



optimising care 2020

Optimising the care of people living with HIV: An update on management of comorbidities to improve patient health



Sponsored by Gilead Sciences

shm



AIDS IS (STILL) POLITICAL.....

optimising care 2020

Optimising the care of people living with HIV: An update on management of comorbidities to improve patient health

Sponsored by Gilead Sciences

Linda-Gail Bekker

Desmond Tutu HIV Centre | Desmond Tutu
Health Foundation





As you know, AIDS was political in the beginning.....



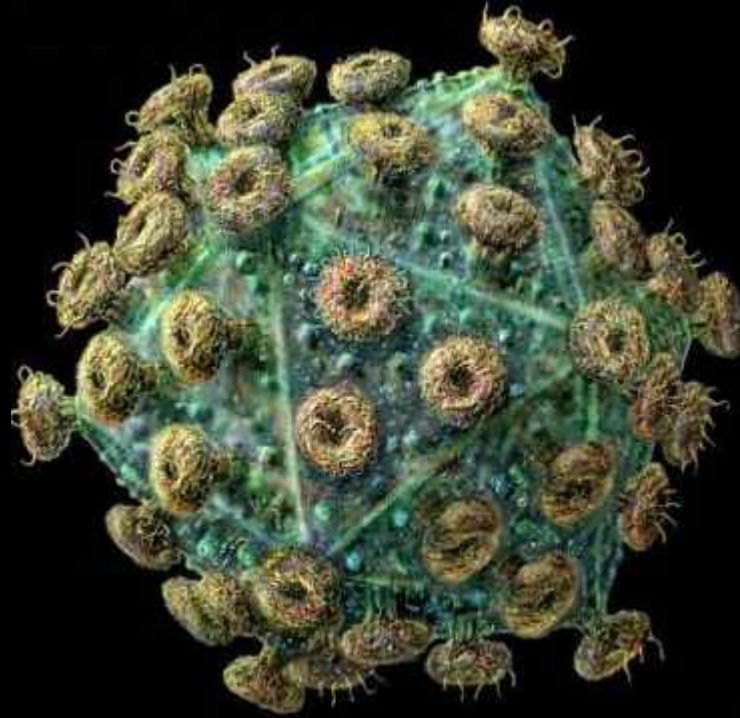


“The New Apartheid”Archbishop D Tutu

“We were different, and we were persecuted because of that. I saw the same sort of thing in the vulnerable populations that we dealt with, such as (*MSM, PWID, SW*), **who were on the edges of the community**”

David Cooper, 2015 radio interview, reflecting on his Jewish Heritage⁴

In the last 30 years.....



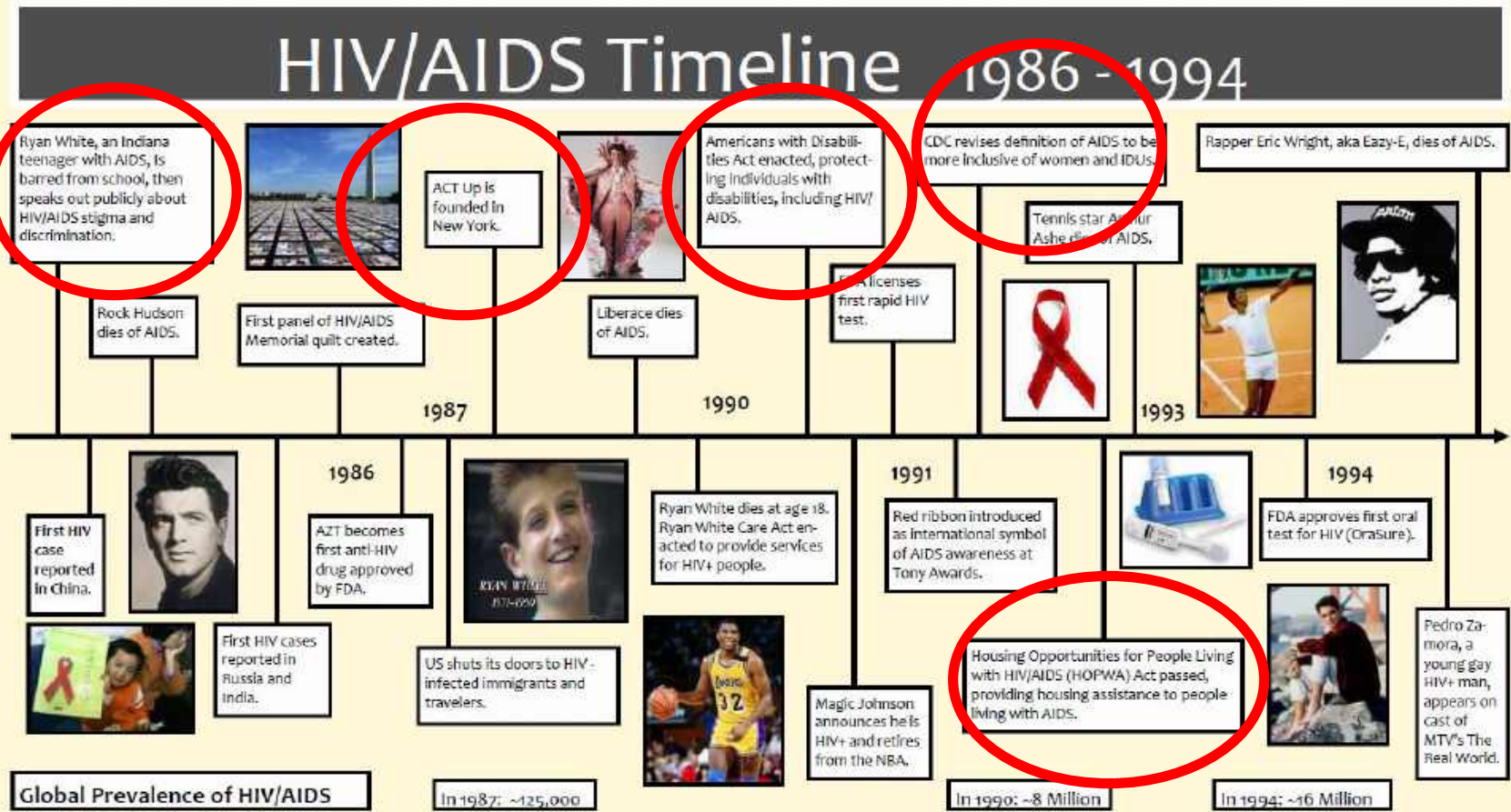
78 million infected, 39 million dead...

AIDS over 30 years.....

Exclusions

Activism

Inclusions



An Unprecedented Public Health Response

New Global Governance

Political Pressure

Travel bans lifted

New global Funding

HIV/AIDS Timeline 1995 - 2011



We've despaired

We've hoped

?



HIV: We HAVE come a long way....



Treatment with HIV medicines can **prevent HIV from developing into AIDS**

WHO announces first country eliminating mother to child transmission of HIV and syphilis



Swaziland: new infections halved in five years as HIV treatment scales up



Rapidly declining HIV infection in MSM in central London

ONE ARV PILL A DAY

Fixed Dose Combination ARV



3 ARV pills in 1.
Taken once a day.



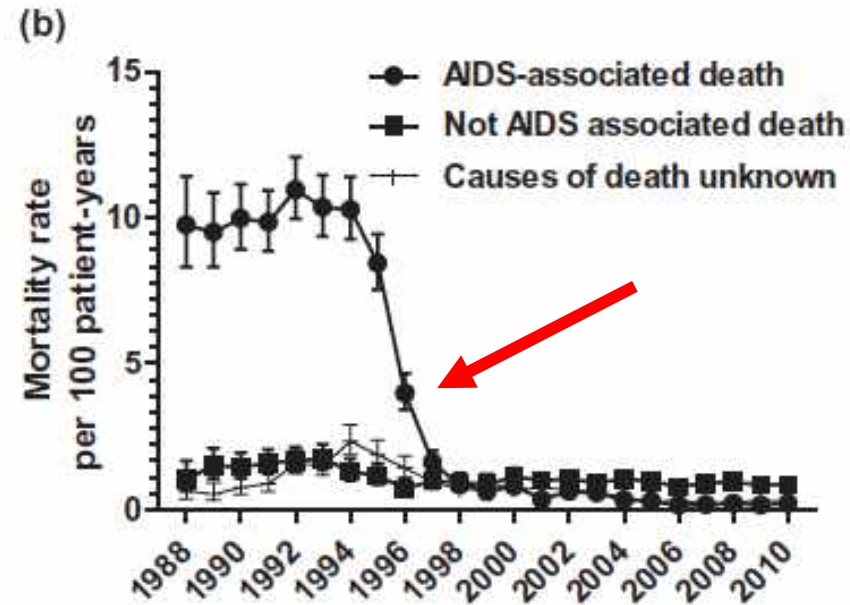
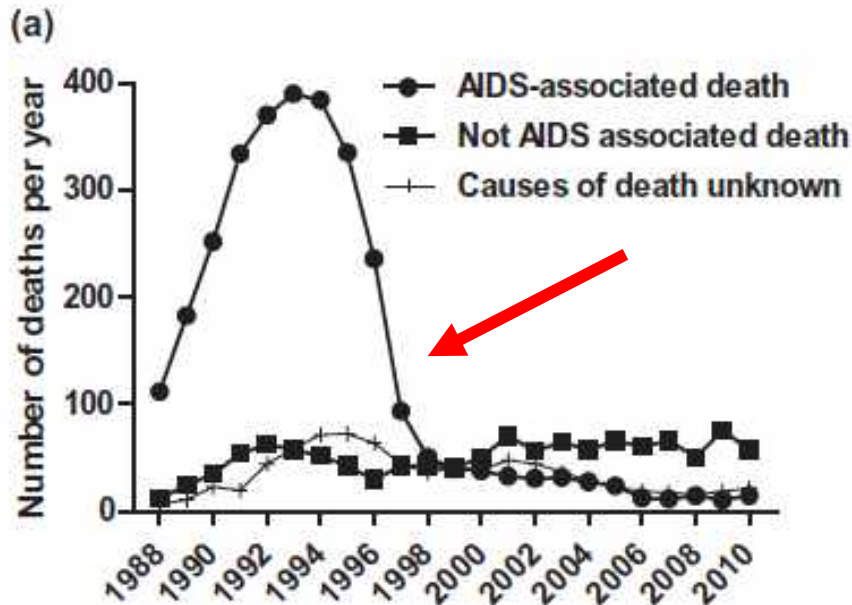
The Triumph of Treatment ...

"The story of HIV is a modern medical miracle. From despair and tragedy, we have moved into an era of chronic treatable illness, in just 30 years."



David Cooper

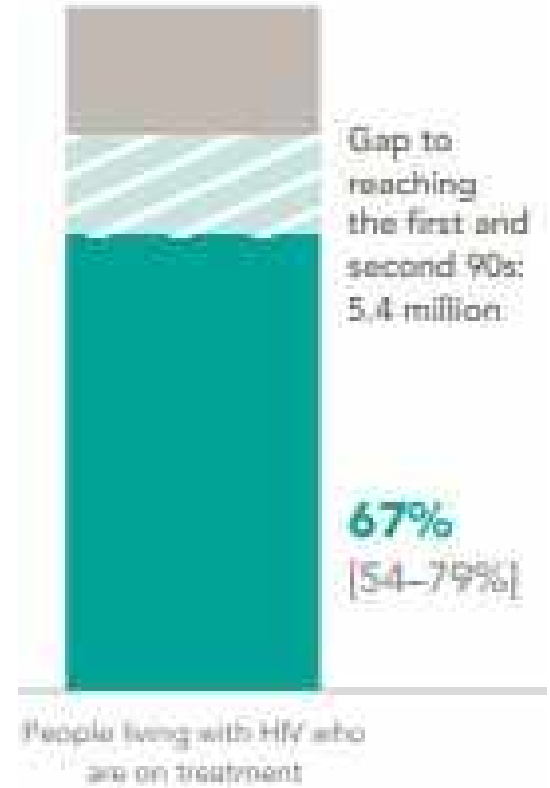
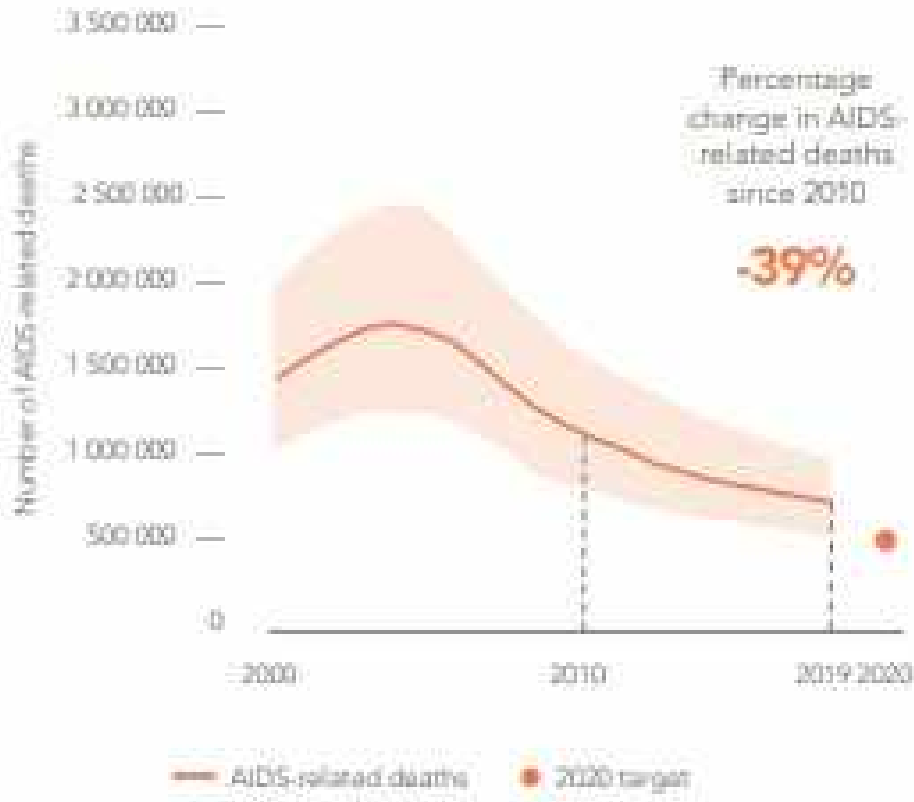
2015





Deaths Down!

39% reduction in AIDS-related deaths globally since 2010
(UNAIDS 2020)

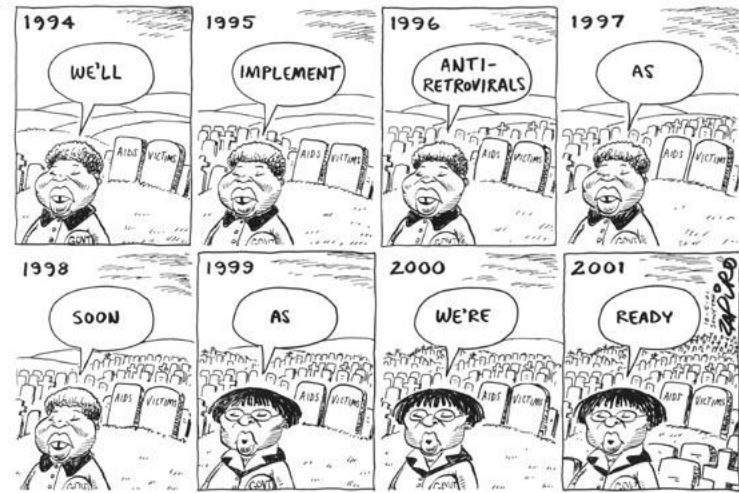


Treatment Up!

