WHEN PARADIGMS SHIFT:
CHALLENGES IN A WORLD IN WHICH COMBINATION PREVENTION IS OUR STANDARD, MOST EVERYONE IS ELIGIBLE FOR LIFELONG ART, AND TREATMENT IS PREVENTION

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IAPAC

7th International Conference
on HIV Treatment, Prevention and Adherence
Miami, Florida- 4-6 June 2012

Pan American Health Organization
Regional Office of the World Health Organization

OUTLINE

- Goals and achievements
- Advances of TasP into National AIDS Programmes of LMICs
- Reality check: ART initiation
- Treatment 2.0 Prevention Agenda
- WHO ongoing and planned normative guidance and programmatic support

UNGASS 2015 GOALS

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.

Eliminate new HIV infections among children by 2015 and substantially reduce AIDS-related maternal deaths

4.

Reach 15 million people living with HIV with lifesaving antiretroviral treatment by 2015

5.

Reduce tuberculosis deaths in people living with HIV by 50 percent by 2015

COUNTRIES ARE PROGRESSING TOWARDS UNIVERSAL ACCESS …

Universal Access Target	2010
Countries that reached ≥80% coverage of ART	10
Countries with ART coverage between 50% and 79%	38
Countries that reached >80% coverage for PMTCT with more effective ARV regimens (i.e. excluding use of single dose NVP regimen)	12
Countries that reach > 80% coverage of ART for children	11
High burden countries with reducing number of new HIV infections (>25%)	33

WHO, UNAIDS & UNICEF (2011 Progress Report)

BROAD SOCIETAL BENEFITS of ART

Costs Savings Attributable to ART

Impact of PEPFAR-supported Treatment in 2011

- Averted more than 800,000 deaths of HIV patients
- Prevented nearly 1.6 million children from being orphaned
- Prevented nearly 220,000 sexual infections with HIV
- Prevented more than 93,000 mother-to-child HIV infections
- Saved more than 7.7 million life-years

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Reproduced from John Blandford, CDC

TasP AND NATIONAL ART GUIDELINES

2012 WHO Global Survey of National ART Guidelines (n=70 Countries)

- Initiation criteria for asymptomatic people
- HIV and TB co-infection (47/70)
- Sero-discordant couples (12/70)
- Key populations (Sex Workers=none, MSM=minimum reference, IDU=3/70)

CD4 COUNT FOR ART INITIATION

- Irrespective: US
- >500 (caveat: good adherence could be maintained): Bolivia, Italy
- 350-500 : Algeria, Argentina, Bolivia, France, Italy, Uruguay
- <350 : majority of other countries

ART for HIV/TB Co-infection

- Irrespective of CD4 count:23/47
- CD4 <350: 21/47

Sero-discordant Couples

- Recommend/consider initiating ART irrespective of CD4 count: Canada, Europe, Italy, US, Venezuela, Zambia--: Argentina, Britain, France, Nigeria, Thailand, Uruguay
- CD4 350-500: Mexico
- Irrespective of CD4 count if partners of HIV negative pregnant women: Burundi
- Cambodia, China, Rwanda will address soon

CLINICAL CARE OPTIONS®
HIV

When Is Antiretroviral Therapy Started?

- Review of data from 2003-2005 from 176 sites in 42 countries (N = 33,008)
- Since 2000, CD4+ cell count at initiation in developed countries stable at approximately 150-200 cells/mm^3, increasing in sub-Saharan Africa from 50-100 cells/mm^3

Egger M, et al. CROI 2007. Abstract 62.

CD4 CELL COUNT AT ART INITIATION

Country	Year of publication	CD4 count (cells/mm^3)	Type of estimate	n	Source
ART-LINC (multiregion)	2008	114 (61-181)	Median	29, 165	AIDS,12; 22: 2291-2302
Jamaica	2010	186	Mean	165	Clark et al., West Indian Medical Journal, 59, 439
Mozambique	2010	138-165	Median	134	Jani et al., unpublished data
Uganda (Taso cohort)	2011	142 (70-206)	Median (IQR)	23, 315	Mills et al. AIDS 2011, 25
Togo	2010	134	Mean	5106	Mouhari-Toure et al., Med Mal Infect
Treat Asia cohort	2010	112 (37-209)	Median (IQR)	4056	Zhou et al, BMC Infect Dis. 2010; 10: 361
Ethiopia	2010	113.6 ± 71	Mean (sd)	1166	Huruy et al., AIDS Res Ther. 2010; 7: 46
South Africa	2010	81 (36-132)	Median (IQR)	538	Bassett et al., AIDS 2010, 24 (suppl 1):S37-S44
Ethiopia, Kenya, Nigeria, Lesotho, Mozambique, Rwanda, South Africa, Tanzania (ICAP)	2011	136	Median	121, 506	Nash et al. AIDS 2011; 25:1523-33

