PLAN FOR THE PREVENTION AND CONTROL OF HIV AND OTHER SEXUALLY TRANSMITTED INFECTIONS IN SPAIN

2021-2030

Division for Control of HIV, STIs, Viral Hepatitis, and Tuberculosis
Ministry of Health

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AUTHORSHIP

This document was prepared by the Division for the Control of HIV, STIs, Viral Hepatitis, and Tuberculosis of the Ministry of Health and the National Epidemiology Center of the Carlos III Health Institute. Inma Gisbert participated in the design and preparation of the document as an external consultant. The document was reviewed, and contributions were added from the General Subdirectorate for Promotion of Health and Prevention, the Government Delegation for the National Drugs Plan of the Ministry of Health, the General Subdirectorate for Coordination of Penitentiary Health Care of the Ministry of Home Affairs, the General Subdirectorate for LGBTI rights of the Ministry of Equality, HIV Plans from the Autonomous Communities, NGOs via the NGO Consultative and Advisory Committee, scientific societies such as GESIDA, SEISIDA, and the Spanish Society of Pediatrics, health professionals, the Spanish Federation of Municipalities and Provinces, the National Committee for Coordination and Follow-up of AIDS Prevention Programs, and international organizations such as the WHO and UNAIDS.

EXECUTIVE SUMMARY

The purpose of the Strategic Plan for the Control of HIV Infection and Other STIs (hereinafter, the Plan) is to provide a strategic framework for the Division for Control of HIV, STIs, Viral Hepatitis, and Tuberculosis, the Secretariat of the National AIDS Plan, and the Secretariat of the National Committee for Coordination and Follow-up of AIDS Prevention Programs. The objective is to coordinate a participative and organized response to the epidemic of HIV infection and other STIs.

This new Plan differs considerably from its predecessors in terms of structure and planning. First, it has a broad time horizon (year 2030), which will make it possible to evaluate the measures taken and to align with both the Sustainable Development Goals and with the goals set by UNAIDS for the year 2030. Second, STIs are now being addressed separately in the Plan, with action plans and specific steps focusing on this type of disease, while maintaining a consistent integrated response to HIV infection.

The guiding principles of the Plan are universal health coverage, equity, localization/coordination, and complementarity. The Plan also includes a cross-sectional approach, with specific emphasis on rights, gender, migrant status, sexual diversity, social determinants of health, and community participation, as well as actions based on scientific evidence and innovation.

The actions are aimed at key population groups or groups characterized by greater vulnerability in the face of HIV infection and other STIs, although they are also intended for the general population, with specific emphasis on young people and women.

The Plan sets 4 strategic objectives and a block of cross-sectional elements. These address the following: equality of rights, treatment, and opportunity; nondiscrimination; full exercise of fundamental rights based on the Social Pact; improvement of health care information systems. The guiding principles are covered, with emphasis on rights and equity in health and science, as set out above. The 4 strategic objectives are as follows:

1. Promoting combination prevention of HIV and other STIs.
2. Promoting early diagnosis of HIV infection and other STIs.
3. Promoting early initiation of antiretroviral therapy and management of chronic conditions.
4. Improving quality of life for persons with HIV and persons with STIs.

The Plan will be assessed annually and will include a system for follow-up, evaluation, and learning.

CONTENTS

1. Abbreviations

GBMSM	Gay, bisexual, and other men who have sex with men
LGBTQI+	Lesbian, gay, bisexual, transexual, queer, intersex (the "+" symbol represents the wish to continue to include new identities as they arise)
PPE	Postexposure prophylaxis
PrEP	Pre-exposure prophylaxis
UNAIDs	Joint United Nations Programme on HIV/AIDS
WHO	World Health Organization

2. Introduction

In 2016, the Joint United Nations Programme on HIV/AIDS (UNAIDS) committed to reaching "zero new HIV infections, zero discrimination, and zero AIDS-related deaths" by the year 2030 *(1)*. To do so, the 90-90-90 target was set for the year 2020, that is, 90% of people living with HIV will know their HIV status, 90% of all people with diagnosed HIV infection will receive antiretroviral therapy, and 90% of people receiving antiretroviral therapy will have undetectable levels of HIV. The program also aspired to reduce new HIV infections by 75% compared with the year 2010 and to reach 0% discrimination *(2)*.

The new UNAIDS strategy "*End Inequalities. End AIDS: Global AIDS Strategy 2021-2026*" was approved on March 25, 2021. The strategy raised the bar to 95-95-95-95 for the year 2025, so that 95% of people living with HIV know their serostatus, 95% of persons diagnosed with HIV infection receive antiretroviral therapy, 95% of persons living with HIV and receiving treatment can be in viral suppression, and 95% enjoy a good quality of life *(3)*. As with the previous strategy, it aims to reduce new HIV infections by 90% compared with 2010, reach 0% discrimination, and maximize the participation of high-risk and HIV-infected persons in the community response.

UNAIDS defines combination prevention as the set of programs based on rights and scientific evidence that promotes a combination of biomedical, behavioral, and structural interventions designed to meet the needs for prevention of HIV infection in specific communities and persons[1]. Combination prevention is one of the most important elements of the UNAIDS strategy. Its goal is to ensure access for 95% of people, focusing on Sustainable Development Goals associated with reducing inequalities in order to drive actions. The strategy is based on equity, with the aim of eliminating gaps in access to HIV treatment, prevention, and detection services, as well as those associated with social determinants of health for persons living with HIV. Furthermore, it sets goals for 2025 aimed at the "Three Zeroes": zero new HIV infections, zero AIDS-associated deaths, and zero discrimination associated with HIV and AIDS *(3)*.

In addition, the Global Health Sector Strategy on HIV, sexually transmitted infections (STIs), and viral hepatitis 2022 – 2030, which is being prepared by the World Health Organization (WHO) and provides follow-up of previous strategies (aligned with the Sustainable Development Goals) includes the eradication of STIs as a health problem by the year 2030. The Global Health Sector Strategy for prevention of HIV, STIs, and viral hepatitis by 2022 – 2030 addresses these infections together for the first time in order to maximize impact. It promotes reinforcement of existing health systems and boosts primary care, as well as care

[1] https://www3.paho.org/hq/index.php?option=com_content&view=article&id=14817:combination-hiv-prevention&Itemid=40682&lang=es

of persons with HIV and other STIs. This approach will enable us to reach, by the year 2030, the ambitious targets of zero complications and deaths related to STIs, zero discrimination associated with STIs, and universal access to systems for the prevention and treatment of STIs in the general population.

The objective of the Plan for 2021-2030 is to provide a strategic framework for the Division for Control of HIV, STI, and Viral Hepatitis and Tuberculosis (hereinafter known as the Division), the Secretariat of the National AIDS Plan, and the Secretariat of the National Committee for Coordination and Follow-up of AIDS Prevention Programs to ensure the coordination of an organized and participative response to the epidemic of HIV infection and other STIs. This strategic framework will be complemented with an annual operational framework to help specify actions each year in order to reach the objectives set out in the Plan.

This Plan will form part of the Public Health Strategy envisaged in article 44 of Law 33/2011 of October, 4.

The Plan is the fifth plan drawn up by the Secretariat of the National AIDS Plan of the Ministry of Health and was launched in the setting of the COVID-19 pandemic. Therefore, it includes actions necessary for evaluating, preventing, and palliating the impact of the pandemic on persons infected by HIV and other STIs, as well as knowledge generated by the pandemic in terms of innovative strategies for prevention, detection, and care. This Plan includes the main recommendations of the Evaluation of the Strategic Plan for the Prevention and Control of HIV and other STIs, 2017-2020 *(4)*. In addition, it includes, for the first time, an ambitious, fully integrated, and separate proposal for the prevention and control of STIs other than HIV.

The response to HIV and other STIs is multidisciplinary and intersectoral collaboration and affects various care levels of the National Health System in the Autonomous Communities and their main cities, civil society, professional groups, and other state institutions at various levels of competence, which work in a setting of equality, justice, and education.

The Secretariat of the National AIDS Plan is attached to the General Directorate of Public Health and forms part of the Division[2]. It is responsible for coordinating the response to HIV and other STIs at both national and international level. It promotes the drafting of recommendations and the search for good practices based on scientific evidence and coordinated joint efforts between the different stakeholders.

The Secretariat of the National AIDS Plan has various forums for coordination, mainly the National Committee for Coordination and Follow-up of AIDS Prevention Programs, created in 1987 *(5)*, which facilitates and enables intersectoral and interterritorial coordination of the response to HIV and AIDS, meetings of the HIV coordinators of the Autonomous

[2] https://www.boe.es/boe/dias/2021/10/06/pdfs/BOE-A-2021-16232.pdf

Communities and the NGO Consultative and Advisory Committee, created in 2008[3]. These bodies cooperate with the Secretariat of the National AIDS Plan in the planning and follow-up of the various actions and advise the Secretariat of the National AIDS Plan on issues associated with HIV, AIDS, and other STIs.

