TREATMENT 2015 UPDATE

COUNTRIES URGED TO RAISE HIV TREATMENT TARGETS

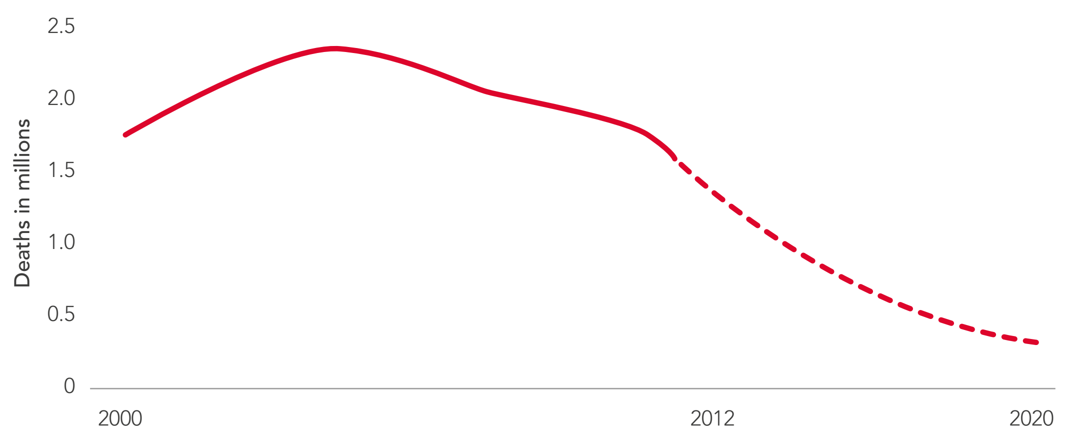
Scientific evidence is driving the expansion of HIV treatment, with new guidelines from the World Health Organization (WHO) in 2013 nearly doubling the number of people eligible.

Figure 1

What can we achieve

Projected annual AIDS-related deaths, assuming scale-up to 95% HIV treatment coverage by 2020

Source: UNAIDS 2012 estimates



Countries are now being urged to implement the 2013 WHO HIV treatment guidelines by raising the threshold for treatment initiation from a CD4 count of 350 μ/mL to 500 μ/mL.

The WHO guidelines also recommended treatment initiation regardless of CD4 count for certain populations, including pregnant women, children under five, HIV-positive partners in serodiscordant couples, and people with HIV-associated tuberculosis or Hepatitis B.

In setting new treatment guidelines, the WHO recognized new evidence about the benefits of starting HIV treatment earlier. The HPTN 052 trial, for example, found that earlier treatment initiation is associated with improved health outcomes for people living with HIV, as well as a substantial reduction in the risk of further HIV transmission. According to modeling, scaling up towards 95% HIV treatment coverage by 2020 would dramatically reduce the annual number of AIDS-related deaths by more than two-thirds (see Fig. 1).

The move to revise treatment targets also aligns with an intensifying focus on the post-2015 development agenda. Although the world is currently on track to meet the 2015 target of 15 million people on HIV treatment, that is now projected to leave about half of all people eligible in 2015 without antiretroviral therapy.

In December 2013, the UNAIDS Programme Coordinating Board (PCB) encouraged national governments to revise their targets for universal HIV treatment and called on the Secretariat to support new target-setting processes. This month, HIV treatment experts will gather in Geneva to agree on concrete steps to assist countries in revising their targets.

Treatment 2015 was launched in July 2013 in Abuja.
See http://goo.gl/ujsv5c

Although scaled-up HIV treatment is vital to ending the AIDS epidemic, it will need to be part of a comprehensive response. Treatment scale-up should be complemented and bolstered by sustained investments in other HIV prevention strategies and capacity-building for health and community systems. Barriers to treatment scale-up must be addressed and persistent deficits in treatment coverage, including for children and key populations, need to be closed.

RIHANNA'S LIPSTICK TO FUND HIV TREATMENT

Pop music superstar Rihanna has lent her support to a campaign by M.A.C AIDS Fund and UNAIDS to help 1.8 million young people access antiretroviral treatment. Established by M.A.C Cosmetics, part of the Estée Lauder group - the Fund has granted UNAIDS US$ 2 million to advance global, regional and country level policies and programs to expand HIV testing and treatment to young people worldwide. The M.A.C AIDS Fund receives funds from the sale of Rihanna's new lipstick range, VIVA GLAM. Every day, approximately 2100 adolescents and young people newly acquire HIV infection, according to UNAIDS estimates, and they account for 39% of all new HIV infections globally. Modelling suggests that adolescents aged 10-19 years are the only age group in which AIDS-related deaths rose between 2001 and 2012. The new grant will boost efforts to reverse that trend and enable 1.8 million young people to access life-saving antiretroviral treatment by 2015.

