

HIV PREVENTION IN THE ERA OF EXPANDED TREATMENT ACCESS

A REPORT BY THE GLOBAL HIV PREVENTION WORKING GROUP

SUMMARY OF FINDINGS AND RECOMMENDATIONS

A New Era in the Fight Against AIDS

Access to HIV treatment and care in developing countries is at last becoming a global priority. Greater availability of antiretroviral therapy (ART) and other HIV treatments is a humanitarian imperative that could prolong the lives of millions, restore economic productivity, and stabilize societies in some of the world's hardest-hit regions.

But long-term success against HIV/AIDS requires simultaneous expansion of both ART and HIV prevention. Unless the incidence of HIV is sharply reduced, HIV treatment will not be able to keep pace with all those who will need therapy. For example, while WHO and UNAIDS have established the goal of having 3 million people on ART by 2005, 5 million new infections occur every year.

HIV Prevention in the Era of Expanded Treatment Access, a new report by the Global HIV Prevention Working Group, is the first major effort to examine global HIV prevention needs in an age of growing access to antiretroviral therapy. The report makes detailed recommendations on how to effectively integrate HIV prevention into expanding treatment programs, and discusses new approaches to HIV prevention that will be required as treatment access expands — including programs that take into account the different needs of people who are HIV-positive and HIV-negative.

Globally, fewer than 1 in 5 people at high risk of infection have access to proven HIV prevention interventions, and even fewer — 7% — have access to ART. If existing prevention interventions were brought to scale, a research team led by UNAIDS and WHO estimates that nearly two-thirds of the 45 million new infections projected to occur between 2002 and 2010 could be averted.

New HIV Prevention Opportunities with Expanded Treatment Access

As access to antiretroviral therapy expands in the developing world, millions of people will be drawn into health care settings, where HIV prevention counseling, condoms, and other interventions can be delivered. Increased availability of HIV treatment is also likely to result in increased HIV testing rates, reduced stigma, and possibly reduced infectivity for those on ART.

Because increased HIV testing rates will result in a growing number of people who know their HIV status, HIV prevention strategies can also become more effective by targeting approaches based on the different needs of people who are HIV-positive and HIV-negative.

OPPORTUNITIES FOR HIV PREVENTION IN THE HEALTH CARE SYSTEM

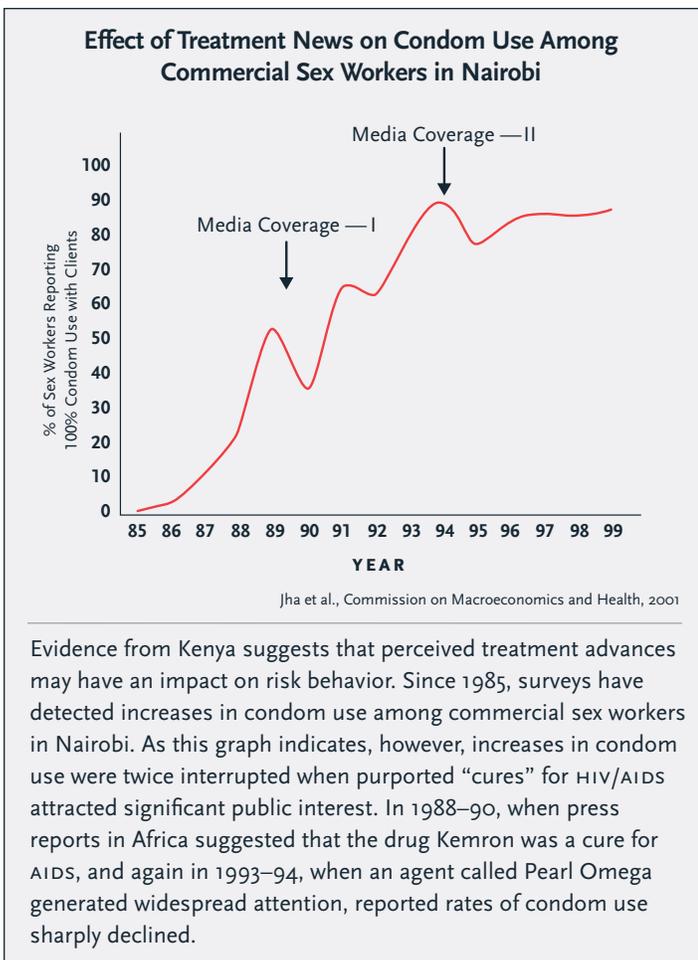
Health Care Settings	HIV Treatment Settings	Other Settings
STD treatment clinics	ART delivery sites	Voluntary counseling and testing sites
Reproductive and family planning clinics	Treatment education initiatives	PLWHA support programs
TB clinics	Treatment adherence programs	
Substance abuse clinics		
Prevention of mother-to-child transmission centers		
Prenatal settings		