3. HIV and STIs in Spain: Current Situation

3.1. HIV in Spain in 2020

The incidence of new diagnoses of HIV infection in Spain decreased gradually and slowly from 8.58 per 100,000 persons in 2010 to 7.46 in 2019. However, these values should be considered estimations owing to the COVID-19 pandemic. The rate is similar to that of neighboring countries, although higher than the European Union mean.

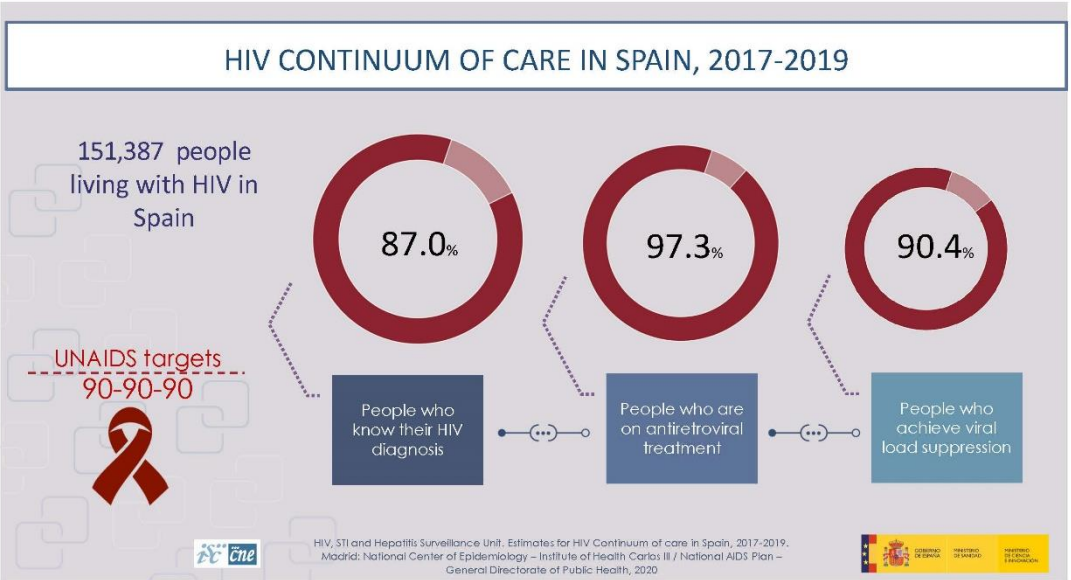
Most new diagnoses are in men, with a mean age of 36 years. The most frequent route of transmission is via sexual relations, with the result that the disease affects many gay, bisexual and other men who have sex with men (GBMSM), who account for more than half of all new diagnoses annually. Slightly more than one third of new diagnoses of HIV infection (36.1%) were in persons from other countries, mainly Latin America. Almost half of the new diagnoses (45.9%) were made late.

With respect to the UNAIDS 90-90-90 goal for 2017-2019, estimations show that we must focus our efforts on achieving the first 90 (Fig. 1), that is, ensuring that HIV-infected persons know their serologic status.

The percentage of persons living with HIV older than 50 years and cared for in hospitals has risen from 12% in 2004 to 55.4% in 2019; in the last year, 47% had been diagnosed almost more than 15 years previously *(6).* The chronic nature of the disease, as well as the increase in comorbid conditions associated with HIV infection, is currently one of the challenges facing health systems in developed countries, thus necessitating changes in the care model with the aim of boosting healthy aging. The frequency and the complexity of comorbid conditions necessitate a multidisciplinary approach (Fig.2).

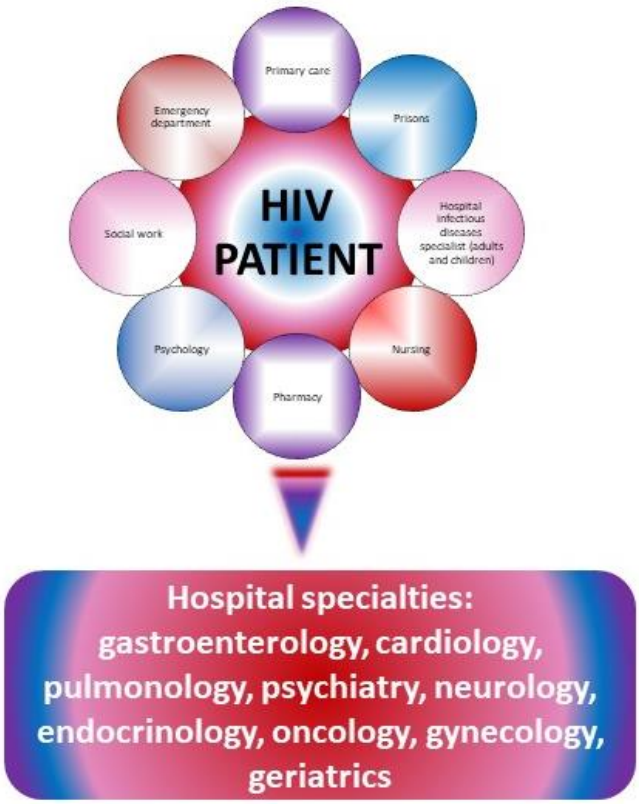
[3] https://www.mscbs.gob.es/ciudadanos/enfLesiones/enfTransmisibles/sida/ong/pdfs/criteriosFuncionamientoCOAC16Feb2015.pdf

Figure 1. Estimation of the 90-90-90 goal in Spain: 2017-2019



Source: Unit for Surveillance of HIV, STIs, and Hepatitis. Update on continuing care of HIV in Spain, 2017-2019. Madrid. National Epidemiology Center, ISCIII, PNS, DGSPCI, 2020

Figure 2. Team model for care and referral of PLHIV

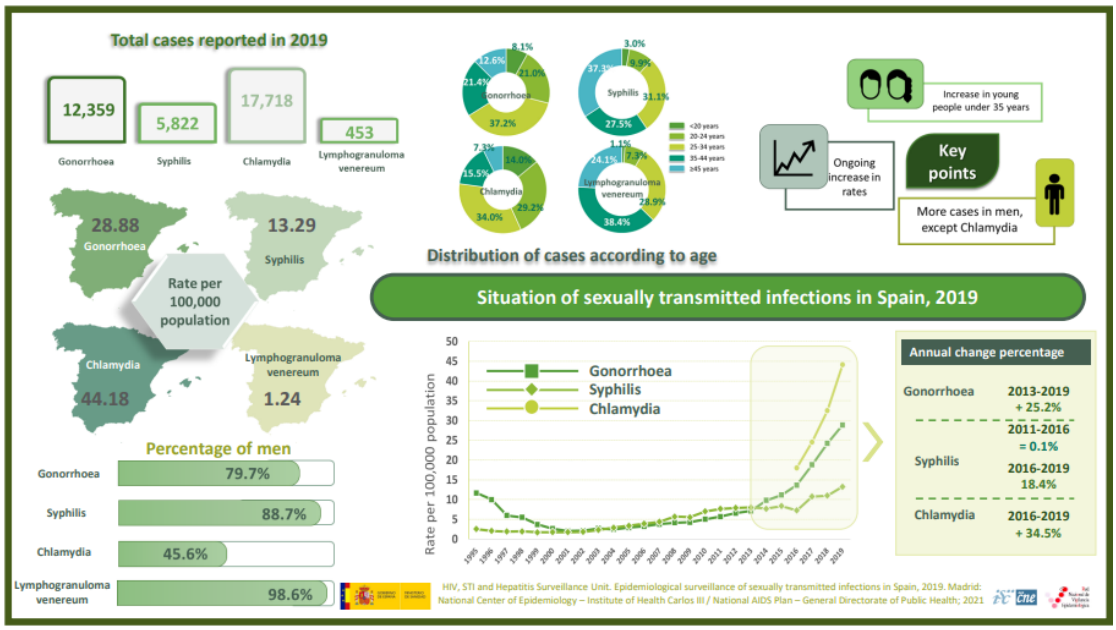


source: In-house.

STIs in Spain in 2020

The latest data available show that, in 2019, more than 36,000 diagnoses of STIs under epidemiologic surveillance were reported, with an increase in the frequency of all of them in recent years. By age and sex, the most frequently involved groups were men and persons aged between 25 and 34 years, except for *Chlamydia trachomatis* infection, which is more frequent in women aged under 25 years (Fig. 3). Throughout history, health, social, and political crises have been associated with increases in the frequency of STIs *(7)*. Therefore, we can anticipate that the impact of COVID-19 will increase the already high incidence rates of STIs in recent years if the appropriate interventions are not undertaken.

Figure 3. Epidemiologic situation of STIs in Spain, 2019



Source: Unit for the Surveillance of HIV, STIs, and Hepatitis. Situation of Sexually Transmitted Infections in Spain, 2018. Madrid. National Epidemiology Center, Carlos III Health Institute, National AIDS Plan, General Directorate of Public Health, 2021

Hepatitis A, B, and C infections are transmitted via the same routes as HIV and other STIs; therefore, control strategies must be integrated to manage these infections.