Briefly

- Several countries have recently committed to increase domestic financing for HIV treatment as part of their new HIV investment cases. Anticipating a withdrawal of international HIV assistance in coming years, Belarus is taking steps to assume 100% of HIV treatment programme costs. Thailand and Ukraine have also pledged to cover all treatment costs. Kenya has committed to support initiatives to increase early initiation and lifelong treatment for high-risk populations and pregnant women living with HIV. By increasing domestic outlays, Nigeria aims to double HIV treatment coverage by 2015.

- Early applicants under the New Funding Model of the Global Fund are also using the process to increase treatment coverage. Through its US$ 311 million in new funding, Zimbabwe plans increase the number of people receiving antiretroviral therapy from 565 000 currently to over 893 000 by 2016. Likewise, a primary focus for the US$ 160 million in new funding to Myanmar is to increase HIV treatment coverage.

- Catholic charity Caritas is providing support to further engage civil society in the campaign to achieve universal HIV treatment access, with a consultation process now underway. This follows Caritas Internationalis support for consultation with civil society that informed the development and launch of the Treatment 2015 initiative.

- UNAIDS has established a real-time intelligence system to monitor progress, established a repository of national treatment policies, and created an international reference group to advise UNAIDS on the treatment agenda. UNAIDS is also working with research partners to collect and synthesize all available scientific information on HIV treatment as prevention.

A focus on Key Populations

Treatment 2015 aims to address key gaps in the response that impede progress towards universal access. Through strategic, evidence-guided action, Treatment 2015 provides a framework to reach populations that have experienced diminished access to life-saving treatment services.

A primary focus of Treatment 2015 is to ensure that all people living with HIV have equitable access to life-saving treatment services. Across the world, key populations – specifically, men who have sex with men, people who inject drugs, sex workers and transgender people – struggle to obtain HIV testing and treatment services. In addition to making universal access impossible to achieve, these gaps also undermine countries' ability to respond to their national epidemics. According to studies, key populations account for 51% of new HIV infections in Morocco, roughly 33% in Kenya, more than 25% in Mozambique, nearly half in Dominican Republic, and almost two-thirds in Peru.

AFRICAN LAB PROFESSIONALS BUILDING CAPACITY

As national treatment programmes mature, it is increasingly clear that new laboratory capacity will be needed to optimize treatment outcomes and sustain long term treatment scale-up.

The 2013 WHO HIV treatment guidelines highlighted the critical importance of increasing access to testing for viral load. This enables health providers to spot any treatment failures and prescribe a new regimen. Viral suppression is becoming the new metric for a successful HIV treatment programme because it is associated not only with treatment efficacy but also the prevention of HIV illness and transmission.

Diagnostic labs are central to monitoring and improving the treatment cascade, from HIV diagnosis to viral suppression. Only about half of people living with HIV in sub-Saharan Africa know their serostatus, according to UNAIDS estimates. In many African countries, HIV treatment coverage for children is significantly lower than for adults, in large part due to inadequate uptake of early infant diagnosis: fewer than 5% of children born to HIV-positive mothers had access to early infant diagnosis in 2012 in at least three priority countries for the elimination of new HIV infections among children.

The African Society for Laboratory Medicine (ASLM) is a key actor in building strong laboratory capacity in sub-Saharan Africa. A pan-African professional body endorsed by the African Union, ASLM advocates for the critical role and needs of laboratory medicine. Its vision for 2020 includes four strategic goals: building a sustainable laboratory workforce, accrediting laboratories to improve performance and quality, improving the regulation of medical diagnostic products, and building laboratory networks to improve early disease detection and collaborative research.

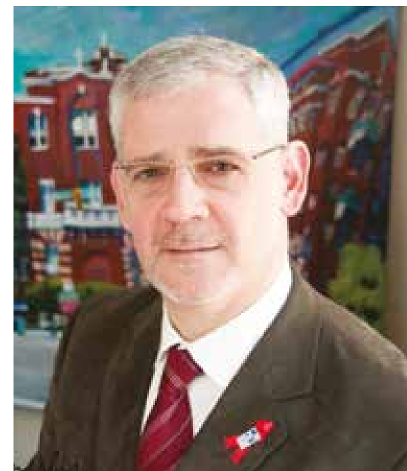
In December 2013, ASLM signed a Memorandum of Understanding with UNAIDS to formalize their partnership to improve access to HIV testing, build laboratory capacity and strengthen health systems throughout Africa.

