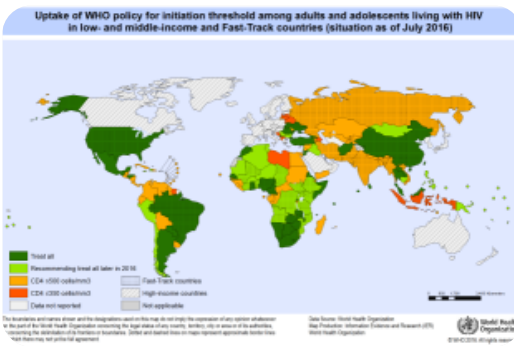


Leadership in Action: Case Studies in Implementing HIV Treatment for All



Gottfried Hirnschall, MD, MPH
Director, HIV Department and Global Hepatitis
Program
WHO, Geneva
13 Oct 2016



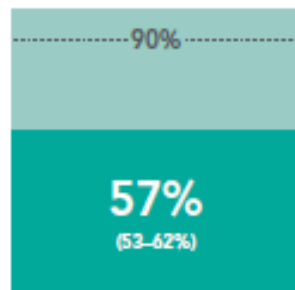
**World Health
Organization**

WHO 2016-2021 HIV strategy and guidelines support reaching 90-90-90

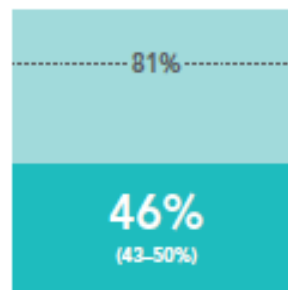
90%
tested

90%
treated

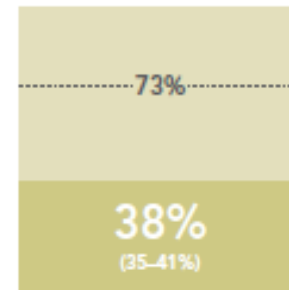
90%
suppressed



Percentage of people living with HIV who know their HIV status¹



Percentage of people living with HIV who are on antiretroviral



Percentage of people living with HIV who are virally suppressed²

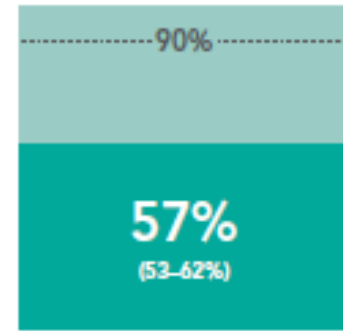
The first 90: Reaching the undiagnosed

Current emphasis

- **Increased focus** and strategic choices (focus on men, KPs and community testing)
- **New approaches** (lay providers, test for triage, self-testing and assisted partner notification)
- **Improving quality** , preventing misdiagnosis (QA, re-testing before ART initiation)

New developments

- **WHO HIV self-testing and assisted partner testing guidelines** - launched for WAD
- Working with pre-qual and GFATM to support RTD for HIVST
- **Support to countries** to improve positivity rate, linkage, quality and uptake of new methods



Percentage of people living with HIV who know their HIV status²



HIV self-testing (HIVST) in Africa (STAR) Project

The largest HIVST programme (UNITAID funded)

Supporting countries to address knowledge gaps by large scale implementation projects

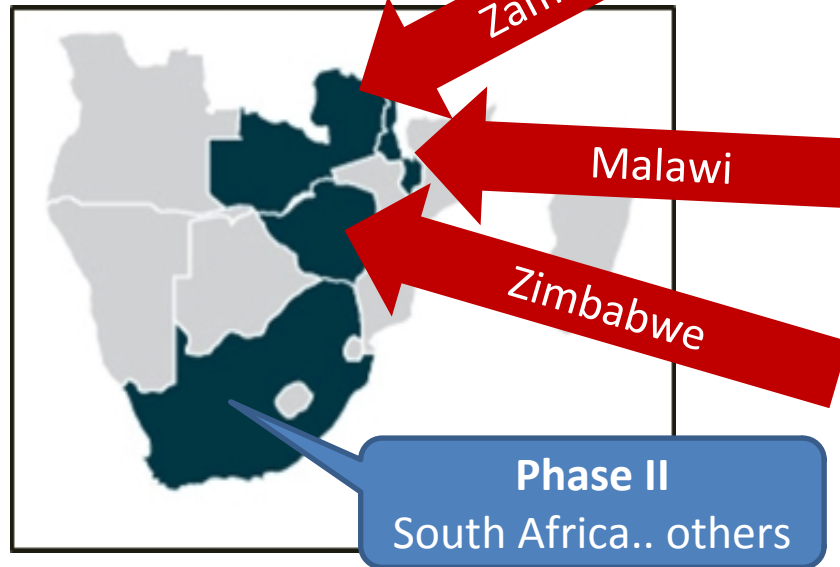
The Consortium



Funded by



Where: High HIV prevalence locations



- Increase access: **2.7 million self-tests kits distributed** (750,000 in phase I)
- Increase informed demand
- Reduce structural, policy & regulatory barriers
- Different distribution models explored

Populations to be Reached

- M & F, >16yrs (esp Men)
- Rural, peri-urban & urban
- Undiagnosed, 1st time testers

- Pops at increased HIV risk
- Key populations
- VMMC clients



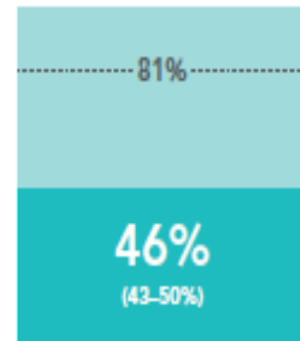
The second 90: Treat All with better drugs

Current emphasis (2016 ARV GL)

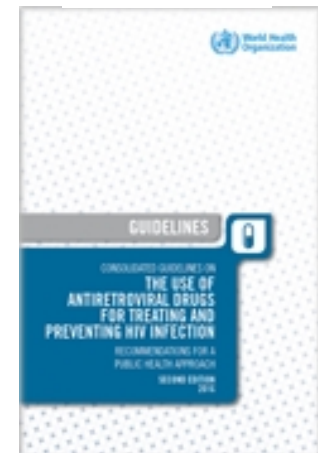
- Treat all at any CD4 (impact in mortality, morbidity and **transmission**)
- Simplification: FDCs, one pill /day preferred 1st line (convenience, adherence, more efficient procurement, lower risk of stock outs and resistance)
- Phased introduction of new drugs and formulations (new drug class, optimized dosing and formulations)

Existing gaps and new developments

- Long term implications of earlier ART initiation (adherence, retention, HIVDR)
- Safety/efficacy DTG among pregnant women & TB (studies ongoing)
- Role of emerging ARVs (TAF, long acting ARVs)
- Same day start and streamlined care



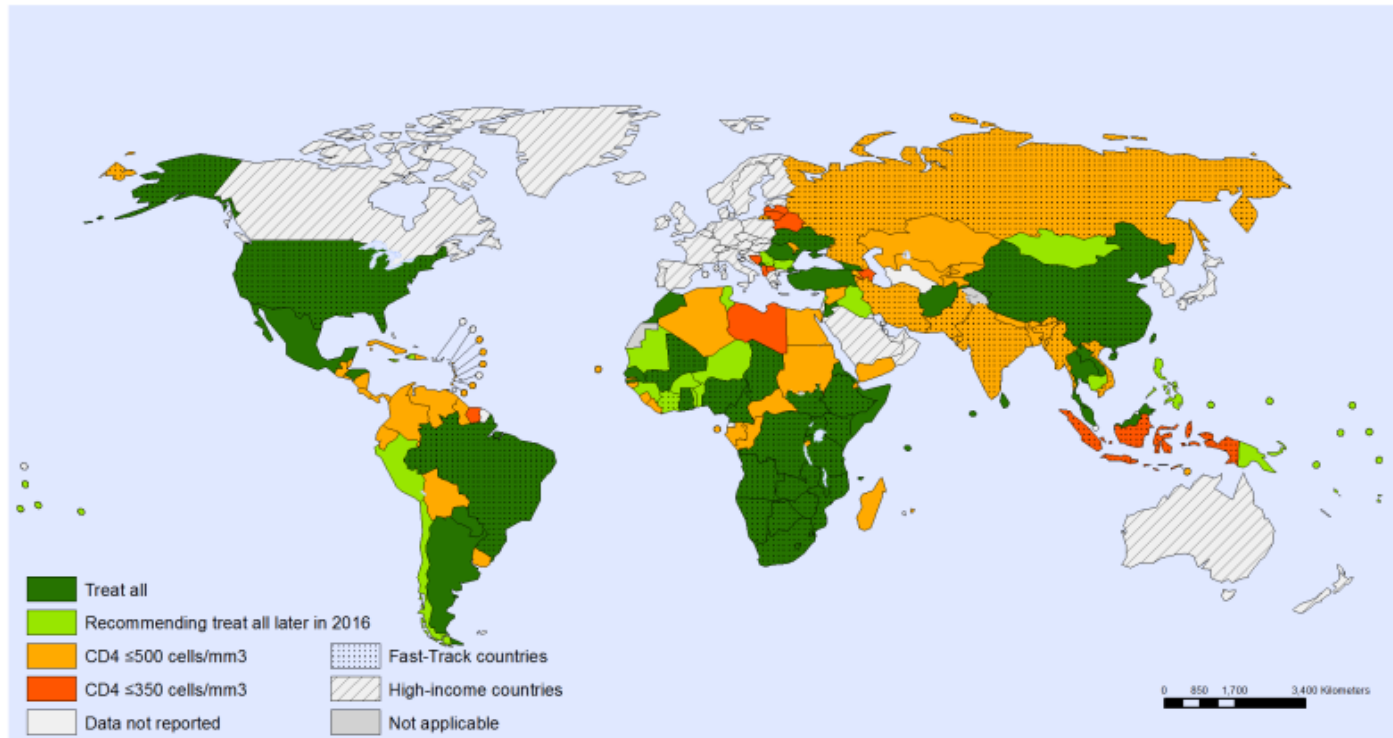
Percentage of people living with HIV who are on antiretroviral