4. Guiding principles

In line with the UNAIDS strategy *(3)*, the present Plan includes a series of guiding principles that inspire the actions proposed, as follows:

- **Universal health care coverage.** According to the WHO, universal access to health care and universal health care coverage imply that people and communities should have access to integrated health care services that are appropriate, timely, and of sufficient

quality according to their needs. They should also have access to safe, effective, and affordable medication[4]. The actions proposed in this Plan promote integrated care and combination prevention of HIV infection and STIs and fit within the framework of Royal Decree 7/2018 on universal access to the National Health System *(8)*, with specific measures for the integration of migrants.

- **Equity.** Article 3.2 of Law 14/1986, of April 25 on General Health states that public health care will extend to the whole population of Spain. Access to health care services will be under conditions of effective equality *(9).* Law 16/2003, of May 28, on cohesion and quality in the National Health System in turn establishes actions for coordination and cooperation in the public health administration as a means of ensuring that citizens have the right to health care, with the common objective of guaranteeing equity, quality, and social participation in the National Health System. The Law understands the principle of equity as part of the development of the constitutional principle of equality, which guarantees access to services—and thus the right to health protection under conditions of effective equality throughout the country—and enables free circulation of citizens *(10)*. Law 33/2011, of October 4 on General Public Health includes equity among its principles, such that policies, plans, and programs that affect the health of the population will attempt to reduce social inequalities in health and take measures to address their social determinants[5] *(11).* Reducing social inequality in health care is a priority of the Ministry of Health. The year 2008 saw the creation of the National Committee for Reducing Social Inequality in Health in Spain. The Committee defined the principles to be considered with the aim of implementing policies to reduce inequality in health care. In 2010, the strategic lines of the National Equity Strategy were established[6]. These include intersectoral collaboration and the need for citizen engagement[7]. The actions in the present Plan are based on reducing inequality and nondiscrimination in order to stimulate access to and distribution of services and resources that consider the starting point and needs in terms of HIV and STIs for individual population groups, thus ensuring that all of the goals defined in the Plan can be met.
- **Localization and Coordination**. The response to HIV and other STIs depends on intersectoral actions; therefore, the actions proposed will encourage commitment by various stakeholders, including both institutions and civil society at its various levels and

4 https://www3.paho.org/hq/index.php?option=com_content&view=article&id=9392:universal-health-coverage&Itemid=40690&lang=es

[5] Artículo 3.a. Ley 33/2011, de 4 de octubre, General de Salud Pública «BOE» núm. 240, de 5 de octubre de 2011. https://www.boe.es/eli/es/l/2011/10/04/33

[6] https://www.mscbs.gob.es/profesionales/saludPublica/prevPromocion/promocion/desigualdadSalud/EquidadSaludyDSS.htm

[7] Ministerio de Sanidad, Servicios Sociales e Igualdad. Comisión para reducir las desigualdades sociales en salud en España. Avanzando hacia la equidad. Propuestas de políticas e intervenciones para reducir las desigualdades sociales en salud en España. Madrid 2015. https://www.mscbs.gob.es/profesionales/saludPublica/prevPromocion/promocion/desigualdadSalud/docs/Propuesta_Politicas_Reducir_Desigualdades.pdf

in all its spheres of action, as well as joint efforts and the generation of forums and mechanisms for coordination between them.

- **Complementarity**. The Plan includes actions based on a wider approach that require coordination and complementarity with other strategies and plans such as the National Plan on Sexual and Reproductive Health *(12)*, Strategy for Promoting Health and Prevention in the National Health System *(13)*, Strategy for Addressing Chronic Conditions *(14)*, National Strategy on Addiction *(15)*, Plan for the Prevention and Control of Tuberculosis in Spain *(16)*, Strategic Plan for Addressing Hepatitis C (17), National Strategy for the Eradication of Violence Against Women, and the Strategic Framework for Primary and Community Care. Therefore, efforts will be made to align the actions proposed in this Plan with other strategies and plans being developed in the area of sexual and reproductive health, as well as to provide an integrated response for prevention, care, and support in all areas of life for persons with HIV and other STIs.

5. Perspectives

The Plan includes the following cross-sectional perspectives:

5.1. Rights, gender, migrant status, and sexual diversity

The focus of the approach based on human rights is the dignity of persons with HIV and/or other STIs and/or persons who are vulnerable to these conditions. The approach promotes the creation of a setting where the response to HIV can prove successful[8].

The present Plan addresses stigmatization, discrimination, and other social and legal barriers associated with rights (eg, migrant status), which hamper access to prevention services, treatment, health care, and support in HIV and other STIs, as promoted in the Social Pact for Nondiscrimination and Equal Treatment in HIV (hereinafter Social Pact) *(18)*.

The approach to gender and sexual diversity will make it easy to differentially address access to services associated with HIV and other STIs separately depending on the different needs and priorities. Introducing an approach based on gender and sexual diversity, as highlighted by UNAIDS *(19)*, requires explicit consideration of the following: inequality in gender roles and norms; power dynamics; male violence against women; the intersection between HIV and violence against women (whose vulnerability can increase if the women are from other countries); empowerment of women, girls, and persons whose sexuality is not heteronormative; and changes in men towards positions more favorable to equality and the distribution of resources depending on gender. Such a focus will also involve the following: avoiding discrimination because of gender, sexual orientation, gender expression and identity, and sexual characteristics; addressing violence against LGBTI persons and domestic violence between persons of the same gender or different genders; and improving universal access to social and health services and the acceptability of these services. Therefore, as part of its training activities and promotional tools for the incorporation of approaches aimed at all stakeholders, this area requires the inclusion in information systems of variables associated with sexual orientation and gender identity and indicators to help measure diversity and gender inequality in health care.

8 https://www.unaids.org/es/topic/rights

5.2. Social determinants of health

Social determinants of health account for most inequalities in health, which include systematic, unfair, and potentially avoidable differences—since these have a social origin—in one or more aspects of health in socially, economically, or geographically defined populations/population groups *(20,21)*. Aspects such as employment, housing, income, education, geographic origin and migrant status, and social support and participation networks highlight differences in the risk of infection by HIV and/or other STIs, in the experience and progress of the disease, and the stigma and discrimination associated with the disease.

The legal determinants of health will be considered. These will be aligned with the objectives of the Social Pact, thus guaranteeing equal treatment and equal opportunities, nondiscrimination, respect for fundamental rights, and the diversity of people with HIV infection.

UNAIDs warns that inequalities constitute one of the reasons why the goals defined for 2020 were not reached at the global level *(22).* The actions proposed in the present plan are aimed at reducing this inequality in health, creating a safe and healthy environment, and promoting quality of life for people infected by HIV and other STIs. Therefore, these actions include the perspective of social determinants of health and how these affect access to and availability, acceptability, and quality of actions for prevention and promotion, detection of HIV and other STIs, care, treatment, and improvements in the quality of life of persons infected with HIV and other STIs.

In alignment with the 2021-2026 UNAIDS Strategy for eradicating HIV and reducing the incidence of STIs, this plan proposes to include equity with the aim of guiding its actions towards the needs of the individual group, access to and control of resources and baseline situation, and the ability of people to foster a positive experience of sexuality that is free, positive, and responsible so that, as stated in the 2030Agenda, no one is left behind *(23)*.

5.3. Community participation and actions based on scientific evidence and innovation

Every effort will be made to work together with institutions and bodies in civil society that promote actions to foster education, training, knowledge, empowerment, and participation of persons infected with HIV and other STIs and other population groups with the aim of promoting positive and healthy sexuality within the framework of persons exercising their rights to protection against these infections. The 2021-2026 UNAIDS Strategy proposes

that by 2026, up to 30% of treatment and diagnostic testing services will be community-based, with particular emphasis on access to tests, linkage to treatment, support for adherence and retention, and knowledge of treatment and the components of the services provided in a specific context *(3).*

The existence of the NGO Consultative and Advisory Committee highlights the importance that the Secretariat of the National AIDS Plan has given to community participation in decision-making processes in response to the epidemic of HIV and other STIs. The NGO Consultative and Advisory Committee currently has an advisory and consultative role that is to be maintained over time in order to foster the necessary dialog between the public administration and society on needs and to facilitate continuous, real-time, two-way communication.

Every effort will be made to ensure that the actions to be implemented are based on the results provided by epidemiological surveillance and information systems, which require greater investment and innovation. Therefore, these systems will be strengthened so that they can provide useful and high-quality information.

Similarly, actions will be in line with the scientific evidence obtained through collaboration with scientific societies and research networks and organizations, as well as from research studies that arise while this Plan is in force.

6. Target population for the actions

The actions set out in the present Plan are aimed, on the one hand, at key population groups or groups characterized by greater vulnerability in the face of HIV and other STIs, and on the other, at the general population, with emphasis on adolescents, young adults, and women.

As a reference point, the plan uses the definitions of UNAIDS *(24)* for persons who are particularly vulnerable to HIV, that is, GBMSM, persons engaged in commercial sex work, trans persons, persons who use and inject drugs, migrants (including unaccompanied underage migrants), prison inmates, and persons who use drugs during sexual relations.

