ViiV Healthcare's Position on Prevention in HIV

ViiV Healthcare is a company 100% committed to HIV, and we are always looking to move beyond the status quo and find new ways of navigating the challenges of the HIV epidemic. While tremendous progress has been made over the past 30 years, the HIV landscape is constantly changing. We are using our heritage and expertise to refine our approach and map an HIV free future, leaving no patient behind.

We are a patient-centric company with patients at the forefront of all our decisions. We will work in partnership with all stakeholders and policy-makers in order to

1. Focus on key affected populations
2. Focus on most impacted geographies
3. Support priority interventions with meaningful partnerships.

By working in conjunction with key stakeholders, we can achieve better outcomes for people impacted by the disease through expertise-sharing, synergy of partnerships, innovative R&D, and ensuring that the care provided supports PLHIV to lead healthy and full lives.

The Issue

There is currently no cure for HIV, though sustained adherence to effective antiretroviral treatment (ART) can control the virus and has meant that many people living with HIV (PLHIV) now have a life expectancy comparable to those living without the condition.[i] Despite the effectiveness of existing treatments, the importance of prevention programmes cannot be overstated.

Globally, the number of people who are newly infected with HIV is continuing to decline.[ii] This reduction is attributed, in large part, to the impact of increasing access to effective treatments.[iii] However, in 2015 there were still 2.1 million new HIV infections[iv] and in some regions new infection rates are actually rising.[v] The number of new infections in Eastern Europe, central Asia, the Middle East and North Africa and in specific communities in other parts of the world have continued to rise, with the rate of new infections in the Middle East and North Africa peaking at 31% since 2001.[vi] Ending the HIV epidemic will require the 'scale up of other core prevention strategies'.[vii] Whilst treatment as prevention (TasP) and pre-exposure prophylaxis (PrEP) must be considered as critical components, they need to form part of a multi-faceted prevention approach that incorporates treatment, behavioural and structural approaches.

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Operating prevention programmes can present countries with a considerable challenge because the 'implementation of large-scale HIV treatment and prevention programmes requires a country's health, education and infrastructure to be developed sufficiently.'[viii] Even in areas where prevention programmes are in operation, many services struggle to reach key affected populations. For instance, in 2012, in the Asia-Pacific region, only 36% of prevention funding was directed towards men who have sex with men (MSM), injectable drug users, transgender people, and sex workers despite the fact these groups represent the populations 'most affected by the epidemic across the region'.[ix] This same issue of reaching key affected populations is reflected across the globe. For example, in 2014, in Western/Central Europe and North America, nine out of ten new HIV infections were in key affected populations and their sexual partners.[x]

National prevention programmes are often made up of disconnected interventions that can lack clear milestones and operate in silos from one another and other HIV-related programmes. Research suggests that only approximately a quarter of people in the US who were newly diagnosed with HIV were appropriately linked to care.[xi] This, along with further attrition throughout the care continuum, has resulted in only 36% of PLHIV in the US being virally suppressed, which can mean that they are at higher risk of onward transmission.[xi]

In the UNAIDS 90-90-90 strategy, which sets out goals to end the HIV epidemic by 2030, UNAIDS warned that if HIV prevention programmes are not scaled-up, the progress that has been achieved so far will not be maintained.[xii] Globally, efforts have been made to invest in innovative and effective prevention programmes. For instance, access to PrEP has recently been endorsed in countries as diverse as Kenya, Thailand, Canada and Brazil.[xiii] However, in recent years, there has been some stagnation in investment in other prevention research and development programmes. This course must be corrected if the UNAIDS 90-90-90 strategy is to be achieved.[xiv]

Given the ongoing challenges facing prevention services, there is a clear need to increase funding and expand strategies beyond traditional methods. In particular, healthcare stakeholders should consider how new methods of prevention, such as TasP and PrEP, and increasing access to existing prevention programmes, along with improvements to these could reduce the future cost burden of HIV on national health systems.