JULIO MONTANER, PIONEERING TREATMENT AS PREVENTION

In the global push for universal HIV treatment access, Dr. Julio Montaner is notable for his passion and commitment to STOP HIV/AIDS. A past president of the International AIDS Society, Dr. Montaner directs the British Columbia Centre for Excellence in HIV/AIDS in Vancouver, Canada. Dr. Montaner is a pioneer of using antiretroviral treatment to prevent HIV-related illness, AIDS-related deaths and HIV transmission.After British Columbia began rolling out Highly Active Antiretroviral Therapy in the mid-1990s, AIDS-related deaths plunged. In addition, Dr. Montaner and his colleagues noticed that although syphilis rates steadily increased, new HIV infections almost halved between 1995 and 1999.

Extensive research led Dr. Montaner and his colleagues to conclude that, in addition to dramatically lowering AIDS-related illness and death, scaled-up HIV treatment also enhanced efforts to prevent new HIV infections.

In January 2014, Dr. Montaner presented his latest findings in Geneva, indicating that infections averted by HIV treatment are maximized when therapy is initiated early in the course of infection and when coverage is rapidly increased.



Children are also being left behind. In 2012, the percentage of treatment-eligible children who received HIV therapy globally was roughly half the proportion of adults. With important progress having been made in developing children-friendly diagnostic tools and antiretroviral regimens, current inequities primarily stem from our failure to use the tools that are available.
Treatment 2015 outlines a roadmap to reverse this failure to address key populations' treatment needs. Treatment services need to be better targeted to the key geographic settings and populations that need them the most; through decentralization, services should be brought closer to the communities; community workers should be mobilized to support treatment scale-up, retention in care and treatment adherence; punitive laws and other legal barriers should be removed; and steps should be taken to secure sustainable financing for the long term. UNAIDS will work collaboratively with its Cosponsors to this end.

BRAZIL DEMONSTRATES TREATMENT LEADERSHIP

Six months after WHO issued its 2013 consolidated antiretroviral guidelines, the state of national HIV treatment recommendations is in flux. A recent review of antiretroviral treatment policies in 109 countries found only 19 (including nine in sub-Saharan Africa) formally used a CD4 count of <500 μ/mL as the threshold for HIV treatment initiation, in line with the 2013 WHO guidelines. The majority of the countries use the old WHO guidelines and recommend initiation of antiretroviral therapy only once the CD4 count of a person diagnosed with HIV falls below 350 μ/mL or <200 μ/mL (for links to national HIV guidelines see: http://goo.gl/gRgXcx).

Full and timely implementation of the 2013 WHO HIV treatment guidelines is urgently needed to lay the groundwork to end the AIDS epidemic. According to WHO, achieving 80% coverage under the 2013 guidelines would prevent more than 3 million deaths compared to the more conservative 2010 guidelines.
In all cases, the foremost motivation for implementing the 2013 WHO guidelines is to enhance the health and well being of people living with HIV.

A growing number of countries are moving beyond the WHO 2013 guidelines to recommend initiation of HIV treatment for all people diagnosed with HIV, regardless of CD4 count. Joining the USA in this approach, France made the move following extensive study by an expert group of clinicians and researchers. Australia, the Netherlands and the Canadian province of British Columbia have also formally embraced antiretroviral treatment for all, regardless of CD4 count.

Last October, Brazil became the first middle-income country to endorse HIV treatment for all people diagnosed with HIV infection. Brazil was the first developing country to make antiretroviral therapy universally available through its public health system and has played a pivotal role in lowering antiretroviral drug prices as a result of the country's robust generic manufacturing capacity.

In sub-Saharan Africa, a number of countries are also actively evaluating future approaches on treatment guidelines. For example, Sierra Leone is considering plans for a 'Test-for-all, treatment-for-all' approach to achieve universal treatment access.

Further Reading

- A landscape analysis by UNITAID reviews the array of CD4 and viral load diagnostic technologies currently under development for use in resource-limited settings. The analysis notes that a range of technologies and laboratory approaches will likely be needed, including both point-of-care tools and centralized laboratories.
  See: http://goo.gl/5Ziez7
- In December 2013, UNAIDS released a new report, Access to Antiretroviral Treatment in Africa: Status report on progress towards the 2015 targets, coinciding with the 17th ICASA conference. While remarkable progress has been made in expanding access to HIV treatment, only about half of African people eligible for HIV treatment under the 2013 WHO HIV treatment guidelines are currently receiving therapy.
  See: http://goo.gl/PV8pXz