Numbers of people on treatment has more than tripled since 2010
(UNAIDS 2020)

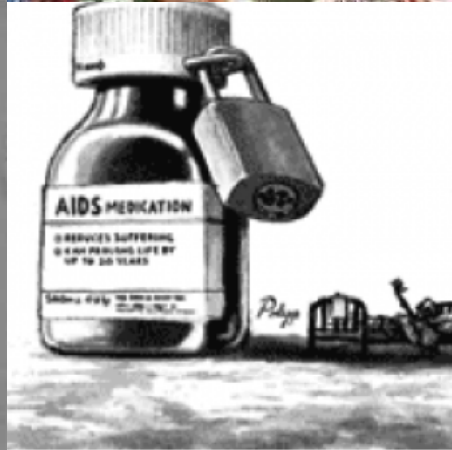
The politics of ART

Africans cant tell the time....



Enactment of PEPFAR

<http://georgewbush-whitehouse.archives.gov/>



ACT UP! ACT UP! ACT UP! ACT UP! ACT UP! ACT UP! ACT UP! ACT UP! ACT UP!

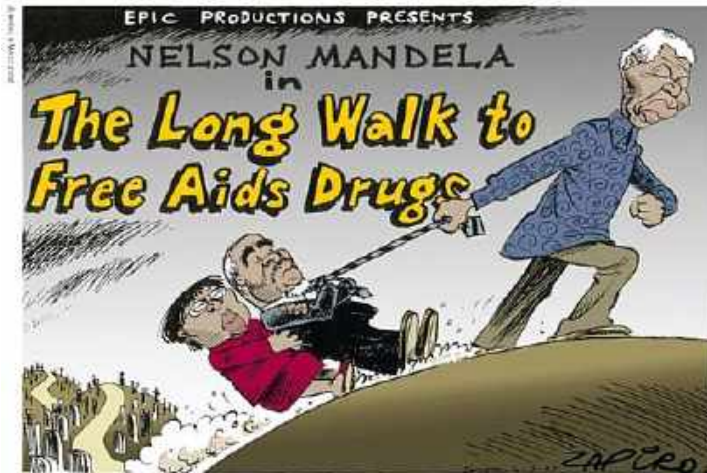
NYC D'OH
Health



ACT UP! ACT UP! ACT UP! ACT UP! ACT UP! ACT UP! ACT UP! ACT UP!



IAS President 1994-1998



- Co-chaired Vancouver IAC 1996
- Ushered in the new era of treatment, Life, Hope
- Rather than AIDS, Sickness, despair and Death
- Had a hand in the R and D of every ARV drug!
- And the advocacy towards Universal Access-

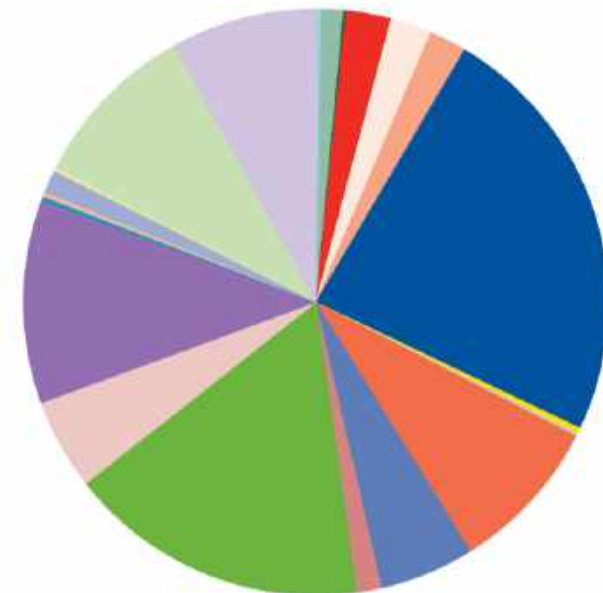
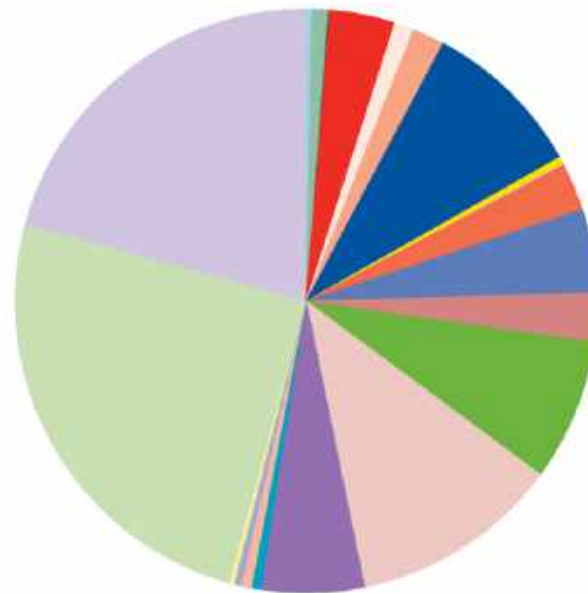
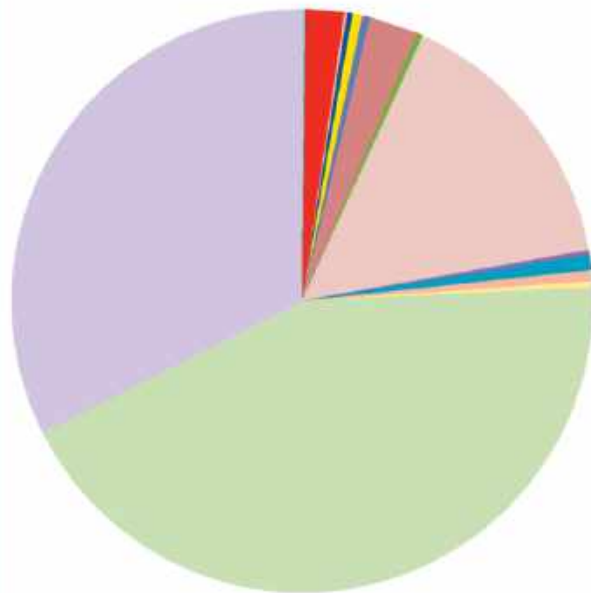
Success of Treatment Access

Expansion from the developed world to the developing...

A 1990-2003 (1.50 million YLS)

B 2004-08 (3.88 million YLS)

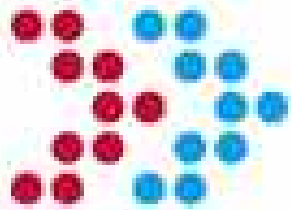
C 2009-13 (13.67 million YLS)



Region:

- | | | | | |
|----------------------|----------------------------|------------------------------|------------------------|-----------------------------|
| Andean Latin America | Central Latin America | High-income Asia Pacific | Southeast Asia | Western sub-Saharan Africa |
| Australasia | Central sub-Saharan Africa | High-income North America | Southern Latin America | Southern sub-Saharan Africa |
| Caribbean | East Asia | North Africa and Middle East | Tropical Latin America | Western Europe |
| Central Asia | Eastern Europe | Oceania | South Asia | |
| Central Europe | Eastern sub-Saharan Africa | | | |

The Promise of Treatment as prevention.....?



Fast-Track Targets

by 2020

90-90-90

Treatment

500 000

New infections among adults

ZERO

Discrimination

by 2030

95-95-95

Treatment

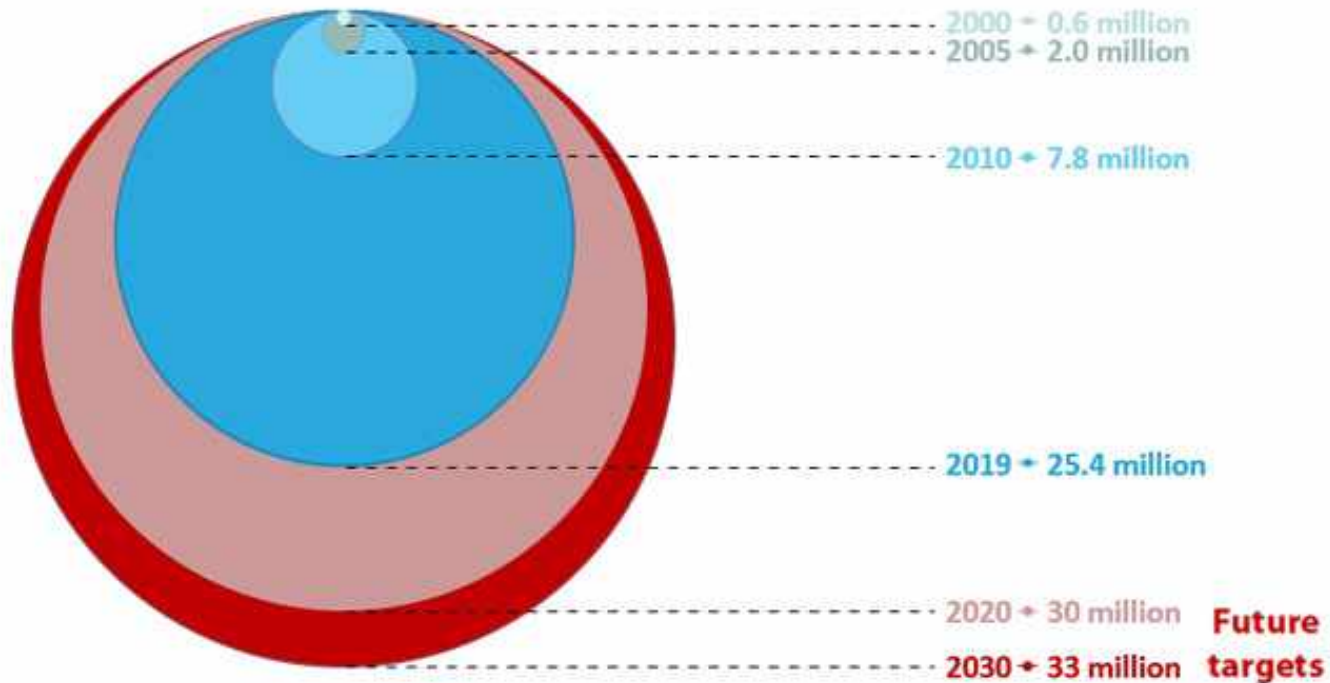
200 000

New infections among adults

ZERO

Discrimination

Global number of people receiving antiretroviral therapy

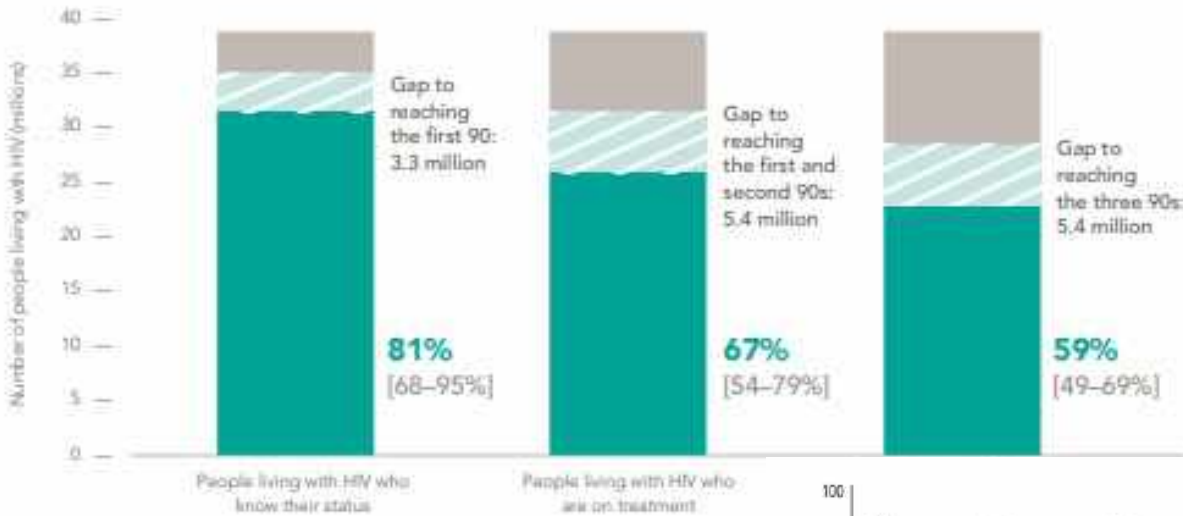


Source: UNAIDS/WHO estimates

We are not there yet...

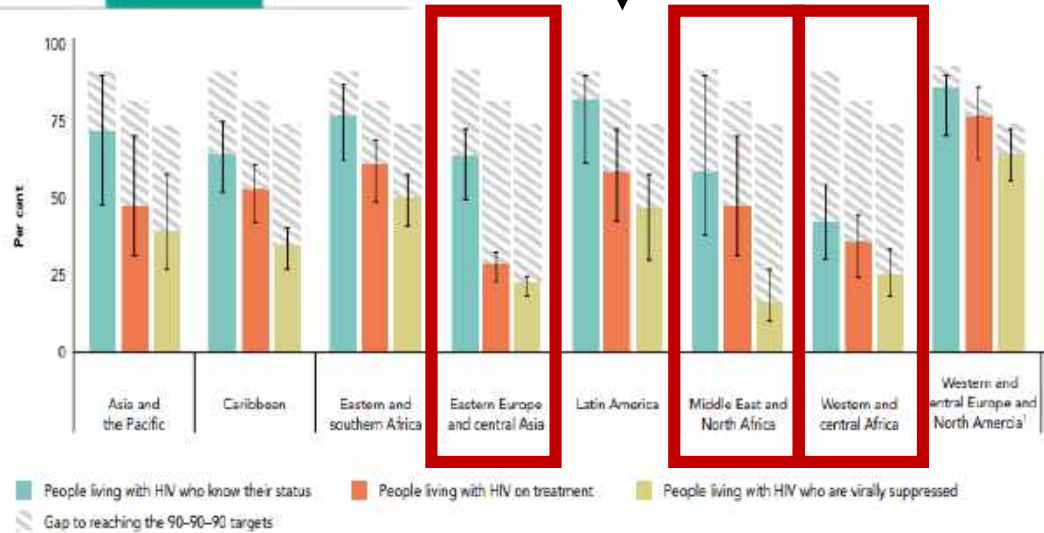
100-100-100
#LeaveNoOneBehind

HIV testing and treatment cascade, global, 2019



Additionally there are large differences in success rates between regions....

Source: UNAIDS special analysis, 2020; see annex on methods for more details.



9 million to find, start and suppress...