The Plan includes actions that are differentiated by age group as infant-youth, adults, and persons aged more than 50 years who are aging with HIV. Following the recommendations for the evaluation of the 2017-2020 Plan, actions aimed at women and the general population are also included. Furthermore, community health services are promoted to guarantee access for those persons experiencing greater difficulties. Operational planning will include mechanisms to identify new vulnerable populations during the implementation of the Plan, with the aim of designing measures specifically targeting these persons.

7. Methodology

The design process of the plan is based on the 4 previous plans of the Secretariat of the National AIDS Plan of the Ministry of Health and on the results of the final external evaluation of the 2017-2020 plan, in which all stakeholders in the response to HIV and STIs participated. Furthermore, plans from other countries have been reviewed, as have the documents generated during the preparation of the 2021-2026 UNAIDS Strategy.

The text of the 2021-2030 Strategic Plan was prepared by staff from the Division, with the collaboration of an external consultant, who evaluated the previous plan[9]. The text was then submitted to the Autonomous Communities and the NGO Consultative and Advisory Committee for assessment. Once this was received, the text was sent for review to scientific societies and other bodies such as the WHO, UNAIDS, the Public Health Committee, and the Interterritorial Council of the National Health System. Once all the comments had been added, a consensus meeting was held to evaluate the contributions made and finalize the plan, which was eventually forwarded to the Office of the Minister of Health before being presented for approval at the National Committee.

8. General directive, strategic objectives, and lines of action

The general objective of the plan is to boost and coordinate actions for the elimination of HIV and STIs as a public health problem in 2030. This will be achieved through prevention, early diagnosis and treatment of infections, care for chronic conditions, and improvement in quality of life. The stigma and discrimination associated with HIV and other STIs in Spain will also be addressed.

Four strategic objectives (SO) and a block of cross-sectional elements have been established. These elements include the following: equal rights, treatment, and opportunities; nondiscrimination and full exercise of fundamental rights based on the Social Pact *(18)*; improvement in health care information systems, and governance; and guiding principles and focus on rights and equity in health and science (see above) (Fig. 4).

[9] https://www.mscbs.gob.es/ciudadanos/enfLesiones/enfTransmisibles/sida/planNalSida/informe-final.pdf

Figure 4. General objective, strategic objectives, and lines of action

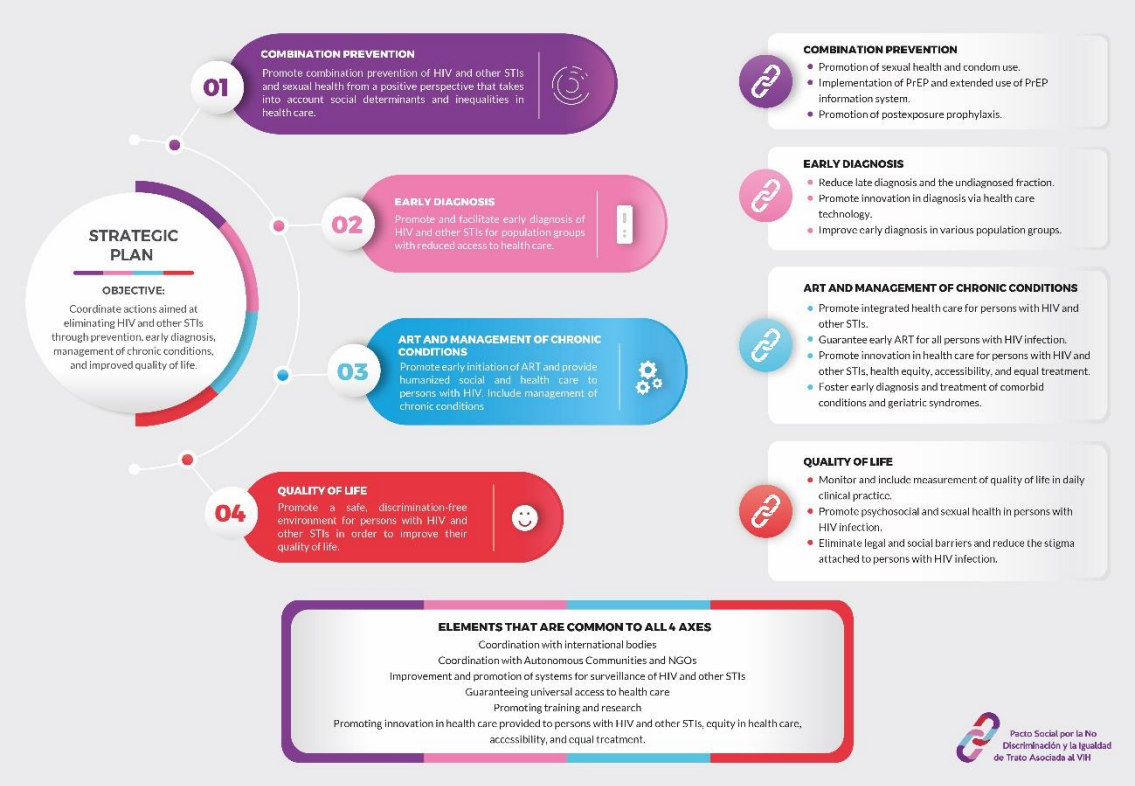


Figure prepared in-house

Strategic objective 1. PROMOTING COMBINATION PREVENTION OF HIV AND OTHER STIs

As previously mentioned, UNAIDS defines combination prevention as the set of programs based on human rights and scientific evidence that promote a combination of structural, biomedical, and behavioral interventions designed to satisfy needs in the prevention of HIV infection in specific persons and communities. These measures are more effective when they are taken in combination. This integrated approach to prevention of HIV infection, which has proven effective in many countries during the last 10 years, is proposed as the ideal approach for prevention of other STIs owing to the determinants shared with HIV infection *(24)*.

Strategic objective 1 promotes combination prevention of HIV and other STIs, as well as sexual health from a positive perspective of sexuality that takes into account the social determinants of health and the inequalities that stem from them.

Therefore, we propose the following lines of action:

1.1. Positive promotion of full sexual health

Promotion of full sexual health will be addressed from a positive perspective, considering social, cultural, and economic determinants, as well as those associated with gender and sexual diversity and the various contexts of vulnerability and diversity in different population groups.

- The actions addressed will involve training, education, and integrated promotion of sexual health aimed at both the general population and vulnerable populations. A gender perspective will be adopted to promote fair treatment and to reduce violence of any type against people.
- The objective will include actions associated with the promotion of sex education and caring behavior from infancy (age-adapted), both formally, at all stages of education, and informally. Special attention will be paid to adolescents, young adults, and pregnant women.
- Sexual health will be promoted in GBMSM and trans persons.
- Measures to promote good health will aimed at persons engaged in commercial sex work, with special attention given to those with added factors for vulnerability to HIV.
- Sexuality will be addressed at different points in the lives of people with HIV infection, including older persons and women of reproductive age.
- Integrated promotion of sexual health will be addressed from a positive perspective in local settings, in schools, and in primary care.

1.2. Promotion of the use of condoms and lubricant

Despite the importance and effectiveness of using lubricants and condoms (both internal and external) in preventing transmission of HIV and others STIs, acceptance among many vulnerable groups continues to be poor. Promotion of condoms as a contraceptive method and as a means of preventing HIV and other STIs continues to be a priority area, especially among young people. It is essential to achieve greater acceptance and normalization of condom use, including measures to facilitate access to condoms among the general population.

- The use of external and internal condoms and lubricant will be promoted among various groups, such as GBMSM, trans persons, persons engaged in commercial sex work, and young people.
- Campaigns will be undertaken to promote the use of condoms and lubricant in various formats and media and with objectives that differ depending on the target population.

- Collaboration with manufacturers will be encouraged with the aim of facilitating access to condoms among the general population.
- Access to condoms will be improved. The possibility of providing condoms free of charge via prescription by a physician will be evaluated in order to favor access to condoms among the most vulnerable populations, thus improving acceptability.

1.3. Implementation of pre-exposure prophylaxis and of the Information System for Pre-exposure Prophylaxis Programs in the Autonomous Communities

PrEP for HIV is recommended by UNAIDS to reach the goals set in Sustainable Development Goal 3 in 2030. On September 30, 2019, PrEP was included among the pharmaceutical formulations funded by the National Health System and accompanied by additional recommendations aimed at reducing risk practices and ensuring early detection of HIV and other STIs.

