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Session Summary

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User	Nuno Santana
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Focus Areas	executive summary of the plan/project status

Executive Summary

Conversation & Project Summary (Session-to-Date)

Project: Portugal HIV Standard of Care (SoC) and Healthcare System Improvements proposal for DGS (Direção-Geral da Saúde). **Client lead:** Nuno Santana (AVTI). **Timeframe covered in this session:** March 2, 2026 (multiple iterative requests, culminating in a revised v3.0 draft and a verification-driven refinement cycle). **Current status:** A materially strengthened **v3.0 "Post-Verification Sweep"** draft exists with clearer claims discipline, measurable KPIs, operational safeguards, commissioning blueprint elements, and an explicit verification checklist for remaining high-risk anchors.

1) Executive summary (current project status)

What has been achieved

1. **Landscape and problem framing** were established around a clear central finding: Portugal's HIV system performs comparatively well once patients are retained in sustained care, but **avoidable harms are dominated by upstream gaps**--especially **late diagnosis**, slow linkage, and PrEP access fragility.
2. A full **DGS-facing SoC + implementation annex** structure was developed (Prevention, Diagnosis, Treatment, Monitoring), with:

- A governance-driven operating model (stakeholder roles).
- An execution roadmap (Phase 2 pillars, Phase 3 tactical clusters, Phase 4 deliverables library).

3. The proposal was improved through an iterative quality cycle:

- Identification of **citation integrity and anchor-verification risks** in the initial March 2026 draft.
- A **rapid verification sweep** of high-risk anchors (guideline links, EU authorisation status, clinical evidence anchors, and key media signals).
- A revised **v3.0 draft** incorporating the verification outcomes, explicit "writer actions," and a strengthened compliance posture.

What is “ready” vs “not yet closed”

- **Ready / strong enough for writer-team progression:**
- The strategic spine and sequencing (late diagnosis and linkage first; PrEP system stabilisation; readiness for long-acting PrEP; monitoring/governance).
- The delivery architecture (deliverables library, minimum viable KPIs, commissioning blueprint summary, operational confidentiality protections).
- The regulatory claims discipline approach (EU authorisation vs Portugal reimbursement vs Portugal operations clearly separated).
- **Not yet closed (must be resolved before final DGS submission):**
- Retrieval and quotation of the **official Diário da República text** for Portaria 402/2023 (to avoid paraphrase drift).
- Archiving a stable **SPMS primary source capture** confirming PrEP e-prescribing operationalisation (the core claim is present but needs a stable record).
- Confirming **APECS guideline access** and ensuring the cited version is the latest.
- Confirming the **GAT July 2025 post** as a primary source (or downgrading it permanently to an unverified implementation signal).
- Locating (or removing) the referenced **March 2025 joint circular** enabling community PrEP, which has not been reliably located.

2) Session narrative: what the user asked for and what was produced

Phase A -- Initial request: landscape analysis, market access, unmet need (Portugal HIV)

The session began with an explicit need for:

- A **HIV landscape analysis in Portugal** with emphasis on:
- **Market access and payer context**.
- **Unmet needs** across prevention, diagnosis, treatment, monitoring.
- Follow-on requests expanded scope into:
- **News and government activities** influencing HIV treatment and prevention policies.
- A deeper dive on **the Portuguese payer system** (DGS/SNS/INFARMED/SPMS/ULS roles and process dynamics).

Phase B -- Proposal drafting support: DGS-facing RFP and “phase 2 onward” plan building

You then shifted the session toward a live deliverable:

- Drafting support for a **DGS RFP** on HIV SoC and system improvements.
- Requesting development starting at **Phase 2** (strategic foundation), then continuing into Phase 3 (tactics) and beyond.

Phase C -- Execution testing: Monte Carlo multi-plan simulation

A simulation engine was requested to stress-test the plan with:

- **3 to 5 materially distinct variants**, 1,000 iterations per variant.
- Similarity scoring via a comparison guide / similarity engine logic.
- Decision-facing outputs with minimal math.

This led to two key outcomes:

1. A corrected delivery of the Monte Carlo outputs (after a “didn’t deliver MC” escalation).
2. A decision framing: the “Balanced Integrated” variant emerged as best overall in composite performance in that modeled environment, while highlighting that upstream access stabilisation and disruption risk were the key constraints.

Phase D -- Quality control: anchor verification and citation/claims discipline

After reviewing the initial March 2026 draft, verification work focused on:

- The highest-risk “anchors” that DGS reviewers would challenge quickly:
- DGS Norma link integrity and content accessibility.
- SPMS operational claims.
- EU regulatory status for long-acting PrEP.
- NEJM/PubMed evidence anchor.
- Media signal attribution.
- Identification of dead links and inconsistent references.

