

#### Those left behind

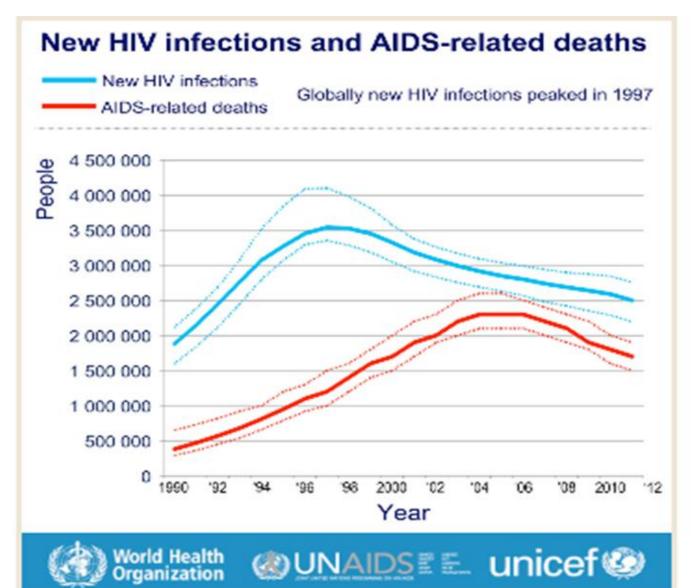
**Gus Cairns** 

Editor, NAM / <a href="www.aidsmap.com">www.aidsmap.com</a>
Prevention coordinator, EATG
Co-chair, PROUD Study





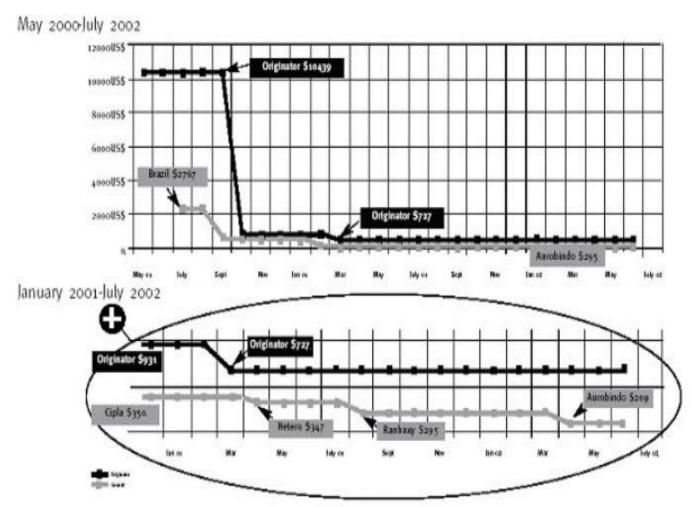
## We are winning the fight against HIV





#### How have we managed the global epidemic?

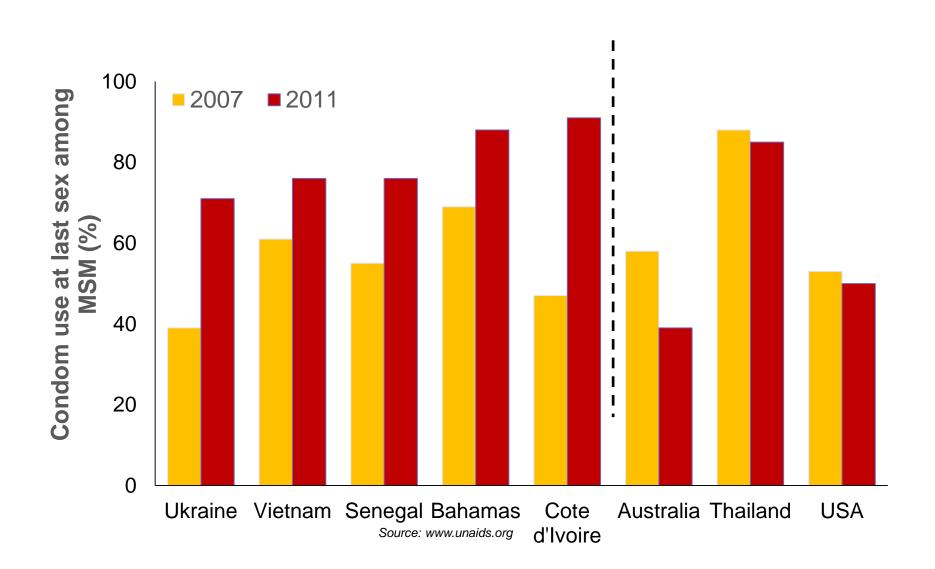
We wouldn't have done it without price reductions...





