ETHICS OF ART FOR HIV PREVENTION AS A PUBLIC HEALTH INTERVENTION

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Questions about Ethics

1. What are the ethical implications of ART for HIV prevention as a public health intervention for the individual, community?

2. What are the conflicting values and the foreseeable consequences of these “new methods” when considering socio-cultural specificities?
Review of the Framework for Reflection

1. **Respect of the individual**: Autonomy, self-determination, confidentiality with informed consent, individual rights over collective interest

2. **Beneficence and non maleficence**: Optimal risk/benefit ratio

3. **Justice**: Equitable distribution of risks and protection of vulnerable persons
What are the possible interventions for the use of ARVs as public health prevention strategies?

1. **Primary prevention:** intensification of HIV testing and early uptake of ARV treatment

2. **Secondary prevention:**
   - Support for ARV adherence and follow-up to maintain the undetectability of HIV to minimize risks of sexual transmission
   - Good management of practices to prevent sexual transmission using ARVs
1. **Beneficence and non maleficence**: Aren’t the benefits of early ARV treatment higher than the risks incurred by prolonged treatment?

2. **Respect for the individual**: Autonomy: quality counseling, quality information, what level of respect for “opt out” or “opt in” consent

3. **Justice and equality**: Accessibility and sustainability of services, protection of vulnerable populations

   - Strengthening testing for vulnerable groups requires accessible and adapted counseling and testing services
Analyses from the Senegalese Experience

- Prevention of sexual transmission of HIV for individuals on long-term ART
  - ISAARV: patients on ART since 1998

- Accessibility and acceptability of testing and treatment with ART for “vulnerable populations”
  - Increasing difficulties due to stigmatization of some vulnerable populations
Analyses from the experience: Accessibility of testing and of treatment with ART for “vulnerable populations”

- Interventions to fight AIDS in Senegal for MSM have promoted the visibility of these vulnerable populations
- Risk of increased stigmatization related to testing or ARV treatment: AIDS may be perceived as a sign of homosexuality
- Risk of reinforcing stigmatization of other vulnerable populations (sex workers)
- Gaps in perceptions between AIDS actors and communities about vulnerable populations and interventions
- Need to review strategies for vulnerable groups and to advocate for an enabling environment
Analysis from the experience: Prevention of sexual transmission of HIV for people on ART since 1998

- Emergence of needs focused on the effects of ARVs on fertility, sexuality, the desire to have children and marriage
Case Study

- Man, age 50, divorced, on ARVs for 9 years, in good health
- **Suffering:** doubt and suspicion in the family circle about sexual capacity
- **Unsuccessful search** for information on the impact of ARVs on HIV transmissibility
- Agrees to arranged marriage without sharing information
- Use of condoms at beginning of marriage but family pressure for a child
- **stop use condoms,** spouse pregnancy: spouse tests HIV negative
- **Dilemma,** suffering and leaving the matrimonial home
What one individual path reveals about the context

1. **Availability of effective treatments**: Renewed sexual desire and lowered perception of HIV transmissibility

2. **Returned desire** for normalization of behaviors related to sexuality in a social context where HIV is poorly perceived

3. **Perception of social risk** sometimes “higher” than the risk of transmission but suffering linked to risk-taking

4. **Dilemma** within associations for PLHIV torn between supporting members and fear of negative consequences

5. **Healthcare providers not equipped** to respond to expectations

6. **Lack of official communication from organizations in the fight against AIDS** on these important aspects (Swiss Declaration)
Ethical Issues Identified in this Case

- **Beneficence and non maleficence**
  - **HIV seen as less dramatic**, “alleviating the burden of being sero-positive”
  - **Hope** for sero-discordant couples wishing to have children

But

- **Lack of consensus on the strategy’s level of efficacy**: “does more good than bad,” “negligible risk” but not “zero risk.”
- **Risk of exposure for sexual partners**
- **Context of insufficient capacities in health structures to monitor viremia for sero-positive patients** whether on ARV treatment or not
- **Risk of relaxing prevention strategies**
Ethical Issues (2)

- Autonomy and respect for the individual
  - Individual’s autonomy and responsibility depends on their access to complete information

But:
  - Lack of in-depth and ongoing communication about these aspects in healthcare services and associations
  - Access to viral load must be ensured (technical issues, costs)
  - Difficulty for a person to know under what circumstances viral load is no longer undetectable
  - Temptation of caregivers to tell the partner the status
Conclusion (1)

- For the general population: Generalization of testing and early use of ARVs
  - may reduce incidence of HIV, improve success of ARV

Versus

- “Social risk” of being tested for sero-agnostics or being stigmatized as MSM, SW, DU
  - Preconditions: Need to ensure acceptability of advice and the accessibility and quality of follow-up in the healthcare system, conditions for high level of adherence
Use of ARVs as a prevention tool:
- HIV seen as less dramatic,
- opportunities for procreation,
- “ease” of prevention

Versus:
- Risk of non information for partners (particularly, but not exclusively, for women) and relaxing usual prevention strategies
- Preconditions: Need to inform and train actors in the healthcare system on these issues
  - Need to ensure the healthcare system’s capacity to test for treatment failure and to define guidelines for situations of uncertainty
the strategy’s efficacy depend on the healthcare system’s performance at three levels:

- **Capacity and accessibility of HIV-transmissibility surveillance**
- **Good level of information and compliance among caregivers**
- **Management of “extreme” situations**

- The use of ARVs in prevention strategies must be accompanied by “**ethical work,**” especially for caregivers and community

- Decisive political directions