Movement to 'Treat All' is happening

Policy uptake for adults and adolescents, July 2016

Uptake of WHO policy for initiation threshold among adults and adolescents living with HIV in low- and middle-income and Fast-Track countries (situation as of October 2016)



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Data Source: World Health Organization
Map Production: Information Evidence and Research (IER)
World Health Organization

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Policy uptake to full implementation, July 2016

Implementation of TREAT ALL recommendation among adults and adolescents living with HIV in low- and middle-income and Fast-Track countries (situation as of October 2016)



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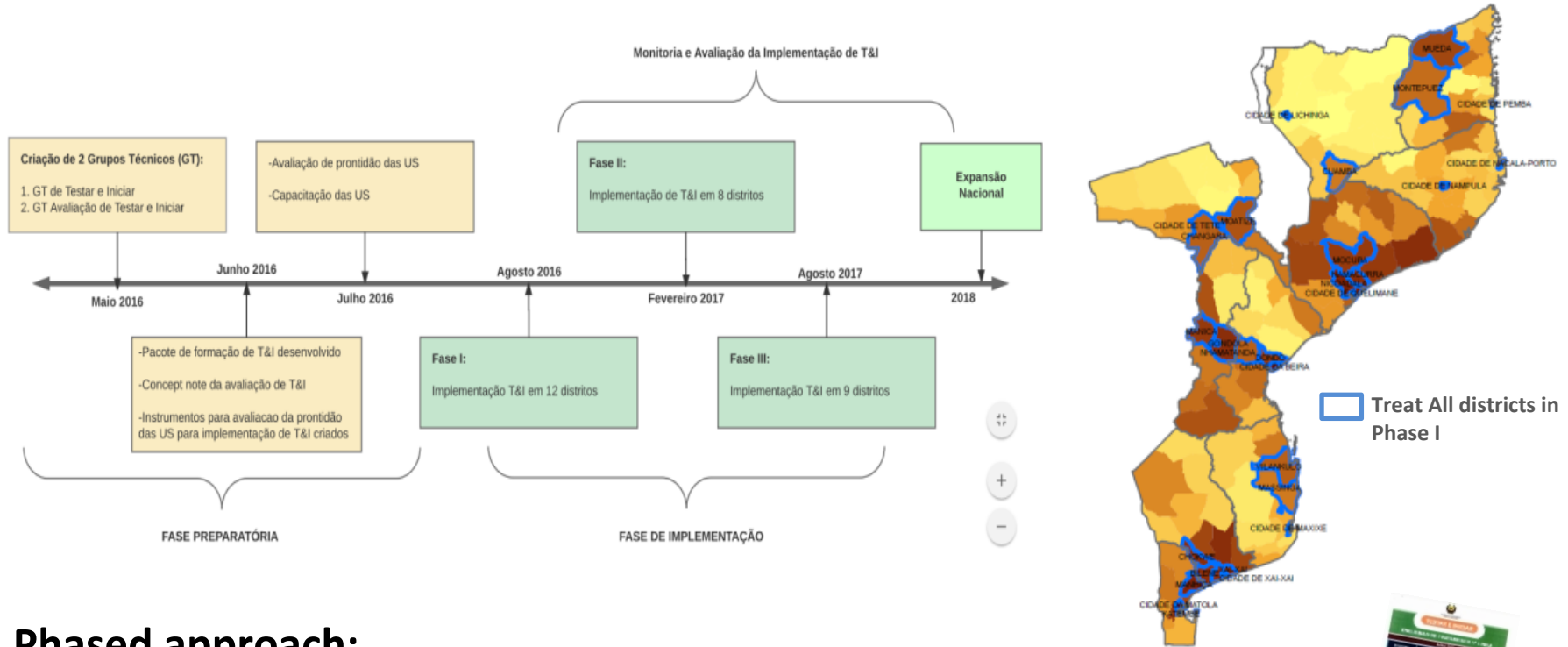
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Building country capacity for “Treat all”

7 Joint WHO Guidelines Dissemination Meetings in 2016 (110 countries)

Locations / Date	Regions	N=649
Trinidad and Tobago, March 2016	PAHO; NAP	120
Colombia, April 2016	PAHO; NAP	52
South Africa, May 2016	Anglophone AFR/EMR	130
Cameroon, June 2016	Francophone AFR/EMR	67
Mozambique, June 2016	Lusophone AFR	70
Thailand, August 2016	SEAR/WPR/ EMR/Rwanda	130
Belarus, September 2016	EECA	80

Implementing Treat All in Mozambique

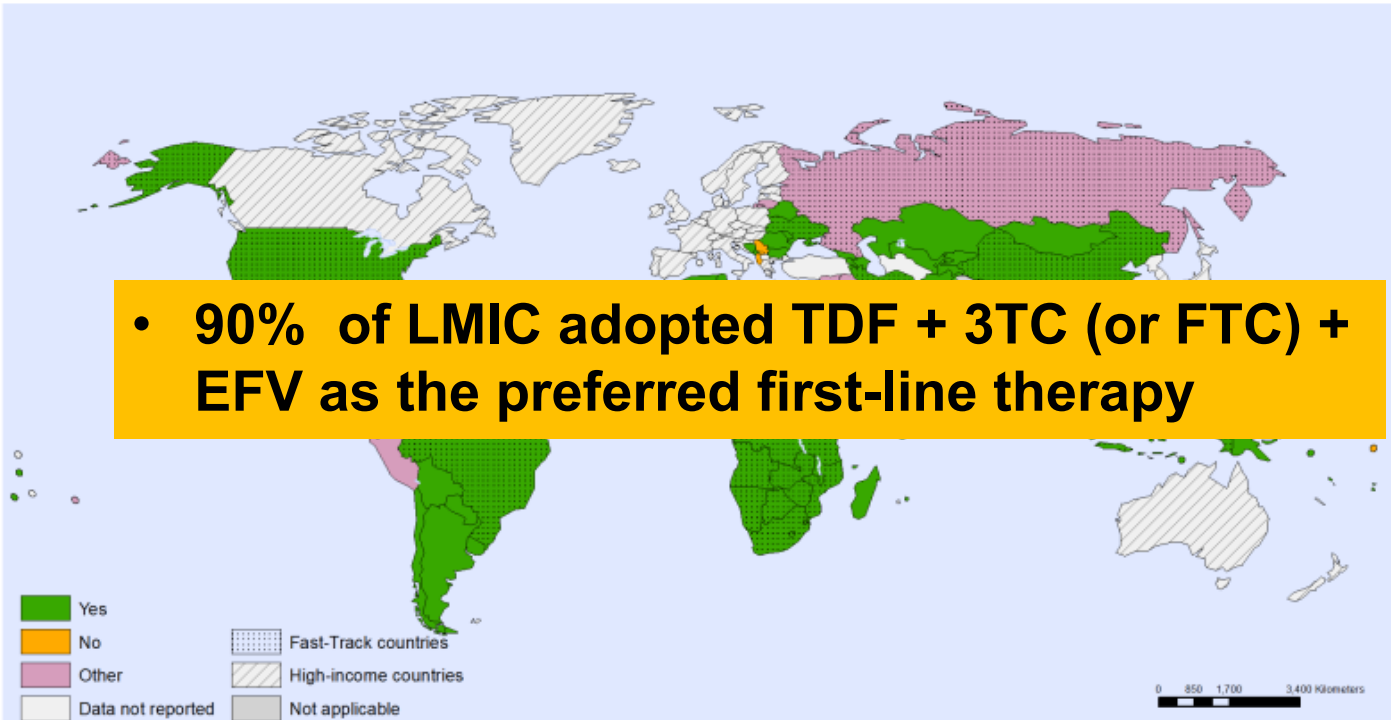


- **Phased approach:**
 - Aug 2016 – Dec 2017: 29 districts (57% of PLHIV currently in care)
 - Jan 2018: All country
 - Periodic M&E
- **New protocols on testing, care and treatment and monitoring**
- **Major focus:** retention improvement, simplified care models, health system integration, new testing strategies and ↑domestic financing



