Treatment 2015 Initiative: what is the place for TB/HIV?

Washington DC, 11-12 February 2014

UNAIDS
Treatment focus is strategic

15 MILLION ACCESSING TREATMENT

- Reduce sexual transmission
- Prevent HIV among drug users
- Eliminate new HIV infections among children
- Avoid TB deaths
- Close the resource gap
- Eliminate gender inequalities
- Eliminate stigma and discrimination
- Eliminate travel restrictions
- Strengthen HIV integration
Treatment 2015
Abuja African Union launch
What will it take to scale up treatment?

- ✅ Speed
- ✅ Focus
- ✅ Innovation
By mid 2013 nearly 11 million people were on antiretroviral therapy.
Global antiretroviral coverage, 2012 (WHO 2013 guidelines)

Total eligible: 28,287,000

- Eligible and receiving treatment: 9,724,000 (34%*)
- Eligible but not receiving treatment: 18,563,000 (66%)

*2012 ART/WHO 2013 guidelines estimate for 2013
Children have inequitable access to treatment—two out of three do not have access.
Applying WHO 2013 treatment guidelines: the access gap widens

- **South Africa**: 5.292.751
  - On treatment: 2.150.881
- **Brazil**: na
  - On treatment: 313.175
- **United Republic of Tanzania**: 1.287.727
  - On treatment: 432.293
- **Zambia**: 976.099
  - On treatment: 480.925
- **Zimbabwe**: 1.132.550
  - On treatment: 565.675
- **Kenya**: 1.321.147
  - On treatment: 604.027
- **Uganda**: 1.354.774
  - On treatment: 438.542
- **India**: 1.923.044
  - On treatment: 604.987
- **Nigeria**: 2.972.022
  - On treatment: 491.021
- **Mozambique**: 725.827
  - On treatment: 309.851
- **Democratic Republic of the Congo**: 489.804
  - On treatment: 64.219

- **Number of people on ARV, 2012**
- **Number of people eligible for ARV in 2013, 2013 WHO guidelines**

UNAIDS logo
Scale-up: Nigeria

Source: UNAIDS Situation Room Jan 2014
Treatment as prevention- changing the AIDS landscape

Incidence falls by 1.1% [0.8%-1.4%] for each 1% increase in HIV treatment coverage

ART coverage of all people living with HIV 2004-2011, Kwazulu Natal, South Africa

Source: Tanser Science 2013; Williams 2013
What can we achieve

Projected annual AIDS-related deaths, assuming scale up to 95% coverage by 2020
Rethinking HIV testing to increase access to HIV prevention and treatment

Percentage of adolescent girls and boys aged 15-19 and young women and men aged 20-24 who have ever been tested for HIV and received results, in selected sub-Saharan African countries

Nota: Countries were selected on the basis of data availability.

Source: UNICEF global databases, 2013, based on Demographic and Health Surveys (DHS), Multiple Indicator Cluster Surveys (MICS) and other national surveys, 2006-2012.
Selected *Treatment 2015* HIV/TB Activities

- **Convene:** Bring together key stakeholders

- **Resource mobilization:** Advocate with Global Fund and PEPFAR for expansion based on strong community systems

- **Policy:** Identify favourable policies and policies that need change and push for the necessary changes.

- **M&E:** Monitor progress and impact
UNAIDS convening role

- BRICS HIV and TB Meeting
- Treatment Community Meeting(s)
- Treatment Advisory Committee meeting(s)
- Vancouver TasP Meeting (SAC and Day 1)
- Union human rights and HIV/TB session
- UNAIDS-CARITAS FBO Rome Meeting
- UNAIDS-CDC Ukraine IDU Treatment meeting
- Global Fund Single Concept note meeting in South Africa
- Melbourne *Treatment 2015* satellite meeting
UNAIDS resource mobilization

- Secretariat for the UBRAF process that garners and manages HIV/TB and Treatment resources for UNAIDS and co-sponsors
- Collaboration with Global Fund and PEPFAR
  - Single GF concept note
  - Contributions to political and prioritization discussions
- Estimations, projections and investment cases
- High level global advocacy around treatment and TB mortality target
Policy vs. Funding Conundrum
Early ART for asymptomatic people living with HIV