#### And with condoms...

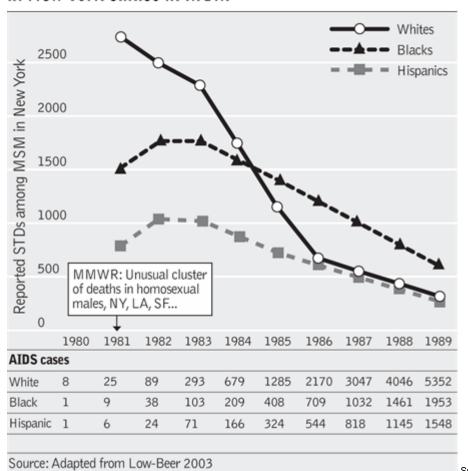
Condom use among MSM in selected countries, 2007 vs 2011

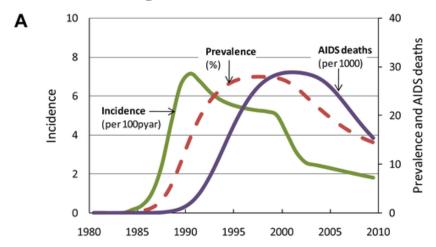


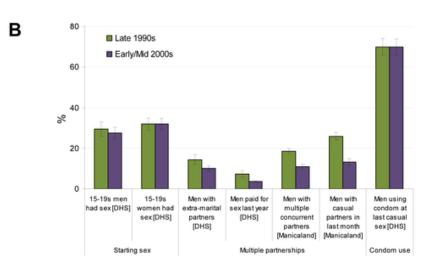


#### And with behavior change...

#### Declines in reported rectal gonorrhoea in New York clinics in MSM







Success: Why Did the HIV Epidemic Decline in Zimbabwe?. PLoS Med 8(2): e1000414.

doi:10.1371/journal.pmed.1000414

http://127.0.0.1:8081/plosmedicine/article?id=info:doi/10.1371/journal.pmed.1000414



#### And treatment access...The Cascades

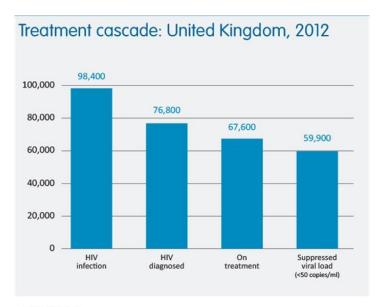
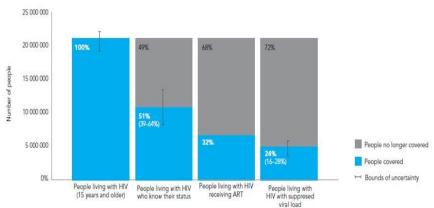
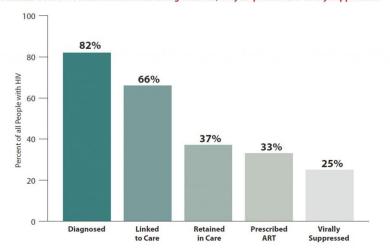
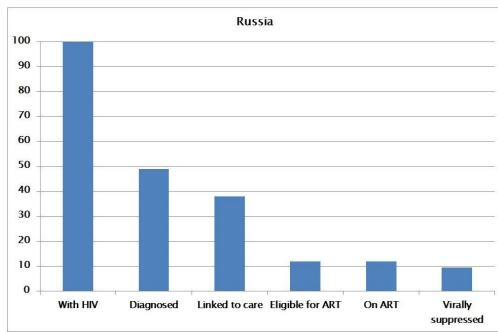


FIGURE 4.3
Abbreviated HIV treatment cascade for sub-Saharan Africa, 2012



OVERALL: Of the 1.1 million Americans living with HIV, only 25 percent are virally suppressed.