TDF/XTC/EFV adopted widely, July 2016

TDF/3TC(FTC)/EFV is the preferred first-line ARV combination for treatment initiation among adults and adolescents in national guidelines in low- and middle-income and Fast-Track countries (situation as of July 2016)



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Botswana: New opportunities with INSTIs

- June 2016: Botswana announced a tender agreement with originator (first country in SSA to adopt DTG in 1st line)
- Target to treat 100,000 patients.
- New National ART guidelines already updated with this new policy



HANDBOOK OF THE
BOTSWANA
2016 INTEGRATED
HIV CLINICAL CARE GUIDELINES



Brazil: New opportunities with INSTIs

Medicine dolutegravir is new option for patients with HIV in Brazil

Option is for new patients and for those who have resistance to other drugs.

Ministry managed 70.5% discount on the purchase of dolutegravir.



- Adopted ‘Treat all’ in 2013
- September 2016: announced a negotiated 70% price reduction of DTG,
- 100,000 PLHIV on DTG by end 2017
- National ART protocols under review

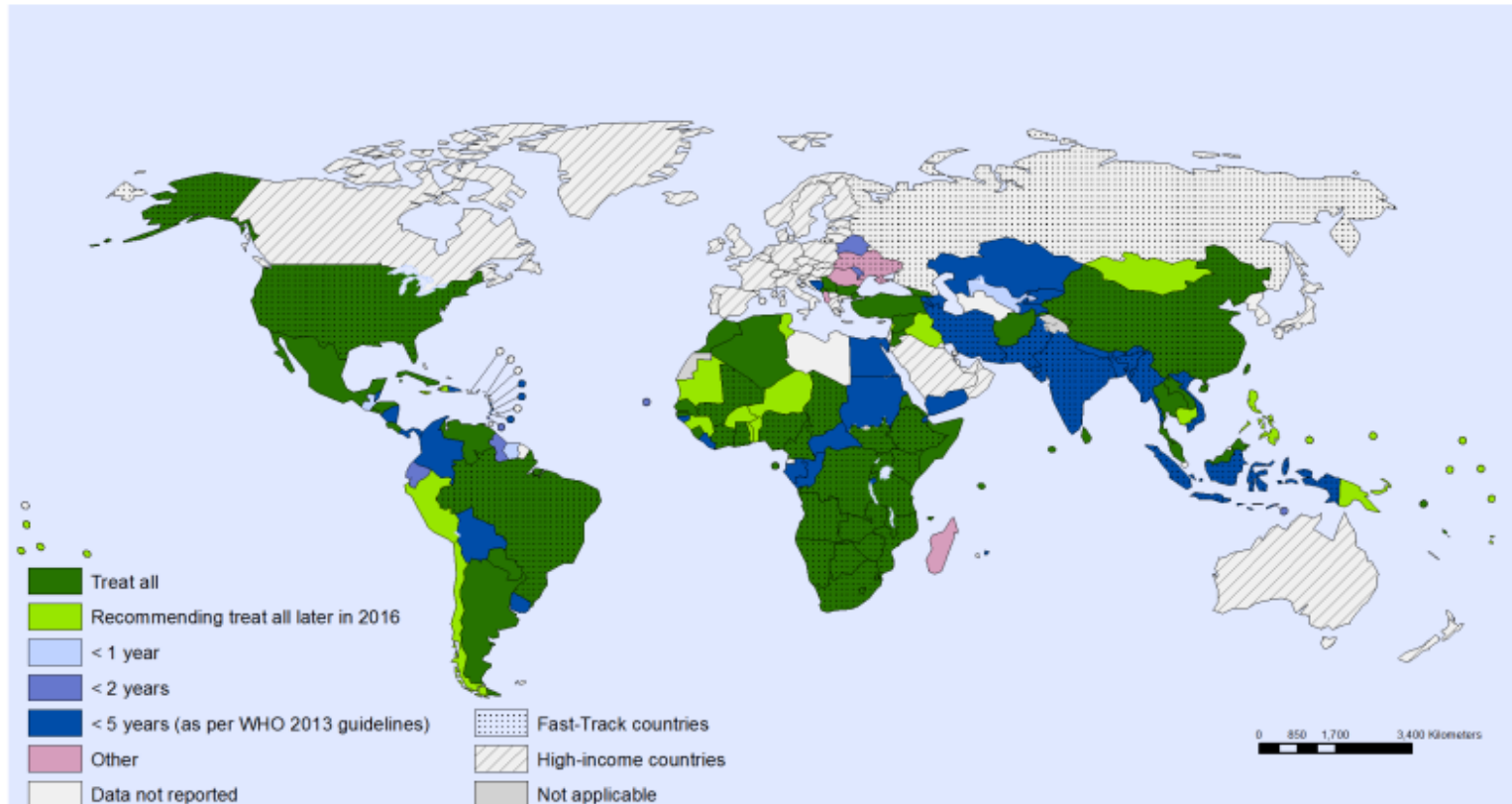
A new framework for an AIDS free generation



“Treat All” is happening for children and adolescents



Recommended initiation threshold among children living with HIV in low- and middle-income and Fast-Track countries as per MoH guidelines or directive (situation as of October 2016)



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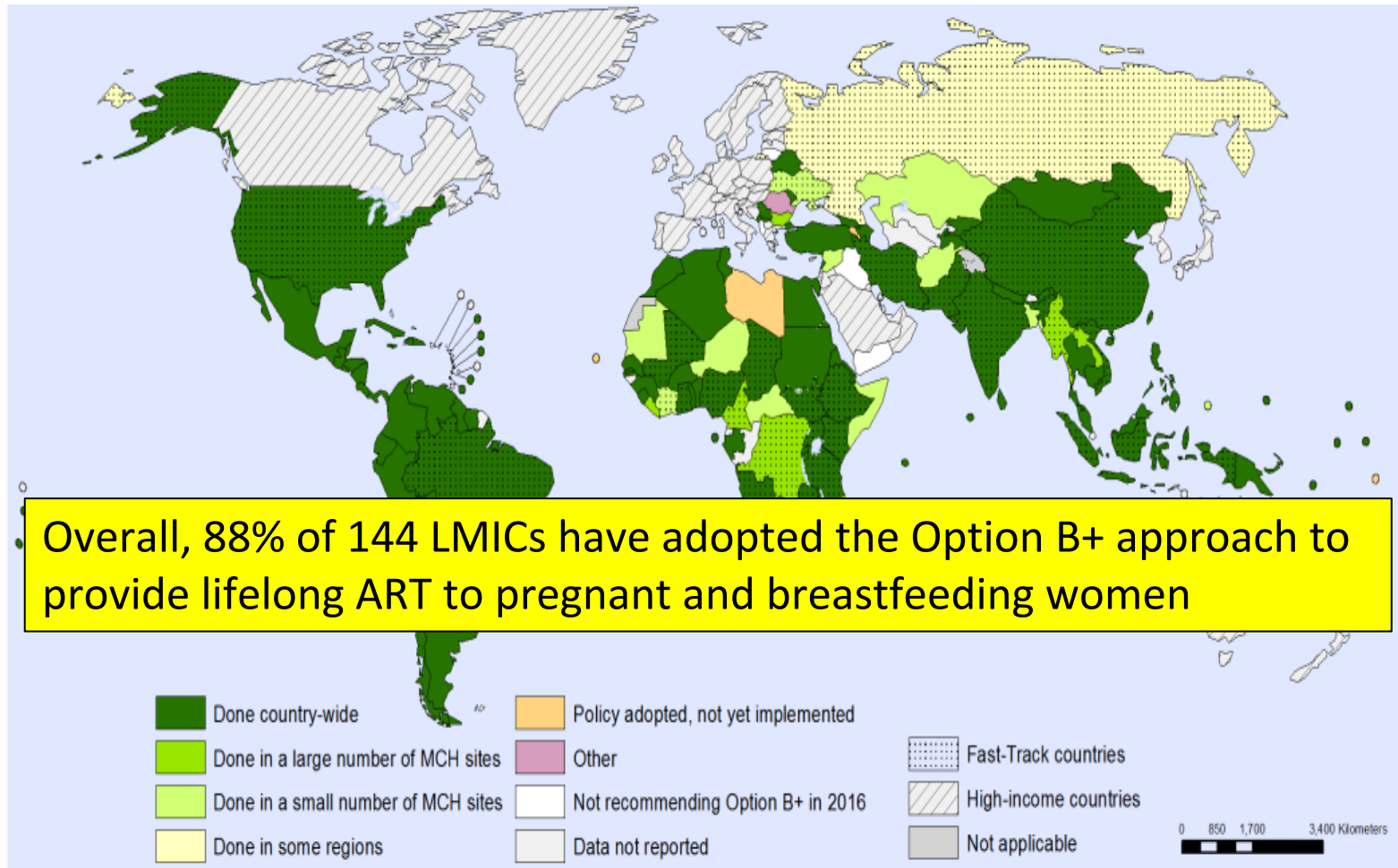