This culminated in **v3.0** (“Post-Verification Sweep”) with:

- Corrected/updated link targets (where verifiable).
- Explicit writer actions for remaining verification.
- Improved risk framing and compliance language.

3) Current plan: scientific and epidemiologic baseline (as used in the proposal)

3.1 Epidemiologic context (headline indicators used in the plan)

The proposal consistently uses the following Portugal headline figures:

- New HIV diagnoses (2024): **997**.
- People living with HIV (2023 estimate): **49,699**.
- Estimated undiagnosed (2023 estimate): **2,894 (5.8%)**.
- Late diagnosis (2024): **53.9%** (CD4 below 350).
- Advanced disease (2024): **36.3%** (CD4 at or below 200).

Interpretation used by the plan: Late diagnosis is positioned as the single largest avoidable harm driver and the organizing target for system improvements.

Table: Epidemiology snapshot used for governance framing

Indicator	Value	Implication used in the plan.
New diagnoses (2024).	997.	Prevention and testing urgency.
People living with HIV (2023 estimate).	49,699.	Long-term chronic care footprint.
Undiagnosed (2023 estimate).	2,894 (5.8%).	Ongoing transmission driver.
Late diagnosis (2024).	53.9%.	Avoidable harm driver; late entry to care.
Advanced disease (2024).	36.3%.	Urgency for earlier diagnosis.

4) Plan architecture: strategic pillars, tactical clusters, deliverables (current “v3.0” state)

4.1 Phase 2 -- Strategic foundation pillars (the “what”)

The plan’s Phase 2 pillars are:

1. Earlier diagnosis and linkage to care.
2. PrEP system redesign.
3. Long-acting PrEP readiness.
4. Treatment pathway quality.

5 Equity and confidentiality.

6 Data governance and monitoring.

7 Payer feasibility.

Non-optional additions (triggered by emerging evidence and risk signals):

- Community PrEP commissioning blueprint.
- Backlog and continuity plan.
- Long-acting PrEP readiness annex and gating.

4.2 Phase 3 -- Tactical clusters (the “how”)

The Phase 3 tactical clusters were developed as implementation-grade actions:

A) Earlier diagnosis

- Indicator-condition testing prompts in primary care and emergency settings.
- Hotspot targeting and community-based testing outreach.
- Fast-track linkage slots at ULS/hospital level.
- Navigator model for diagnosis-to-care transition.
- Primary care enablement for routine HIV screening.

B) PrEP system redesign

- Contracting and financing templates for community PrEP delivery.
- Hospital initiation capacity release.
- Triage and backlog management protocols.
- Unified follow-up SOPs across hospital and community channels.
- Recall systems for persistence and adherence monitoring.
- Breakthrough infection review process.

C) Long-acting PrEP readiness

- Site readiness assessment framework.
- Injection workflow design, training requirements, cold chain, safety reporting protocols.
- Pilot design framework and site selection criteria.
- Payer feasibility pack and budget impact modeling.

D) Data and monitoring

- KPI dictionary (definitions, data sources, reporting frequency).
- Dashboard specifications for near real-time performance monitoring.
- Monthly surveillance-to-action cadence.
- Waiting list and time-to-service monitoring.

4.3 Phase 4 -- Deliverables library (what DGS actually receives)

Deliverable pack	Contents (as defined in the plan).
SoC Master Pack.	SoC document, implementation annex, algorithms, training materials, patient information materials.
PrEP Commissioning Pack.	Contracting templates, funding model, operational SOPs, backlog and continuity plan.
Long-acting PrEP Readiness Pack.	Site readiness checklists, injection protocols, workflow SOPs, pilot design framework.
Data Pack.	KPI dictionary, dashboard build specs, data quality plan.
Payer Feasibility Annex.	Funding-route map, budget impact scenarios, implementation cost model.

5) What changed between the initial March 2026 draft and v3.0 (post-verification sweep)

The session surfaced a common DGS-facing failure mode: strong strategy undermined by weak anchor integrity. v3.0's improvements are meaningful and executive-relevant:

5.1 Claims discipline and anchor clarity improved

- The executive summary moved from "downstream care is strong" to "downstream care appears comparatively strong," with an explicit action to source objective downstream indicators (viral suppression, retention).
- Long-acting PrEP statements were tightened into a three-layer separation:

1. EU authorisation status.
2. Portugal reimbursement status.
3. Portugal operations readiness.

5.2 PrEP operationalisation made measurable

v3.0 added:

- A “breakthrough infections” interpretation note to prevent misinterpretation as product/program failure without adherence/persistence context.
- Community pharmacy channel KPI proposals (unique recipients, refill continuity, time-to-dispense, referral completion).

