

Treatment as prevention

Who, what, when, where, how?

Civil Society Forum meeting
3 December 2012

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HIV/AIDS, STIs & Viral Hepatitis (HSV) Programme
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WHO working definition: TasP for HIV and TB

- ART **irrespective of CD4 cell count** for the prevention of HIV and TB
- Includes provision of ART to **people living with HIV** who are:
 - severely immunocompromised with AIDS and/or have a CD4+ count ≤ 350 cells/mm³
 - those with higher CD4 cell counts >350 cells/mm³
- Does not include the use of antiretrovirals for post-exposure prophylaxis (PEP), pre-exposure prophylaxis (PrEP) and ARV-based microbicides

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The concept

- HIV transmission occurs only from persons living with HIV
- Viral load is the single greatest risk factor for HIV transmission
- Antiretroviral treatment can lower the viral load in the blood and other fluids to undetectable levels

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Guiding principle: ART as an element of combination prevention



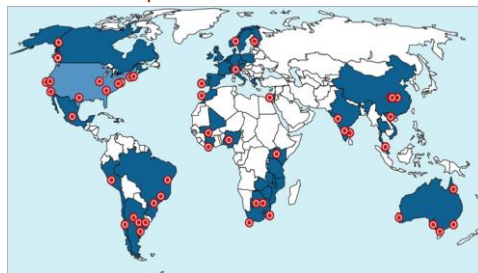
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Evidence

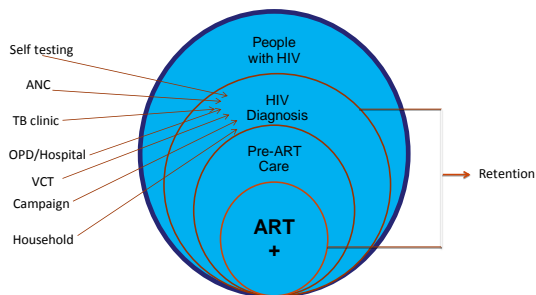
- PMTCT proof of concept of ART reducing transmission – risk less than 2%
- Observational evidence
- Mathematical models
- Clinical trial HPTN 052 – early treatment started at started at a CD4 count between 350 and 550 cells/mm³ reduced risk of heterosexual transmission by 96%
- Lack of studies in concentrated epidemics

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More evidence on the way: 2011 ART for prevention studies



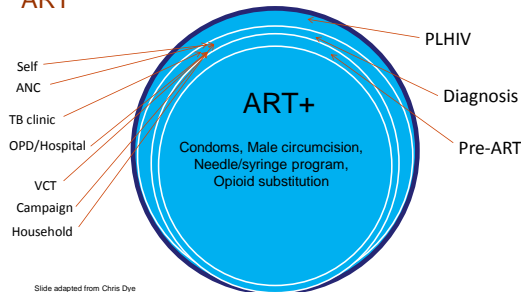
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Slide adapted from Chris Dye

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Maximizing TasP: shift to most people on ART



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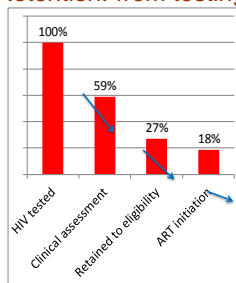
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Programmatic and operational considerations for TasP

- Deploying in concentrated and generalized epidemic settings – access to services for key populations
- Ensuring earlier knowledge of HIV status and access to TasP – Europe – 50% late presenters
- Service delivery:
 - effective linkage to HIV care following HIV testing and counseling, acceptance (clinical and prevention benefits)
 - long-term adherence and retention
- Acute phase – contribution to transmission
- Human rights and ethics (Coercion? Treatment as treatment? Individual benefits of starting early? Focus on specific populations?)
- Community engagement
- Disinhibition and risk compensation
- Drug toxicity
- Drug resistance
- Monitoring and evaluation

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Retention: from testing to treatment



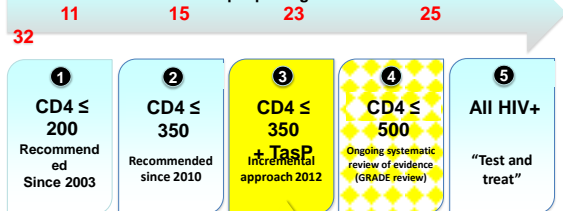
- Significant loss of follow-up in test-to-treat chain
 - Further loss-to-follow-up after ART initiation
- Factors:
- Accessibility of services
 - Nature of ART regimens used
 - Services provided
 - Competing priorities
 - Stigma

Rosen et al, Retention in HIV care between testing and treatment in sub-Saharan Africa: a systematic review, 2010

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ART eligibility: 5 policy scenarios

Estimated millions of people eligible for ART in LMIC in 2011



ART regardless of CD4 count for:
 - Serodiscordant couples
 - Pregnant women (option B+)
 - Key populations (SW, IDU, MSM)*

* Review evidence, explore feasibility and acceptability – additional opportunities for TasP – “Incremental approach”

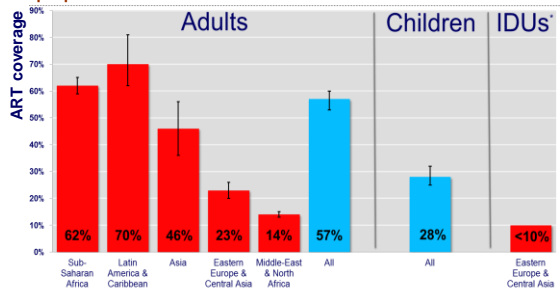
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Number of people receiving therapy

Geographical region	Estimated number of people receiving ARV therapy	Estimated number of people needing ARV therapy	Antiretroviral therapy coverage
Sub-Saharan Africa	6 200 000	11 000 000	56%
Latin America and the Caribbean	580 000	850 000	68%
East, South and South-East Asia	1 100 000	2 400 000	46%
Europe and Central Asia	130 000	510 000	25%
North Africa and the Middle East	17 000	116 000	15%
Total	8 000 000	14 800 000 [13.7–15.6 million]	54% [50–60%]

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Disparities in coverage between regions and populations



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 * 2010 HIV case reporting (18 countries)
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Commitments and targets for 2015

1. Reduce sexual transmission of HIV by 50% by 2015
2. Reduce transmission of HIV among people who inject drugs by 50% by 2015
3. **Investments of at least US\$ 22 billion are needed by 2015** to substantially reduce AIDS-related maternal deaths
4. **Investments of at least US\$ 22 billion are needed by 2015** to substantially reduce AIDS-related maternal deaths
5. Reduce tuberculosis deaths in people living with HIV by 50 percent by 2015

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More on TasP



- WHO TasP programmatic update at http://www.who.int/hiv/pub/mctct/programmatic_update_tasp/en/index.html
- Strategic use of ARVs discussion paper http://www.who.int/hiv/pub/arv/strategic_use/en/index.html

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