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BUT WE STILL NEED TO DIAGNOSE SOONER AND TREAT BETTER



“Option B+” has been one of the most widely adopted WHO HIV recommendations



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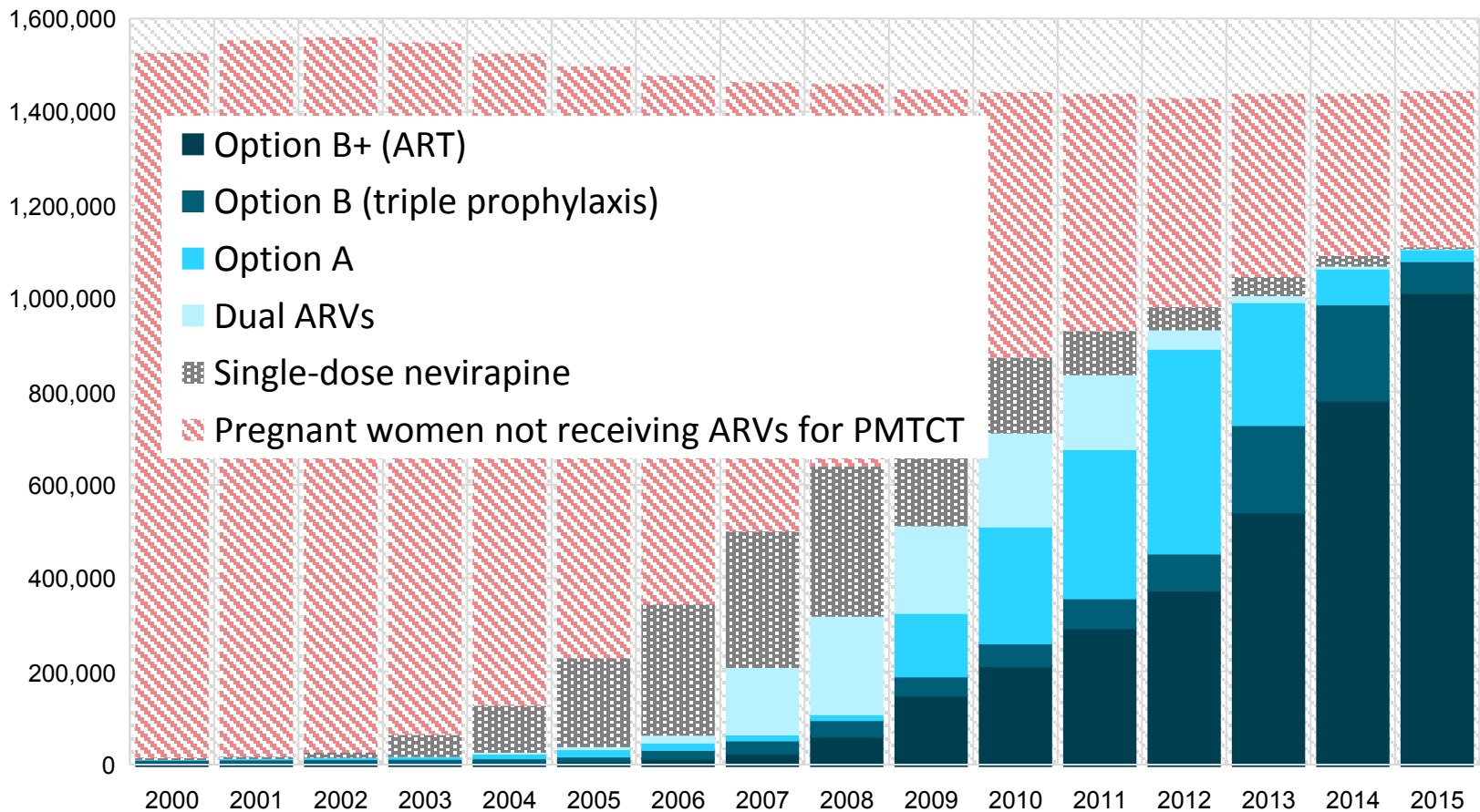
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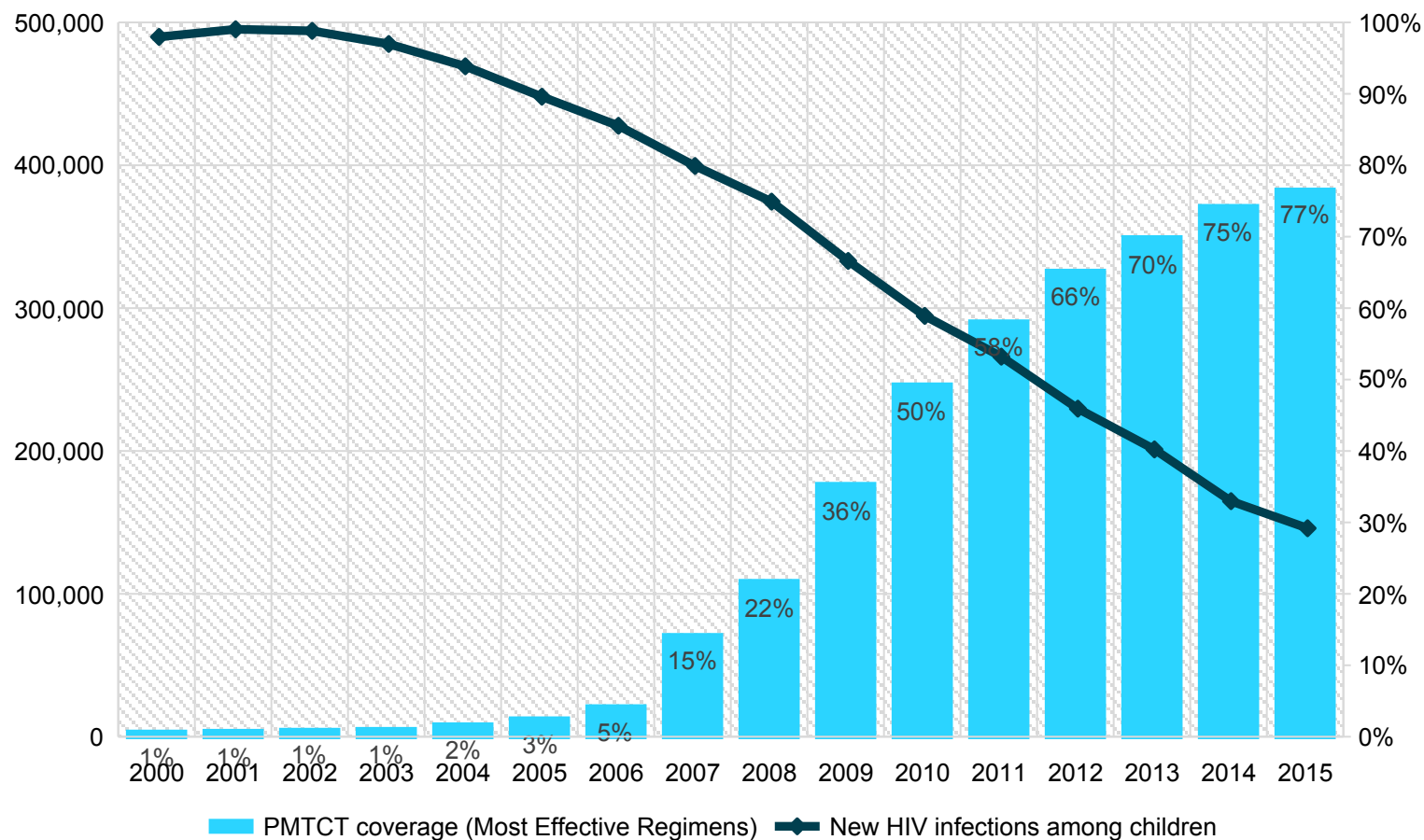
As result of this high uptake, globally 70% of all pregnant women with HIV were on ART by end 2015

Estimated number of PW living with HIV receiving ARVs for PMTCT, by regimen, global, 2000-2015



And an estimated 1.6m new infections in children have been averted

Percentage of PW with HIV receiving most effective PMTCT regimens and new HIV infections in children



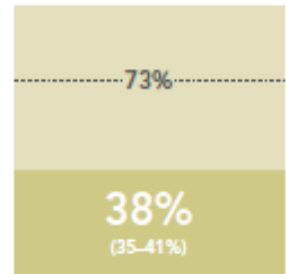
But...we still have unfinished business!