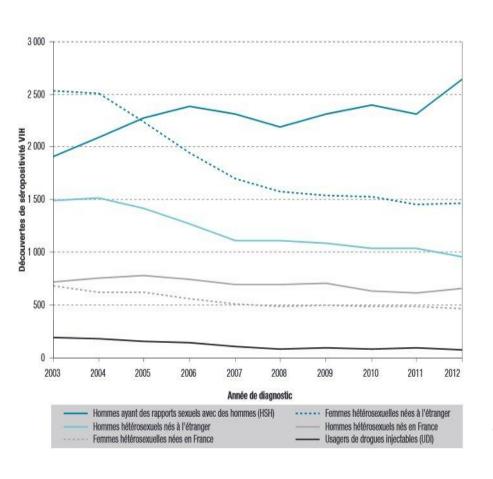


PHE: CDC: UNAIDS: Pokrovskaya, JIAS 17(4Suppl 3): 19506, 2014.

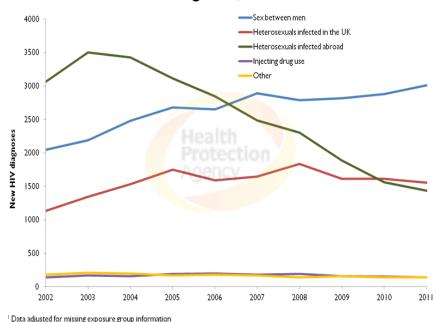


#### But HIV is on the increase in at least one group

HIV diagnose in MSM: France 2003-12, UK 2002-11.



#### New HIV diagnoses by exposure group: United Kingdom, 2002 – 2011<sup>1</sup>



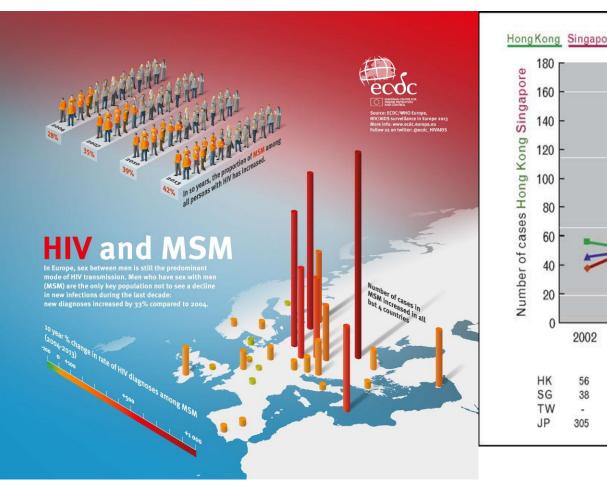
HIV and AIDS Reporting System

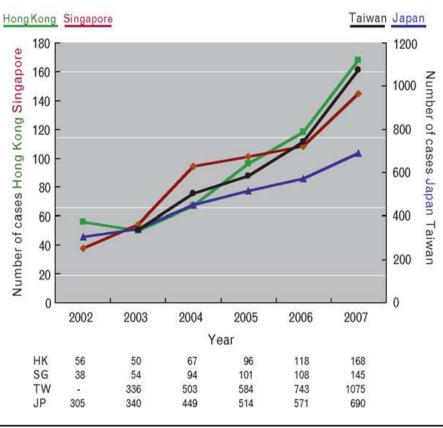
HIV and STI Department, Health Protection Agency - Colindale