5.3 System resilience is now operationally legible

v3.0 added a Commissioning Blueprint Summary with:

- Funding source options.
- Contracting entity definition.
- Minimum SLA concepts (e.g., max wait time, follow-up completion rates).
- Continuity clauses and escalation pathways.

5.4 Privacy-by-design and equity translated into real safeguards

v3.0 added operational confidentiality protections:

- Pseudonymisation where feasible.
- Role-based access controls.
- Consent touchpoints at initiation and channel transitions.
- Pharmacy and community-setting privacy safeguards.

6) Monte Carlo multi-plan stress test (executive interpretation)

A multi-variant simulation was run to stress-test plausible execution pathways and risk:

6.1 Variants tested (conceptually)

Five materially distinct plan variants were modeled, including:

- Prevention stabilisation first.
- Diagnosis/linkage acceleration.

- Data/governance first.
- Long-acting PrEP readiness acceleration.
- Balanced integrated approach.

6.2 Headline insight (decision-facing)

- The Balanced Integrated approach performed best on composite outcomes in the modeled environment.
- Across variants, the binding constraints were:
- Access stabilisation speed (waiting lists, capacity).
- Disruption risk driven by commissioning/funding/capacity instability.

INFERENCE: Monte Carlo outputs are scenario-dependent by design; they should be used as prioritisation guidance for resilience measures (commissioning blueprint, backlog/continuity plan), not as forecasts.

Table: Monte Carlo decision summary (bands)

Variant theme	End-to-end success	Disruption risk	Executive implication.
Balanced integrated.	~10-20%.	~30-40%.	Best base plan, but still requires commissioning and continuity strengthening.
Prevention stabilisation first.	~10-20%.	~20-30%.	Best if reputational/epidemiologic risk from PrEP disruption is immediate.
Diagnosis/linkage acceleration.	~10-20%.	~30-40%.	Strong narrative for late diagnosis; can still be derailed by PrEP bottlenecks.
Data/governance first.	~10-20%.	~30-40%.	Makes system accountable; may not relieve access bottlenecks fast enough.
LA readiness accelerator.	~0-10%.	~30-40%.	Use as an overlay/pilot package, not the dominant strategy.

7) Regulatory, medical, and compliance considerations (as embedded in the plan)

7.1 Regulatory and access framing

- EU authorisation does not imply Portugal reimbursement or rollout.
- Any reference to long-acting PrEP is positioned as readiness work until payer confirmation.

7.2 Data privacy and sensitive-condition governance

- HIV-related workflows require GDPR-grade minimal data handling and strict confidentiality.
- Data collection for dashboards, waiting list monitoring, and referral pathways must be designed to prevent inadvertent identification.

7.3 Medical-scientific integrity

- The proposal explicitly avoids converting media/NGO reports into official statistics.
- Evidence anchors (guidelines and primary literature) are positioned as verification-critical elements, with explicit checklists.

8) Stakeholder map (operating model used across the session and draft)

The plan defines stakeholder roles for national execution:

Stakeholder	Role in the proposal.
DGS	National policy sponsor; SoC owner; governance leader.
INSA / Surveillance	Baseline measurement; monitoring; epidemiology framing.
INFARMED	Feasibility logic for access, affordability, payer decision support.
SPMS	Operational enablement: e-prescribing, systems, procurement infrastructure.
ULS / Hospitals	Specialist delivery capacity; initiation slots; monitoring; retention operations.
Community pharmacies	PrEP dispensing channel; confidentiality and follow-up support.
Community organisations	Access/navigation; initiation and follow-up delivery; early warning on breakdowns.
Patient advocacy	Equity, stigma reduction, accountability, co-design input.

9) Key findings and recommendations (executive-level)

9.1 Key findings (session-level)

1. **Late diagnosis is the dominant avoidable harm driver** and is positioned correctly as the organizing target for system improvement.
2. **PrEP delivery is structurally fragile** even when clinical guidance and reimbursement frameworks exist--commissioning, contracting, and operational capacity are the real bottlenecks.
3. **Long-acting PrEP introduces readiness urgency** (workflow, safety monitoring, pilot design), but reimbursement and roll-out must remain gated by Portugal payer decisions.
4. **Measurement and governance are necessary**, not optional--dashboards and surveillance-to-action cadence are central to accountability and resilience.
5. **Confidentiality must be operationalised**, not just stated--v3.0's move to explicit safeguards is a major credibility gain.

9.2 Strategic recommendations (what to prioritise next)

1. Finalise the plan as **Balanced Integrated** with a hard "resilience overlay":

- Community PrEP commissioning blueprint.
- Backlog and continuity plan (including escalation triggers).

2. Lock in the Minimum Viable KPI set in the main narrative, with:

- Median and tail metrics (P90) for access bottlenecks.
- Persistence and referral completion as system-quality proxies.