Source: published policy
## ART initiation for asymptomatic people (published policy)

<table>
<thead>
<tr>
<th>ART initiation criteria</th>
<th>No. of Countries</th>
<th>People living with HIV (2012)</th>
<th>Countries</th>
</tr>
</thead>
<tbody>
<tr>
<td>Irrespective of CD4 count</td>
<td>5</td>
<td></td>
<td>Australia, United States, France, Brazil, British Columbia (Canada), the Netherlands</td>
</tr>
<tr>
<td>≤500</td>
<td>10</td>
<td>2,900,000 (8%)</td>
<td>Algeria, Argentina*, Bolivia, Ecuador, Honduras, Madagascar, Spain, Tunisia, Uganda, Zambia</td>
</tr>
<tr>
<td>≤350 (consider for CD4 ≤ 500)</td>
<td>8</td>
<td>316,000 (1%)</td>
<td>Austria*, Germany*, Belize, Guinea, Guyana*, Italy*, Mexico, Uruguay, Europe</td>
</tr>
<tr>
<td>≤350</td>
<td>48</td>
<td>25,000,000 (72%)</td>
<td>Angola, Bangladesh, Benin, Botswana, Britain, Burkina Faso, Burundi, Cambodia, Canada, Chile, China, Democratic Republic of Congo, Djibouti, El Salvador, Ethiopia, Ghana, Guatemala, Haiti, India, Indonesia, Kazakhstan, Kenya, Lesotho, Malawi, Malaysia, Moldova, Morocco, Mozambique, Myanmar, Namibia, Nepal, Nicaragua, Niger, Nigeria, Panama, Papua New Guinea, Paraguay, Peru, Rwanda, Sierra Leone, South Africa, Swaziland, Switzerland, Tanzania, Thailand, Venezuela, Vietnam, Zimbabwe</td>
</tr>
<tr>
<td>≤250 (consider for CD4 ≤ 350)</td>
<td>1</td>
<td>146,000 (0.5%)</td>
<td>Columbia</td>
</tr>
<tr>
<td>≤200 (consider for CD4 ≤ 350)</td>
<td>5</td>
<td>240,000 (1%)</td>
<td>Afghanistan, Cape Verde, Cuba, Russia, Ukraine</td>
</tr>
<tr>
<td>≤200</td>
<td>11</td>
<td>1,300,000 (4%)</td>
<td>Bhutan, Cameroon, Comoros, Dominican Republic, Ivory Coast, Lao PDR, Liberia, Mauritania, Pakistan, Philippines, Senegal</td>
</tr>
</tbody>
</table>

* Argentina, Italy, Guyana, Austria and Germany recommend considering ART at CD4 ≥ 500 cells/mm³
ART initiation for asymptomatic people (published policy and reported)

Source: UNAIDS Situation Room Jan 2014
## Changes in ART policy following June 2013 WHO guidelines

<table>
<thead>
<tr>
<th>ART INITIATION CRITERIA</th>
<th>NO. OF COUNTRIES</th>
<th>COUNTRIES</th>
</tr>
</thead>
<tbody>
<tr>
<td>Irrespective of CD4 count</td>
<td>3</td>
<td>Australia, Brazil, France</td>
</tr>
<tr>
<td>&lt;500 CD4 count</td>
<td>5 (6)</td>
<td>Bolivia, Honduras, Madagascar, Uganda, Zambia, (Tunisia)</td>
</tr>
<tr>
<td>Reported move to &lt;500 CD4 count</td>
<td>12 (14)</td>
<td>Angola, Bangladesh, Belize, Ethiopia, Fiji, India, Morocco, Namibia, Rwanda, Thailand, Yemen, Zimbabwe, (Chad, Costa Rica)</td>
</tr>
<tr>
<td>Planning to move to &lt;500 CD4 count</td>
<td>20</td>
<td>Botswana, British Virgin Islands, Cambodia, Columbia, Comoros, El Salvador, Guyana, Kenya, Lesotho, Malawi, Mauritius, Mexico, Moldova, Mozambique, Nicaragua, Peru, Seychelles, South Sudan, Swaziland, Tanzania</td>
</tr>
</tbody>
</table>
## ART eligibility criteria for children <5 years

