Controlling the HIV Epidemic With Antiretrovirals: Moving From Consensus to Implementation

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The second Controlling the HIV With Antiretrovirals evidence summit was held 22–24 September 2013, in London, England. This preface summarizes the summit’s background and key themes, and is an introduction to a series of articles written by select summit faculty and featured in this supplement. In many respects, the supplement can serve as a roadmap for how to move from general consensus around to wider scale implementation of a comprehensive menu of interventions to control the HIV epidemic.

Keywords. antiretroviral therapy; treatment as prevention; preexposure prophylaxis; HIV.

“This is a summit about humanity—a future free of HIV/AIDS should be made available to each man, woman, and child around the world.” —José M. Zuniga, Welcome Remarks, Controlling the HIV Epidemic With Antiretrovirals Summit, 23 September 2013

Antiretroviral therapy (ART) prevents human immunodeficiency virus (HIV)–related morbidity and mortality in HIV-infected individuals. Recent studies have demonstrated the beneficial effects of ART in the prevention of HIV transmission from infected individuals to partners, that is, treatment as prevention (TasP), as well as preexposure prophylaxis (PrEP) for high-risk uninfected persons [1–5]. In the past several years, the US Food and Drug Administration and European Medicines Agency approved the use of tenofovir–emtricitabine for PrEP, and the World Health Organization and other normative bodies have endorsed the inclusion of TasP as a justification for earlier ART initiation in HIV treatment guidelines.

The International Association of Providers of AIDS Care (IAPAC) represents more than 20 000 clinicians and allied health professionals in more than 100 countries who deliver both prevention and treatment services in multiple disease areas, including HIV, hepatitis, malaria, and tuberculosis. In September 2012, IAPAC, in partnership with the British HIV Association (BHIVA), hosted an evidence summit to review the data concerning and build consensus around the potential of antiretrovirals to control the global HIV epidemic. An international advisory committee was convened to identify key messages and recommendations, which included the following [6]:

With respect to TasP:

- The paradigm regarding the indications for ART initiation has shifted; treatment and prevention have converged.
- The evidence for TasP’s efficacy justifies its use in patients who wish to start ART early.
- Further research is needed to investigate the long-term impact and cost effectiveness of TasP; its feasibility, sustainability, and acceptability on local and national levels; and its role as one component of a comprehensive prevention strategy.
Successful TasP will require higher levels of HIV testing, enhanced linkage to and retention in care, increased access to quality treatment, and adherence support. Short-term costs will be outweighed by long-term savings (fewer HIV infections and less morbidity).

With regard to PrEP:

- The evidence for daily oral PrEP safety and efficacy generally supports its use in locally defined key populations.
- Individuals taking PrEP need access to ongoing safety monitoring, risk reduction counseling, and sexual health screening in order to optimize personal and public health benefits.
- PrEP is a biobehavioral intervention that requires support for adherence and other risk reduction strategies.

For both TasP and PrEP, the advisory committee noted numerous challenges to implementation, including financial and resource limitations, quality and appropriateness of available drugs, ethical and human rights issues, stigma, health system and workforce capacity, and possible increases in acquisition/transmission risk due to risk disinhibition and/or compensation.

Since then, the scientific foundation for TasP and PrEP has expanded to continue. However, with numerous implementation and operational studies still ongoing to investigate the optimal deployment of these strategies, there remains much to learn about how to best integrate TasP and PrEP into clinical practice. With the shared desire to understand the challenges of implementing these biomedical interventions, IAPAC, again in partnership with BHIVA and 2 additional partners—the Joint United Nations Programme on HIV/AIDS (UNAIDS) and Public Health England—hosted a second evidence summit, Controlling the HIV Epidemic With Antiretrovirals: Moving From Consensus to Implementation. The summit was held 22–24 September 2013 in London, England, and its goal was to provide a venue for the presentation of data related to and discussion about the real-world implementation of TasP and PrEP in a variety of clinical settings. More than 400 delegates from 32 countries attended the summit and contributed their experience and expertise toward a global discussion about how to harness the potential of biomedical interventions to end AIDS.

The summit afforded the opportunity for state-of-the-science reviews and interchange among clinical researchers, public health and governmental officials, pharmaceutical industry representatives, finance and ethics leaders, policymakers, and HIV community advocates. This supplement summarizes many of the key themes of the summit. Several of the authors review the state of the science regarding the use of antiretrovirals for prevention, whereas others delineate local experiences with implementation and some of the operational and bioethical challenges to ensuring equity of access to medication and necessary clinical services.

The findings discussed in this supplement provide context and lend support to broader efforts to accelerate ART scale-up in order to increase ART coverage around the world. Effectively implemented, tens of millions of lives can be improved and millions of new cases of HIV prevented. Doing so will require that we hold fast to the goals articulated in the UNAIDS 2015 strategic plan, including universal access to ART for those clinically eligible for treatment; halving the sexual transmission of HIV; elimination of new HIV infection among drug users; and elimination of vertical HIV transmission. But achieving these goals will require more than normative guidance or a set of recommendations posited by experts in their respective fields. Achieving these goals will require broad biomedical, social, political, and financial support; a well-informed, well-trained, and broad spectrum of healthcare providers who are able to deliver services to people with adequate to high levels of HIV and health literacy; and a global community willing to believe in and work toward an end to AIDS in our lifetime.

Notes

Authors’ Note. All presentations delivered at the 2012 and 2013 evidence summits are available for download at www.iapac.org.

Supplement sponsorship. This article is published as part of a supplement entitled “Controlling the HIV Epidemic With Antiretrovirals,” sponsored by the International Association of Providers of AIDS Care.

Potential conflicts of interest. All authors: No potential conflicts of interest.

All authors have submitted the ICMJE Form for Disclosure of Potential Conflicts of Interest. Conflicts that the editors consider relevant to the content of the manuscript have been disclosed.

References