CONTROLLING THE HIV EPIDEMIC WITH ANTIRETROVIRALS

From Consensus to Implementation

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Epidemiology & Economics
comments by
James G. Kahn
Next Goal for Use of ART to Control HIV

• *Achieve scale* at each step in cascade – HIV identification, ART, incidence reduction
• *With:* efficiency & synergy with other diseases
1. HIV identification

- Testing delivery strategies
  - Voluntary, routine in health care settings
  - Major role of community (household-based and campaigns)
    - 80-90% coverage achievable
    - Inexpensive - $10 per person tested
### Coverage settings for HIV testing and counseling (HTC)

<table>
<thead>
<tr>
<th></th>
<th>General population male</th>
<th>General population female</th>
<th>Female sex workers (FSW)</th>
<th>Men who have sex with men (MSM)</th>
<th>Intravenous drug users (IDU)</th>
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<tbody>
<tr>
<td>HTC Classic</td>
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<td>Community</td>
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<td><strong>Total coverage of</strong></td>
<td><strong>56%</strong></td>
<td><strong>55%</strong></td>
<td><strong>89%</strong></td>
<td><strong>36%</strong></td>
<td><strong>33%</strong></td>
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From globalhealthdecisions.org
2. ART: Referral, care initiation, retention

- Refer & arrive at clinic
- Same-day ART initiation?
  - with CD4 testing if policy indicates (STARTs)
- Retain high CD4 individuals in ART?
  - EARLI – Uganda - yes
- Identify and address barriers
  - Transport, embarrassment at missing appmt, etc
3. Achieve anticipated reductions in HIV incidence

- Verify data from research studies and predictions from modeling
- Viral load suppression + incidence drop
- Community trials – four underway in SSA (SEARCH, PopART, TasP, BCPP)
- National surveillance
4. Efficiency

• For sustainability & easier fit with other priorities
• Challenge: distributed care → small patient loads
• **Strategies:**
  – Task shifting
  – Integration with other clinical services
  – Targeted role of MD, supervision & complex cases
  – Favorable configuration of salaries and work day
  – Efficient & effective retention methods
5. Synergy with other diseases

- HIV as agent of broad improvement, not diverter of existing system capacity
- Biological
  - e.g., malaria – bed nets reduce CD4 decline 25-40%
- Prevention delivery – efficient high coverage
  - Nets for malaria, filters for diarrhea, etc
  - NCD screening, e.g., hypertension & diabetes
- Care delivery – quality improvement
  - NCDs – monitoring, medications
  - Health system capacity – logistics, IT, protocols