# And more so elsewhere...

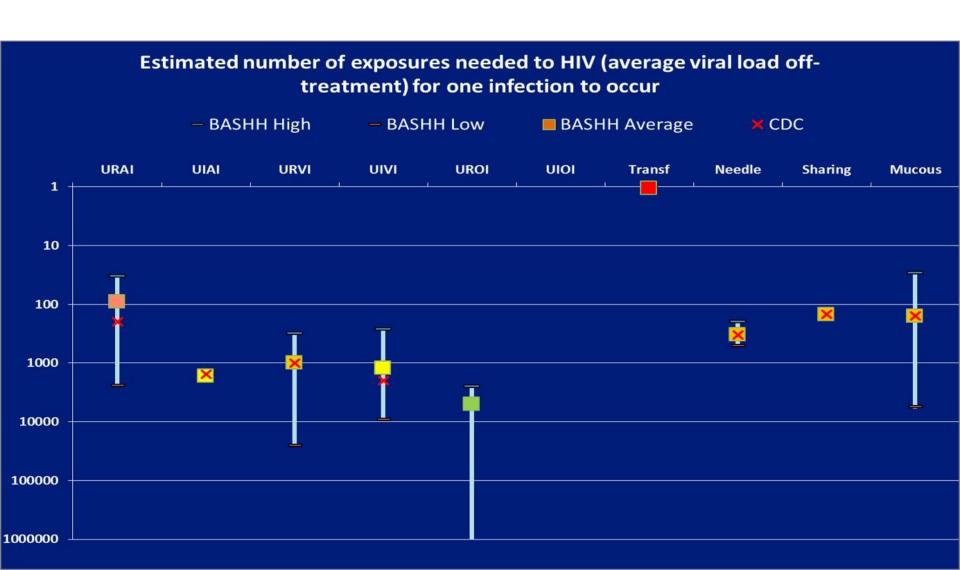
HIV MSM diagnoses: Europe 2004-13, east Asia 2002-2007