- The criteria for indication of PrEP will be extended to cover adolescents, cis men and women, and injecting drug users at high risk of infection by HIV.
- All stakeholders will be involved in informing and referring persons who could benefit from PrEP, thus increasing visibility and awareness of these programs.
- Effective and equitable access to PrEP programs will be encouraged for persons at high risk of HIV infection. The areas to be assessed include adherence to treatment, promotion of early detection and treatment of other STIs (including viral hepatitis), and monitoring of problems associated with chemsex.
- Work will be carried out with the Autonomous Communities and NGOs to ensure effective and equitable access to PrEP programs for all people at high risk of HIV infection, thus increasing visibility and awareness.
- The creation of information and training points aimed at PrEP users will be encouraged.
- Health equity and equal treatment will be promoted to reduce inequalities in health and universal access to PrEP without discrimination or stigmatization.
- Efforts will be made to incorporate novel biomedical preventive strategies (eg, new formulations of PrEP, vaccines).
- The PrEP information system will be promoted to improve collection of data on the number of PrEP users, as well as on the incidence of HIV, other STIs, and risk practices in this population.
- Efforts will be made to participate in national and international working groups with the aim of extending access to PrEP for all risk populations, eg, collaboration with organizations such as the European Centre for Disease Control and Prevention, UNAIDS, and WHO.
- Training of health professionals (from different areas and specialties, including primary care and emergency departments) will be promoted, as will that of social care professionals (eg, centers for protection of minors, court-mandated community service centers), in order to guide referral to and the use of PrEP.

- Research into new preventive drugs and different formulations of HIV drugs will be promoted (eg, long-acting drugs, patches, vaccines).

1.4. Promotion of postexposure prophylaxis against HIV

Postexposure prophylaxis (PEP) is an effective measure for preventing HIV infection when primary prevention has failed and/or in emergency situations such as sexual assault and workplace accidents among health care personnel. PEP must be used sporadically and according to the indications of expert and/or clinical practice guidelines.

- Efforts will be made to ensure effective access to PEP programs for recently exposed people who are at risk of HIV infection, thus increasing visibility and awareness.
- PEP will be more readily available in health centers for people at risk of HIV infection, including adult and pediatric emergency departments and primary care.
- Early detection and treatment of other STIs will be boosted for PEP if the indication is sexual exposure.
- Professionals from primary care, preventive medicine, emergency care, and social care will be trained in guiding referral and the use of PEP.
- Collection of information on the number of PEP users will be encouraged and improved via the PrEP information system.
- Information and referral to PrEP will be promoted for people who benefit from PEP.

1.5. Multidisciplinary approach to chemsex

Intensive and continued practice of chemsex can facilitate not only sexual transmission of HIV and other STIs, but also lead to problems and complications in the social, physical, and mental health of people who engage in it. Chemsex is more common among GBMSM, with data from studies showing a relatively high prevalence among HIV-infected GBMSM *(25).*

- The approach to chemsex will be multidisciplinary, taking into account the needs of users and patients and encouraging coordination between services, complementarity between professionals, and collaboration between public care services and LGBTQ+ organizations.
- Health and social care professionals will be trained in various aspects of chemsex and will be included in study plans and training aimed at professionals working in the public administration.
- Information systems and epidemiologic surveillance tools will be developed and strengthened to analyze the phenomenon of chemsex, associated patterns and trends, and impact on individual and public health.

- Selective primary preventive actions[10] will be aimed at GBMSM at risk of engaging in chemsex *(25).*
- Secondary and tertiary prevention actions will be developed for persons already engaged in chemsex, thus guaranteeing their participation in the detection of needs, the creation of preventive messages and strategies, and the selection of the most appropriate communication channels for dissemination *(25).*
- Efforts will be made to simplify the care circuit for the user, including integrated consultations with various professionals in a single forum.

1.6. Reduction of harm and risks in persons who use and inject drugs

While the number of persons who inject drugs has fallen dramatically, the risk of HIV infection remains very high among those who continue to inject drugs. Risk reduction programs for persons who inject drugs have played a key role in controlling the epidemic and should continue to be strengthened and diversified to ensure maximum coverage. Services providing care to drug users constitute the ideal setting to encourage prevention of HIV, hepatitis, and other STIs among persons who inject drugs and their sexual partners. These services should involve implementation of harm reduction programs, including sterile injection material, syringe exchange programs, opiate replacement and detoxification therapy, and the use of condoms during sexual relations.

- Harm reduction programs will continue to be provided to persons who inject drugs. These will involve the use of sterile injection material, syringe exchange, and opiate replacement and detoxification therapy in different areas of the public administration.
- Equitable and discrimination-free access to sterile injection material will continue to be provided to persons who inject drugs by means of standardized distribution of this material through health centers, social care centers, prisons, pharmacy networks, and other channels
- Innovative programs will continue to be aimed at groups at special risk of infection or who have difficulties of access. New outreach strategies will be developed (eg, shelters to cover basic needs, supervised consumption spaces, new opiate replacement treatments)
- The need for PrEP against HIV infection will be actively identified among persons who use and inject drugs.
- The integration of a series of services will be maintained and reinforced. These include diagnosis of STIs, viral hepatitis, and tuberculosis, as well as vaccination against hepatitis B, follow-up, and support for adherence to prophylaxis and HIV treatment, tuberculosis treatment, and HCV treatment.

1.7. Promotion of vaccination against STIs

10 Selective prevention is understood as those actions aimed at people who, for various reasons (eg, socioeconomic, geographic) are more likely than average to consume drugs. These persons are known as risk groups. They do not use drugs, but there is a clear risk that they might.

- Primary prevention will be promoted by reinforcing strategies for vaccinating against preventable STIs with vaccines such as hepatitis A, hepatitis B, and human papillomavirus.

Strategic objective 2. PROMOTING EARLY DIAGNOSIS OF HIV INFECTION AND OTHER STIs

Guaranteeing that all people living with HIV know their serological status is a priority in the control of the epidemic in Spain. New types of HIV tests and novel technologies will make it possible to identify a higher number of people with HIV and to provide them with early treatment and care. Furthermore, early diagnosis of HIV infection and other STIs will make it possible to break transmission chains and reduce the risk of future complications, thus favoring a full sex life. Services for the detection of HIV and other STIs must be strategically centralized in order to reach the population groups that are most exposed to HIV and other STIs and to ensure early diagnosis of these infections.

Innovation and development of future actions aimed at prevention, diagnosis, and treatment of HIV and other STIs will depend on knowledge of infrastructure and health care resources aimed at care of HIV and other STIs, reinforcement of epidemiological surveillance systems, and review of the regulatory framework for health care at both national and at European level. It is also important to identify areas where the health system can be improved in order to increase the quality of care provided to patients with HIV and other STIs.

Strategic objective 2 promotes early diagnosis of HIV and STIs for populations with reduced access to health care. To do so, a series of lines of action have been proposed, as follows:

2.1. Increase in knowledge of infrastructures for the care and prevention of HIV and other STIs in Spain

Knowledge of current health care infrastructures, as well as the analysis of the different regulatory frameworks involved in care and diagnosis of HIV and other STIs, is indispensable when developing and taking effective preventive measures, thus guaranteeing maximum efficiency and use of available resources.

- Tools will be developed to improve the characterization of STI centers and centers for HIV testing in the public health network of the Autonomous Communities.
- Improvements will be made to the community network of centers for rapid testing for HIV and other STIs, thus guaranteeing linkage to the health system.
- Coordinated efforts will be made with the Autonomous Communities to review and evaluate strategies for prevention, diagnosis, and care of HIV and other STIs.

- The national and international regulatory framework for early diagnosis of HIV and other STIs will be analyzed, thus making it possible to include innovative elements, such as "self-sampling" strategies.
- Screening for other STIs will be boosted in community organizations to reach the most vulnerable populations that are not integrated within the health system.

2.2. Promotion of HIV testing

It is important to promote diagnostic testing of HIV infection, as well as to increase and improve accessibility, especially in the most vulnerable populations and in those who do not have access to standard health care. Performing rapid HIV testing in community settings will increase the frequency of early diagnosis in the population groups.

- HIV testing will be offered in primary care and specialist clinics according to the recommendations of the Secretariat of the National AIDS Plan *(26).*
- Rapid HIV testing will be offered in community settings according to the recommendations of the Division *(27, 28).*
- Primary care information systems will be improved in terms of HIV testing and its results.
- Antenatal screening of HIV and other STIs will be promoted in line with the criteria set out in Royal Decree 1030/2006, of September 15, which establishes the portfolio of common services offered by the Spanish National Health System and the procedure for updating it.
- Rapid testing will be promoted in community settings by means of the Network of Community Programs for HIV Screening, which will be consolidated as an information system.
- Efforts will be made to ensure greater visibility for HIV self-diagnosis through follow-up of the number of tests distributed by the company that sells them.
- Support will be given to campaigns promoting HIV testing in various settings and groups, taking into account the profile of persons whose disease is diagnosed late.

2.3 Promotion of the association between diagnosis of HIV and initiation of antiretroviral treatment

Early diagnosis of HIV infection is essential if we are to quickly link persons with HIV to the health system and thus initiate antiretroviral treatment as soon as possible. In this way, undetectable viral load will be achieved, and transmissibility of the virus reduced *(29- 33).* Linkage to care in the health system favors diagnosis of comorbid conditions and their treatment, as well as prevention of and care for geriatric syndromes.

- Efforts will be made to refer HIV-infected persons from community settings to the public health system by promoting coordination between stakeholders.