African regions are the most affected by the HIV epidemic

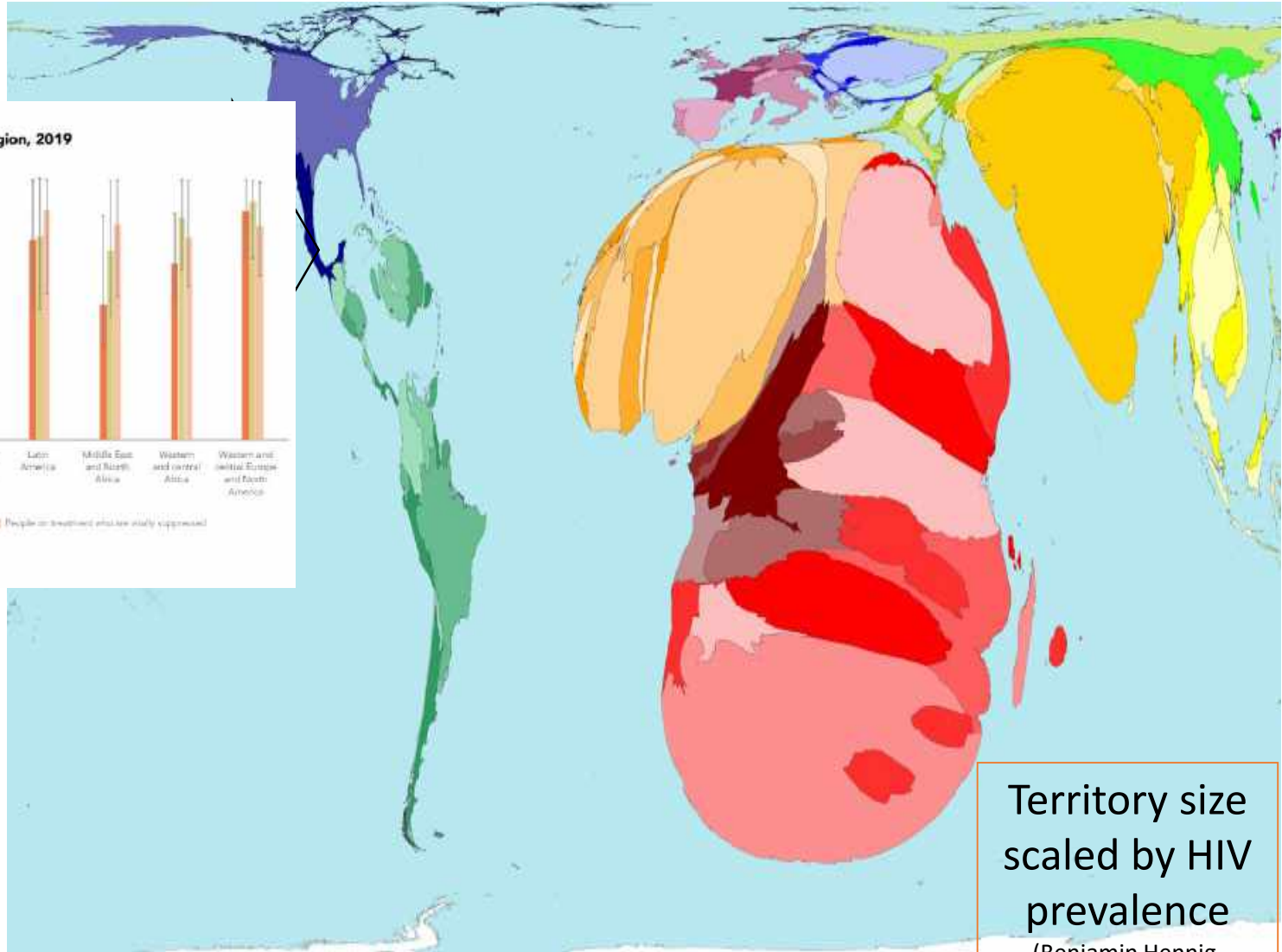
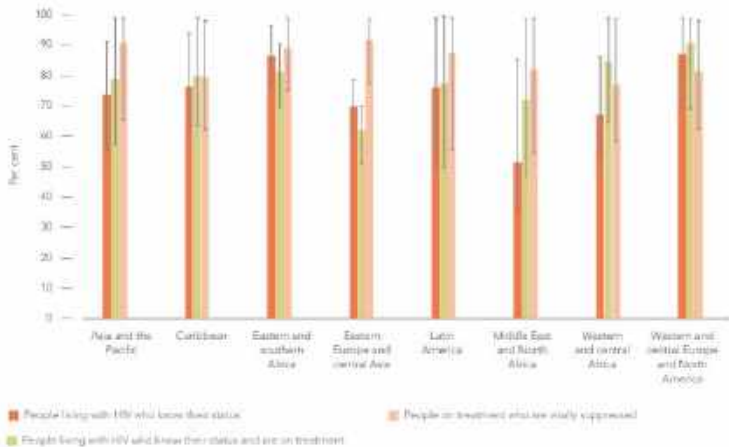


FIGURE 2.8

Progress towards the 90-90-90 targets, by region, 2019



Source: UNAIDS special analysis, 2019 (see annex on methodology)

Territory size scaled by HIV prevalence

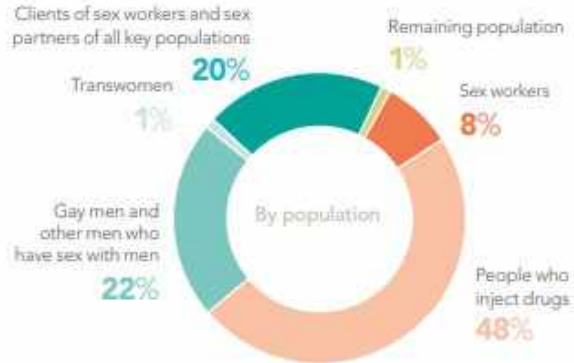
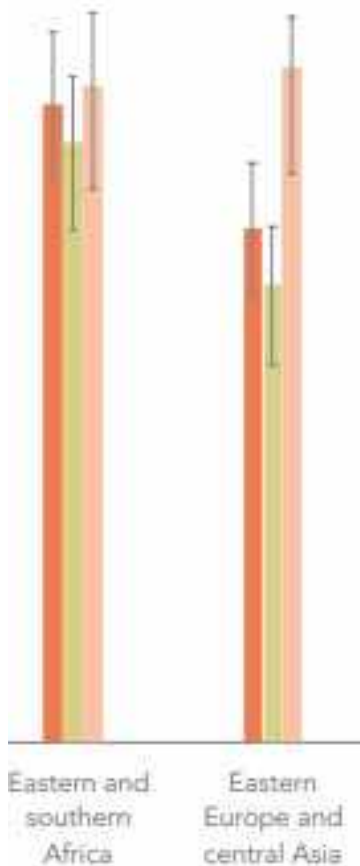
(Benjamin Hennig, Worldmapper, 2003)

EECA Region

Distribution of new HIV infections by population

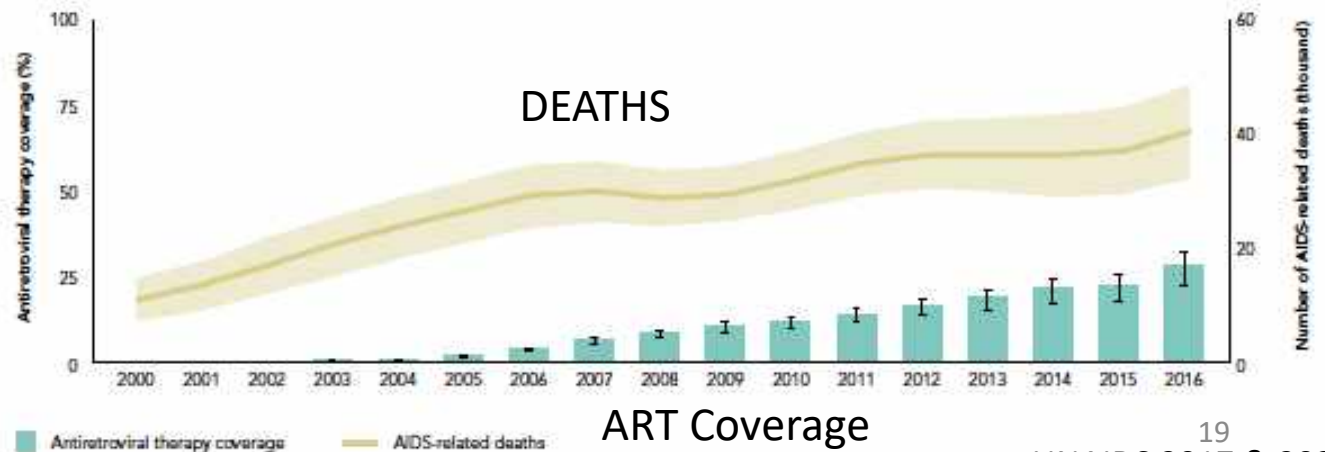


90-90-90 in EECA vs ESA



Source: UNAIDS special analysis, 2020 (see methods annex).

HIV infections have increased by **72%** in eastern Europe and central Asia since 2010



U=U: *A opportunity to de-stigmatize HIV*

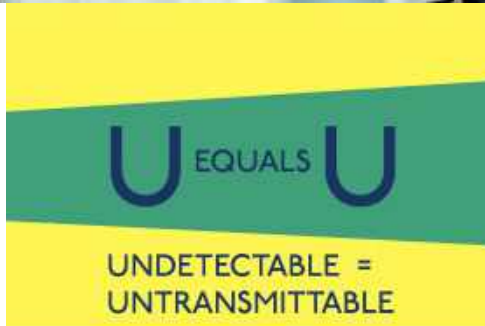
UNINFECTIOUS



UNDETECTABLE Equals UNTRANSMITTABLE



VIRAL LOAD <40-400cpm



Differentiated care

is a **client-centred** approach that simplifies and adapts HIV services **across the cascade**, in ways that both serve the **needs of people** living with HIV PLHIV better and **reduce unnecessary burdens** on the health system.

Grimsrud A et al. *Journal of the International AIDS Society* 2016, **19**:21484
<http://www.jiasociety.org/index.php/jias/article/view/21484> | <http://dx.doi.org/10.7448/IAS.19.1.21484>

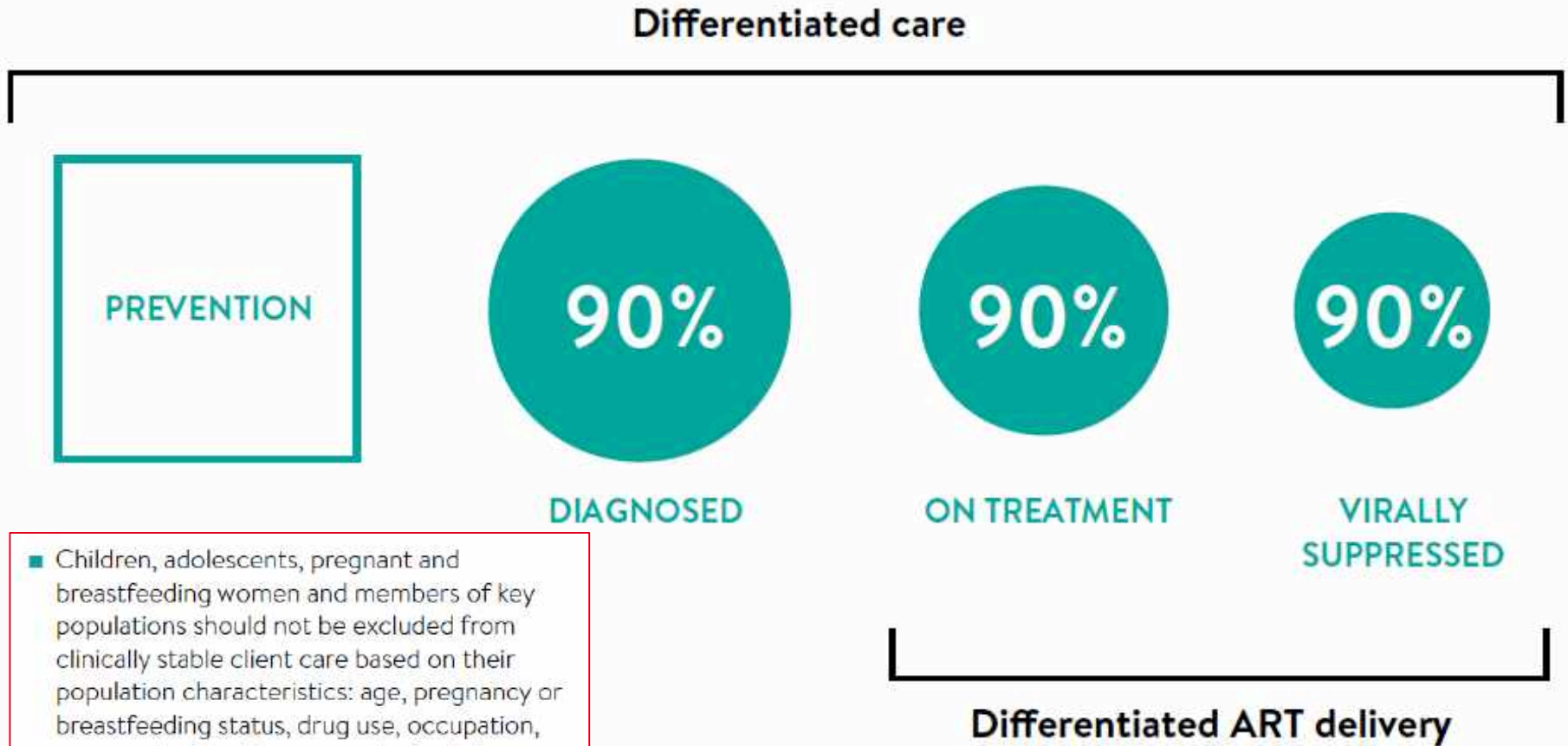


Viewpoint

Reimagining HIV service delivery: the role of differentiated care from prevention to suppression

Anna Grimsrud^{5,1}, Helen Bygrave², Meg Doherty³, Peter Ehrenkrantz⁴, Tom Ellman², Robert Ferris⁵, Nathan Ford^{3,6}, Bactrin Killingo⁷, Lynette Mabote⁸, Tara Mansell¹, Annette Reinisch⁹, Isaac Zulu¹⁰ and Linda-Gail Bekker^{1,6,11}

Differentiated care is applicable across the HIV care continuum



- Children, adolescents, pregnant and breastfeeding women and members of key populations should not be excluded from clinically stable client care based on their population characteristics: age, pregnancy or breastfeeding status, drug use, occupation, sex, gender identity or sexual orientation. In principle, services should be tailored to keep families together as much as possible to simplify access and reduce cost.

Science

\$15
15 JUNE 2018
sciencemag.org

AAAS

FAR FROM OVER

Three places where
“ending AIDS” is a
distant hope p. 1162



The tools exist. HIV/AIDS can
be **treated** and **contained**.

But in many communities, social,
political and economic
obstacles **get in the way**.

**There, the epidemic is far from
over.**

Science

<http://www.sciencemag.org/news/2018/06/nigeria-has-more-hiv-infected-babies-anywhere-world-it-s-distinction-no-country-wants>

<http://www.sciencemag.org/news/2018/06/russia-s-hivaids-epidemic-getting-worse-not-better>

<http://www.sciencemag.org/news/2018/06/face-misguided-response-hivaids-russia-these-bright-stars-are-taking-charge>

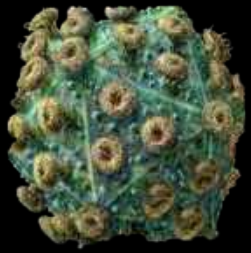
PBS NewsHour

<https://www.pbs.org/newshour/features/end-of-aids-far-from-over/>

Cooperism #1



“we need good treatment but treatment alone wont
end the epidemic....”