ViiV Healthcare's Position

Prevention is a core element of HIV care. To end the HIV epidemic, all affected communities should have access to effective prevention services, provided in close conjunction with testing, treatment and care. Prevention programmes are a vital part of efforts to end the HIV epidemic and support the ambition of the UNAIDS 90-90-90 strategy to reduce the number of new HIV infections by 90%, allowing for an end to AIDS by 2030.

In particular, the points below should be considered by all stakeholders:

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- Effective prevention programmes should be supported by interventions that simultaneously address educational issues, dispel stigma and myths about HIV and support and sustain risk reduction behaviors. Studies have found that the decline in the number of new HIV infections over the past 10 years has been clearly linked to changes in behaviour and social norms, together with an increased knowledge of HIV.[xv] Prevention strategies that underpin those changes therefore have the greatest potential to assist in halting the epidemic and should be prioritised.
- Given the ongoing challenge of new infections, stakeholders should consider the benefits of developing new treatments and regimens within three key preventative areas: pre-exposure prophylaxis (PrEP), post-exposure prophylaxis (PEP), and Treatment as Prevention (TasP). For instance, the WHO has recently expanded some of its earlier recommendations to offer PrEP to selected key affected populations and is now recommending PrEP for all populations at substantial risk of acquiring HIV, provisionally defined as an incidence of HIV greater than three per 100 person-years in the absence of PrEP.[xvi] PrEP has been adopted by a number of countries worldwide, including the United States, France, Canada, Kenya, and South Africa.
- Prevention strategies should encompass both individual behavioural and healthcare system mechanisms in addition to treatment interventions. This includes the elimination of mother-to-child transmission, condom programmes, voluntary medical male circumcision (MMC) in priority countries and harm reduction strategies that target injectable drug users.
- Increased funding will be needed to achieve the UNAIDS 90-90-90 strategy and sufficient resources need to be committed to HIV prevention, including TasP, PrEP and MMC. In order to ensure that prevention programmes promote health and development, monitoring and evaluation programmes are needed to account for resource allocation and improve programmes over time.[xvii]
- New prevention approaches and interventions need to adapt to local needs and settings, where HIV is concentrated amongst key affected populations.
- TasP has been demonstrated to have by far the most substantial effect on HIV incidence.[xviii] However, there is clear evidence that these programmes need to be scaled up to be effective. While TasP should be viewed as the cornerstone of combination HIV prevention strategies, recent modelling has shown that TasP alone will not be enough to end the epidemic.[xix] Countries will need to develop specific prevention approaches to reach the UNAIDS 90-90-90 strategy and various combination strategies will need to be used, including TasP, PrEP, PEP and other interventional strategies such as educational campaigns, MMC and condom programmes.

Conclusion

Without effective prevention strategies, it will not be possible to bring the HIV epidemic to an end, and we will see continued growth of the epidemic in key affected populations. Treatment as prevention has a key role to play in this goal but, as of 2015, only 46% of PLHIV were receiving treatment globally, and these groups are likely to be those that are easiest to reach.[xx]

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In order to deliver the aims of the UNAIDS 90-90-90 strategy, a combination of scientifically-proven, cost-effective, and scalable interventions that are targeted to the most affected, populations, in the highest impacted geographic areas, will need to be deployed. To achieve this, a collaborative response to HIV is required that encompasses a return to focus on the role of prevention in effective programmes to tackle HIV. All stakeholders, including governments and national healthcare systems, community-based organisations, patient advocacy groups, and industry must work together to translate innovative interventions into appropriately funded, coordinated prevention strategies that are tailored to the characteristics of the particular population affected.

As a specialist HIV company, ViiV Healthcare is focused on continuing to improve health outcomes for society and for PLHIV. ViiV Healthcare plays an important role in the development of innovative treatment strategies designed to reduce the HIV epidemic and is investigating using our medicines, in conjunction with behavioral and other interventional strategies, in preventing infection through both pre-exposure prophylaxis (PrEP) and treatment as prevention (TasP). We continue to explore how we might contribute directly to prevention programmes and actively support national and community organisations involved in HIV prevention and outreach through our Positive Action programmes with the provision of grants and through working in partnership with other stakeholders.