LATE HIV DIAGNOSIS IN LA COUNTRIES

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TREATMENT 2.0

ACHIEVE AND SUSTAIN UNIVERSAL ACCESS
MAXIMIZE THE PREVENTIVE BENEFITS OF ART

Five pillars to re-energize the HIV Response…

I – Optimize **drug regimens**

II – Promote **diagnostics** using **point of care** and other simplified technologies

III – Reduce **costs**

IV – Adapt **delivery systems**

V – Mobilize **communities**, protect human right

… to achieve Bold New Global Targets

- ✓ Place 15 million people on ART
- ✓ Eliminate new HIV infections in children
- ✓ Reduce TB deaths among PLHIV by 50%
- ✓ Intensify HIV prevention

Treatment 2.0 baseline assessment for Latin America and the Caribbean

SHORT TERM PRIORITIES FOR ARV OPTIMIZATION

Preferential First-Line Regimen (Adults & Adolescents)

Fixed-Dose Combination

- **TDF/3TC/EFV**
- **TDF/FTC/EFV**

Positioning the use of a tablet once a day as the best strategy

Current Discussion:

- 3TC & FTC Equivalence
- EFV and teratogenicity
- TDF safety in children

Future:

- ✓ Combinations with I. Integrasa o IP

WHO TASP GUIDANCE FOCUS: 2012/13

- 2012 – Guidance on couples HIV T&C - including ART as prevention in Sero-discordant couples
- 2012 - HIV/TB Collaborative Policy
- 2012 – Technical update on PMTCT ARV (Option A, B, B+)
- 2012 – TasP technical/programmatic update-White Paper at IAC
- 2012 (June)– PrEP rapid advice
- 2013 WHO Consolidated guidelines (all ARV related guidance)

A LOGICAL FRAMEWORK FOR TasP

Resources – Input level
Level of funding, staffing, equipment, management, and capacity development

↓

Routine monitoring systems

Enrollment* – Output level
and % of eligible PLHIV enrolled in ART

Retention – Output level
% of patients retained in ART at 12, 24, 36, 60 months

↓

Periodic surveys
Epidemic models

Viral load suppression – Outcome level
% of people on ART achieving viral load suppression

↓

Incidence – Impact level
# of new HIV infections averted

* Enrollment encompasses coverage of testing and successful referrals between testing and care/treatment

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2012 ASIAN TasP WORKSHOP
PLANNED IMPLEMENTATION RESEARCH

	Thailand	Indonesia	Cambodia	Vietnam	China
Population	MSM	MSM FSW	All SD couples FSW ++	All SD couples IDU++	All SD couples MSM
Goal	To guide future national policy & strategy		To guide future national policy & strategy		Improve existing policy & strategy
Primary objective	Feasibility of repeat testing, immediate ART	New HTC approaches & uptake Adherence immediate ART	Feasibility of identifying partner (network approach), early ART, repeat testing	Feasibility improved implementation cascade from KAP HTC to couple FU	Programme strengthening
ART criteria	Irrespective CD4 TDF-based	Irrespective CD4 TDF-based	Irrespective CD4	Irrespective CD4 TDF-based (possibly FDC)	Irrespective CD4 TDF
Enrollment	Outreach internet peers	NGO and public services for MSM and FSW	VCCT/TI sites Pre ART	HTC Methadone sites Pre ART	HTC Pre ART

WHO and TasP METRICS

Simple metrics built on existing M&E system

- Proportion diagnosed (case detection)
- Proportion on ART (ART coverage)
- Proportion virally suppressed (adherence & transmission measure)

Slide adapted from Chris Dye

Conclusions

- TasP well received, making progress into NAPs
- Strengthening armamentarium of C-prevention and liaising with treatment towards a Continuum of HIV Prevention and Care
- Accelerating transition of ART provision into a new generation of Programmes
- Need for modelling and implementation science