In 2019
1 700 000 new infections

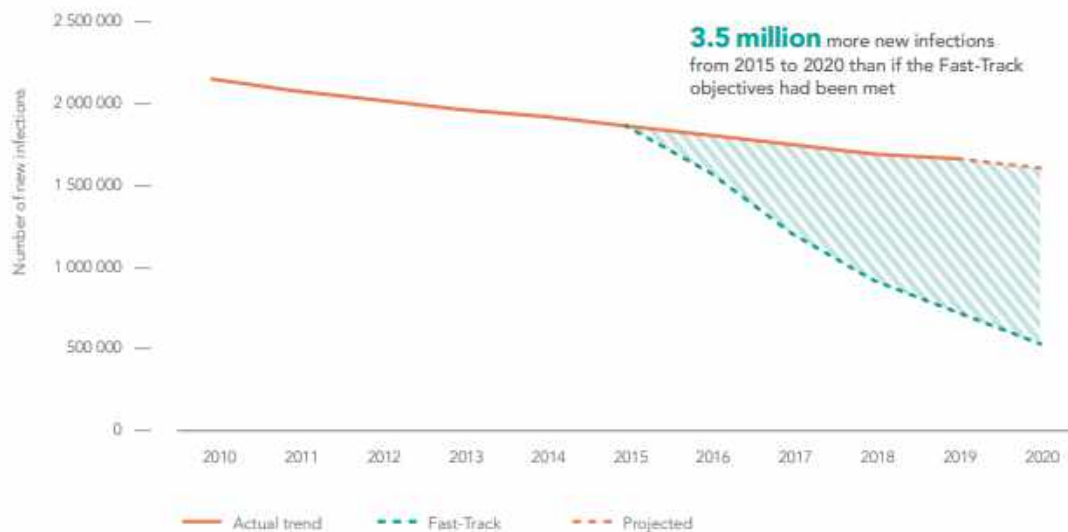
>5000 INFECTIONS EVERY DAY





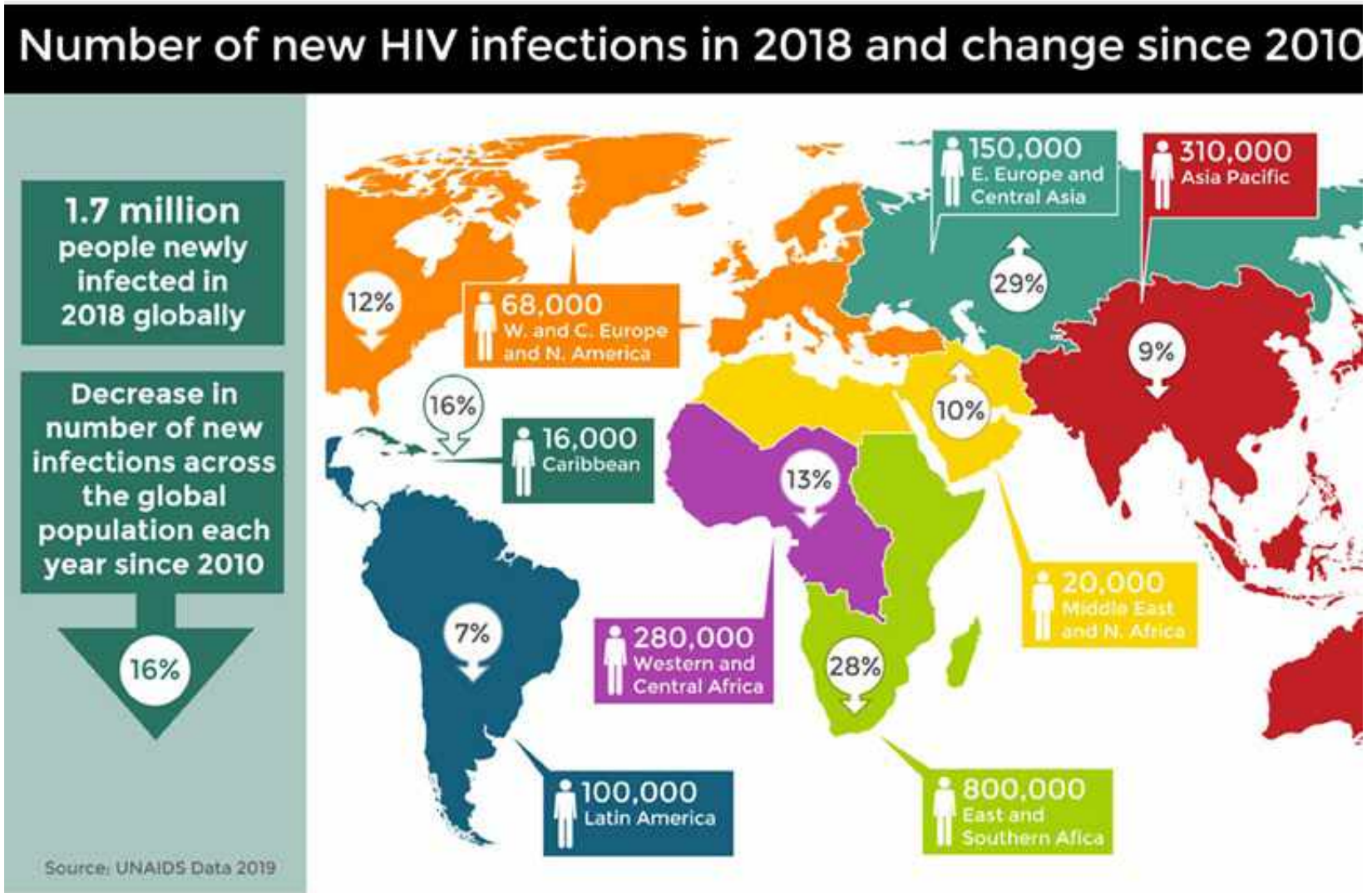
Will not end the epidemic alone –
a new focus needs to also be on **primary prevention** and reducing **new infections**.
Especially amongst a bulging youth population.

New HIV infections projected through 2020, and modelled prediction resulting from Fast-Track interventions, global, 2010–2020



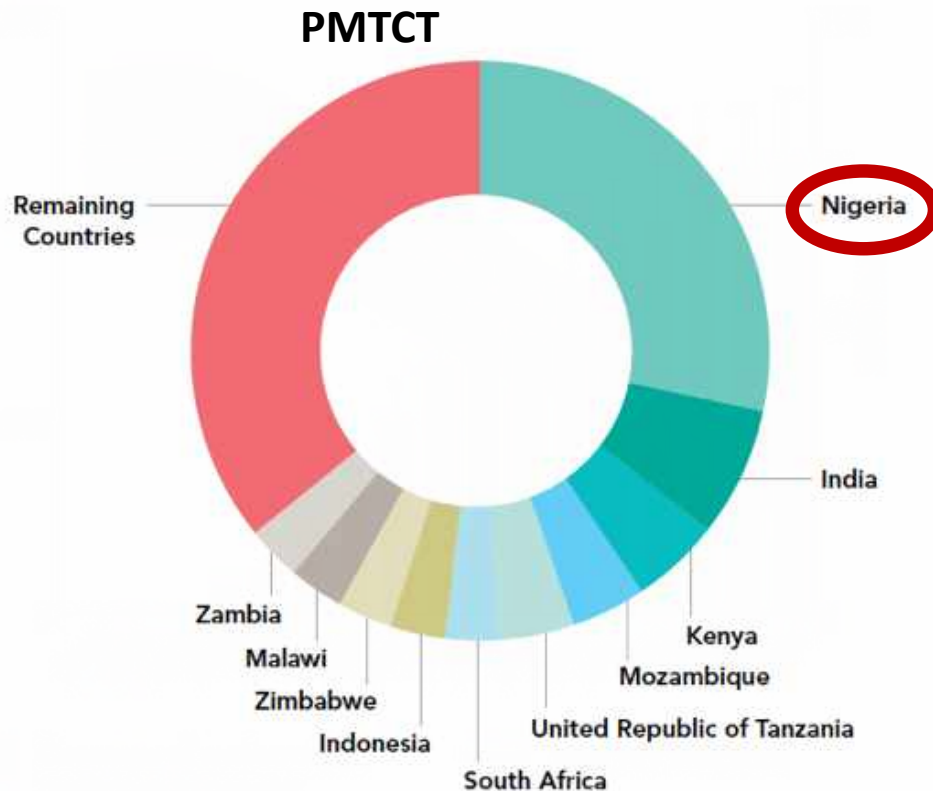
Source: Special analysis by Avenir Health using UNAIDS epidemiological estimates, 2020 (see <https://aidsinfo.unaids.org/>)

The Prevention Gap: Certain regions.....



Elimination of vertical transmission

Distribution of new HIV infections among children (aged 0–14 years) by country, 2015



Source: UNAIDS 2016 estimates.

We are not there yet....

100-100-100
#LeaveNoOneBehind

Coverage of antiretroviral therapy by sex, men and women (aged 15 years and older), regional, 2019

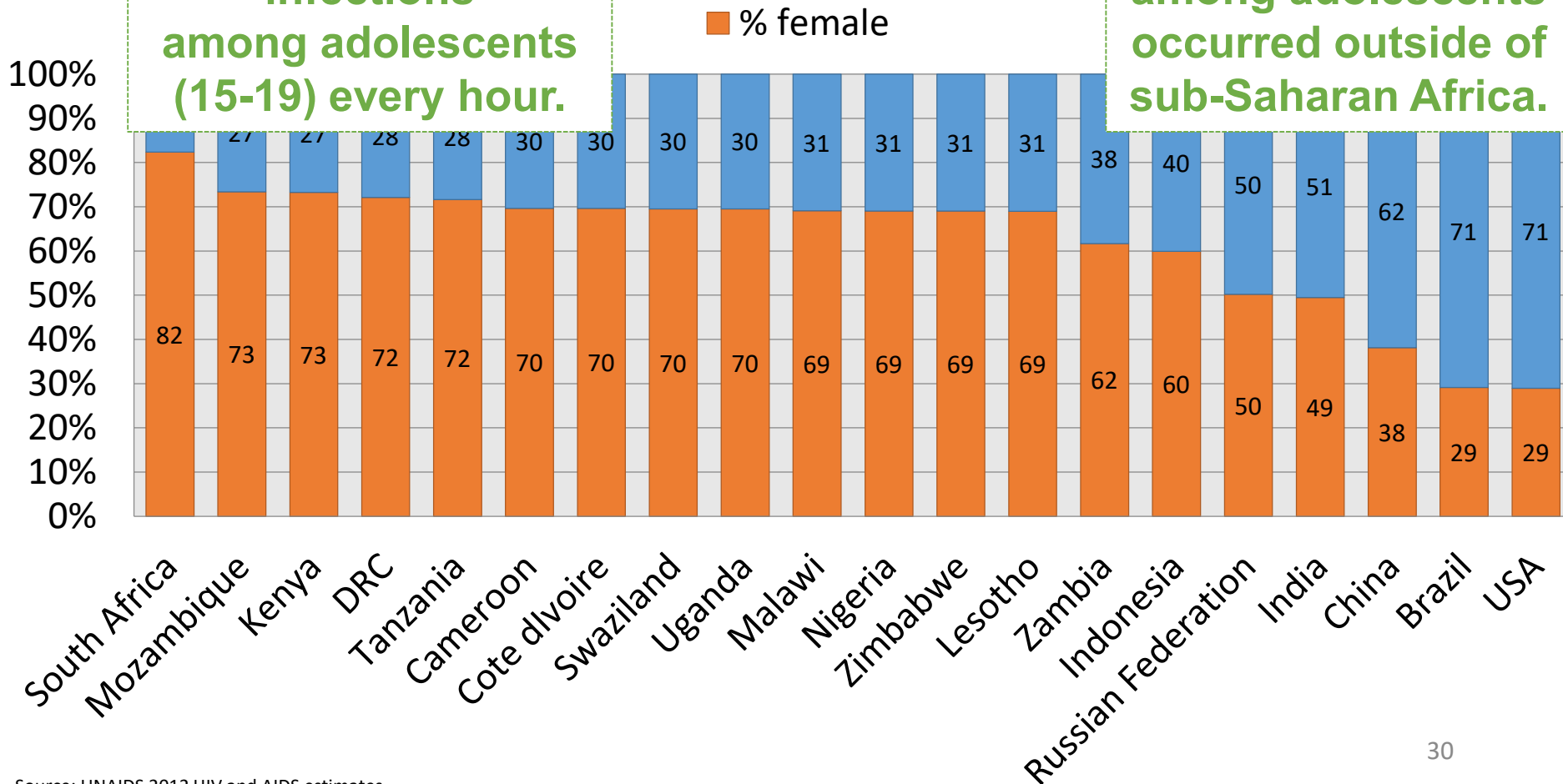


Source: UNAIDS epidemiological estimates, 2020 (see <https://aidsinfo.unaids.org/>); UNAIDS Global AIDS Monitoring, 2020 (see <https://gidm.unaids.org/>)

Prevention Gap: Young populations globally

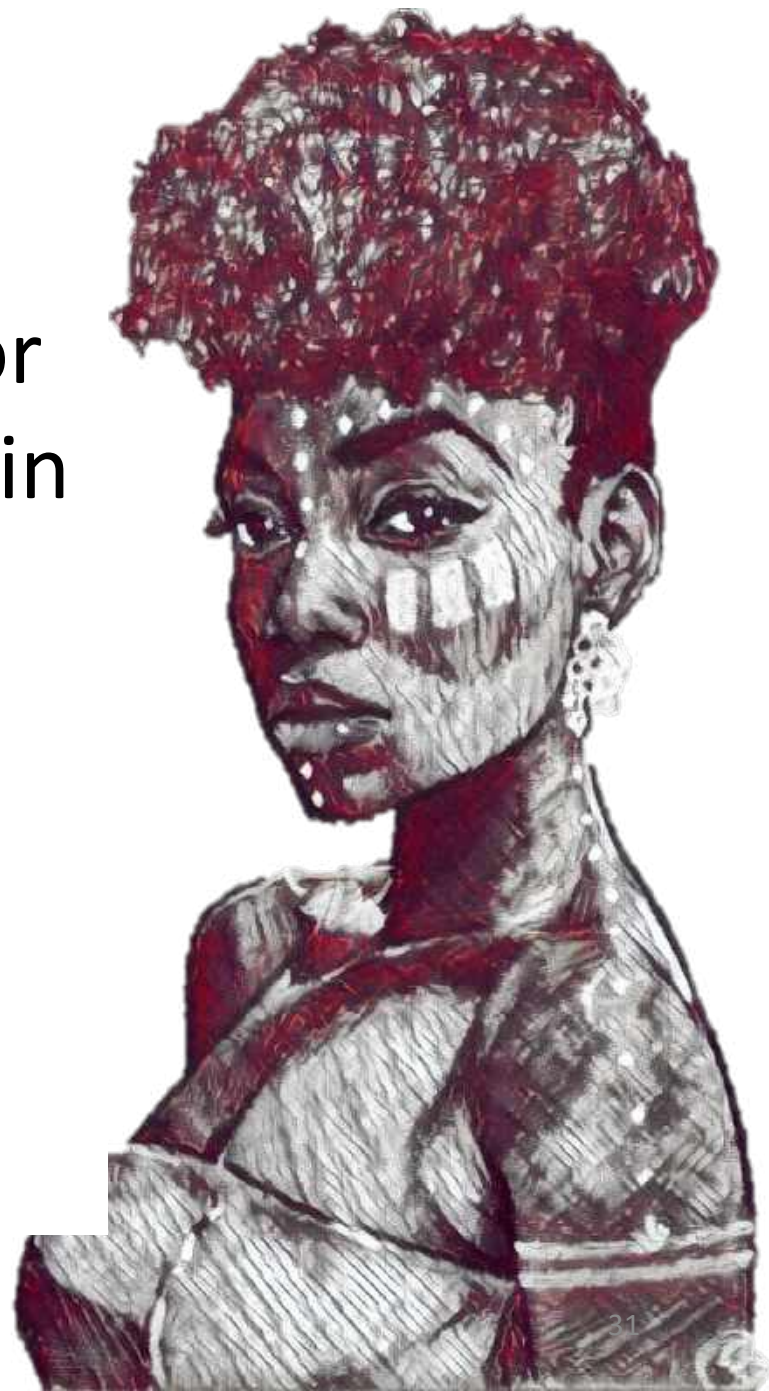
There are **26** new HIV infections among adolescents (15-19) every hour.