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[i] NHS Choices. What is the life expectancy for someone with HIV?. http://www.nhs.uk/chq/Pages/3106.aspx?CategoryID=118&SubCategoryID=126. Accessed July 2016

[ii] UNAIDs Fact Sheet. 2016. http://www.unaids.org/en/resources/fact-sheet last accessed July, 2016

[iii] UN AIDS. 90-90-90 An ambitious treatment target to help end the AIDS epidemic. 2014. http://www.unaids.org/sites/default/files/media_asset/90-90-90_en_0.pdf Accessed July 2016

[iv] UNAIDS. Fact Sheet 2016. http://www.unaids.org/sites/default/files/media_asset/20150901_FactSheet_en.pdf. Accessed July 2016

[v] UNAIDS. GAP Report. 2014. http://www.unaids.org/sites/default/files/en/media/unaids/contentassets/documents/unaidspublication/2014/UNAIDS_Gap_report_en.pdf Accessed July 2016

[vi] UNAIDS. GAP Report. 2014. http://www.unaids.org/sites/default/files/en/media/unaids/contentassets/documents/unaidspublication/2014/UNAIDS_Gap_report_en.pdf Accessed July 2016

[vii] UN AIDS. 90-90-90 An ambitious treatment target to help end the AIDS epidemic. 2014. http://www.unaids.org/sites/default/files/media_asset/90-90-90_en_0.pdf Accessed July 2016

[viii] AVERT. HIV and AIDS in sub-Saharan Africa regional overview. http://www.avert.org/professionals/hiv-around-world/sub-saharan-africa/overview#sthash.nXk1ISW6.dpuf. Press release. Accessed July 2016

[ix] UNAIDS. GAP Report. 2014. http://www.unaids.org/sites/default/files/en/media/unaids/contentassets/documents/unaidspublication/2014/UNAIDS_Gap_report_en.pdf Accessed July 2016

[x] UNAIDS. Prevention Gap Report.2016. http://www.unaids.org/en/resources/documents/2016/prevention-gap last accessed July, 2016

[xi] AIDSMap. Big gaps in engagement with HIV care and virological suppression. Press release. http://www.aidsmap.com/Big-gaps-in-engagement-with-HIV-care-and-virological-suppression-between-US-states/page/2830348/. Accessed July 2016

[xii] UN AIDS. 90-90-90 An ambitious treatment target to help end the AIDS epidemic. 2014. http://www.unaids.org/sites/default/files/media_asset/90-90-90_en_0.pdf Accessed July 2016

[xiii] UNAIDS. Oral Pre-exposure Prophylaxis. Putting a new choice in context. Press release. http://www.unaids.org/sites/default/files/media_asset/UNAIDS_JC2764_en.pdf. Accessed July 2016

[xiv] AVERT. Funding for HIV and AIDS. Press Release. http://www.avert.org/professionals/hiv-around-world/global-response/funding. Accessed July 2016

[xv] UNAIDS. Combination HIV Prevention: Tailoring and Coordinating Biomedical, Behavioural and Structural Strategies to Reduce New HIV Infections. http://www.unaids.org/sites/default/files/media_asset/JC2007_Combination_Prevention_paper_en_0.pdf. Accessed July 2016

[xvi] WHO. Pre Exposure Prophylaxis (PrEP). WHO expands recommendations on oral PrEP http://apps.who.int/iris/bitstream/10665/197906/1/WHO_HIV_2015.48_eng.pdf. Accessed July 2016

[xvii] Avert. HIV prevention programmes: overview. http://www.avert.org/professionals/hiv-programming/prevention/overview. Accessed July 2016

[xviii] Avert. Treatment as Prevention. http://www.avert.org/professionals/hiv-programming/prevention/treatment-as-prevention. Accessed July 2016

[xix] Williams BG, Lima V, Gouws E. Modelling the Impact of Antiretroviral Therapy on the Epidemic of HIV.. Current HIV Research. 2011;9(6):367-382.

[xx] UNAIDS Fact Sheet. 2016. http://www.unaids.org/sites/default/files/media_asset/20150901_FactSheet_2015_en.pdf last accessed July, 2016