- 1 ART initiation is high but retention is poor leading to higher MTCT rate peripartum and postpartum
- 2 Incident HIV infection among HIV negative pregnant and breastfeeding women is an important driver of new infections

The Third 90: low retention rates leading to limited viral suppression

Current emphasis (2016 ARVGL)

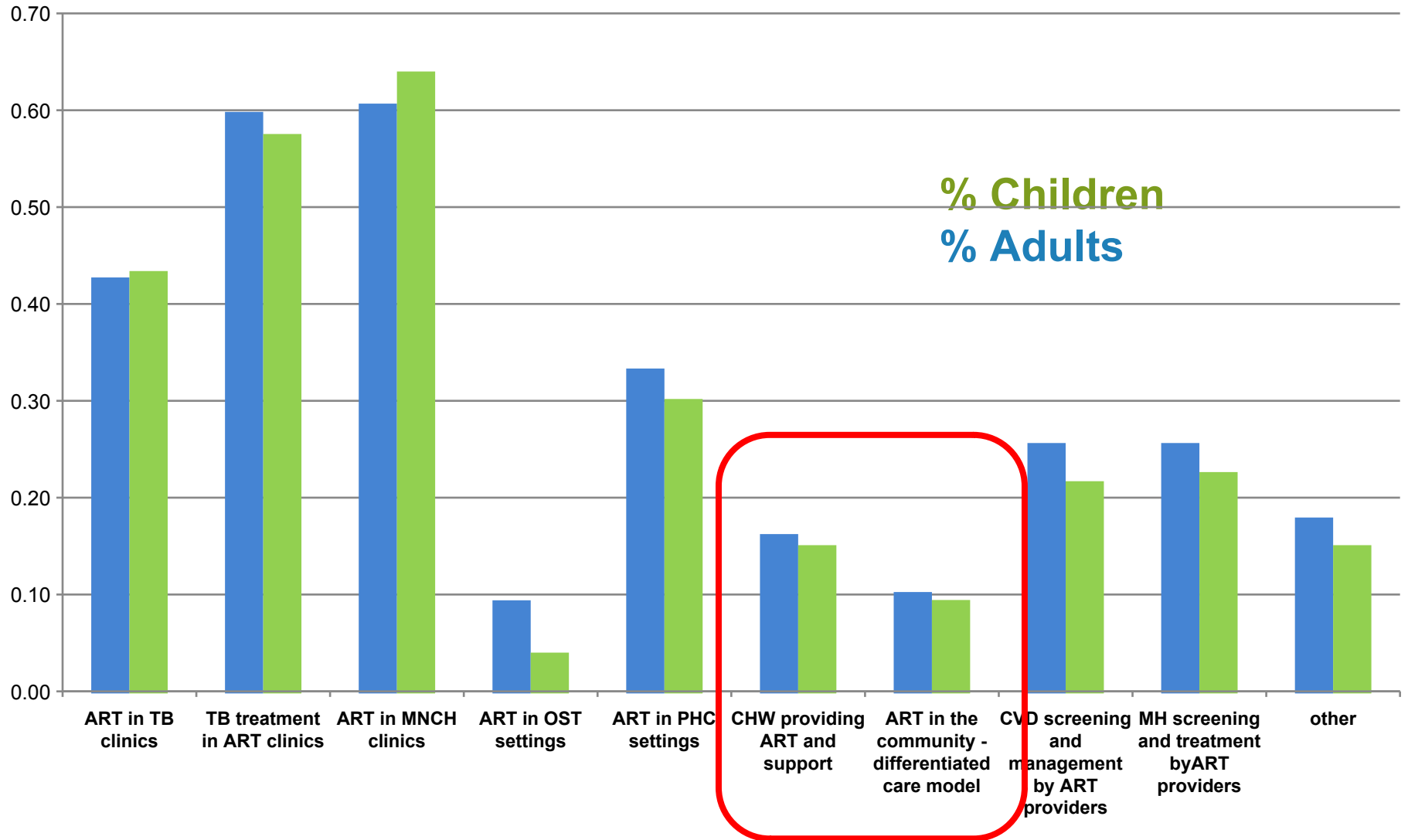
- **Differentiated care models** (reduce late presentation, improve retention)
- **Less frequent clinic and ARV pick up visits**
- **Integration** with other services to provide people-centered quality care
- Expanded use of **routine VL** to monitor ARV response
- ARV distribution in **community settings** (lay providers)
- Need to better understand reasons for low retention in different settings



Percentage of people living with HIV who are virally suppressed*

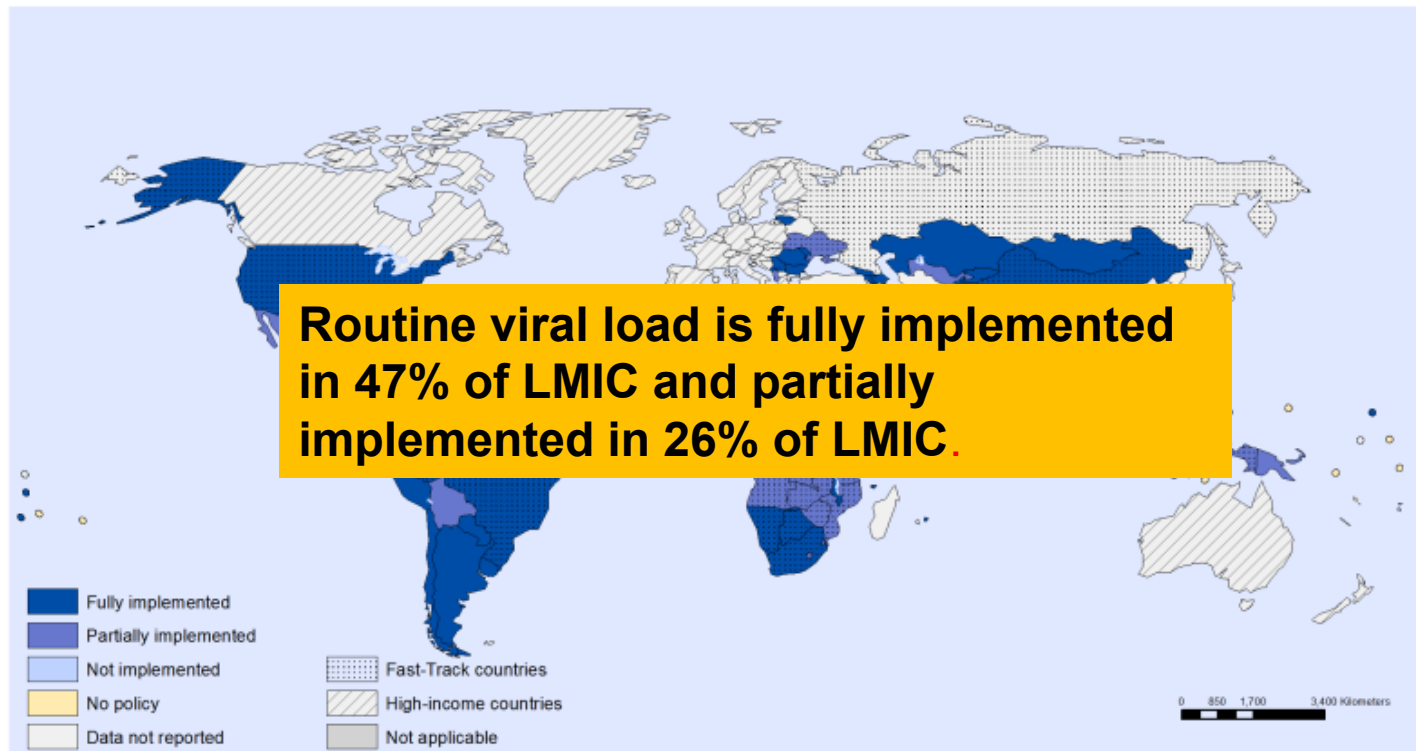


Uptake of Service delivery recommendations, July 2016



Viral Load Challenges: policy into practice

National policy on routine viral load for monitoring antiretroviral therapy and level of implementation for adults and adolescents (situation as of July 2016)