Almost **40%** of new HIV infections among adolescents occurred outside of sub-Saharan Africa.



Young women and adolescent girls account for **75%** of new HIV infections in sub-Saharan Africa.

>8000 young women are infected with HIV **every week** (almost 2000 in RSA alone).



YWAG in SSA are a Key Population



- Low levels of school completion
- Inadequate information
- High levels of Gender Based Violence
- Poor access to Sexual Reproductive health services
- Poor social protection
- Stigma and prejudice
- Early marriage
- Patriarchy
- Older male partners

Gabra
Kenyan Girl

YPWU and ID



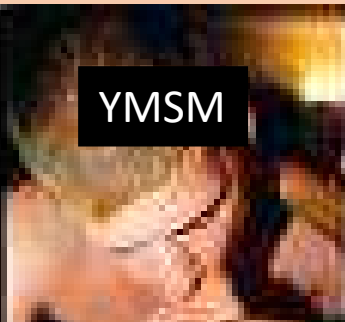
Risk: 24 X

YSW



Risk: 10 X

YMSM



Risk: 24 X

TRANSGENDER PEOPLE: 49X

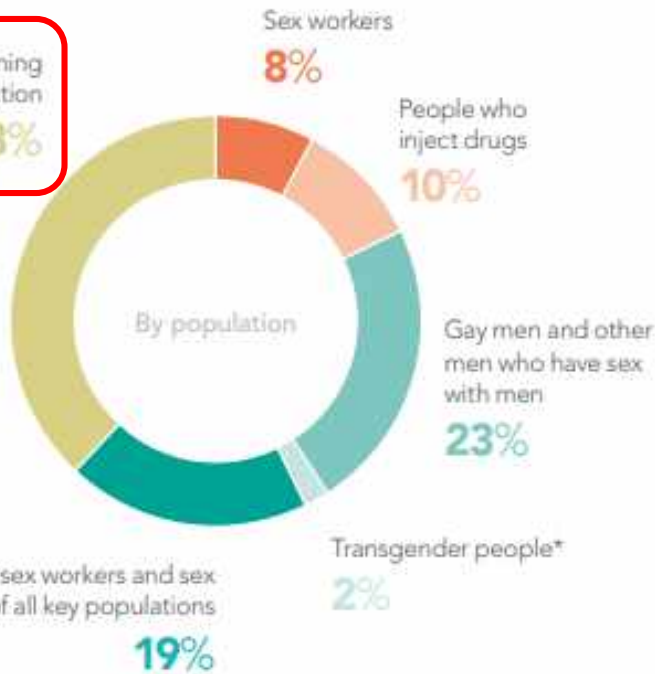
INCARCERATED PEOPLE: 5X

Young refugees, migrants, detainees

Distribution of new HIV infections by gender and population, global, 2019

62% KP

Remaining population
38%

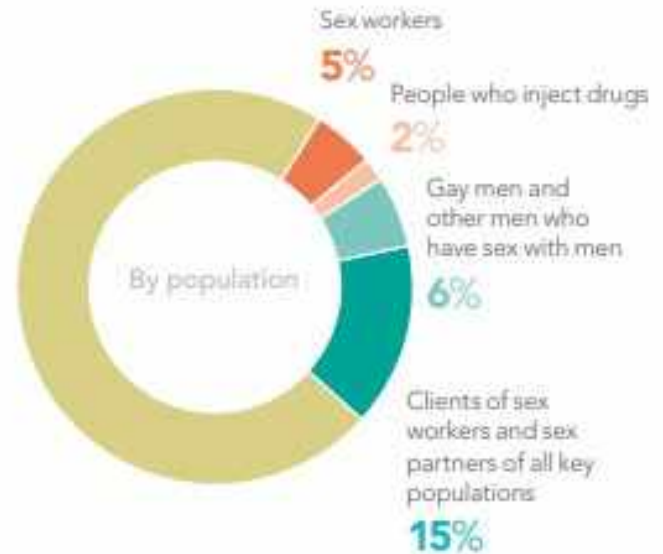


Distribution of new infections in Globally (UNAIDS 2020)

Distribution of new infections in Sub-Saharan Africa (UNAIDS 2020)

Remaining population
72%

28% KP



YIDU, YSW, YMMSM are Key Populations.

David
Gillanders:
HIV-positive
girl in
Ukraine



- Poor Information
- Inadequate Services
- Stigma and prejudice
- Criminalisation
- Poor social protection
- Violence
- Incarceration

The Prevention Revolution



“Scientists have developed an array of effective tools which if implemented could reverse the AIDS epidemic”

- Professor Françoise Barré Sinoussi.

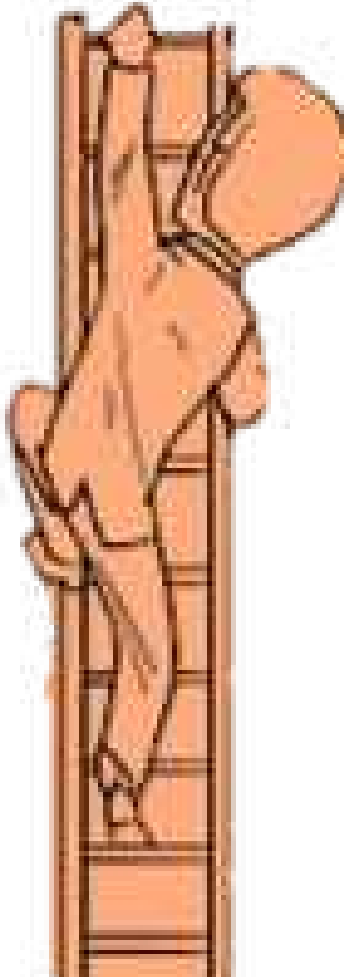


Strong National Commitment
Robust International Support
Science Guides the process



Response
Progresses

#1: POLITICS.



Why?

Response
Regresses



Poor political commitment
Rapid donor transitions
Inadequate resourcing
Criminalisation

Ideology allowed to outweigh the science

Cooperism #2



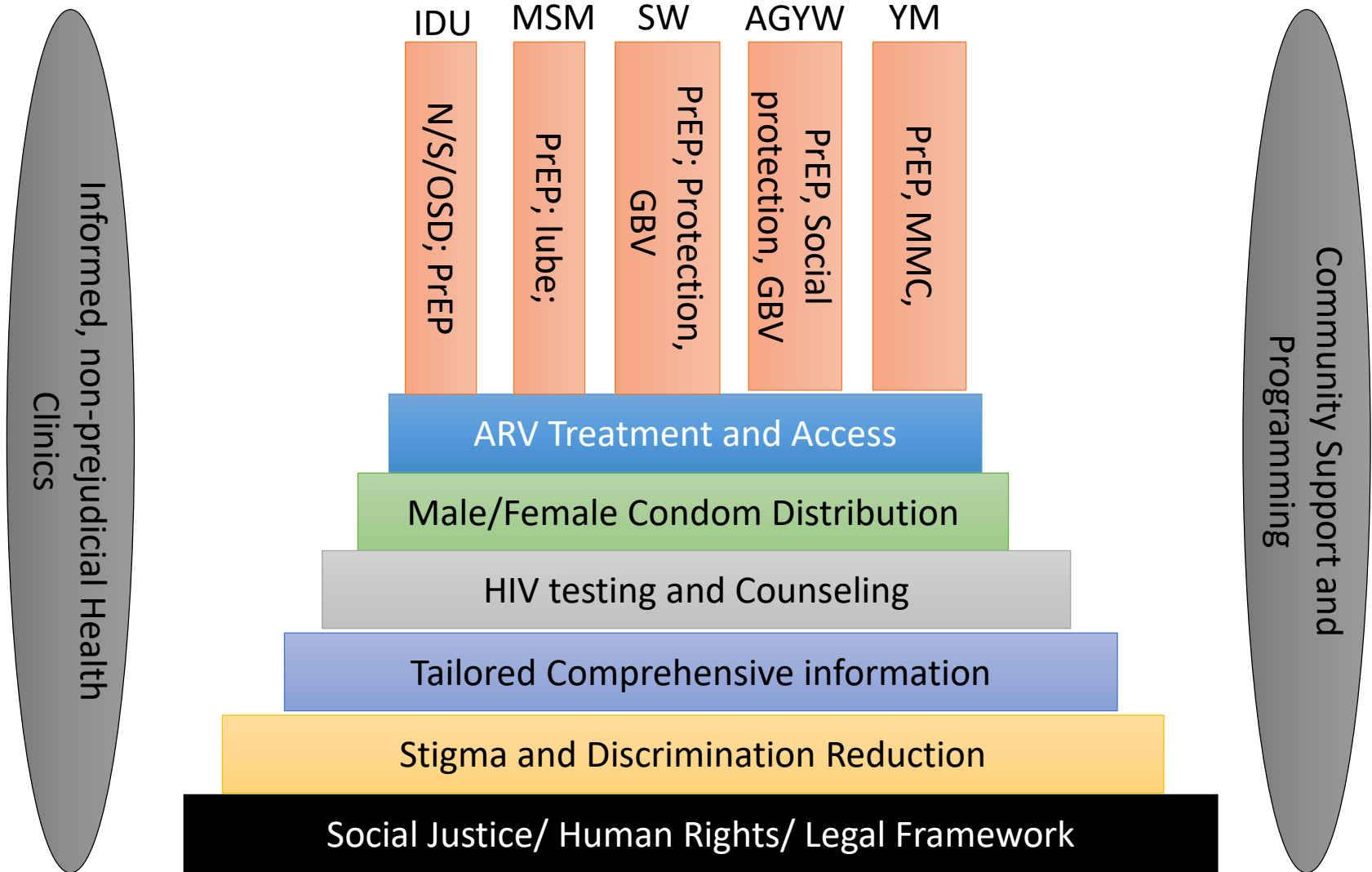
“It will take science, clinical, community activism to get it done....(politics)”

Few countries have consistently applied a combination prevention approach , which provides packages of services tailored to priority populations within specific local contexts.....

TAILORED, Client-Centred Prevention Packages

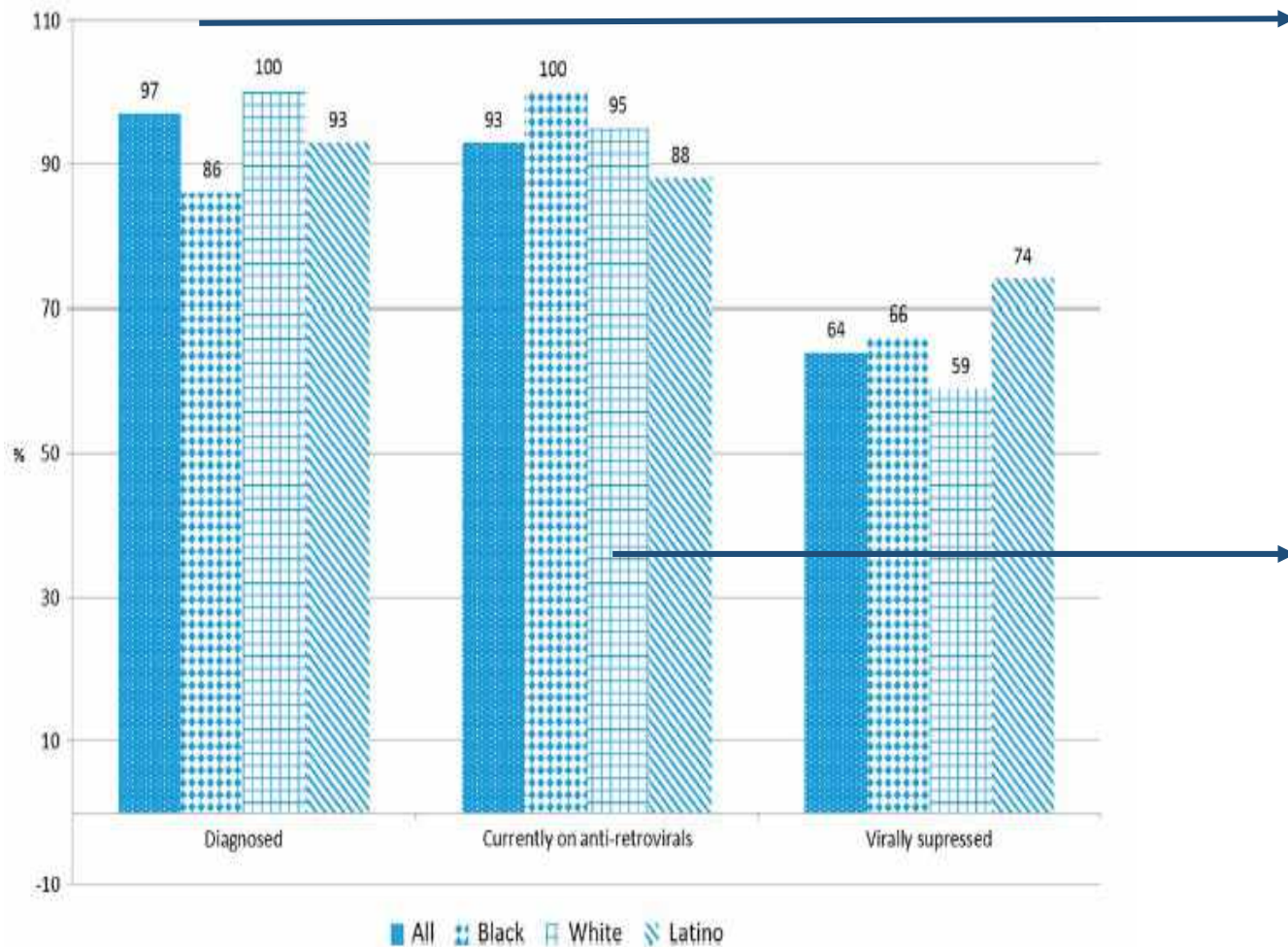


Accessible, layered, integrated.



Prevention amongst MSM: San Francisco

This area was the epicentre of the US AIDS epidemic in the 1980s & was particularly hard hit in the MSM population. Now they are HIV prevention world leaders:



Large-scale access and promotion of HIV testing: first declines in HIV transmission seen in **1998!**



5 years of expanded ARV accessibility (treatment upon diagnosis)

Strong political & local government support for PrEP rollout – despite high cost
2015: PrEP used by 10-15% of key populations.



