



ViiV Healthcare's Position on Retention into Care

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

UNAIDS 90-90-90 strategy sets out three key elements to ending the HIV epidemic: identifying people with HIV (PLHIV), initiating treatment for PLHIV and achieving viral suppression.ⁱ Patient retention in care, meaning continuous engagement with the healthcare system by the patient, is critical to this strategy.ⁱⁱ

Over the past decade antiretroviral treatment (ART) has transformed the outlook for PLHIV and in recent years treatment coverage has improved markedly in multiple settings. Globally, only 10% of PLHIV were receiving ART in 2006ⁱⁱⁱ but, as of 2015, this figure has increased to 46%.^{iv} According to UNAIDS, in countries 'as diverse as Botswana and Columbia, more than 70% of people diagnosed with HIV infection are currently receiving antiretroviral therapy.'^v

Nevertheless, there are still significant gaps in the HIV treatment cascade that require attention at the national level. The barriers to retention in care for PLHIV vary greatly across the world, but cross-cutting themes include: connectivity to, and availability of, healthcare systems for PLHIV; the use of difficult-to-manage treatment regimens; social, legal and infrastructure barriers; health literacy and the marginalisation of

particularly vulnerable populations.^{vi, vii} In 2011, the WHO carried out a survey covering countries in Africa, Asia, Latin America and Europe. This found that across all regions there was a consistently high level of loss to follow-up, particularly between HIV testing and enrolment in care, and between enrolment in care to ART eligibility.^{viii} Though loss to follow-up is often lower once PLHIV have commenced ART, evidence shows that even after this point there are still significant issues with retention in care, most notably in the first one to two years of ART.^{ix}

One of the largest key affected groups continues to be children and adolescents of women living with HIV, who have one of the highest rate of loss to follow-up treatment after diagnosis^x and where often only a limited array of treatment options is available.^{xi} This group is also often not retained in health systems when they transfer from paediatric to adult services.^{xii}

Addressing these issues, the new 'Global Coalition for Universal Health Coverage', a group of more than 500 leading health and development organisations worldwide is urging governments to accelerate reforms that ensure everyone, everywhere, can access and stay connected to quality health services, or universal access to treatment and healthcare without being forced into poverty.^{xiii}

ViiV Healthcare's Position

Ending the HIV epidemic requires uninterrupted access to lifelong treatment. All HIV stakeholders must work together to ensure that PLHIV are retained in care over time and achieve suppressed viral loads in order to enjoy the best possible health outcomes and minimise the impact on society. This necessitates approaches at global, national, regional and local levels that are grounded in principles of human rights and inclusiveness.

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

- Adherence to ART is key to sustained viral suppression, reduced risk of drug resistance and improved overall health and survival. Policies that support PLHIV staying in care not only deliver better health outcomes for the individual, but also reduce the risk of onwards transmission, and lower the cost of HIV to society as a whole.
- Early initiation of ART, as recommended in the UNAIDS 90-90-90 strategy, has the potential to significantly improve retention in care, particularly in the early stages of care. Previous policies of minimal intervention during the time between diagnosis and eligibility for ART initiation failed to prepare individuals for ART or to proactively address factors that could ultimately affect retention and adherence.^{xiv}
- The factors that impact upon retention in care vary greatly across different countries. These issues should be understood at a country and population level in order to be addressed effectively. There is evidence to suggest that more tailored services are better able to retain PLHIV in care and that community based services improve ART adherence and retention in care.^{xv} As such, these

services should be supported in national HIV treatment and care policies. Integration with other related services, such as sexual and reproductive health services and those related to ageing and comorbidities, such as cardiovascular disease and diabetes, should also be considered to improve linkage to, and retention in care.

- In order to effectively develop local strategies and retain PLHIV in care, there should be meaningful monitoring of HIV programmes. This has historically proved problematic in high burden countries with generalised epidemics.^{xvi} However, monitoring is crucial to developing and informing retention strategies and to re-engage patients who have dropped out of the care continuum. Developing the appropriate monitoring systems should be considered a public health priority in all countries.
- Improving retention in care will rely on efforts to overcome societal issues, as well as problems relating to service coverage. Efforts should be made to intensify educational efforts to increase awareness of the benefits of treatment to the individual and to society at large.^{xvii}
- Stigma and punitive laws continue to undermine retention and these will need to be challenged. Existing societal structures and social attitudes frequently penalise at-risk populations and prevent them accessing HIV programmes. Same-sex sexual acts are criminalised in 78 countries, sex work is criminalised in 116 countries, and drug use is subject to the death penalty in 15 countries.^{xviii} Even where the above activities are not criminalised, they are often subject to damaging stigma. Investment should target human rights programmes as well as infrastructure, yet a UNAIDS survey in 2014 showed that 59% of the civil society organisations that implement human rights programmes are reporting decreases in funding.^{xix} For example, in Malawi, 30% of caregivers cited social stigma as the reason their children were no longer engaged in care.^{xx}

Conclusion

Adherence to antiretroviral treatment (ART) is key to sustained viral suppression, reduced risk of drug resistance, onward transmission as well as general improved overall health and survival. It is imperative that national policy and programmes effectively support PLHIV staying in care. Not only does this deliver better health outcomes for the individual, but it reduces the risk of onwards transmission and lowers the cost of HIV to society as a whole.

As a specialist HIV company, ViiV Healthcare is focused on continuing to improve outcomes for society and for PLHIV. Intervening and structuring pathways of care that minimise drop-offs along the HIV treatment cascade is essential to establishing an effective response to the HIV epidemic. ViiV Healthcare supports national programmes as well as community-based approaches that improve retention rates around the world.

In particular, ViiV Healthcare manages the long-running Positive Action programme (established in 1992), through which, we aim to identify key affected populations and

link them into care. Positive Action works with those communities most affected by HIV on projects covering education, prevention, care, tackling stigma and treatment related issues such as treatment literacy.^{xxi} This includes projects to tackle societal issues surrounding stigma and discrimination and expanding educational efforts to increase awareness of the benefits of treatment to the individual, and to society at large.

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- ⁱ UN AIDS. 90-90-90 An ambitious treatment target to help end the AIDS epidemic http://www.unaids.org/sites/default/files/media_asset/90-90-90_en_0.pdf Last accessed July, 2016
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- ⁱⁱⁱ UNAIDS. The Gap Report.2014. http://www.aidsdatahub.org/sites/default/files/publication/UNAIDS_Gap_report_en.pdf Last accessed July, 2016
- ^{iv} UNAIDS. Fact Sheet 2016. http://www.unaids.org/sites/default/files/media_asset/UNAIDS_FactSheet_en.pdf last accessed July, 2016
- ^v UN AIDS. 90-90-90 An ambitious treatment target to help end the AIDS epidemic http://www.unaids.org/sites/default/files/media_asset/90-90-90_en_0.pdf Last accessed July, 2016
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- ^{vii} UN AIDS. 90-90-90 An ambitious treatment target to help end the AIDS epidemic http://www.unaids.org/sites/default/files/media_asset/90-90-90_en_0.pdf Last accessed July, 2016
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- ^x UN AIDS. 90-90-90 An ambitious treatment target to help end the AIDS epidemic http://www.unaids.org/sites/default/files/media_asset/90-90-90_en_0.pdf Last accessed July, 2016
- ^{xi} UN AIDS. 90-90-90 An ambitious treatment target to help end the AIDS epidemic. http://www.unaids.org/en/sites/default/files/media_asset/90-90-90_en_0.pdf Last accessed July, 2016
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