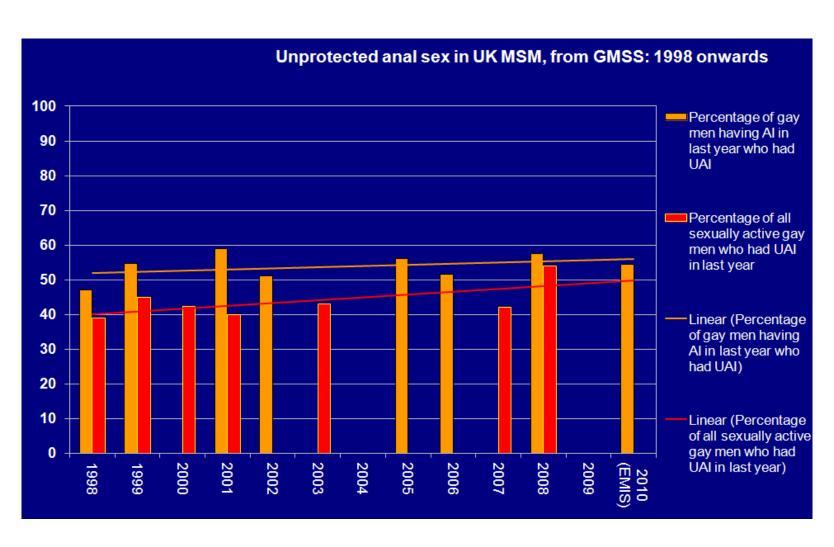


# Why? Transmission vulnerability

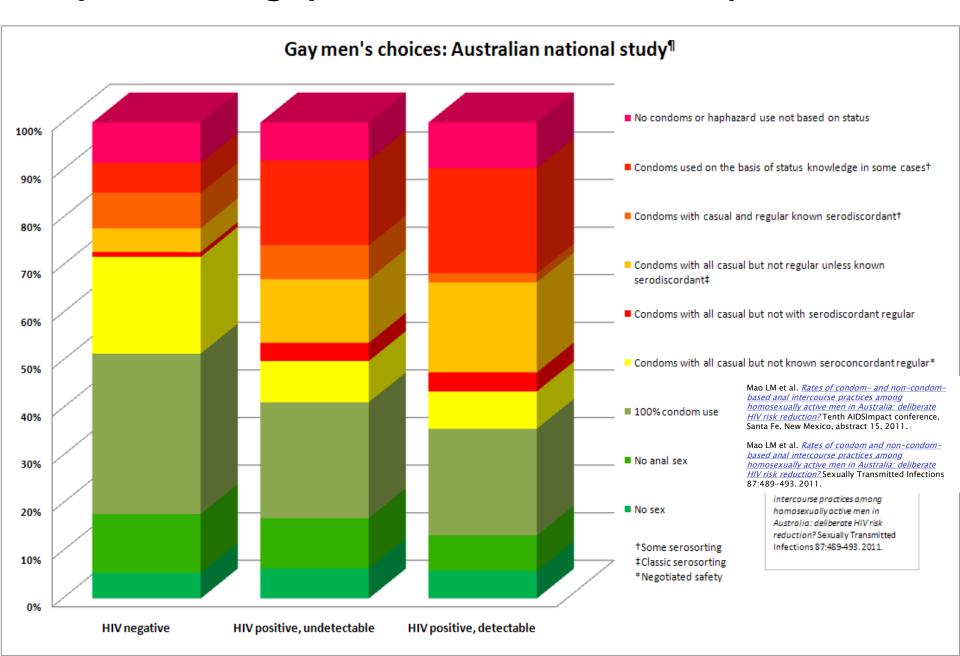




### Why? 'Condom ceiling'



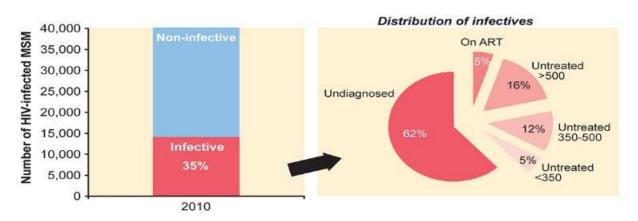
#### Why? Because gay men have to make complex choices



## Why? TasP is not enough

- Even in UNAIDS 90/90/90 target, ART will only produce 60% of targeted reduction in incidence.
- As more diagnosed, in concentrated epidemics, most infections come from undiagnosed. Incidence in some groups runs ahead of even frequent testing

Distribution of infectives\* among HIV-infected MSM, UK: 2010, Brown et al



<u>Delpech V IAPAC</u> prevention summit 2012

\* viral load >1500 copies/ml

Extending ART to all MSM with CD4 counts <500 cells/mm<sup>3</sup> would reduce infectivity from an estimated 35% to 29% and, in combination with halving the undiagnosed, to 21%.





# PrEP advocacy

- Kicked off by HIV+ treatment activists and allies
- But by definition, these are not the 'end users' of PrEP
  - The HIV negative-at-risk population has to adopt and champion PrEP
- But they often do not have the scientific background and biomedical perspective of treatment activists
  - HIV prevention has largely been seen as the community's own endeavour/area of expertise
- Can lead to conservatism/ignorance of prevention science
  - But PrEP can become 'owned' by the community too



## **US**: provocation



By Michael Weinstein, President, AIDS Healthcare Foundation

Recent headlines applauded taking medication as 'pre-exposure prophylaxis' to prevent transmission of HIV among gay men. The news came in a study of nearly 2,500 men in six countries that found that an average man taking the medication was 44% less likely to become infected than a control group taking a placebo.

How very sad that we have come to this point. The applause for this approach shows just how disposable we consider the lives of gay men.

If we were talking about protecting the general population with a treatment that was only 44% effective, would we be celebrating? The 44% who received a benefit from the medications were intensively counseled monthly, with frequent blood draws and tests for sexual infections. This is in no way representative of any real

In the real world, why would anyone subject himself to drug therapy-with the potential of very serious side effects-every day if they had any intention of using condoms? If someone tells almost any man that it is safe to have sex without a condom, they will likely do so.

Kevin Fenton, chief of HIV/AIDS for the Centers for Disease Control and Prevention said: "Some studies suggest that even a small increase in risk behavior due to a false sense of security about the pills effectiveness could actually increase HIV infections, an outcome we cannot afford."

A large percentage of patients already infected with HIV do not take their medications. How likely are uninfected men to take pills every day for the rest of their lives to prevent an HIV infection? If the pre-exposure HIV medication is not at therapeutic levels in their system before they have sex, they will not be protected.

The potential use of drugs to prevent HIV infection is based on the premise that we cannot succeed in getting gay men to use condoms. Has an effective effort really been made to market condoms in gay-friendly ways? Are condoms readily available in bars, bathhouses and other meeting spots? Advertised on TV? Do our political, religious and community leaders speak out forcefully for protecting gay men from HIV infection? No.

Another question: who will pay for this \$10,000 per person, per year pre-exposure treatment?

I commend research into HIV prevention. But, our communities must consider these points if we are going to offer up hundreds of thousands of gay men for an unproven experiment.



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#### Truvada Whores?

