WHO Global HIV Health Sector Strategy (GHSS)

Treatment 2.0: Accelerating the 2nd Phase of Treatment Scale-Up

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- Reaffirms **global goals/targets**, defines health sector role within a multisectoral response: **aligned with UNAIDS Strategy**

- **Embeds HIV in the broader global health & development agenda**; programmatic linkages, improved overall health outcomes

- Builds on progress/evidence; **addresses current gaps** in the use of high-impact, evidence-based interventions, tailored to national epidemics

- Drives **innovation** towards high-quality interventions (e.g., combination prevention, new drugs and diagnostics)
GHSS Strategic Directions

- **SD1**: Optimize HIV prevention, diagnosis, treatment, and care outcomes
- **SD2**: Leverage broader health outcomes through HIV responses
- **SD3**: Build strong and sustainable systems
- **SD4**: Reduce vulnerability and address structural barriers to accessing services
Cross-cutting collaborative initiative addressing core elements of all 4 Strategic Directions:

- Catalyse Next Phase of Treatment, Care and Support (SD1)
- Integrate Services for Key Populations (SD1)
- Strengthen link between HIV programme & other health programmes (SD2)
- Strengthen building blocks of health systems (SD3)
- Promote gender equality and advance human rights, health equity (SD4)
How do we sustain the pace of ART scale-up? And… prepare for wider use of ARVs (for prevention)

More than six million on ART by end 2010
Current gap: about 10 million
Target: at least 13 million by end 2015
What is needed to meet the challenge of scale up?

- Radical simplification (Tx algorithm, drugs, services)
- Innovation (in drug design, diagnostics, delivery)
- Efficiency gains
- Effectiveness and Impact
- Equity and Affordability (at individual and system level)
- Leadership, willingness and resources to invest
What is Treatment 2.0?

- UNAIDS and WHO's Global Initiative to achieve and sustain universal access to ART and maximize its preventive benefits

Five Priority Work Streams

1. Optimize drug regimens
2. Provide access to point of care and other simplified diagnostics.
3. Reduce costs
4. Adapt delivery systems
5. Mobilize communities, protect human rights

TREATMENT 2.0

- Optimize drug regimens
- POC and other simplified monitoring
- Mobilize communities
- Adapt delivery systems
- Reduce costs
What are the goals of drug optimization?

- Work towards harmonizing drug regimens for children and adults (including pregnant women)

- Work towards a "target product profile":
  - One pill per day fixed dose combination
  - Minimal toxicities
  - Potent
  - High barrier to drug resistance
  - Minimal drug interactions (e.g. with TB medications)

- Short term: Improve currently available drugs and drug regimens

- Long-term: Stimulate the research pipeline towards development of drugs meeting target product profile
ART Optimization Strategies

- Improve API route synthesis
- Dose reduction
- Substitution of drug components
- Improve drug bioavailability
- Use of extended release formulations
- Co-formulation (FDC or co-blister pack and pediatric formulation)

- Reduce pill burden/pill size
- Reduce toxicity
- Minimize drug-drug interactions
- Minimize laboratory monitoring needs
- Safe to use in adults, adolescents, children and pregnant women

- Improved adherence & clinical outcomes (maximize time on effective 1st line therapy)
- Improved convenience (patient and programme levels)
- Reduced costs (direct and indirect)

Use of new strategies (e.g.: induction-maintenance)
Why Point of Care (POC) and Other Simplified Diagnostics?

Goal: enable decentralized, community-centered service delivery

- Some tests and platforms are currently available (e.g. GeneXpert for MDR TB diagnosis, PIMA CD4, SAMBA EID), but not yet affordable
- Several promising candidates (CD4, VL) in development pipeline
- Broad partnerships can work together to set normative standards, create a market, drive down costs to improve access (e.g., UNITAID and CHAI)
Where can we reduce costs?

Goal: high-quality HIV care and treatment at the lowest possible cost to all in need

Commodity costs

- Generic drugs (mostly 1st line): Active Pharmaceutical Ingredients (APIs) – competitive sourcing

- 2nd and 3rd line (mostly) patented drugs: Shape market dynamics - improve price and manufacturing competition, increase use of TRIPS flexibilities, forecast market demands, tiered drug pricing

- Procurement: pooled procurement / bulk purchases

Non-commodity costs:

- Frontline service delivery: community systems, simplified monitoring, task shifting/sharing, greater use of lay workers & community-centred services

- Hospitalization, absenteeism and out-of-pocket expenses: early treatment and decentralized, integrated service delivery

- Treatment/health care costs: reductions in TB/HIV transmission
How can service delivery systems be adapted to achieve continued scale-up?

- Improve uptake of HIV testing and counselling modalities in diversity of settings
- Task-shifting for service delivery and decentralization (primary health centres and community systems)
- Shift away from stand-alone ART services (integrate with ANC/MCH, TB, primary care, drug dependency, other services including NCD)
- Strengthen and integrate procurement and supply systems
- Expand care and support services/improve retention and adherence, reduce LTFU
Mobilizing communities

Demand

- Treatment literacy, raising awareness, and engaging key populations
- Community-based testing, counseling and referral
- Advocate for and protect human rights of people living with HIV and key populations (e.g., IDU, MSM, SW, migrants, prisoners…)

Supply

- Involvement in design, delivery and monitoring of care and treatment programmes (routine services)
- Design and delivery of enabling/support services: food and nutrition support, harm reduction, prison outreach, humanitarian emergencies

Resources

- As an essential layer of the service delivery system – need to be adequately supported
Treatment 2.0: WHO priorities

- From evidence to timely normative guidance (e.g., treatment eligibility, drug dosing and regimen, ARV as prevention, simplified diagnostics, integrated service delivery) – through expert consultations to global consensus

- Communicate to partners/stakeholders priorities for optimization of currently available drugs and drug regimens, optimal package of currently available diagnostic technologies and R&D priorities for future products

- Expand strategic information towards market transparency and demand forecasting;

- Accelerate and expand Prequalification (drugs, diagnostics, vaccines)

- Technical support to countries: e.g., guideline adaptation, use of TRIPS flexibilities, programme linkages (e.g, TB, MCH), service delivery options

- Monitoring and reporting progress towards targets
Treatment 2.0: What can countries do?

- Expand access to HIV testing, counselling services
- Set policies to optimize Tx and care programs including simplified diagnostics for adults/paeds
- Ensure equitable access to key populations
- Shape domestic market dynamics, increase competition and use mechanisms to secure low prices (e.g., TRIPS, pooled procurement)
- Adapt health services to enhance efficiency and reach (community systems, community-based services)
- Optimize use of information to improve programmes (including drug resistance, pharmaco-vigilance…)

World Health Organization
In conclusion....

- Treatment 2.0 is a global platform for coordinated action towards UA
- Short, medium, and longer-term action over 10 year period
- Principles are being used and adapted by countries for local context