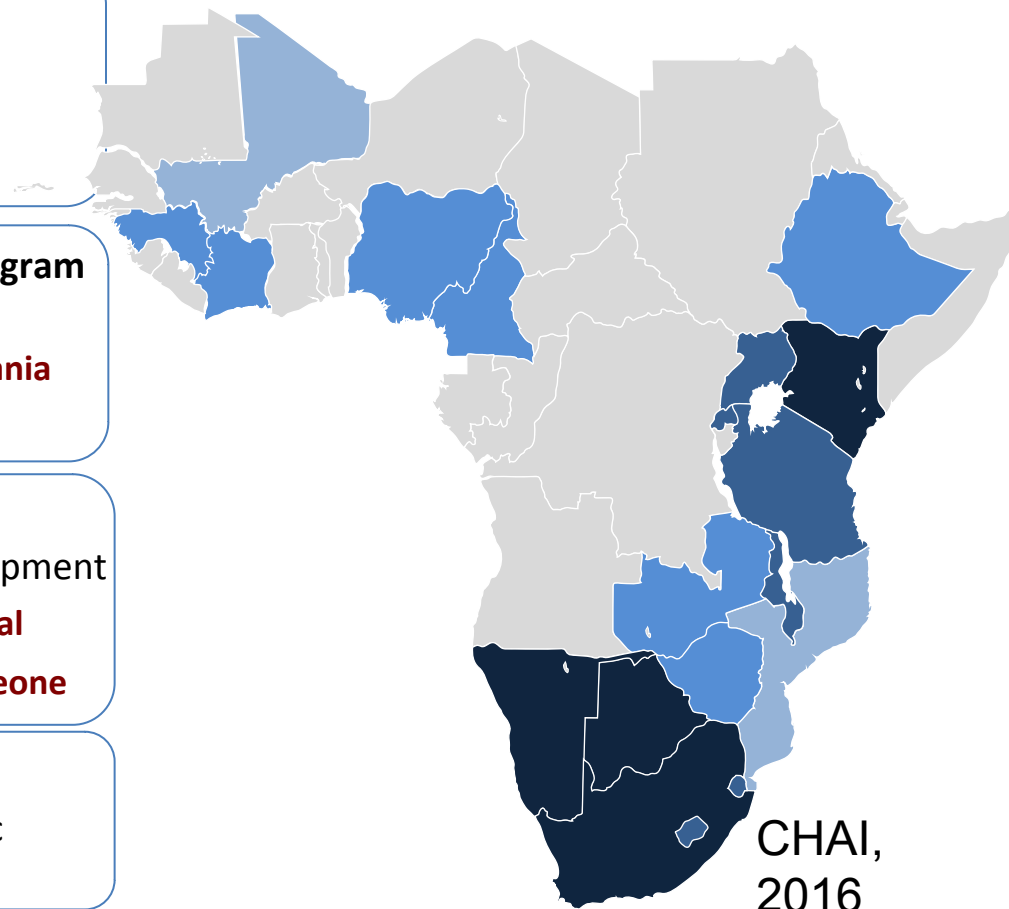
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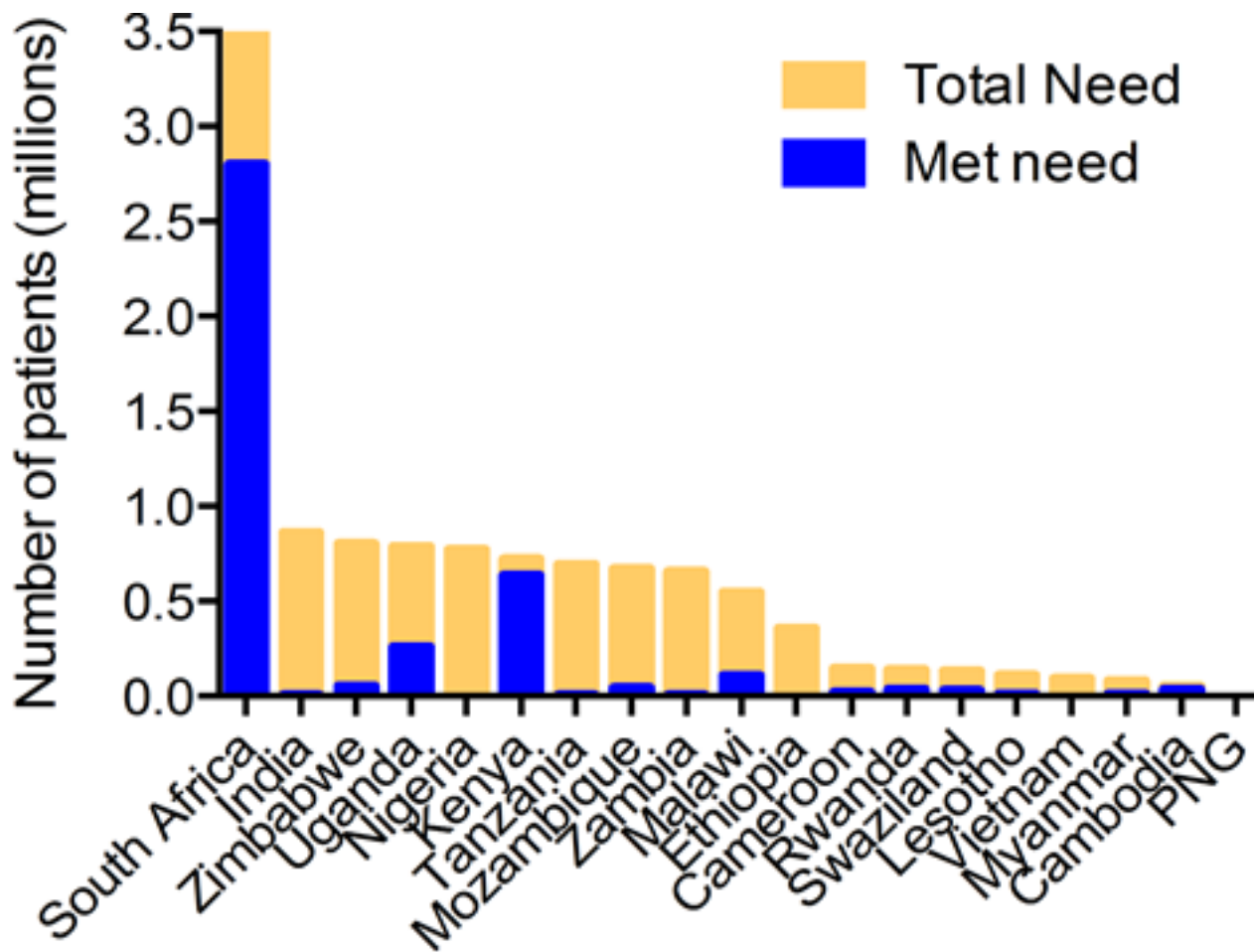
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Viral load scale up in SSA