HIV prevention should be integrated into each step in the health care process — especially in settings that serve people who are at higher risk for HIV infection. Each site should offer prevention counseling, voluntary HIV testing, and appropriate prevention tools such as condoms. HIV-positive people should be referred to treatment, where prevention counseling specifically designed for HIV-positive people should be delivered, and HIV-negative people should continue to receive prevention support and education both within and outside of the health care system.

New Challenges: Potential for Increased Risk Behavior

Greater ART access will also present new challenges for HIV prevention programs. Experience in industrialized countries suggests that HIV treatment access — if not accompanied by a parallel HIV prevention strategy — can alter people's perception of the risk associated with HIV, and can lead to increases in risk behavior and new infections. In addition, because ART can significantly improve the health and longevity of people living with HIV, the number of opportunities for HIV transmission to occur could increase.

Unless treatment access is paired with aggressive prevention strategies both within clinical settings and elsewhere, the result could be a net growth of the epidemic over time.



Evidence from Kenya suggests that perceived treatment advances may have an impact on risk behavior. Since 1985, surveys have detected increases in condom use among commercial sex workers in Nairobi. As this graph indicates, however, increases in condom use were twice interrupted when purported “cures” for HIV/AIDS attracted significant public interest. In 1988–90, when press reports in Africa suggested that the drug Kemron was a cure for AIDS, and again in 1993–94, when an agent called Pearl Omega generated widespread attention, reported rates of condom use sharply declined.

About the Working Group The Global HIV Prevention Working Group is a panel of nearly 50 leading public health experts, clinicians, biomedical and behavioral researchers, and people affected by HIV/AIDS, convened by the Bill & Melinda Gates Foundation and the Henry J. Kaiser Family Foundation. The Working Group seeks to inform global policy-making, program planning, and donor decisions on HIV prevention, and to advocate for a comprehensive response to HIV/AIDS that integrates prevention and care. In July 2002, the Working Group issued its first report, *Global Mobilization for HIV Prevention: A Blueprint for Action*. In May 2003 it released *Access to HIV Prevention: Closing the Gap*. Both are available at www.gatesfoundation.org and www.kaisernetwork.org.

RECOMMENDATIONS

To take full advantage of the prevention opportunities presented by greater ART access and to address important new challenges to HIV prevention, the Working Group urges donor nations, developing world governments, international agencies, and non-governmental organizations to implement the following recommendations:

1. Integrate HIV Prevention and Treatment

- ▶ **Provide HIV Prevention in Health Care Settings:** All health care settings, including HIV treatment sites, should deliver HIV prevention services. Training of health care workers in ART programs should include training in delivery of HIV prevention interventions.
- ▶ **Expand Access to HIV Testing:** Testing programs should be significantly expanded and aggressively promoted. Where treatment access exists, HIV testing and counseling should be universally offered in all health care settings. HIV testing should in all cases remain voluntary.
- ▶ **Promote ART in Prevention Services:** Prevention programs should promote HIV testing, educate communities about HIV treatments, and facilitate linkages to ART and other care.

2. Develop Prevention Strategies for HIV-Positive People

- ▶ **“Prevention for Positives”:** New prevention programs tailored to the needs of people living with HIV should be developed and implemented.
- ▶ **Involve People Living with HIV:** Donors and governments should provide financial support to organizations of people living with HIV.
- ▶ **Fight Stigma:** Enforceable laws must be in place to protect people with HIV from discrimination, and implement community-based initiatives to empower people with HIV.

3. Adapt Prevention for HIV-Negative People

- ▶ **New Messages:** New strategies must emphasize the continued importance of risk reduction and stress that ART is not a cure.
- ▶ **Monitoring Impact:** Surveillance systems should closely monitor the behavioral impact of ART.

4. Fund a Comprehensive Response

- ▶ **Simultaneous Scale-Up of Prevention and Treatment:** HIV/AIDS spending from all sources should increase from \$4.7 billion in 2003 to \$10.5 billion in 2005 and to \$15 billion in 2007, as recommended by UNAIDS.
- ▶ **Research:** Funding for research into a broad array of potential prevention technologies must increase. By 2007, annual research funding should roughly double to \$1 billion for HIV vaccines and to \$300 million for microbicides.