Posted: 11/12/2012 7:59 pm EST | Updated: 01/12/2013 5:12 am EST













The FDA has approved Truvada, an HIV treatment medication, to be taken by uninfected people as a pre-exposure prophylaxis, or "PrEP" -- that is, to protect against HIV. The PrEP drug is intended for those individuals who engage in high-risk sexual behavior and is prescribed to be used in conjunction with safe sex practices. So are these "high-risk" folks actually using the drug as the doctor prescribed?

For more information or to send a letter to Gilead CEO John C. Martin, Please visit nomagicpills.org.





### **US**: reaction





### **US**: initiatives



What is PrEP?

Truvada Track - monitoring insurance and Medicaid coverage of Truvada for PrEP

2011 "My PrEP Experience" Posts

We feature real stories from people who have chosen to use PrEP as one way to protect themselves from HIN ing HIV Prevention and Sex invite you to share your PrEP experience via audio, video, or in writing. Send video or audio links and/or text we will post them here. You can include your name, or you may contribute your story anonymously. This blog PrEP for users, potential users, and providers. Look for the links in the sidebar.

We have not heard of any insurance company or any Medicaid program outright denying coverage of Trux programs are requiring prior-authorization, however, which requires paperwork to be filled out. And the ty including prescription drug benefits, will determine the cost to you as the consumer. To date, we have see from providers who are unwilling to write a prescription.

If you have trouble getting a prescription for Truvada as PrEP from your provider, or getting a PrEP prescriptic we are happy to troubleshoot with you. Send us an email to <a href="mailto:myprepexperience@gmail.com">myprepexperience@gmail.com</a>.





## US: normalisation? (In SF)

Group	People
HIV negative at substantial risk:  MSM with 2+ non-condom anal sex (ncAl) partners <sup>1</sup> MSM with 0 ncAl and an STI in the last year <sup>2</sup> Female partners of HIV+ MSM <sup>3</sup> Trans women <sup>4</sup>	12,589 2,325 653 522
TOTAL estimated PrEP eligibility	16,089
TOTAL reporting any PrEP in past year <sup>5</sup>	5,059
Percent of eligible people using PrEP in the past year	31%

<sup>1.</sup> SFAF Clinic Survey: 16% already n PrEP, 60% want to be

#### What are the (extra) issues in Europe?

- Cost/affordability
- Arguments from equity: will PrEP take resources away?
- Fear of PrEP being a 'preferable' alternative of those who do not have our interests at heart – 'medicalisation'
- East-versus-west
- Homophobia
- Health systems based on solidarity rather than liberty
- 'We all have to agree to this'
- Internalised homophobia in gay men: responsible gay men versus Truvada whores
- Alternatives: informal PrEP, PEP-as-PrEP, online generics



# Europe

- Strong community engagement in both Ipergay and PROUD
- Activists' meeting at Melbourne







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NHS to offer tablet which can reduce HIV risk by 90%



CLINICS AND SUPPORT



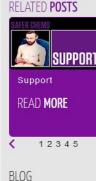
By James Gallagher

Health editor. BBC News website



LIVING WITH HIV

Make PrEP available for those who need it



> Safer Chems campaign launches > Why we created the Safer Chems campaign

the gay men's health charity

ABOUT US

FS MAG

#### Nous Sommes PrEP, PrEP in Europe, ACT-UP London, THT





### Film – and Individual testimonies









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#### LATEST NEWS

#### So Why Are So Many Gay Men Opposed To PrEP?

So why are so many gay men adamantly opposed to PrEP, the daily dose of the anti-retroviral drug Truvada, which is at least 90% effective at protecting against HIV? Indeed, according to a recent iPrEx open-label extension (iPrEx OLE), to date the largest demonstration project of HIV Pre-Exposure Prophylaxis, daily taking of Truvada could be as much as 99% effective.

by Greg Mitchell | 16th August 2014





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lowever, with the advances in HIV treatment, I'll admit my adheren was just what they call 'dipping': when you put it in for a few minut there were other occasions when I wouldn't use a condom at all. Th assessment', and I would decide to take the risk.



his experience of being on PrEP, the controversial ne

'm Greg Mitchell and I'm a Truvadawhore. I take one called PrEP (Pre-Exposure Prophylaxis), However, so bad person: irresponsible, a slut, a whore.