VL Scale Up



2015 Viral load volumes

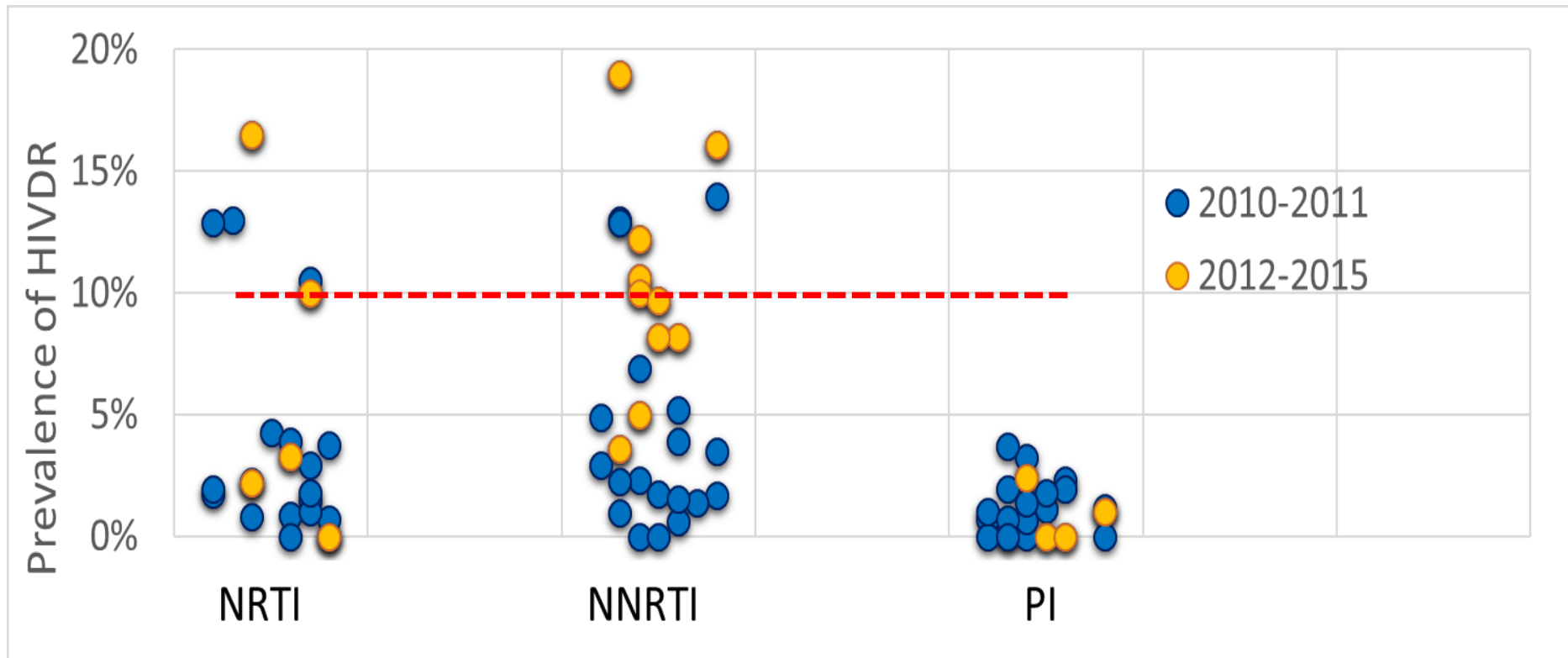




HIVDR – a little known but growing threat

Recent signals of high levels of resistance

Update on HIVDR in ARV-Naïve in LMIC,
by year of specimen collection (2010-2015)

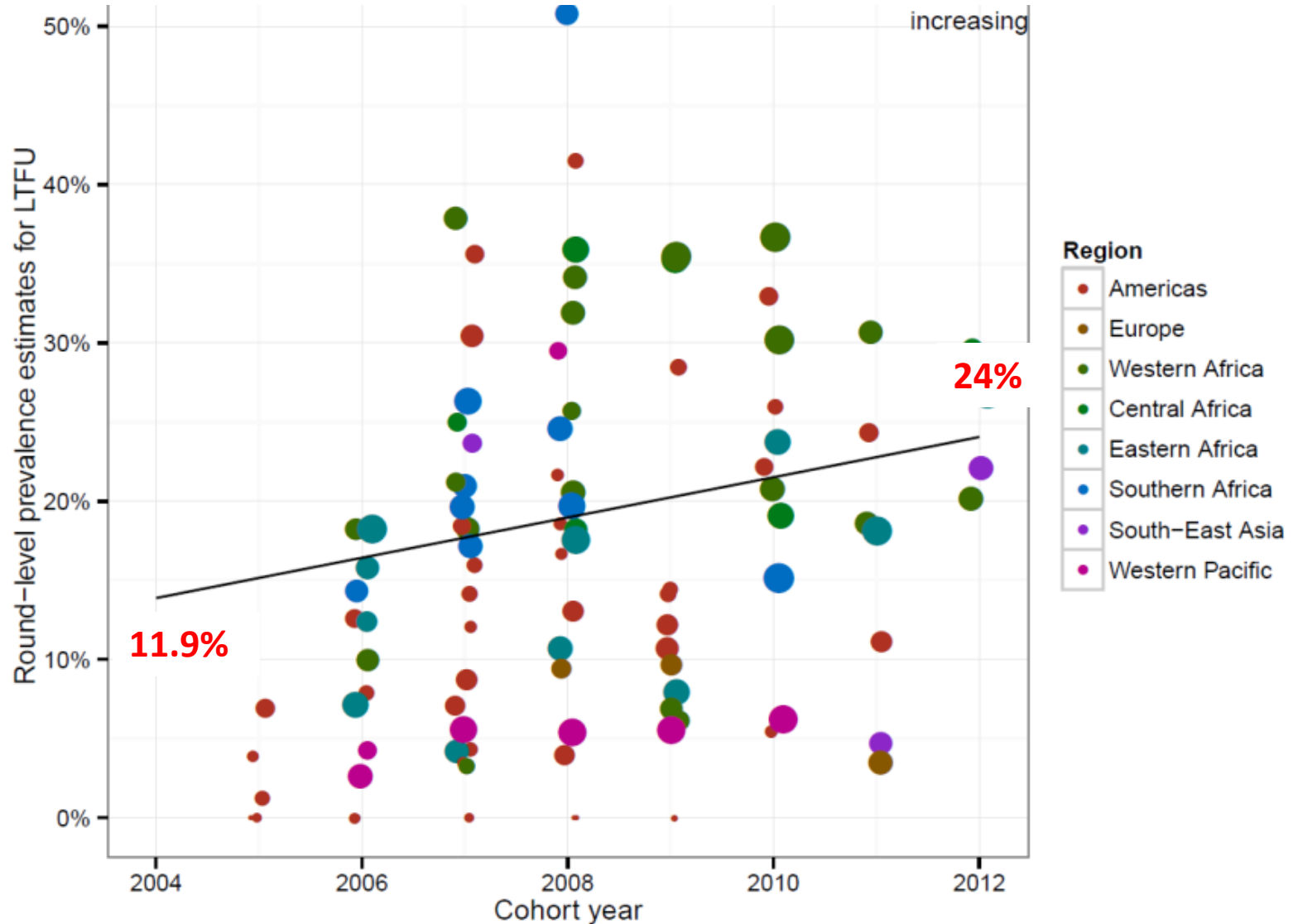




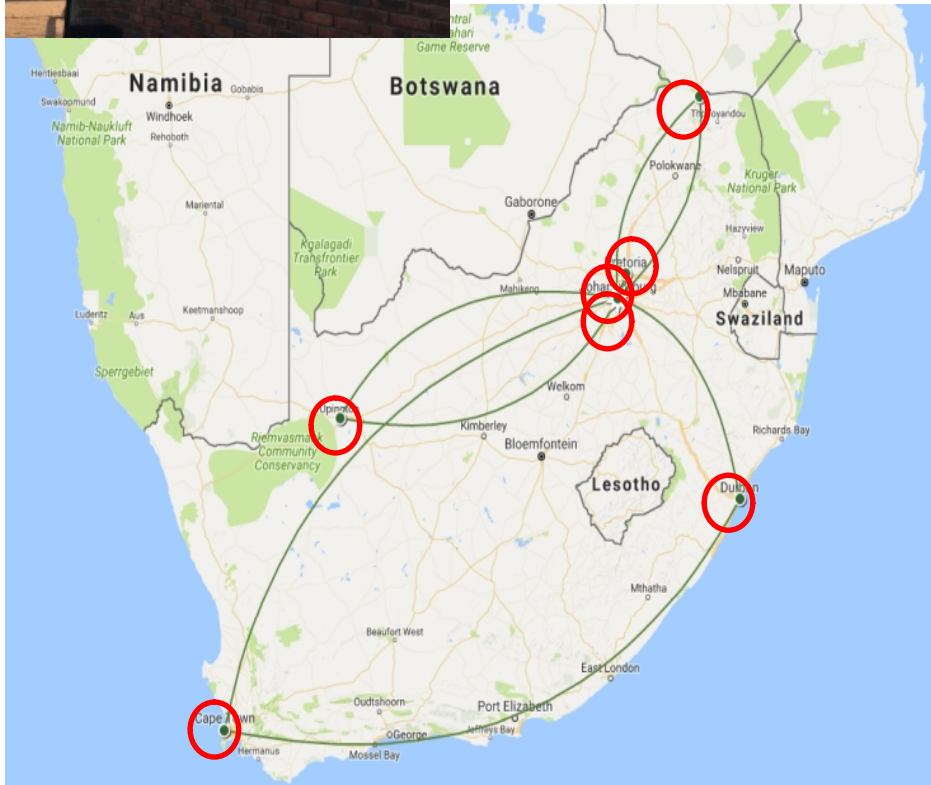
Examples of country leadership in HIVDR response

Country	Data for action	Response
Argentina 	2015 HIVDR survey showed 14% resistance in ART starters	Ongoing policy discussion by national HIV programme on introducing HIVDR testing before ART start
Botswana 	HIVDR surveys in Gaborone showed increased HIVDR: - from 2.9% (2012) to 9.7% (2014)	Based on consideration of HIVDR levels among other factors (cost, programmatic, drug profile etc.) 1st line standard ART regimen changed: NNRTI+ 2 NRTIs → Dolutegravir + 2 NRTIs
Zimbabwe 	HIVDR survey in ART naive infants <18 months: <ul style="list-style-type: none"> • 23% NNRTI resistance (no PMTCT exposure) • 50% NNRTI resistance (PMTCT-exposed) EWI surveys (2006-2014): <ul style="list-style-type: none"> • Suboptimal retention • High LTFU • Suboptimal quality of programmatic data 	Paediatric ART first line regimen changed from: Standard NNRTI containing regimen → PI containing regimen <ul style="list-style-type: none"> • Defaulter tracing at clinics introduced to improve linkage into care • Strengthened use of patient referral forms during decentralisation • Data quality committees established to ensure records maintained properly and data integrity