### WHO 2013 Guidelines: ART irrespective of CD4 count

<table>
<thead>
<tr>
<th>ART INITIATION CRITERIA</th>
<th>NUMBER</th>
<th>COUNTRIES</th>
</tr>
</thead>
<tbody>
<tr>
<td>Irrespective of CD4 count for children &lt;5</td>
<td>5</td>
<td>Honduras, Rwanda, South Africa, Uganda, Zambia</td>
</tr>
<tr>
<td>Irrespective of CD4 count for children &lt;2</td>
<td>24</td>
<td>Algeria, Argentina, Bangladesh, Benin, Botswana, Burundi, Cambodia, Democratic Republic of Congo, Ghana, Guyana, Kazakhstan, Kenya, Lesotho, Malawi, Morocco, Mozambique, Myanmar, Namibia, Nepal, Nigeria, Panama, Swaziland, Tanzania, Viet Nam</td>
</tr>
<tr>
<td>Irrespective of CD4 count for children &lt;1</td>
<td>11</td>
<td>Angola, Burkina Faso, Ethiopia, Guatemala, Madagascar, Mexico, Papua New Guinea, Thailand, Tunisia, Venezuela, Zimbabwe</td>
</tr>
<tr>
<td>Conditional (Children must satisfy clinical prerequisites)</td>
<td>20</td>
<td>Afghanistan, Bhutan, Cameroon, Cape Verde, Chile, Comoros, Djibouti, Dominican Republic, El Salvador, Guinea, Haiti, India, Ivory Coast, Lao PDR, Liberia, Malaysia, Mauritania, Peru, Sierra Leone, Ukraine</td>
</tr>
</tbody>
</table>

*Source: published policy*
ART eligibility criteria for children <5 years

WHO 2013 Guidelines: ART irrespective of CD4 count
ART initiation for people with HIV and TB (published policy)

2013 WHO Recommendation: Irrespective of CD4 count

<table>
<thead>
<tr>
<th>ART INITIATION CRITERIA</th>
<th>NO. OF COUNTRIES</th>
<th>COUNTRIES</th>
</tr>
</thead>
<tbody>
<tr>
<td>Irrespective of CD4 count</td>
<td>50</td>
<td>Argentina, Algeria, Australia, Bangladesh, Belize, Benin, Bolivia, Botswana, Brazil, Britain, Burundi, Cambodia, Chile, China, Democratic Republic of Congo, Ecuador, France, Ghana, Haiti, Honduras, India, Indonesia, Italy, Kenya, Lesotho, Madagascar, Malawi, Mexico, Morocco, Mozambique, Namibia, Nepal, Netherlands, Nigeria, Panama, Peru, Rwanda, South Africa, Spain, Swaziland, Switzerland, Tanzania, Tunisia, Uganda, United States, Ukraine, Uruguay, Venezuela, Zambia, Zimbabwe</td>
</tr>
<tr>
<td>≤500</td>
<td>1</td>
<td>Myanmar*</td>
</tr>
<tr>
<td>≤350</td>
<td>19</td>
<td>Angola, Afghanistan, Bhutan, Burkina Faso, Cameroon, Cuba, Djibouti, Ethiopia, Guyana, Lao PDR, Liberia, Malaysia**, Pakistan, Papua New Guinea, Paraguay, Philippines, Sierra Leone, Thailand, Viet Nam</td>
</tr>
<tr>
<td>≤200</td>
<td>1</td>
<td>Comoros</td>
</tr>
<tr>
<td>No mention</td>
<td>17</td>
<td>Austria, Canada, Cape Verde, Columbia, Cote d’Ivoire, Germany, Guinea, Dominican Republic, El Salvador, Guatemala, Kazakhstan, Mauritania, Moldova, Nicaragua, Niger, Russia, Senegal</td>
</tr>
</tbody>
</table>

