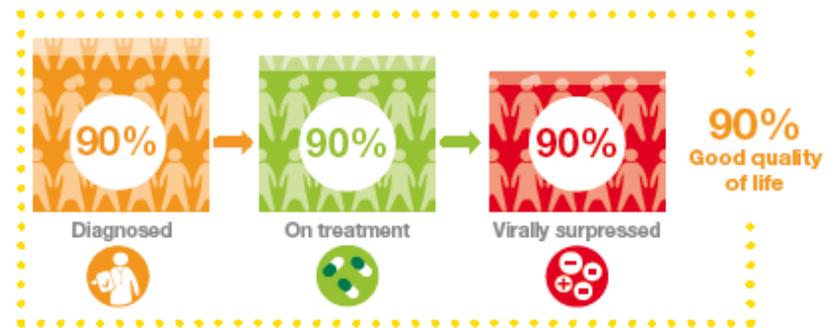


- Policy brief purpose and methodology
 - EmERGE: an mHealth application to enable self-management of people living with HIV with stable disease
 - Rigorous self-design approach
 - Secure data platform



Quality of Life for People Living with HIV

- HIV is a chronic disease
- Nearly everyone treated with antiretrovirals achieve undetectable viral loads and side effects are minimal
- Being undetectable means people cannot pass on the virus to others
- The “4th 90” is an important consideration



<https://www.isglobal.org/en/healthisglobal/-/custom-blog-portlet/visually-depicting-a-new-target-for-the-hiv-response-how-do-you-see-the-fourth-90-/5511380/0>

