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IAPAC Releases Consensus Statement on TasP and PrEP Implementation at AIDS 2012

“Let us allow hope to guide the way, but action to ensure millions of new HIV infections are averted,” says IAPAC President

WASHINGTON, DC – The International Association of Physicians in AIDS Care (IAPAC) announced today its full embrace of two biobehavioral HIV prevention interventions – treatment as prevention (TasP) and pre-exposure prophylaxis (PrEP) – around which there has been emerging science, and called for immediate integration of these interventions into the existing HIV armamentarium as a means of significantly impacting HIV incidence worldwide. The announcement was made during a press conference at AIDS 2012 during which two key opinion leaders in the field of TasP and PrEP unveiled a Consensus Statement entitled, “Controlling the HIV Epidemic with Antiretrovirals.”

The Consensus Statement, which was developed by an international Advisory Committee that analyzed and synthesized TasP and PrEP data presented and discussed at an IAPAC evidence summit held last month in London, identifies key challenges and opportunities to the integration of the interventions in resourced and resource-limited countries. The Consensus Statement is available in PDF format at www.iapac.org.

Integration must be guided by implementation science, said Kenneth Mayer, MD, Visiting Professor of Medicine at Harvard University in Boston; Medical Research Director at the Fenway Institute in Boston; and Chair of the IAPAC TasP/PrEP Advisory Committee.

“The way forward needs to be met with very careful implementation science studies, so called demonstration projects, around the world so that we know how best to roll out these interventions for key populations in different settings. This will not be a one-size-fits-all scenario,” explained Mayer.

Julio Montaner, MD, Director of the British Columbia Centre for Excellence in HIV/AIDS in Vancouver, Canada; and a Member of the IAPAC TasP/PrEP Advisory Committee, argued that with efficacy concerns allayed by the emerging evidence, wide-scale implementation of interventions such as TasP should be viewed as a global health priority.

“In view of the evidence that we [have in hand], the return on investment [if biomedical prevention is implemented] has now been increased so dramatically that we can no longer afford not to implement this approach. It is not a matter of whether we want to or whether we can, it is a matter of a responsibility to do so,” Montaner said.

IAPAC President José M. Zuniga, PhD, MPH, added that where fear may have driven an accelerated pace to scale up access to a new treatment intervention – highly active antiretroviral therapy (HAART) – in the mid-1990s, hope that is justified by robust evidence must drive the world to move forward with TasP, and where appropriate PrEP, implementation without delay.

“We stand a solid chance of further bending the HIV incidence and AIDS-related mortality curves in a way only imagined years ago and, perhaps – as many have advocated – of welcoming an AIDS-free generation within our lifetimes. Let us allow hope to guide the way, but action to ensure millions of new HIV infections are averted,” Zuniga said.

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The International Association of Physicians in AIDS Care (IAPAC) represents more than 17,000 physicians and allied health care professionals in over 100 countries. Its mission is to improve the quality of prevention, care, treatment, and support services provided to men, women, and children living with HIV/AIDS. Visit www.iapac.org for more information about IAPAC and its global activities.