DAILY NEWS 9 January 2017

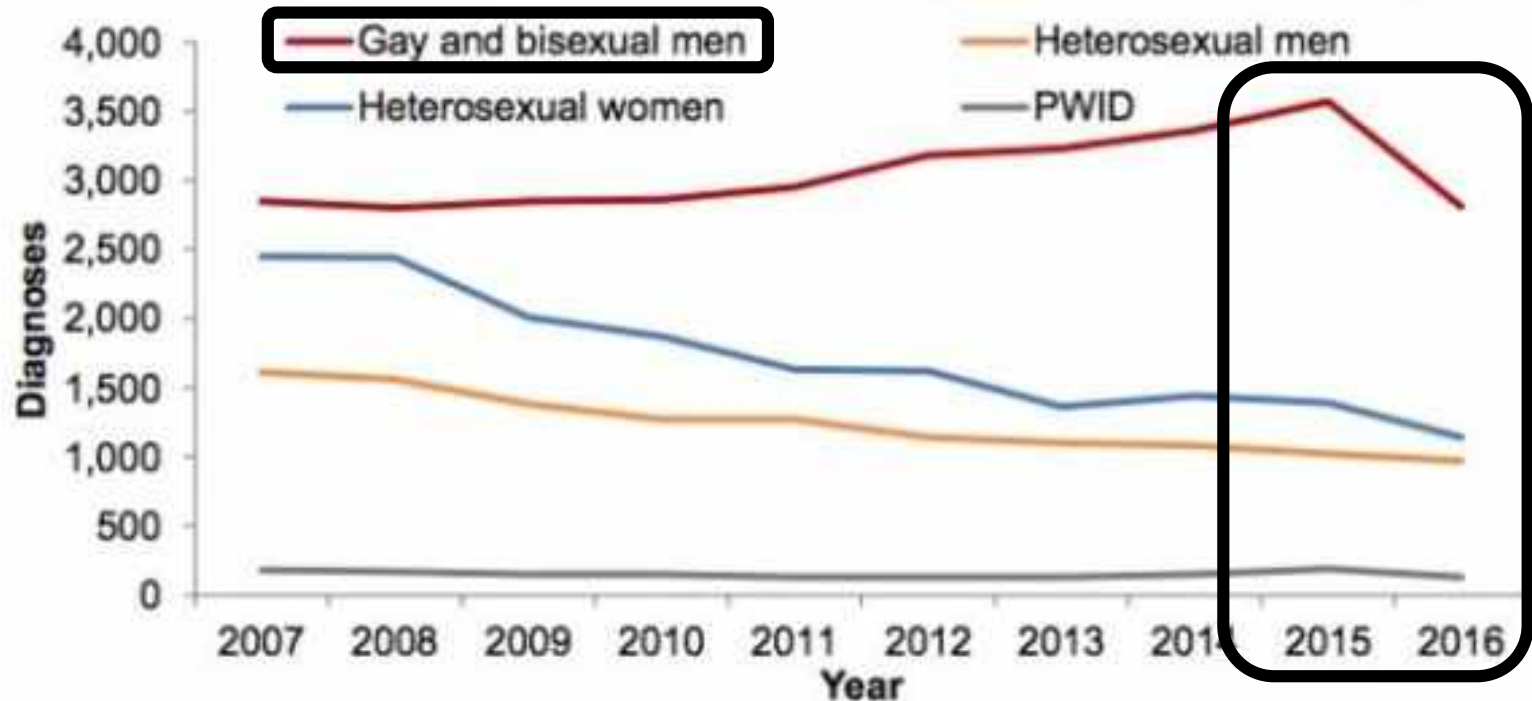
Massive drop in London HIV rates may be due to internet drugs

80% fall in new HIV diagnoses at Europe's largest sexual health clinic

 Benjamin Butterworth

6th October 2017, 9:44 AM

Figure 1. New HIV diagnoses in the UK, by risk group, 2007-2016, United Kingdom





Picture: NSW Chief Health Officer Dr Kerry Chant releases NSW HIV Second Quarter Data Report 2017 at ACON Health

HIV: NSW 'on track' to virtually eliminate transmission by 2020

By Antonette Collins

Updated 23 Aug 2017, 8:41am

NUMBER OF HIV NOTIFICATIONS FROM 2014

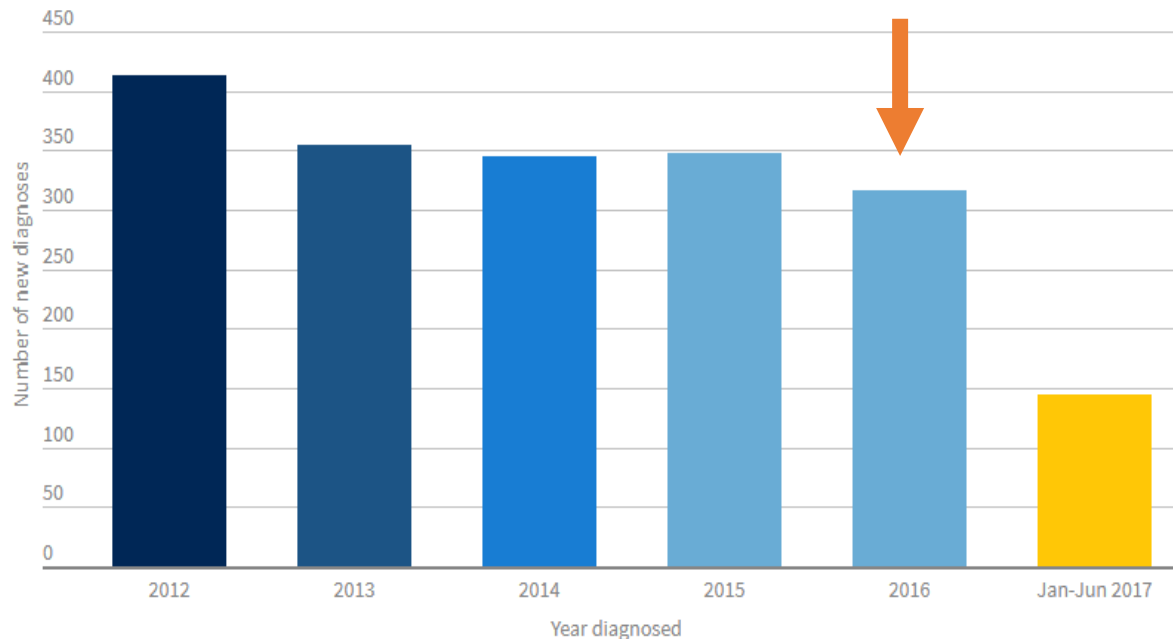


28,180 people were estimated to be living with HIV at the end of 2018.

2,690 people were unaware they were HIV positive.

New South Wales (2017) saw the lowest number of new diagnosis among MSM since the HIV epidemic began – despite rising HIV testing numbers. Success is attributed to a combination of:

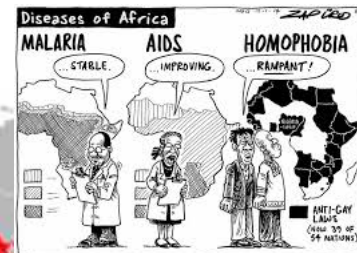
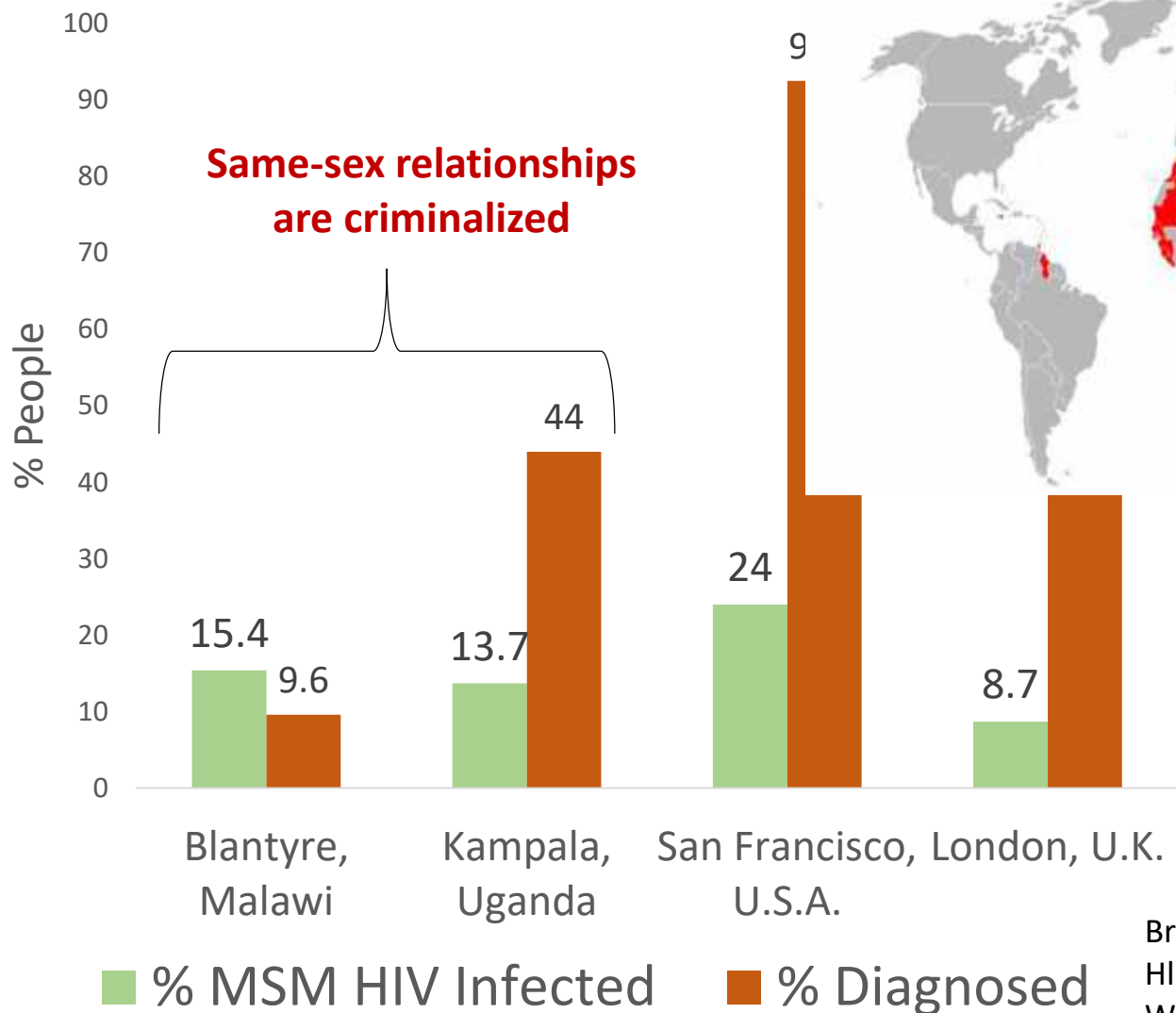
EPIC-NSW PrEP Study launched



- ❖ PrEP – 6,700 enrolled in the EPIC-NSW PrEP study
- ❖ Increased testing
- ❖ Improved linkage to care.

*Notably, these declines were not seen in **migrant and indigenous** populations – a key focus group going forward*

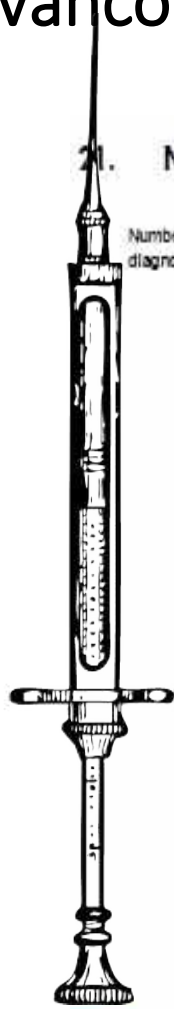
HIV Incidence among MSM is similar, the number of HIV-infected people who **know their status** is much lower in countries where same-sex relationships **are criminalised**



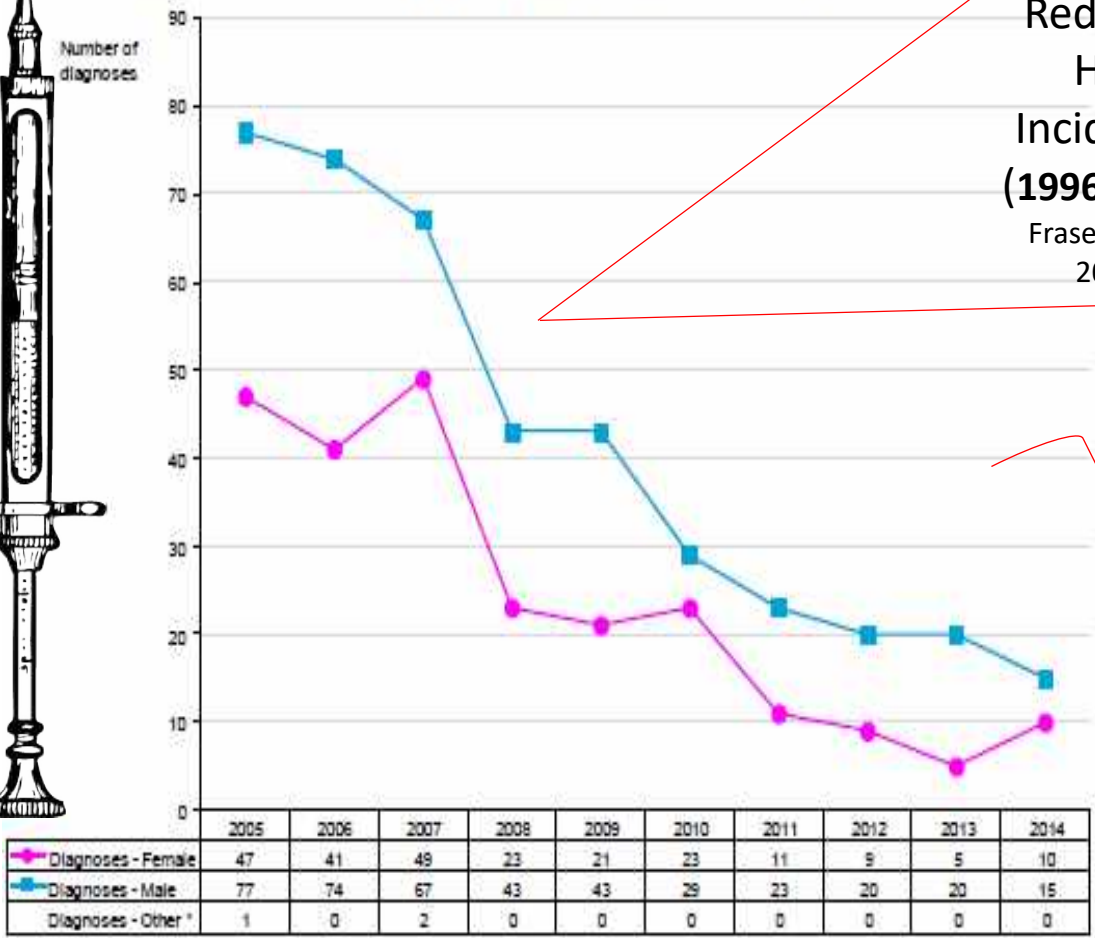
Source: <https://76crimes.com/76-countries-where-homosexuality-is-illegal/>

Brown et al., 2014;
Hladik et al., 2010;
Wirtz et al., 2013

Proof of concept: prevention implementation amongst people who inject drugs in Vancouver, Canada.