- Measures will be taken to support and accompany HIV-infected persons who are in a situation of need and vulnerability so that care and follow-up are made easier.
- Measures will be taken to provide information on the importance of a rapid link between diagnosis and treatment. These measures will be aimed at vulnerable groups and the general population.
- Diagnosis of HIV infection will be linked to HIV treatment units as quickly as possible after diagnosis, with 2 weeks considered an acceptable delay for referral *(33,34).*

2.4 Promotion of STI testing in various settings

It is important to promote diagnostic testing of STIs and to increase and improve accessibility to it. This is particularly relevant in the populations that are most vulnerable to STIs, who generally do not seek or do not have access to standard health care. In this sense, rapid STI testing in non–health care settings will enable early diagnosis in these population groups and in the general population, thus providing them with greater autonomy and control over their sexuality *(35).* Furthermore, diagnosis and characterization of STIs in the general population is an essential tool for the epidemiologic surveillance and control of antibiotic resistance in this type of infection that will help provide more effective preventive measures.

- Screening of STIs will be promoted in various clinical settings (primary care, gynecology, emergency department, admissions) according to the recommendations of the Division.
- Diagnosis of STIs will be promoted in community settings based on the criteria of legality, necessity, and efficiency, thus guaranteeing linkage to and integration in the health system. The necessary legislation should be evaluated and adapted to extend and facilitate access.
- Innovative approaches in the early diagnosis of STIs will take the form of health care information and communication technologies, as with self-sampling in STIs through coordinated programs.
- Work will be carried out to adapt European regulations on health care products for rapid STI tests and self-sampling products.
- Support will be given to campaigns for promoting diagnoses of STIs in different settings and groups.
- Training will be promoted in the community setting and in clinical settings depending on the availability and performance of STI tests.

2.5. Innovation and reinforcement of contact tracing studies in HIV and other STIs and epidemiological surveillance

Tracing contacts in the case of a new diagnosis of HIV or other STIs is key to prevention, since it intervenes directly in transmission chains. This approach is poorly developed in our setting. The recent COVID-19 pandemic has highlighted the usefulness of novel health care

interventions, and telemedicine and use of digital media have provided new possibilities in our health system.

- Work will be undertaken to develop new health care information and communication technologies to study contact tracing, while guaranteeing full confidentiality and autonomy for the persons involved.
- Training of professionals and creation of referral and communication circuits will be encouraged between health professionals and other agents involved in contact tracing in health care and community settings.
- Efforts will be made to coordinate with the Autonomous Communities to improve the epidemiological surveillance of HIV by means of different systems and information sources.
- Work will be carried out with the Autonomous Communities to improve the epidemiological surveillance of STIs by implementing tailored notification of cases, reducing under-reporting, and improving the quality of the information obtained, thus boosting training of professionals and improving information systems.
- Surveillance of antibiotic resistance will be encouraged in the case of gonococcus within the National Surveillance Network, in parallel with the proposals of the National Plan on Antibiotic Resistance and in coordination with the National Microbiology Center. Similar actions will be taken for other microorganisms.
- Mechanisms for cooperation and exchange of epidemiological data will be promoted for the epidemiological surveillance of STIs in the Autonomous Communities, National Epidemiology Center, National Microbiology Center, and within the framework of the National Surveillance Network.

2.6. Promotion of integration of persons who are at greater risk of STIs in social and health care

- Work will be undertaken to improve coordination between health and social care services with respect to early diagnosis and referral of persons with STIs.
- Management of the various resources that guarantee patient-centered continuity of care will be optimized.
- Healthy lifestyles and self-care will be promoted, as will prevention of risk behaviors for acquisition of HIV and other STIs in groups of specific epidemiological interest: young people, GBMSM, and persons who engage in commercial sex work or use drugs.
- Cooperation between health professionals involved in the care and follow-up of people with HIV will be increased (eg, STI centers, primary care, emergency department, prisons, peer programs).

Strategic objective 3. PROMOTING EARLY TREATMENT OF HIV AND OTHER STIs AND MANAGEMENT OF CHRONIC CONDITIONS ASSOCIATED WITH HIV INFECTION

As mentioned in strategic objective 2.3, implementation of ART, together with good training for professionals and patients and appropriate follow-up of persons with HIV, has changed the course of the disease so that it is now considered chronic. Aging of the population living with HIV translates into an increase in the number of comorbid conditions associated with age and frailty that may appear earlier than in the general population. Older patients with HIV are complex to manage and require a multidisciplinary, specific, and comprehensive approach *(64).*

Several clinical trials and observational studies *(37)* have shown that rapid initiation of ART (the day the disease is diagnosed or during the first week after diagnosis) favors patient retention in care and increases the percentage of patients with viral suppression.

Strategic objective 3 proposes humanized social and health care that includes monitoring of chronic conditions for early detection of comorbid conditions and modifiable risk factors, through early identification of those persons at greatest risk of poorer health status. It is based on an approach to the needs of affected persons, including quality of information and communication, personalized care, maintenance of functional capacity, and shared decision making. These measures are more effective when combined. Therefore, work should be undertaken in the following lines of action:

3.1. Promotion of integrated health care for persons with HIV infection

- A strategy to address chronic conditions in HIV infected persons will be undertaken, with the participation of various specialists and care areas and an intersectoral approach that favors participation in policies for addressing chronic disease.
- The approach to chronic conditions in persons with HIV infection will be characterized in the Autonomous Communities and identify needs and proposals for action based on experience in the various centers.
- Coordination will be improved between health services, social care services, and community bodies by defining mechanisms and spaces for coordination. To do so, preference will be given to a community-guided approach to care services and mechanisms for citizen engagement in health care.
- Research into aging in HIV infection will be promoted.
- Healthy lifestyles and prevention of risk factors and the most common comorbid conditions will be promoted by means of health education in person living with HIV.
- The necessary tools will be created to improve autonomy and self-care.
- Every effort will be made to strengthen the key role of primary care in this setting, following the principles and guidelines of the strategic framework for community and primary care.

3.2. Guarantee appropriate follow-up and treatment of persons with HIV and other STIs

- ART will be guaranteed for all those people who need it and will be made available to those who have difficulty accessing treatment.
- Information systems associated with continuation of care will be strengthened, and collection and systemization of information associated with comorbid conditions and patient follow-up will be promoted.
- Professionals will be trained both with respect to treatment and with respect to HIV-associated comorbidities in collaboration with scientific societies. Specific working groups will be set up and consensus documents will be prepared coordinated from the SPNS. Training will be provided on stratification of patients by severity, optimization of pharmacological therapy, tools to improve adherence to treatment, the approach to mental health, and specific approach to areas such as frailty, disability, and dependency.
- A gender and sexual diversity approach will be adopted, as will various approaches to risk factors and prevention of comorbid conditions, especially with respect to prescription of ART regimens in women and possible drug interactions *(38).*

3.3. Promotion of equity, accessibility, and innovation in health care provided to persons with HIV infection

- Health equity and equal treatment will be promoted by working towards the reduction of inequalities in health care and universal access to ART without discrimination or stigma.
- Alternatives to dispensation of ART by the hospital pharmacy will be studied in order to provide patients with greater choice when collecting their medication.
- Professionals will be provided with training, including training on gender perspective.
- Health systems will be strengthened and benefit from innovation, with support for new technologies in the provision of services and organizational models.
- Innovation in digitalization in health care will be encouraged, taking the form of the integrated clinical history, mobile follow-up applications, and general computer access to the health care system.
- Work will be carried out on models for good practice in telemedicine resulting from the changes in care provided to HIV-infected persons during the COVID-19 pandemic, which meant that health care had to be provided remotely *(39, 40, 41).*

3.4. Approach to emerging or re-emerging health problems in persons with HIV infection

Severe acute respiratory syndrome virus type 2 (SARS-CoV-2), which causes coronavirus disease 2019 (COVID-19), has spread throughout the world, infecting millions of people. Most studies published to date in settings with high ART coverage and in high-income countries report greater COVID-19 mortality in persons with HIV infection than in the general population of the same age and sex. Once the other prognostic factors (see above) have been taken into consideration, there is no evidence to date that HIV has an independent effect on mortality in persons receiving stable ART. From the Division, in

collaboration with the Autonomous Communities, scientific societies, NGOs, and more than 100 hospitals in Spain, various epidemiologic, preventive, and clinical studies have been carried out with respect to SARS-CoV-2 infection in persons with HIV infection and in health and social care professionals.

- The risk of developing symptomatic COVID-19 will be evaluated in health care personnel who receive emtricitabine/tenofovir disoproxil, hydroxychloroquine, or the combination of emtricitabine/tenofovir disoproxil and hydroxychloroquine, compared with placebo in the EPICOS study (Ensayo Clínico para la Prevención de la Infección por COronavirus en Sanitarios [Clinical trial for the prevention of coronavirus in health care personnel]) *(42).*
- The incidence, clinical severity, and mortality of COVID-19 will be estimated in persons with HIV receiving ART in Spain, depending on their nucleos(t)ide analogs regimen and third drug, adjusting for potential confounders (sex, age, and baseline comorbid conditions) in the CoVIHd observational study.
- Recommendations on vaccination against SARS-CoV-2 will be made and updated in persons with HIV infection within the framework of the recommendations of the Ministry of Health.
- Vaccination against SARS-CoV-2 infection will be promoted for persons with HIV infection.
- Coverage and effectiveness of vaccines against SARS-CoV-2 will be monitored in persons with HIV infection.
- Active surveillance will be maintained in the face of the response to future pandemics and emerging or re-emerging health problems in persons with HIV infection.