3. Keep long-acting PrEP as **readiness gated**, with no implied reimbursement.

10) Action items (what to do next; submission-critical)

10.1 Submission-critical “close-out” actions

Action	Owner	Output	Why it matters
Retrieve and quote official Diário da República text for Portaria 402/2023 in an appendix.	Writer team / policy reviewer	Appendix with quote-ready clauses.	Prevents legal/operational paraphrase drift.
Archive a stable primary record of SPMS PrEP PEM (PDF capture).	Writer team	Archived PDF capture + reference.	Link reliability; auditability for DGS.
Confirm and capture APECS guideline PDF; validate latest edition.	Medical writer / clinical lead	Stable PDF capture; confirmed edition/date.	Treatment SoC anchor integrity.
Confirm GAT July 2025 post or downgrade to “unverified signal.”	Writer team + stakeholder liaison	Either a precise citation or a revised wording.	Prevents credibility challenges from weak sourcing.
Resolve “March 2025 joint circular” (locate or remove).	Writer team	Updated references + narrative alignment.	Removes internal inconsistency.
Add objective downstream-care indicators (viral suppression, retention) or keep language qualified.	Surveillance/data lead	1-2 indicators + source.	Supports executive summary claim.

11) Notes (limitations of this session summary)

- This summary is based on the iterative conversation outputs, the two draft versions (initial March 2026 draft and v3.0 post-verification sweep), the delivered Monte Carlo stress test, and the verification findings discussed during the session.
- Remaining open items are explicitly tracked in the v3.0 verification checklist and should be treated as “must-close” before a final DGS submission.


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References:
- HIV_SoC_DGS_Proposal_Portugal_March2026.pdf (initial draft; March 2026; 11 pages; confidential
    DGS review).
- HIV_SoC_DGS_Proposal_Portugal_March2026_v3.pdf (revised draft v3.0; March 2026; 13 pages;
    post-verification sweep).
- DGS Norma 001/2024 (working page). https://www.dgs.pt/normas-orientacoes-e-informacoes/normas-
    e-circulares-normativas/norma-001-2024-profilaxia-de-pre-exposicao-ao-vih-de-22-03-2024-.asp
    x
- EMA EPAR: Yeytuo (lenacapavir). https://www.ema.europa.eu/en/medicines/human/EPAR/yeytuo
- PubMed: NEJM evidence anchor (PMID 39602624). https://pubmed.ncbi.nlm.nih.gov/39602624/
- Jornal de Notícias: Feb 5, 2026 article (PrEP consult suspension). https://www.jn.pt/nacional/
    artigo/associacao-suspende-consultas-de-prevencao-do-vih-por-falta-de-verbas/18048637
- SPMS PrEP PEM post (link referenced; capture recommended).
    https://www.spms.min-saude.pt/2024/06/prescricao-eletronica-para-prep/
- AFP republished SPMS content (secondary verification support). https://www.afp.com.pt/pt/newsl
    etter2/2869-ja-esta-disponivel-prescricao-eletronica-da-prep-spms.html
- Portaria 402/2023 link referenced in drafts (official Diário da República text retrieval still
    recommended). https://dre.tretas.org/dre/5569555/portaria-402-2023-de-4-de-dezembro
- INSA/DGS surveillance synthesis referenced in drafts.
    https://repositorio.insa.pt/entities/publication/63e91674-15a9-4b5d-8712-66eca4a18e71
```


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References

#	Description	Full URL
1	www.dgs.pt	https://www.dgs.pt/normas-orientacoes-e-informacoes/normas-e-circulares-normativas/norma-001-2024-profilaxia-de-pre-exposicao-ao-vih-de-22-03-2024-.aspx
2	www.ema.europa.eu	https://www.ema.europa.eu/en/medicines/human/EPAR/yeytuo
3	pubmed.ncbi.nlm.nih.gov	https://pubmed.ncbi.nlm.nih.gov/39602624/
4	www.jn.pt	https://www.jn.pt/nacional/artigo/associacao-suspende-consultas-de-prevencao-do-vih-por-falta-de-verbas/18048637
5	www.spms.min-saude.pt	https://www.spms.min-saude.pt/2024/06/prescricao-eletronica-para-prep/
6	www.afp.com.pt	https://www.afp.com.pt/pt/newsletter2/2869-ja-esta-disponivel-prescricao-eletronica-da-prep-spms.html
7	dre.tretas.org	https://dre.tretas.org/dre/5569555/portaria-402-2023-de-4-de-dezembro
8	repositorio.insa.pt	https://repositorio.insa.pt/entities/publication/63e91674-15a9-4b5d-8712-66eca4a18e71