

Treatment 2.0: catalysing the next phase of scale-up



Treatment 2.0 is an initiative coordinated by UNAIDS and WHO to provide leadership and technical guidance to catalyse the next phase of scale-up in HIV treatment.¹ Radical simplification, innovation in drug design and diagnostics, renewed commitment and resources, and adapted delivery systems will be crucial to reach universal and sustainable coverage of treatment for those in need. The Treatment 2.0 framework is guiding UNAIDS, WHO, and partners to scale up treatment over the next decade.

In 2003, WHO published *The public health approach to antiretroviral therapy: overcoming constraints*,² in which the organisation laid out a strategic rationale for the rapid scale-up of antiretroviral therapy (ART) in low-income and middle-income countries—the report paved the way for the 3 by 5 initiative of UNAIDS and WHO. Key elements of the public health approach include using standardised treatment protocols and simplified clinical monitoring, optimising the use of human resources, involving people living with HIV in programme design and implementation, and minimising costs. In 2006, all UN member states committed to the goal of universal access by 2010.³

Dedicated AIDS financing rose from US\$1.6 billion in 2001 to \$15.9 billion in 2009,⁴ with substantial increases in domestic and international funding, in particular through the Global Fund to Fight AIDS, Tuberculosis and Malaria, the US President's Emergency Plan for AIDS Relief, and other bilateral programmes and private-sector contributions. Preliminary data indicate that, by the end of 2010, more than 6 million adults and children were receiving ART, compared with only 30 000 in 2003.⁵ This achievement is a major one but, with coverage of less than half of those eligible, still far short of universal access.

WHO's guidelines about ART were first published in 2002, with revisions in 2003, 2006, and 2010.^{5,6} The 2010 guidelines reflect the evidence that earlier starting of ART (≤ 350 CD4 cells per μL) is cost effective, improves health outcomes, and reduces HIV and tuberculosis transmission.⁷⁻⁹ The enormous potential of ART to both save lives and prevent new infections underscores the urgency of achieving universal access.

The world faces a \$10 billion annual shortfall in financing for AIDS in a context of global economic constraints and competing demands.^{4,10,11} Access to HIV

and non-HIV health services in many poor countries is limited by fragile health systems and often fragmented health services. 10 million people who are eligible do not have access to ART, with structural barriers, such as discriminatory laws and outdated drug control policies, exacerbating inequities in access.¹⁰

Treatment 2.0 is designed to maximise the efficiency and effectiveness of HIV treatment through focus on five priorities: optimising drug regimens, advancing point-of-care and other simplified platforms for diagnosis and monitoring, reducing costs, adapting delivery systems, and mobilising communities.

In the short term, there are many avenues being pursued to optimise currently available drugs and regimens, including studies aimed at dose reduction, simplified process chemistry, and one-pill-per-day formulations. Efforts are underway to standardise simplified platforms for diagnosis and treatment monitoring with available technologies. Reduced costs can be achieved through commodity price reductions, use of market and trade flexibilities, and efficiency gains across HIV programmes. Best practice in decentralisation and integration of service delivery is being documented and promoted, and communities are mobilising to create demand, to participate in the design, management, and delivery of services, and to promote and protect human rights.

In the medium term, efforts will focus on re-invigorating the research pipeline to develop new drug

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regimens, matched against target product profiles that maximise potency, robustness, and barriers to resistance, minimise toxicities and drug interactions, and emphasise simple formulations. Similarly, target profiles will be advanced to research and develop new technologies for point-of-care and other simplified diagnostic platforms.

The non-drug costs of treatment substantially outweigh the cost of the drugs themselves.¹² Guidance will be developed to improve patients' care while achieving efficiency gains through adapting service delivery. The focus will be on optimising service delivery approaches that are family-centred, that are available at the periphery of the health-care system, that integrate HIV prevention, diagnosis, and treatment, and (depending on local specificities) other areas of health care, such as tuberculosis, viral hepatitis, maternal and child health, sexual and reproductive health, harm reduction, and primary care.

A group of technical, civil society, research, and funding partners met on Feb 7, 2011, in Geneva, Switzerland and laid the groundwork for a well-coordinated and accountable operational plan to achieve the goals of Treatment 2.0. The details of this plan will be published in June, 2011, in advance of the 6th IAS Conference on HIV Pathogenesis, Treatment and Prevention.

The ongoing commitment of all stakeholders is crucial. Good-quality improvements that maximise efficiency, ensure effective outcomes for HIV and broader health, and strengthen overall health and community systems are essential to achieve sustained and universal access.

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