3.5. Promoting early treatment of STIs

- Professionals will be trained with respect to treatment, and directly supervised single dose–based regimens will be promoted.
- Professionals will be trained in the complications associated with STIs through collaboration with scientific societies and specific work groups.
- Work will be carried out on the prevention of antibiotic resistance within the framework of the National Plan on Antibiotic Resistance.

Strategic objective 4. IMPROVING THE QUALITY OF LIFE OF PERSONS WITH HIV INFECTION AND PERSONS WITH STIs

Improvement of health-related quality of life in persons living with HIV is a key element of our approach to the infection. Understanding the factors that affect perceived quality of life and evaluating this as part of routine clinical follow-up are necessary steps if persons living with HIV infection are to enjoy good health-related quality of life. STIs impair quality of life, both in persons with HIV infection and in the rest of the population, not only because of associated complications, such as infertility, but also because the stigma associated with

STIs hampers the enjoyment of a full sex life and restricts people's autonomy with respect to their sexuality.

Strategic objective 4 proposes to improve the quality of life of people living with HIV, guaranteeing equal treatment and opportunities, nondiscrimination, and full exercise of human rights in line with the objectives of the Social Pact. Therefore, various lines of action are proposed, as follows:

4.1. Monitoring of quality of life and inclusion of assessment of quality of life in daily clinical practice

- Collection of information on quality of life will be improved in the various health care information systems and through implementation of specific studies.
- Progress will be made in the assessment of stigma and self-stigma in people with HIV.
- The objectives of the Social Pact will be fulfilled: favoring equal treatment and opportunities for persons with HIV, working to achieve social acceptance, reducing the impact of stigma in persons with HIV, and generating knowledge to guide policies and actions against discrimination.
- Patient-reported outcome measures and patient-reported experience measures will be developed with respect to HIV and STIs *(43)*.
- New digital tools will be developed to improve the quality of life of persons with HIV in order to reduce barriers to treatment, favor adherence, and reduce stigma and discrimination.

4.2. Promotion of psychosocial health in persons with HIV

- Actions will be undertaken to boost the resilience of persons with HIV, as well as their knowledge of their rights and legal mechanisms, both as a means of protection and as a means of reporting potential situations of discrimination in all areas, thus facilitating access to free legal services when facing such situations.
- Psychosocial interventions will be promoted and supported in order to empower affected persons and boost the ability to deal with the manifestations of the stigma associated with HIV and STIs in various population groups.

4.3. Elimination of social and legal barriers and reduction of stigma among people with HIV infection and among people who are at risk of acquiring HIV infection

- Knowledge will be generated, and policies, laws, and regulations analyzed to eliminate the social and legal barriers that can limit quality of life and guarantees of rights for persons with HIV infection and other STIs or that can aggravate health inequalities owing to the impact on social determinants such as employment, housing, and income among persons with HIV infection.

- Efforts will be made to identify situations in which persons with HIV infection are discriminated against, especially when using social and health care services, sports facilities, and other community services, as well as in the workplace.
- Actions will be undertaken to sensitize and train social, health, legal, and educational professionals, as well as those working in the media, in order to favor equal treatment and address the specific needs of persons with HIV infection.
- Sensitization campaigns will be undertaken. These will be based on accurate, updated information in various languages and aimed at correcting false beliefs about HIV infection, its routes of transmission, and preventive measures.
- Cooperation will be encouraged between various media (publishing companies, social networks, Internet, audiovisual media [especially television]) and experts in defending the rights of HIV-infected persons. Such an approach will favor fair treatment for HIV-infected persons and suitable content (for both children and adults) to prevent stigma and discrimination.
- Social participation and visibility of persons with HIV will be supported, thus reflecting their diversity, through policies and actions aimed at reducing stigma and discrimination.
- Mechanisms will be put in place to improve coordination and cooperation between the administration, trade unions, and business organizations in order to favor an exchange of experiences and good practice in the workplace, enhance training and sensitization of workers, and eliminate workplace discrimination against people living with HIV.
- Actions for corporate social responsibility will be promoted in companies in order to favor social sensitization to HIV infection.
- Cooperation with insurance companies will be encouraged with the aim of eliminating the discrimination in access to insurance faced by persons with HIV infection.

9. Health system governance and coordination instruments

Health system governance was defined by the WHO in 1998 as the participation of stakeholders concerned with the definition and implementation of policies, programs, and practices aimed at promoting equitable and sustainable health services.

The Division works in coordination with various stakeholders to improve detection, prevention, health care, research, and all the determinants of health associated with HIV infection.

The points set out below cover the various areas for coordination and dialogue on which the following Plan is based for implementation of the actions included and that will be promoted and reinforced from the Division:

- **Coordination with the Autonomous Communities**: Coordination and communication between the Division and the Autonomous Community is essential if we are to establish synergies with autonomous plans and thus ensure that all actions, guidelines, and recommendations reach each of the national territories, health services, and professionals who work in the health services. Therefore, periodic meetings will be held between the Division and the Autonomous Communities. Similarly, the Autonomous Communities will participate in forums for reflection and debate, such as working parties, preparation of documents (guidelines and recommendations), and other areas that arise during the implementation of the Plan. Efforts will be made to promote coordination at the level of the Autonomous Communities between public health services and the Health Care Directorate in the individual Autonomous Community and between the autonomous and local settings in each region. Similarly, as explained in the section on follow-up and evaluation, active participation in the follow-up and evaluation of the present Plan will be encouraged.
- **NGO Consultative and Advisory Committee**. The NGO Consultative and Advisory Committee, which is formed by NGOs with broad experience in the field of HIV, constitutes a space for joint review and debate that compliments and enriches the actions set in motion by the Division. Therefore, implementation of the Plan requires different visions and participation of civil society, which will be organized and committed to the response to HIV infection and STIs. The current space will be reinforced by improving the information provided before meetings and follow-up of the agreements reached. Similarly, the participation of the members of the NGO Consultative and Advisory Committee in the follow-up of the present Plan will be essential if we are to improve democratic ownership of public policy and if we are to obtain updated information to enable decision-making and planning of future actions.

- **National Committee for Coordination and Follow-up of AIDS Prevention Programs of the Ministry of Health.** The National Committee, which was created in 1987, is a forum that has enabled coordination between sectors and territories with respect to policies on HIV and AIDS[11]. It is presided over by the head of the Secretariat of State for Health and is the forum to which the General Directors of Public Health for Cities and Autonomous Communities, or their delegates, are convened. During the implementation of the present plan, the National Committee will be strengthened by promoting reports of actions undertaken, as has been the case to date, and establishing agreements with and commitments of the members on future actions in which they may be involved because of their areas of competence and/or work. This approach aims to promote synergies and give the actions proposed in this Plan an intersectoral character by taking advantage of the opportunity provided by this Committee.
- **Public Health Committee**. The Public Health Committee is a permanent committee of the Interregional Council of the National Health System coordinated by the head of the General Directorate of Public Health of the Ministry of Health. It includes the General Directorate of Public Health of the Autonomous Communities, the Carlos III Health Institute, and the National Institute for Health Care Management. During the implementation of the present Plan, every attempt will be made to include in the agenda of the National Committee those areas associated with HIV and other STIs that require decisions to be made and more strategic support to be provided. In addition, actions currently under way and included in the present Plan will be given appropriate visibility.
- **Coordinating Committee for the Social Pact.** Formed by the Division, Autonomous Communities, NGOs, and scientific societies, the Committee aims to coordinate and follow up actions carried out within the framework of the Social Pact.
- **Coordination with the National Epidemiology Center of the Carlos III Health Institute**. Coordination with the National Epidemiology Center is ongoing and essential if we are to have a clear and timely picture of the situation of HIV and other STIs in Spain. Therefore, coordination will be strengthened by promoting information systems and carrying out ad hoc epidemiological studies associated with HIV and other STIs.
- **Coordination with scientific societies and research structures**. Coordination between the Division and relevant scientific societies/research structures will be maintained for the preparation of documents and guidelines for publication and for participation in forums for training and discussion of topics associated with the actions set out in the present Plan.

