HIV/AIDS Programme

WHO CONSULTATION

THE STRATEGIC USE OF ANTIRETROVIRALS FOR TREATMENT AND PREVENTION OF HIV INFECTION: 2ND EXPERT PANEL MEETING

Meeting Report

2–4 MAY 2012 GENEVA

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WHO/HIV/2013.1

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The report was edited by Bandana Malhotra.

Layout L'IV Com Sàrl, Villars-sous-Yens, Switzerland.

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ACKNOWLEDGEMENTS

The contents of this report reflect the dedicated efforts of many experts who contributed their time and expertise before and during the meeting.

WHO wishes to acknowledge the National Institute of Allergy and Infectious Diseases (NIAID), National Institutes of Health (NIH) for their financial support.

The co-chairs of the consultation were Wafaa El-Sadr, International Center for AIDS Care and Treatment Programs (ICAP), Columbia University, New York, USA and Anthony Harries, International Union Against Tuberculosis and Lung Disease (The Union), Winchester, United Kingdom.

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The draft meeting report was prepared by Nathan Ford (Médecins Sans Frontières), Cadi Irvine (World Health Organization), and finalized by Yves Souteyrand and Jos Perriens (World Health Organization).

Administrative and logistical support was provided by Hayet Souissi, Jasmin Leuterio (World Health Organization) and Claudia Bierwith (T.O.M Life Sciences).

EXECUTIVE SUMMARY

INTRODUCTION

Ambitious HIV targets have been set by the 2011 UNGASS report and the UNAIDS Three Zeros strategy to ensure universal access to treatment, halve the number of new infections, and substantially reduce stigma and discrimination by 2015. The global commitment to meet these targets requires renewed strategic and programmatic approaches. A number of important challenges need to be overcome. These include accelerating access to HIV testing and immediate linkage to care and treatment, and initiation of antiretroviral therapy (ART) earlier in the course of HIV disease to a larger number of persons living with HIV (PLHIV); improving long-term adherence to treatment and retention in care among those receiving treatment; and capitalizing on the potential broader preventive benefits of ART, both in terms of reduced incidence of HIV and a potential decrease in the incidence of tuberculosis (TB).

In May 2012, the World Health Organization (WHO) held a second expert consultation on the Strategic Use of Antiretrovirals for Treatment and Prevention of HIV/AIDS, following an initial consultation held in November 2011.[1] This consultation was attended by national programme managers, modellers, epidemiologists, economists, ethics and human rights experts, community representatives, and representatives from bilateral and multilateral funding organizations. This multidisciplinary group was brought together to reflect and consult, collectively and within working groups, on the challenges to planning, priority-setting and decision-making to realize the ambitious vision for the HIV response.

The overall aim of the consultation was threefold: first, to solicit guidance on how to best support the translation of clinical/technical recommendations into policy and practice at the national and local levels; second, to review parameters for priority-setting and decision-making when considering the implementation of new recommendations; third, to determine the best method of incorporating and integrating strategic and programmatic guidance into the 2013 WHO guidelines.

CURRENT PROCESS FOR MAKING STRATEGIC AND PROGRAMMATIC DECISIONS

Perspectives on how strategic and programmatic decisions are made currently were provided by three panels composed of representatives from governments, nongovernmental organizations, programme implementers, funders and organizations of PLHIV. Participants indicated that a range of factors are taken into account when deciding whether to adopt a certain recommendation. While evidence of clinical efficacy is often necessary to support the uptake of interventions, it may not be sufficient, as issues such as cost and cost effectiveness, the legal and regulatory environment, programme feasibility and convenience all play an important role. For this reason, it is important to involve a multiplicity of stakeholders, including the community, in articulating the rationale for the adoption

1 Meeting report at http://www.who.int/hiv/pub/meetingreports/consultation_20111116/en/index.html

of a recommendation/intervention. Decision-making is often iterative and multi-layered, involving consultation with numerous technical groups and levels of government. Consequently, the consultative processes required in translating new WHO guidance or clinical evidence into policy change at the country level may take up to one to two years. Given the urgent need to leverage the clinical and preventive benefits of ART, participants noted the importance of finding ways to accelerate the process from WHO guidance development to national adaptation and actual implementation.

The availability of domestic and international funding for HIV treatment and prevention interventions are critical determinants of the adoption of new recommendations. The need for making an investment case was highlighted. For example, providing information that earlier initiation of ART could be cost-saving in the long term is important. Similarly, while long-term projections are critical, it is also important that investment cases support decision-making within political timeframes, which are shorter (e.g. five years). Panelists suggested that WHO guidance should encourage research and the evaluation of innovations that may help to inform the design or implementation of recommendations (e.g. Malawi's decision to implement Option B+ for prevention of mother-to-child transmission [PMTCT] of HIV).

CONCLUSIONS

- Parameters needed to prepare for and make decisions should be better defined.
- WHO can assist by providing methods and tools to support the process of decision-making regarding the adoption of recommendations/interventions.
- WHO guidance should include recommendations for research/innovations to inform implementation and advance knowledge.

MODELLING THE EPIDEMIOLOGICAL IMPACT, CLINICAL IMPACT AND COST EFFECTIVENESS OF EARLY INITIATION OF ART

The potential long-term impact of the latest WHO recommendations to initiate ART at a CD4+ count ≤350 cells/mm^3 has been assessed by a number of different models, all of which predicted a reduction in HIV incidence, some by as much as 50% by 2020. However, some of these models included optimistic assumptions such as high rates of testing and retesting, linkage to care, timely initiation of ART and

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