21. New HIV diagnoses among PWID in BC by gender, 2005 to 2014

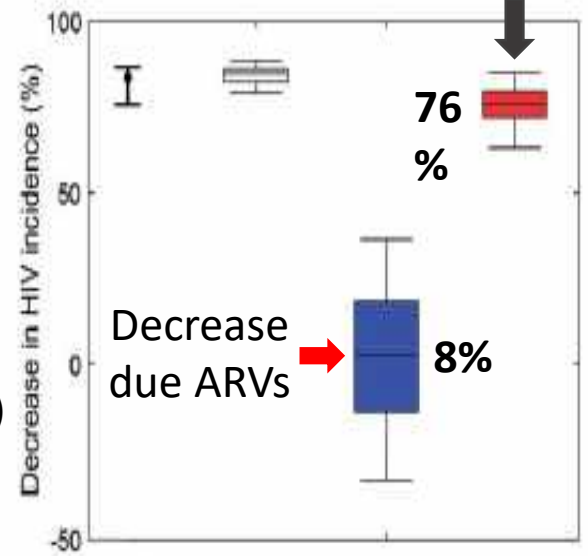


* Other - transgender and gender unknown

Source: HIV Annual Report 2014, BC Centre for Disease Control

Reduced HIV Incidence (1996-2007) Fraser et al., 2016

Decrease due to reduced injecting risk



2010-2015: Introduction of treatment as prevention initiative - significantly reduced incidence (Hayashi et al., 2015)

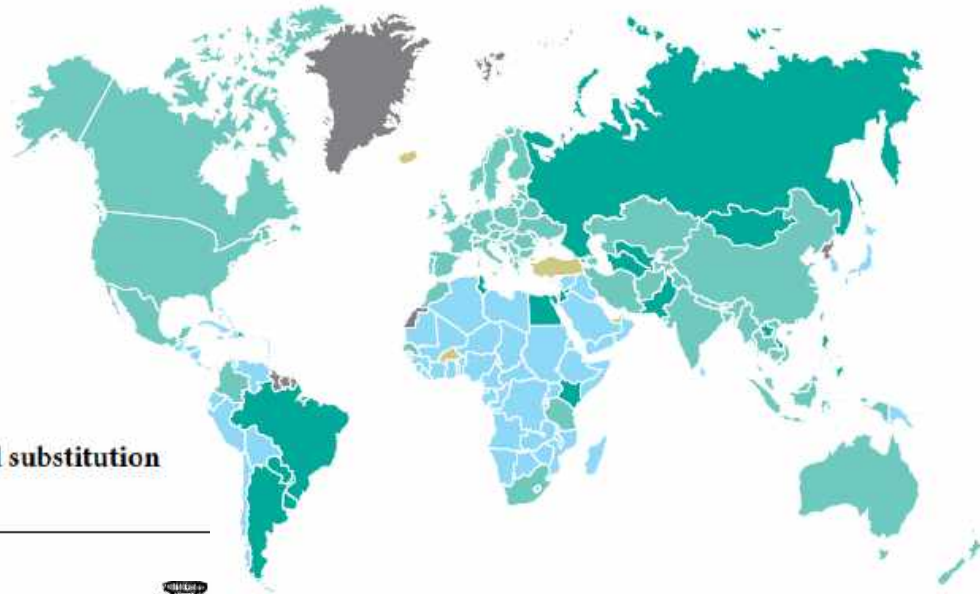
2 types of HIV prevention initiatives successful due to:

- Political will
- Access to Resources

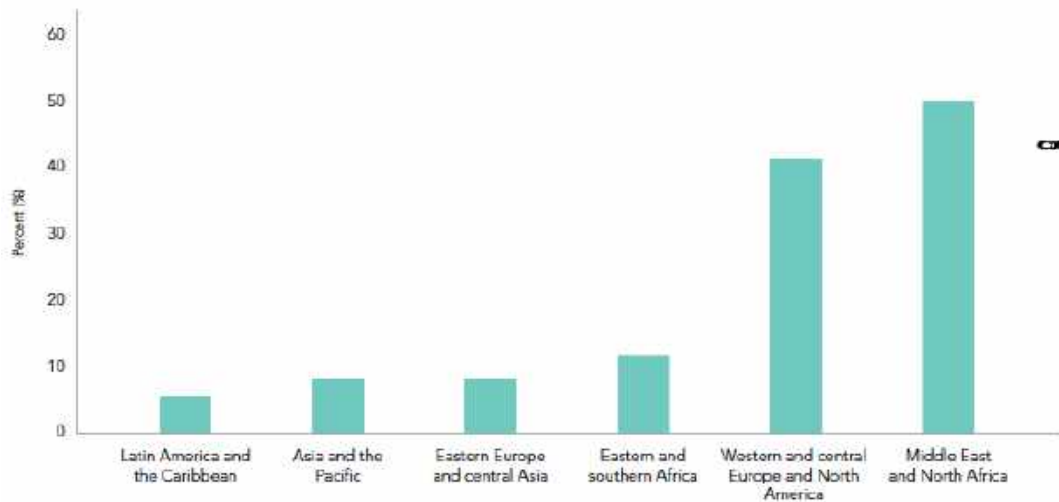
AVAILABILITY OF NEEDLE-SYRINGE EXCHANGE PROGRAMMES AND OPIOID SUBSTITUTION THERAPY, 2014



43% of countries with injecting populations do not have needles and syringe exchange programs.




Median percent of people with opioid dependence use receiving opioid substitution therapy, 2015



iction International; 2014 (<http://www.thra.net/files/2015/02/16/GSHR2014.pdf>).



Only 12 countries provide the requisite 200 clean needles/person injecting/year.



"Because of **bad policies** that reflect ideology and bias rather than science, those most vulnerable to HIV are deterred from accessing the services they need."

Cooperism #3



**“Science should drive our response.....
Politics and ideology can’t get in the way”**

Laws and policies that undermine public health need to be actively reviewed and repealed.

Why is **prevention** falling behind?

Political leaders lack courage to tackle questions that effective HIV prevention raises:

- ❖ Criminalisation and discrimination of key populations. **More than 70 countries still criminalise same-sex relationships.**
- ❖ Criminalisation of HIV non-disclosure, exposure or transmission. **72 countries still specifically allow for this.**
- ❖ Evidence-based harm reduction approaches for injecting drug users.
- ❖ Incarcerated populations are underserved
- ❖ Harmful gender norms, gender-based violence, patriarchy and poor social protection
- ❖ Inadequate comprehensive sexual health education and adolescent-friendly services for youth





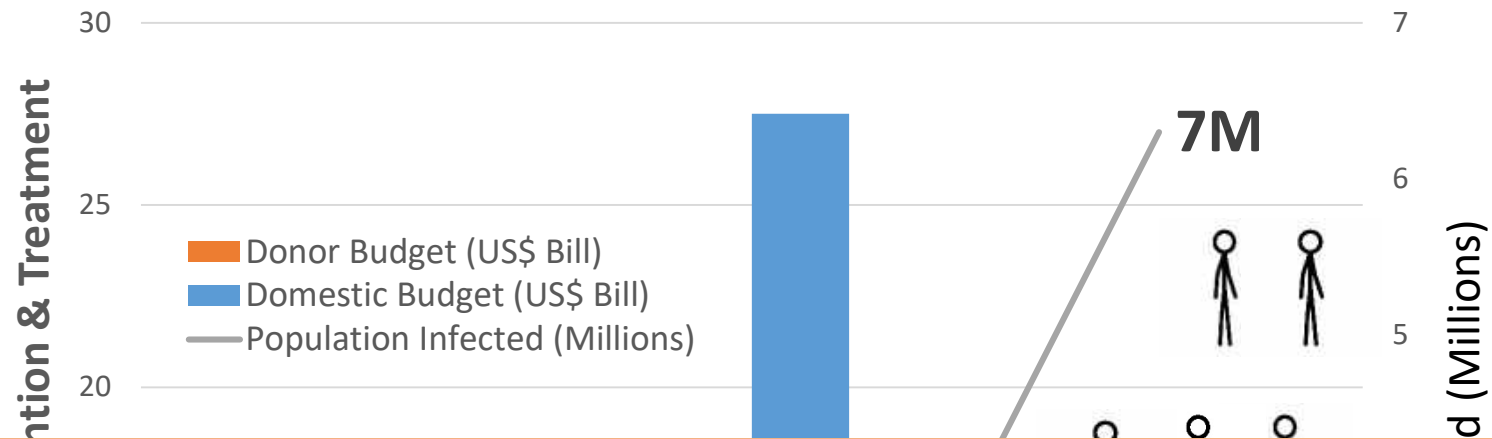
Cooperism #4

“prevention will need adequate resourcing....”

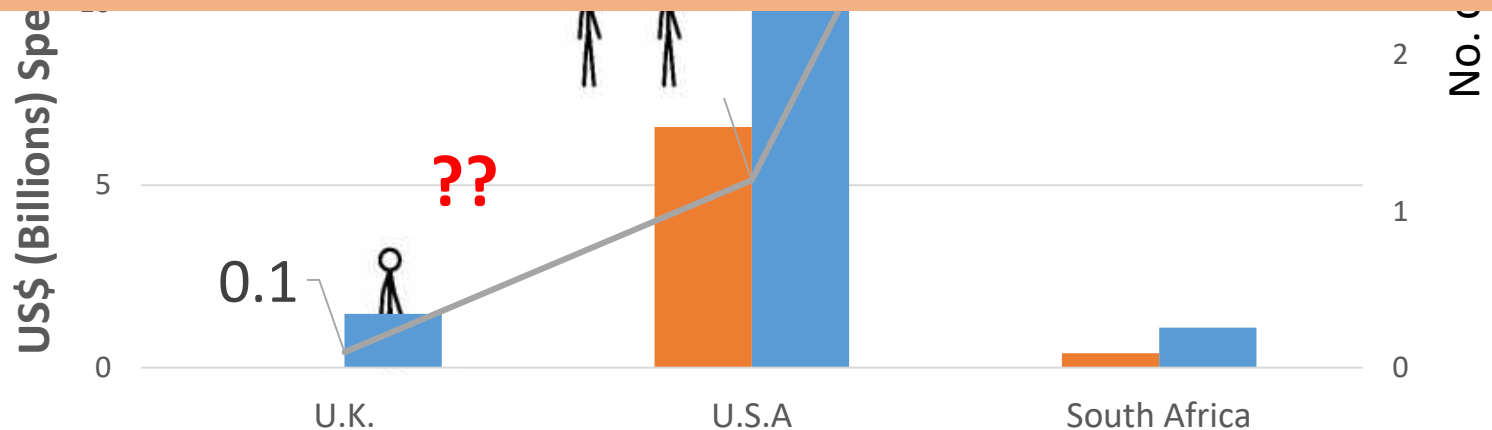
Intentional funding...

Why is **prevention** falling behind?

Cost of HIV Prevention and Treatment:



- High-income countries tend to have less people infected & more money to spend: **Treatment AND Prevention**
- In resource-limited settings there are more people infected & there sometimes needs to be **choice: Treatment OR Prevention**



FAST TRACK GOALS WERE MISSED IN FINANCE AS WELL

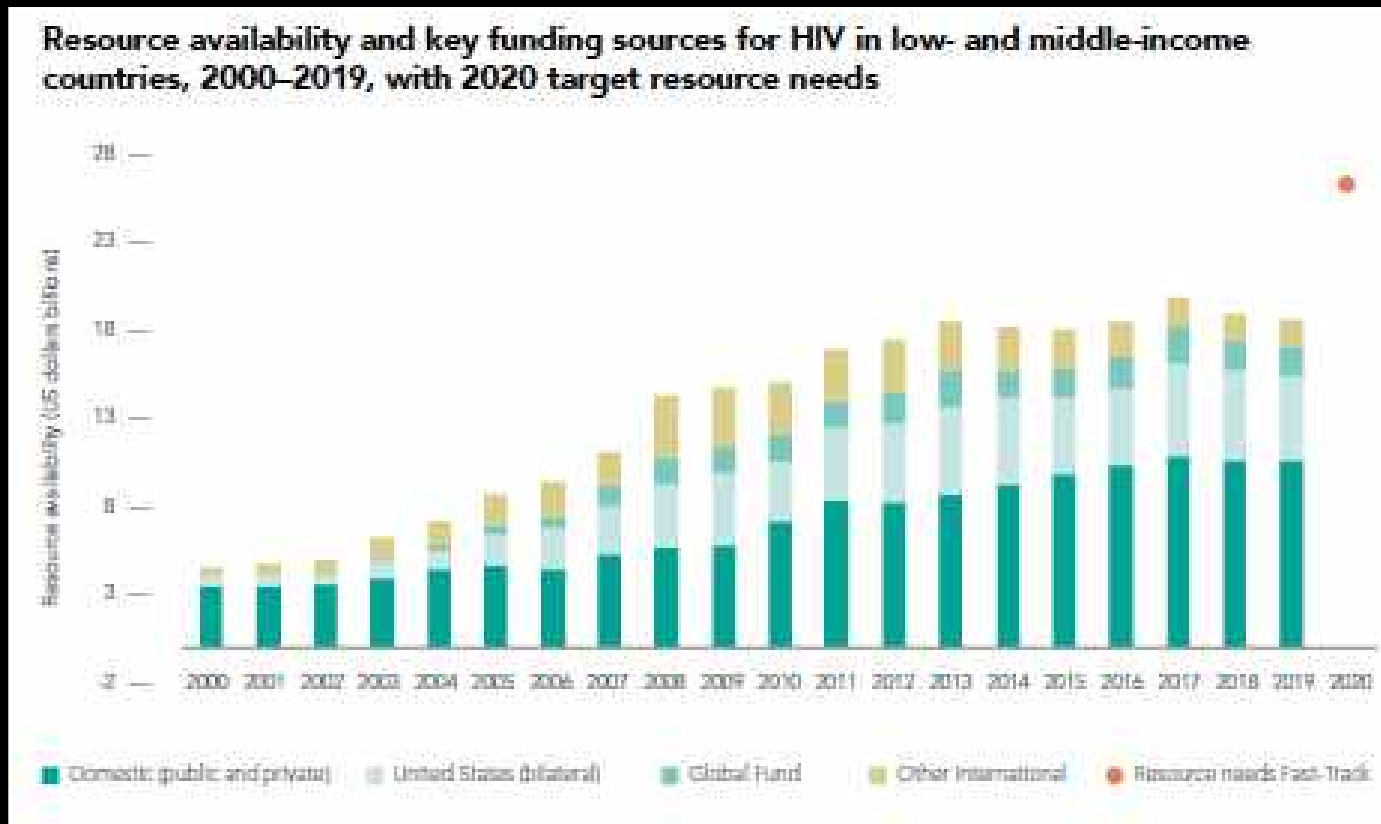


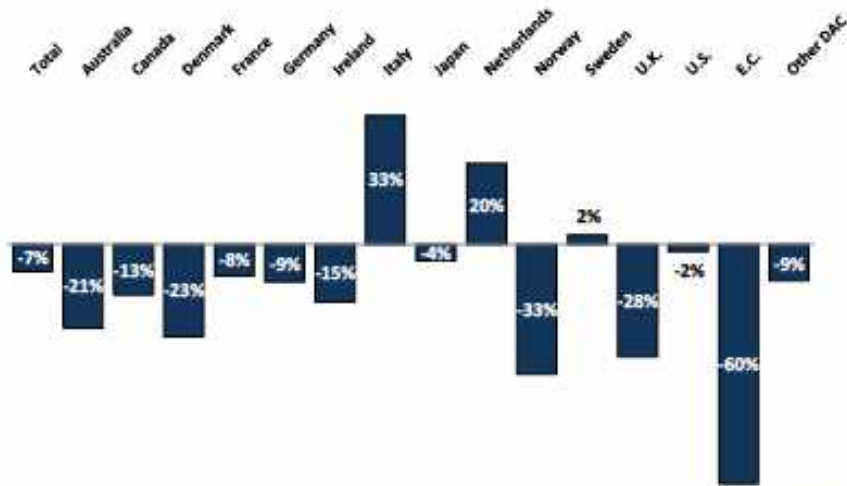
Figure 1: Donor Government Disbursements for HIV, 2002-2016



**Funding Gap:
US\$ 26.2 Billion
By 2020**

US\$1.5 M increase annually.....

Figure 2: Percent Change in Donor Government Disbursements for HIV, 2015-2016 (current USD)



How do we ensure countries **outside** of Sub-Saharan Africa also get support?