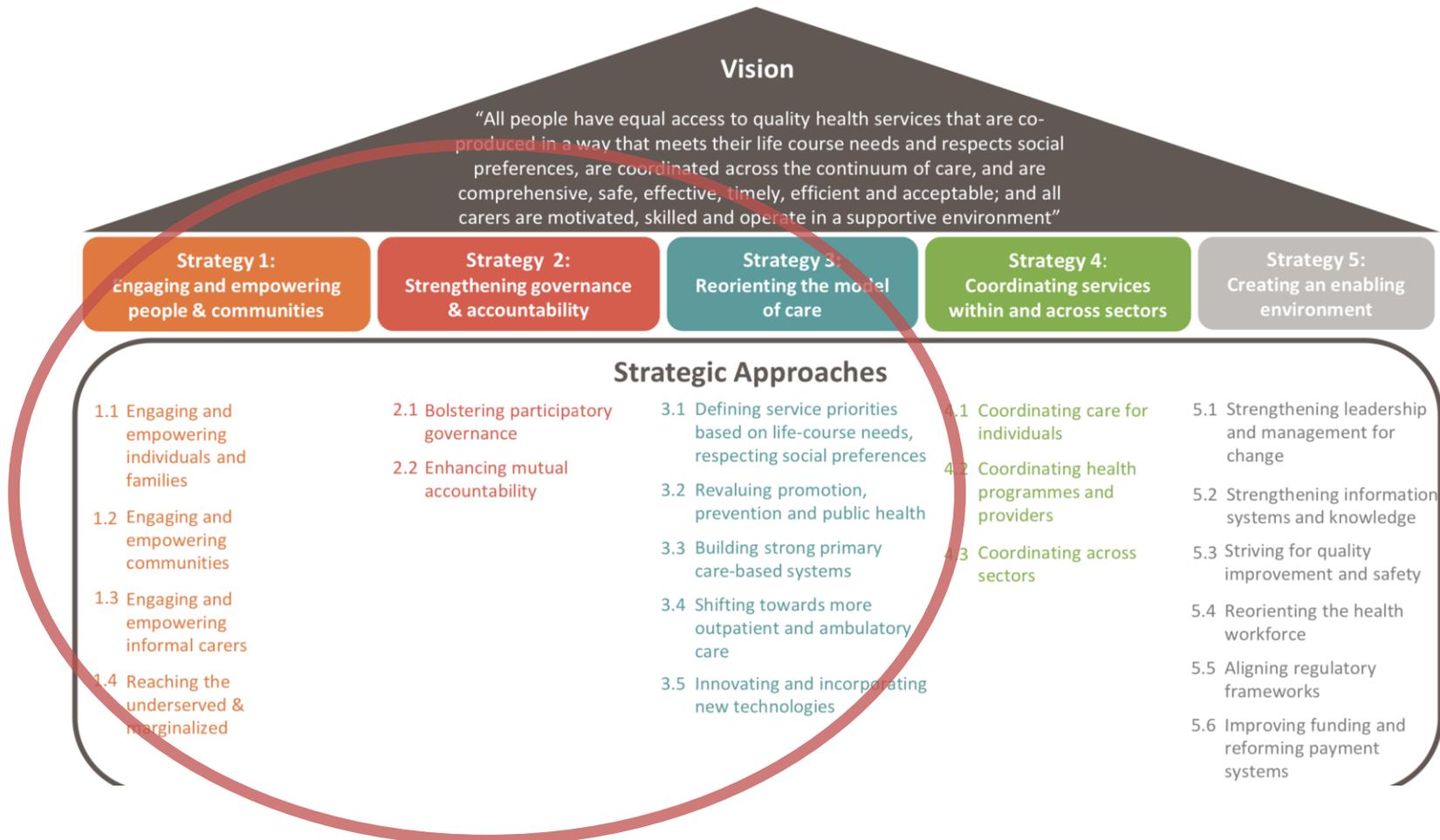


https://www.gnpplus.net/assets/wbb_file_updown/2090/GNP_PHDP_ENG_V4ia_2.pdf



This project has received funding from the European Union's Horizon 2020 research and innovation programme under grant agreement No 643736

Integrated person-centred services (WHO)



<https://www.who.int/servicedeliverysafety/areas/people-centred-care/en/>



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- Empower patients
- Connect patients and clinicians
- Decrease inequality
- Provide options for vulnerable populations



- Cost savings
 - Should this be the main goal?
- Efficiencies
 - Do patients, clinicians and facilities save time or other resources?
- Better data management
 - Is privacy an issue?



- Digital applications contribute to better health outcomes and improved adherence
- EmERGE
 - 99.6% remained undetectable after 12 months
 - Steady health-related quality of life scores
- Clinicians
 - More time to manage patients versus extra work because of aligning different systems
- Patients
 - Trust, data security, different attitudes towards self-management



Patient Feedback

Data security?

Fewer visits?

Access to
internet /
smartphones?

Health
literacy?

Competing
applications?



- Funding
 - Decreasing demand for HIV services?
 - More focus on co-morbidities and quality of life?
- Stakeholders
 - Co-design is key to address needs and build trust
- Timeline
 - Longer projects allow for relationship-building



Opportunities and Barriers to Implementation of mHealth

- Talk show
 - In the next hour, we will speak with experts from representatives from:
 - People living with HIV
 - Clinicians / facilities
 - National health systems
 - European Union



- Trust
 - Full participation of stakeholders
 - Clinically oriented goals
- Costs
 - Secure funding ahead of time
 - Include non-monetary costs
 - Anticipate reimbursement for people's time
- Technology
 - Implement in a decentralised manner to address diverse technological environments
 - Anticipate technological change
 - Invest time in relationship building



- Stakeholder engagement
 - Invest in partnerships
 - Embrace a co-design approach to invest in relationship building
 - People living with HIV organisations should advocate for mandatory, meaningful involvement
 - Reduce power inequities through co-design
 - Address local issues, such as stigma, through a decentralised approach
- Clinical outcomes and Quality of Life
 - Ensure that technology contributes to the improvement of health literacy among people living with HIV
 - Further investigate means to support people living with HIV to become empowered to engage meaningfully in their own health care.