[11] https://www.mscbs.gob.es/ciudadanos/enfLesiones/enfTransmisibles/sida/docs/rd592_1993.pdf

- **Coordination with the General Secretariat of Penitentiary Institutions.** The General Subdirectorate of Penitentiary Health Care participates in coordination meetings with the Autonomous Communities and in the National Committee for Coordination and Follow-up of AIDS Prevention Programs within the Ministry of Health.
- **Coordination with the General Subdirectorate for the Tertiary Sector and Volunteer Groups.** The Division participates in the State Council of NGOs for Social Action and evaluates projects from the Call for Subsidies in order to undertake activities of general interest that are also considered of social interest and correspond to the State Secretariat for Social Rights.
- **Coordination with other ministries,** such as the Ministry of Equality, the Ministry of Territorial Policy and Public Function, and the Ministry of Education and Vocational Training, to include sex education in the curriculum, as laid out in Organic Law 3/2020, of December 29, which modifies Organic Law 2/2006, of May 3, on Education.
- **Coordination with the pharmaceutical industry.** Coordination with the pharmaceutical industry has been widely consolidated over the years and is fundamental if we are to develop actions aimed at improving the life expectancy and quality of life of patients with HIV infection. This takes the form of research into new antiretroviral drugs and formulations and work on primary and secondary prevention via cooperation with scientific societies and NGOs.
- **Coordination for the Fast Track Cities initiative**. With the aim of promoting sexual health at local levels and reaching the objectives set out in the Plan, the framework of the Fast Track Cities initiative will include coordination with the Spanish Federation of Municipalities and Provinces, the Spanish Healthy Cities Network, and the International Association of Providers of AIDS Care in order to include municipal actions aimed at preventing HIV and other STIs.
- **Coordination in Europe with the European Centre for Disease Control and Prevention.** Participation will be promoted in European working groups and forums for coordination associated with HIV and other STIs. Participation will continue in the follow-up and analysis of progress in the response to HIV and other STIs via the response to the indicators set out in the Dublin Declaration.
- **Coordination at international level with the WHO.** The participation of Spain in international groups involved in the response to HIV and other STIs will be promoted. Spain will also participate in the preparation of the new 2022 – 2030 Global Health Sector Strategy for the prevention of HIV, STIs, and viral hepatitis of the WHO and in the implementation of the Action Plan for the prevention of HIV, STIs, and viral hepatitis of the European Region of the WHO.
- **Coordination at international level with UNAIDS.** Spain will participate in UNAIDS through collaboration with the Permanent Representation of Spain to the United

Nations Office when attending the twice-yearly meetings of the Programme Coordinating Board and in all the initiatives run by UNAIDS.

In-house tools for implementation of measures

The coordination instruments on which the next Plan will be based are set out below. These will be used to implement the actions included in the Plan, which will be promoted and strengthened from the Division:

- **Subsidies to nonprofit organizations of various types engaged in projects for the prevention and control of HIV infection and AIDS.**

- **Working parties.** These will be formed depending on the needs identified.

- **Collaboration agreements:**

  - Agreement with the Spanish Interdisciplinary AIDS Society for actions to support the implementation and follow-up of pre-exposure prophylaxis against HIV infection in Spain and prevention of other STIs.
  - Agreement with the Spanish Red Cross for activities aimed at informing about and preventing HIV infection, STIs, tuberculosis, and hepatitis C.
  - Agreement with the State Coordinator for HIV and AIDS and the University of Alcalá aimed at developing actions within the framework of the Social Pact for Nondiscrimination and Equal Treatment associated with HIV.
  - Agreement with Rey Juan Carlos University for a master's program on HIV infection.
  - Maintenance of the guarantee of performance of the contract between the Spanish Society of Pediatrics and the National Association of Manufacturers of Infant Dietary Products for donation of artificial milk over 12 months to children born to mothers with HIV.

- **Contracts:**

  - Contract with the Spanish Society of Pediatric Infectious Diseases for the clinical-epidemiological analysis of HIV infection in children, adolescents, and pregnant women and their children at national level.

10. Follow-up and evaluation of the Plan

Follow-up and evaluation are key elements when attempting to promote learning and continuous improvement. Since this Plan is included in Agenda 2030, its implementation period is long, thus making it possible to provide a strategic vision that directs us toward major changes such as the elimination of HIV as a public health problem and a reduction in the incidence of STIs in 2030. However, at the same time, designing the roadmap to get there is a challenge.

Therefore, annual operational planning will be undertaken to include the actions to be undertaken during the period. These will be organized based on 4 axes and will help to reach the objectives set out in each of them. Planning will also involve a description of the stakeholders and instruments for each of the actions, together with progress indicators. The Plan will be complemented by follow-up, evaluation, and learning systems comprising the following:

- A **list of macro indicators** included in the present Plan and aligned with the indicators proposed by UNAIDS and the Dublin Declaration will serve to monitor the response to HIV and STIs annually. Similarly, all operational planning will include indicators and follow-up of the actions proposed and measurement of the results and the changes generated.
- **Committee for Follow-up of the Plan** formed by representatives of the Division, NGOs, Autonomous Communities, scientific societies, and other members. The Committee will meet once per year. The mission of the committee will be to coordinate follow-up and annual internal evaluation, whose objectives are to analyze how the indicators included in the annual plan have advanced, assess those factors that have facilitated and/or hampered the implementation of operational planning, and identify the lessons learned. This information will be presented at the National Committee for Coordination and Follow-up of Programs for Prevention of AIDS. The follow-up committee is renewed every 2 years.
- An **interim evaluation of the Plan** will be carried out in 2026, coinciding with the end of the 2021-2026 UNAIDS Strategy, for which definitive indicators are available. This evaluation can be external or mixed and will include various professionals, organizations, and institutions involved in the actions of the Plan and in the coordinated response to HIV and other STIs. The evaluation will be based on the participation of various stakeholders.

INDICATORS

These indicators are broken up by sex, age, and mode of transmission where possible

INDICATOR	BASELINE 2020	GOAL SET FOR 2026	GOAL SET FOR 2030	SOURCE OF VERIFICATION
Strategic objective 1: PROMOTE COMBINATION PREVENTION OF HIV AND OTHER STIs				
Number of new diagnoses of HIV	New diagnoses of HIV in 2020		(Reduction of 90%)	System for Information on New Diagnoses of HIV
Number (rate) of new diagnoses of syphilis	Number and rate of diagnoses of syphilis in 2020		(Reduction of 90% compared with 2018)	National Epidemiological Surveillance Network
Number (rate) of new diagnoses of *Neisseria gonorrhoeae*	Number and rate of diagnoses of GC in 2020		(Reduction of 90% compared with 2018)	National Epidemiological Surveillance Network
Number (rate) of new diagnoses of *Chlamydia trachomatis*	Number and rate of diagnoses of CT in 2020		(Reduction of 90% compared with 2018)	National Epidemiological Surveillance Network
Percentage of women and men aged 16-24 years who know about transmission of HIV	Data from 2021 survey			Study on beliefs on and attitudes to PLHIV in the Spanish population
Number of people receiving PrEP	2500 -5000 (estimated)			Information System for PrEP Programs
Number of people who received PPE at least once	Not available			
Number of chemsex users	EMIS 2017			Ad hoc studies
Strategic objective 2: PROMOTE EARLY DIAGNOSIS OF HIV AND OTHER STIs				
Percentage of persons with known HIV infection	90%	95%	95%	Estimation of the fraction diagnosed via multiple sources
Percentage of new cases of HIV infection diagnosed late	Percentage of new cases of HIV infection			System for Information on New Diagnoses of HIV Infection

	diagnosed late in 2020			
Number of rapid HIV tests performed in the community setting	Not available			Network of Community Programs for HIV Screening
Percentage of positive results in rapid HIV tests performed in the community setting	Not available			Network of Community Programs for HIV Screening
Number of self-tests distributed in pharmacies	13,745			Mylan
Strategic objective 3: INITIATION OF ART AND MANAGEMENT OF CHRONIC CONDITIONS				
Percentage of persons with HIV receiving ART	90%	90%	100%	Hospital survey of patients with HIV. Notification to Autonomous Communities
Percentage of persons receiving ART and with viral suppression	90%	95%		Hospital survey of patients with HIV.
HAV vaccination in persons with HIV				Hospital survey of patients with HIV, Cohort of the Spanish HIV Research Network
HBV vaccination in persons with HIV				Hospital survey of patients with HIV, Cohort of the Spanish HIV Research Network
Percentage of persons with HIV aged > 50 years				Hospital survey of patients with HIV
Percentage of persons aged > 50 years with a comorbid condition *				Cohort of the Spanish HIV Research Network
Strategic objective 4: IMPROVING QUALITY OF LIFE				
Percentage of persons with HIV infection with suppressed viral load and good quality of life		95%	95%	Hospital survey of patients with HIV, Cohort of the Spanish HIV

				Research Network
Percentage of persons with HIV infection who have experienced situation of internal stigmatization				Study on the degree of stigmatization among persons living with HIV
Percentage of persons with HIV infection who have experienced stigmatization and discrimination in various settings				Study on the degree of stigmatization among persons living with HIV
Percentage of the population with discriminatory attitudes towards people with HIV				Study on beliefs and attitudes of the Spanish population towards people with HIV
Number of signatories to the Social Pact				Form for signatories to the Social Pact
Number of laws and regulations modified to eliminate social and legal barriers that could restrict the quality of life of people with HIV				Publications in the BOE and on the Ministry web page
Number of measures envisaged in the Social Pact and measures developed				Report document for follow-up of the Social Pact

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