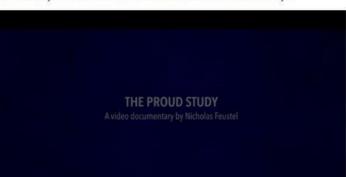
I'm a product of the pre-AIDS generation. I remeworst of the AIDS epidemic and I'm still HIV neg and a lot of luck. Statistically I should be a stat

Back in the 80s the fear of AIDS stopped me! again. I used condoms and I hated them. Sex JUST by her



Prep in Europe via European AIDS Treatment Group July 3 at 10:57am - @

Nicholas Feustel's documentary on the PROUD study is now out. Let us know what you think. What are the chances for PrEP currently?





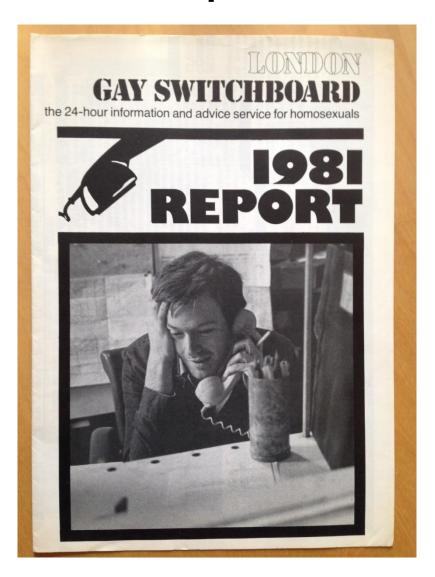
#### Why 'PrEP' (or what it enables) may be key

- It offers, for the first time, a biomedical resource for HIV-negative people
- It's something you can offer other than condoms or 'come back in six months'
- It catches people before they get HIV, often at the peak of their vulnerability

   and ability to learn and change
- It may be extensible to other populations but maybe differently, eg injectable PrEP or devices for young women where privacy/stigma issues make oral PrEP impossible
- It is the holy grail of HIV treatment/prevention: it will only work if demanddriven and so of its nature will inject motivation into HIV-affected communities
- It's also a holy grail because it 'goes where the pleasure does' cf needle exchange in PUDs where it works because it's a better hit
- It may (in combination with 'undetectable=uninfectious') reduce HIV stigma
- It would have worked for me!



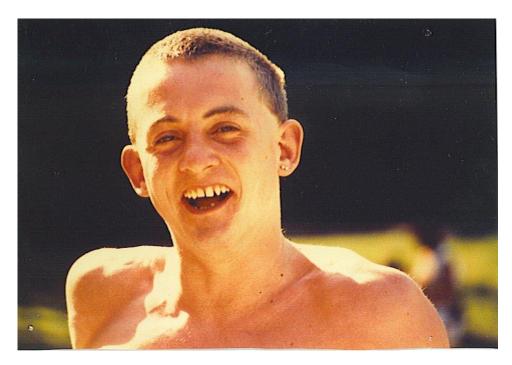
## A personal note: 1981

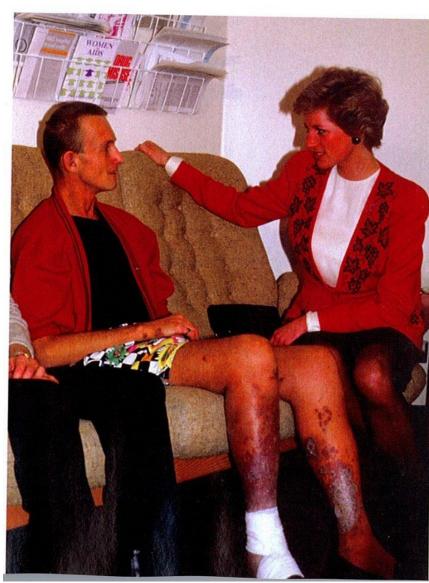


- New to London gay scene 1977
- Syphilis ? 1978
- Diagnosed 1985
- Probable seroconversion illness
   1984
- If PrEP had been available in 1978 I might not have got HIV



### For Paul





#### Thanks to...

- Sheena McCormack
- Jean-Michel Molina
- Bob Grant
- Jared Baeten
- Damon Jacobs
- Brandyn River Gallagher
- Valentina Cambiano
- Noel Gill
- Nicholas Feustel
- Ben Collins
- ACT-UP London
- Henning and EATG