The case of Romania

- Transitional country- low to MIC
- Not considered high enough burden (0.1%)
- Global Fund withdrew in 2010
- Prevalence in PWID community
 - 3% in 2010
 - 29% in 2013

40% of global infections: KPs
2 % of all HIV funding
9% of all Prevention funding

Cooperism #5

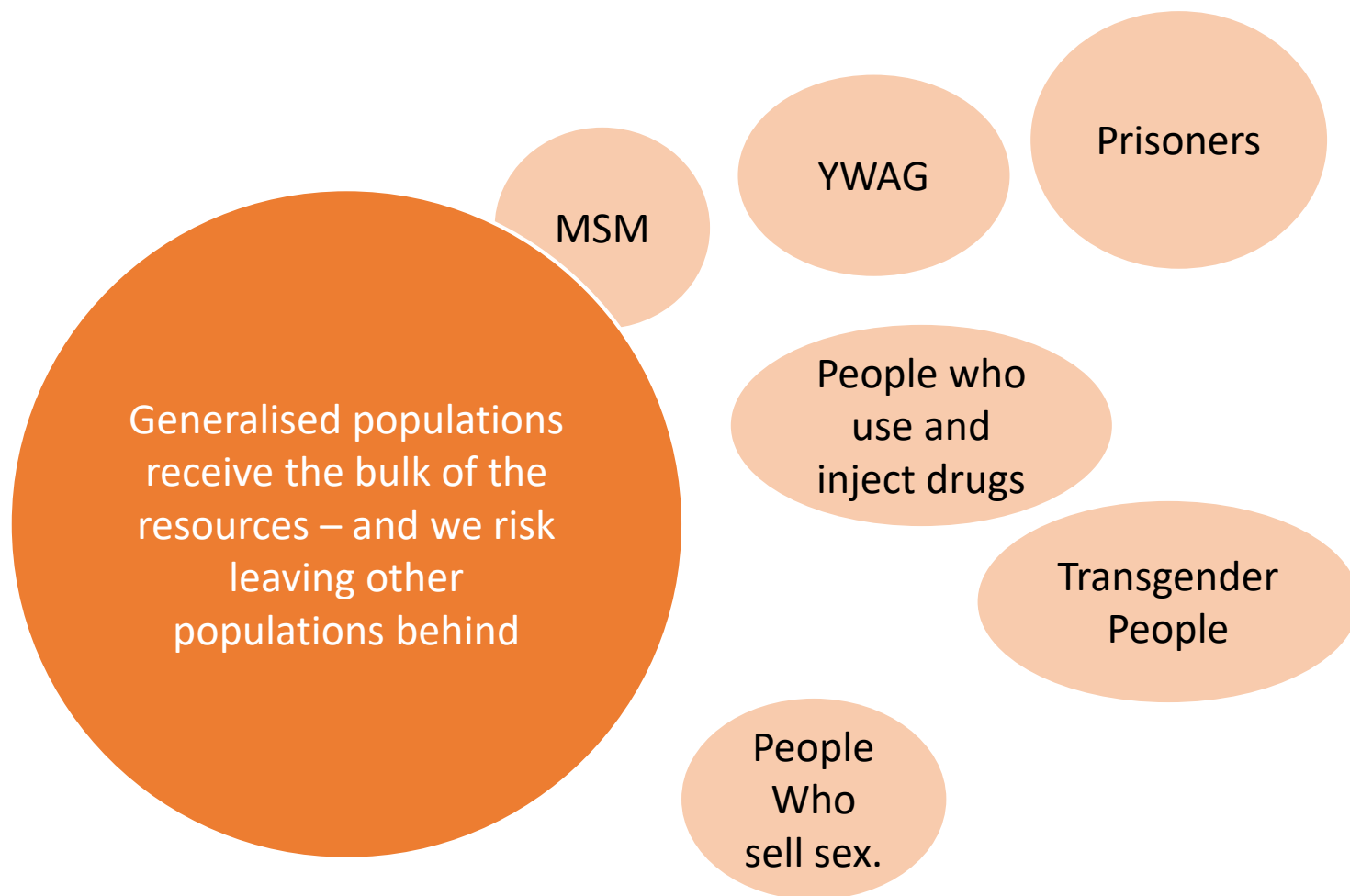


**“It can’t be done without community,
resources and activism....”**

Community empowerment and other programs that have been proven to reduce stigma, discrimination and marginalization, **including in health clinics** have NOT been properly resourced nor brought to scale.

Gains are being made within generalised populations, but there is an alarming shift in disease burden towards key populations.

We can't afford to leave them behind.



Prevention efforts remain chronically underfunded:

National budgets and large grants are used up in the purchase of commodities

But funding critically needed for:

- Community mobilisation
- Interpersonal communications
- Assistance with adherence

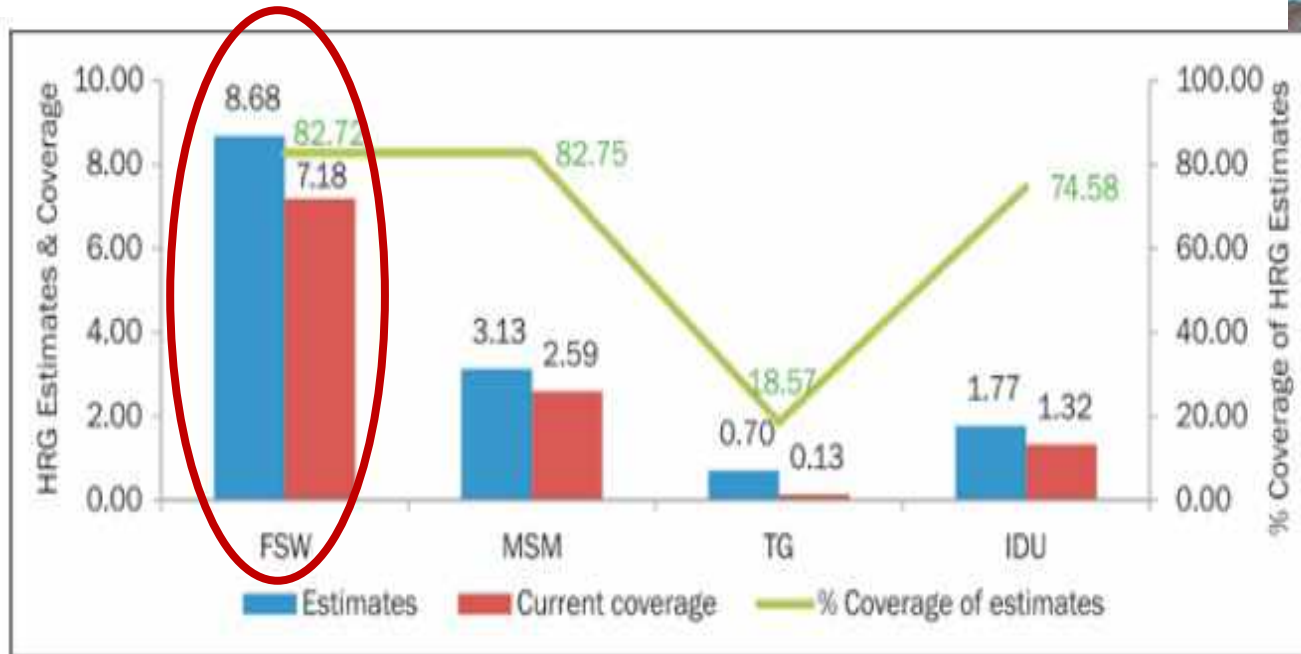
These elements are required to make large-scale treatment and prevention programmes have a meaningful impact.



Sex workers : at high risk, but respond to HIV prevention programs:



Proof of concept study: **India**



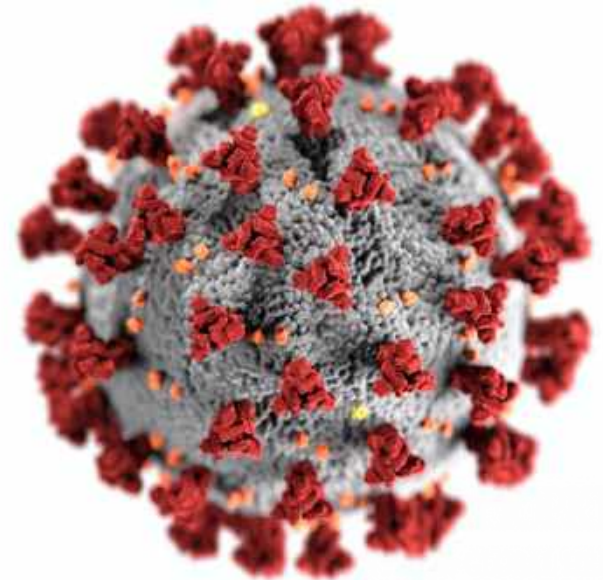
Source: NACO 2014 Annual Report India

Despite illegality of brothels & large-scale stigma and discrimination, **82.8%** of sex workers have been reached by HIV prevention programs & HIV prevalence in sex workers is steadily declining.

= Prevention championed by **Community leadership and participation**

COVID19 LOCKDOWNS

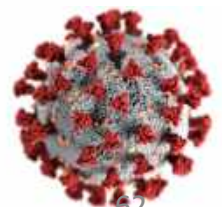
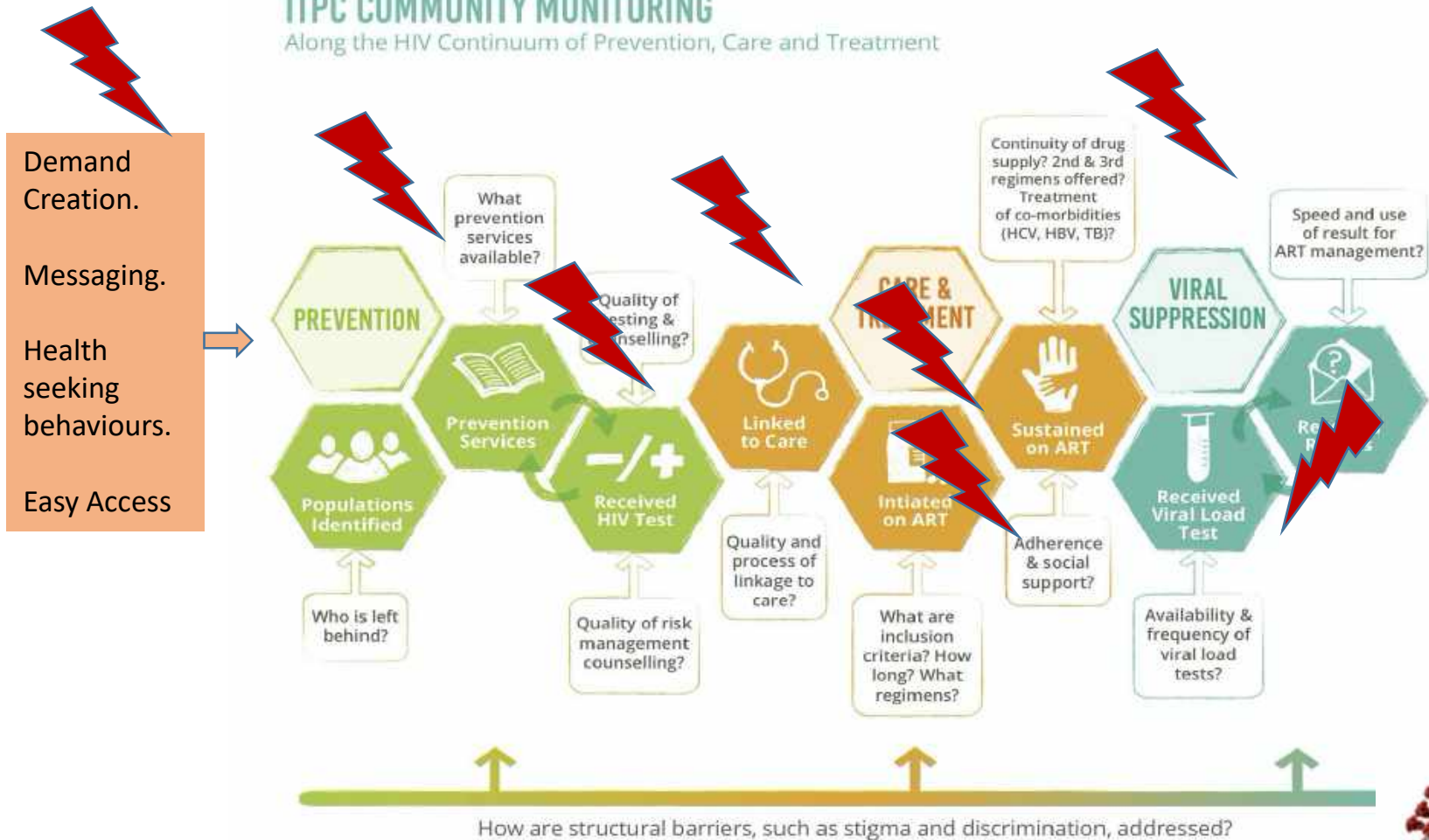
- Single Focus Messaging
- Stay Home
- No services other than essential
- No going to formal or informal places of work
- Clinics place for COVID only
- Fear of “forced isolation” (removal)
- Stigmatisation
- Ambiguous messaging around HIV/TB risk as a co-morbidity
- Ambiguity about length of time for lockdown
- Ambiguity about travel
- Fear of reprisal – fines, police brutality.



Direct impact of a competing crisis

ITPC COMMUNITY MONITORING

Along the HIV Continuum of Prevention, Care and Treatment





WHO Modelling study

- Gains made in preventing mother-to-child transmission of HIV could be reversed, with new HIV infections among children up by as much as 104%
- A 6-month disruption of antiretroviral therapy could lead to more than 500 000 extra deaths from AIDS-related illnesses, including from tuberculosis, in sub-Saharan Africa in 2020–2021.

What we hear: from the ground...

- 73 countries have warned that they are at risk of stock-outs of antiretroviral (ARV) medicines as a result of the COVID-19 pandemic.
- 24 countries reported having either a critically low stock of ARVs or disruptions in the supply of these life-saving medicines.
- Since April 2020, 36 countries, which comprise 45% of the global number of people receiving ART, have reported a disruption in the provision of antiretroviral services.
- 24 countries are at risk of drug stock-outs of major first-line drugs;
- 38 countries reported a disruption in HIV testing and 23 reported a disruption in HIV viral load monitoring.
- 50% reduction in TB diagnoses at TB reference lab RSA
- 20-30% fewer ART pick ups at clinics
- We are seeing 1/5 of clients at screening and prevention services



Are we ready to embrace new approaches – such as integrating HIV into broader healthcare systems.





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ADVANCING GLOBAL HEALTH AND STRENGTHENING THE HIV RESPONSE IN THE SDG ERA

REPORT OF THE INTERNATIONAL AIDS SOCIETY—LANCET COMMISSION ON THE FUTURE OF GLOBAL HEALTH AND THE HIV RESPONSE



“New era of global solidarity for health...”

Herman Biggs
1859-1923

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

IAS Commitments in 2020



1. Linking HIV with the **broader global health** agenda
2. Pushing **science** to drive policy
3. Uniting **interdisciplinary** scientists, community advocates and frontline healthcare workers at AIDS 2018
4. Investing in **prevention** prioritization
5. Making ground breaking **HIV research** available
6. Making the money work for **people centred** healthcare





“We fought the war on drugs for access to medication – now we need to keep going.”



We must refuse to declare victory until **AIDS is ended** for all populations.

IAS ANNUAL LETTER, 2018

#LeaveNoOneBehind

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- Kaiser Foundation
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- IAS website
- Tony, Daren and all at Kirby Institute.
- Bill, Sharon, Andrea, Aristotle.

“Prevention activism is everyone’s job”

-Archbishop Tutu.



END HIV TRANSMISSION
END ISOLATION
END STIGMA

#LETSENDIT