Global increase of LTFU over time 2004-2012 (WHO EWI report, 2016)



South Africa – early review of PrEP for Sex workers programme



PrEP programme for SW

- **March 2016** - PrEP for SW announced
- **June 1st** - PrEP implementation started in 11 sites
- **August** - review of 7 sites

Early review

- Nurse led service effective & acceptable
- Peer workers important for demand creation & support
- Adherence issues – local & individual solutions
- Now to consider other sites & next group/s for PrEP

Leadership in Action

- Rapid adoption of TREAT ALL and related policies and scale-up plans
- Several countries embracing innovation (new drugs, HIVST, PrEP..)
- Greater granularity of data and geographically and pop-focused response (COP!)
- eMTCT a success “story”, even though unfinished

..yet, some important areas that require greater focus

- Need to optimize testing (“reach the undiagnosed”)
- Better understand and address poor retention; and Viral load scale-up
- Differentiated care accepted as concept, yet needs implementation
- Ensure CHW cadres empowered, trained and paid
- Need greater attention to HIVDR and programme quality
- Key populations continue to fall through the cracks overall, and also (young) men in SSA

POLICY BRIEF

CONSOLIDATED GUIDELINES ON THE USE OF ANTIRETROVIRAL DRUGS FOR TREATING AND PREVENTING HIV INFECTION

WHAT'S NEW

NOVEMBER 2015



World Health Organization

GUIDELINES

GUIDELINE ON WHEN TO START ANTIRETROVIRAL THERAPY AND ON PRE-EXPOSURE PROPHYLAXIS FOR HIV

SEPTEMBER 2015

WHAT'S NEW IN HIV TREATMENT AND CARE

NOVEMBER 2015

WHO recommends initiation of ART for all people living with HIV at their preferred age and according to their clinical condition.

First-line regimen

For the first time, WHO and UNAIDS have jointly published the first-line regimen for adults and adolescents.

WHO recommends initiation of ART for all people living with HIV at their preferred age and according to their clinical condition.

WHO recommends a revised strategy of pre-exposure prophylaxis (PrEP) to reduce the risk of HIV infection in people at high risk of HIV infection.

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WHAT'S NEW IN HIV MONITORING

NOVEMBER 2015

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WHAT'S NEW IN ADOLESCENT TREATMENT AND CARE

NOVEMBER 2015

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WHAT'S NEW IN EARLY INFANT DIAGNOSIS

NOVEMBER 2015

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WHAT'S NEW IN SERVICE DELIVERY

NOVEMBER 2015

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PRE-EXPOSURE PROPHYLAXIS (PrEP) WHO EXPANDES RECOMMENDATION ON ORAL PRE-EXPOSURE PROPHYLAXIS OF HIV INFECTION (PrEP)

NOVEMBER 2015

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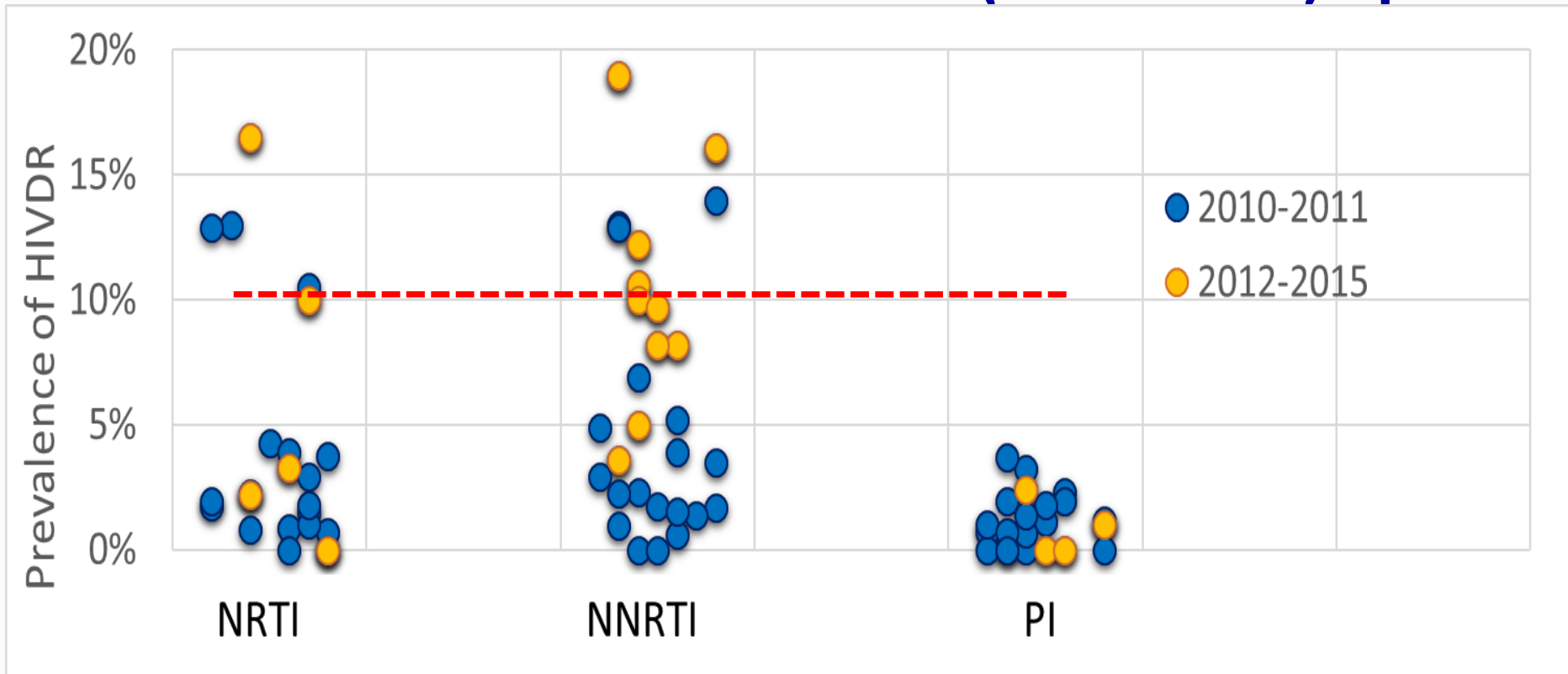
Acknowledgements

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- Silvia Bertagnolio
- Michel Beusenbergh
- Theresa Babovic
- Florence



HIV drug resistance in ART increasing

HIVDR in ART initiators in LMIC (2010-2015) update



Country Action Plans in Eastern Europe & Central Asia

Areas of action	ARM	AZE	BEL	GEO	KAZ	KYR	MOL	TAJ	TUR	UKR	UZB
Treat All	Yellow	Green	Yellow	Green	Green	Yellow	Yellow	Green	White	Green	Yellow
PrEP	Yellow	Red	White	Yellow	Yellow	White	White	White	White	Green	White
HIV testing strategies & quality assurance	White	White	Green	Green	Green	White	Yellow	Green	White	Green	Yellow
HIV care and prevention in key populations (including migrants)	White	White	White	White	Green	Green	White	Green	Green	White	White
Differentiated care & decentralization of services	Yellow	White	White	White	White	Green	Green	Yellow	White	Green	Yellow
New HIV drugs (DTG)	White	White	White	Yellow	White	White	White	White	White	White	White
ePMTCT & congenital syphilis (validation)	White	White	Green	Green	White	Green	Green	White	White	Yellow	Yellow
Lab monitoring (VL)	White	White	White	White	White	White	Yellow	White	White	White	White
HIVDR surveillance	White	White	White	Yellow	White	White	White	White	White	Green	White
System information strengthening (90/90/90 indicators)	White	White	White	Green	White	Green	White	White	White	Green	Yellow
Hep B & C screening	Yellow	Green	Yellow	Green	White	Yellow	White	Red	White	Red	White
HBV treatment (NRTIs) and prevention (vaccine)	Yellow	Green	Yellow	Green	White	Yellow	Yellow	Red	Green	Red	Red
New HCV treatment (DAAs)	Yellow	Green	Yellow	Green	White	Yellow	Yellow	Red	Green	Red	Red
Viral hepatitis surveillance	Red	White	Green	Green	White	Yellow	Yellow	White	White	Red	Red



To be implemented until 2017



To be implemented until 2018



To be implemented in 2019/2020