*ART is recommended irrespective of CD4 count for extrapulmonary and disseminated TB patients or MDR TB

** ART is recommended at CD4 > 350 cells/mm³ if other WHO stage III or IV illnesses are present
UNAIDS and WHO counseling and testing policy: feasible and works in a wide variety of settings
M and E: innovation

- End HIV/TB framing is critical and mirrors end of AIDS
  - TB patient newly diagnosed with HIV is public health failure
  - TB patient that is diagnosed with HIV off ART is a public health failure
  - Early HIV diagnosis and ART is key to avoiding HIV and TB illness, death and transmission
- UNAIDS new treatment coverage denominator
- UNAIDS TB associated death estimations by country
- Improve information around HIV testing
- UNAIDS Situation Room Beta–HQ, regional and country level
  - Treatment and projections
  - Stock out crowd sourcing
  - HIV/TB tab
  - Projections including HIV/TB deaths
UNAIDS situation room: ART coverage
UNAIDS Situation Room: HIV/TB testing
UNAIDS Situation Room: stock out
Thank you

https://www.dropbox.com/s/6qrhbaqkowapbqe/GLOBAL%20GUIDELINES%20DATABASE.pdf

Views expressed in this presentation are those of the author and do not necessarily represent the views of the Joint United Nations Programme on HIV/AIDS (UNAIDS).
Countries with studies on early ART (>350) and combination HIV prevention programs

Dark blue represents countries with more than 10,000 new HIV infections (age 15+) in 2011; red dots represent countries with research on early ART; yellow dots represent countries with combination prevention strategies.
ARV medicine prices around the world 2013

Source: WHO/GPRM; MSF/UTW; Country reports
Timeline on projects with early ART (>350) for general population, 2008-2017

- MaxART – TasP Implementation Study
- TasP Approaches in Shiselweni, Swaziland
- Early HIV Therapy in Patients With High CD4 Cell Counts (EARLI)
- HPTN 071 (PopART)
- Sustainable East Africa Research for Community Health
- START - Strategic Timing of Antiretroviral Treatment
- Impact of Immediate Versus WHO Recommendations Guided ART Initiation on HIV Incidence (ANRS 12249 TasP)
- Early ART and/or IPT against TB in HIV-infected adults

Public health is purchasable. Within a few natural and important limitations any community can determine its own health.

--Hermann M. Biggs

(29 Sep 1859 - 28 Jun 1923)
New York City's Public Health Officer and public health pioneer
Country context for treatment access varies
Making it happen

✓ **Convene:** Bring together key stakeholders active at the community level

✓ **Policy:** Identify favourable policies and policies that need change and push for the necessary changes.

✓ **Resource mobilization:** Advocate with Global Fund and PEPFAR for expansion based on strong community systems

✓ **M&E:** Monitor progress and impact

✓ **Ensure linkages:** between health and community systems
Percentage of notified tuberculosis patients tested for HIV, by region, 2012

- **Western and Central Europe and North America**: 61%
- **Caribbean**: 77%
- **Latin America**: 52%
- **Sub-Saharan Africa**: 75%
- **Eastern Europe and Central Asia**: 65%
- **East Asia**: 31%
- **South and South-East Asia**: 36%
- **Middle East and North Africa**: 26%
- **Oceania**: 21%

*Median value of Western and Central Europe (43%) and North America (79%)

Source: UNAIDS Global report 2013
ART eligibility criteria: After July, 2013

- <500
- <350
- <250
- <200
- Not available
Abbreviated HIV treatment cascade for sub-Saharan Africa, 2012

Notes: No systematic data are available for the proportion of people living with HIV who are linked to care, although this is a vital step to ensuring viral suppression in the community.

Countries that scaled up treatment faster, have reduced incidence more significantly over the past decade.
UNAIDS ART Database

- Available from: https://www.dropbox.com/s/6qrhbaqkowapbqe/GLOBAL%20GUIDELINES%20DATABASE.pdf