

Position Statement on Early HIV Treatment for Individual Benefit and for Prevention

1. Background

People living with HIV (PLHIV) have played a key role in HIV prevention, from the earliest days of the HIV epidemic. Recent scientific research has shown a strong correlation between HIV treatment, controlled HIV viral replication and low risk of HIV transmission, leading to findings that, on a population-wide basis, encouraging take-up of HIV treatments is an effective HIV prevention strategy when used alongside other proven prevention measures.

Recent research has also demonstrated the individual benefit of starting treatment early in preserving immune function, improvements which may help prevent a range of health problems associated with living long term with HIV infection including cardiovascular disease, cognitive issues and various cancers.

This position statement articulates the view of Living Positive Victoria on the issue of individual and prevention benefits of early HIV treatment.

2. Foundation principles

In considering the use of HIV treatments for individual and public health outcomes, we strongly assert the primary importance of the human rights of people living with HIV, including:

- The right to decide whether or not to take HIV treatment;
- The right to be properly informed of the benefits and risks associated with any proposed treatment before making any decision to take treatment; and
- The right not to be coerced into treatment, or to suffer any penalty for choosing not to take treatment.

We further assert the need for a shared model of responsibility for HIV prevention, which casts HIV-negative and HIV-positive people as allies with a common goal of preventing HIV transmission wherever possible.

We further accept and endorse the use of evidence-based and evidence-informed policy making processes.

As an organisation seeking an end to the HIV epidemic, we accept our responsibility to support HIV treatment and prevention initiatives that are evidence informed and which are likely to have a significant impact on HIV incidence, and on HIV mortality and morbidity.

3. Early HIV treatment

The effectiveness of antiretroviral treatment in controlling HIV replication and preventing disease progression among people living with HIV is well established. There is increasing consensus that untreated HIV has an adverse impact at all stages of HIV infection.

The US Department of Health and Human Services Guidelines, which are the main reference guidelines used in Australia, have recently been updated to recommend that all people with HIV should consider taking HIV treatment, irrespective of CD4 count, in light of the individual and public health benefits accrued.

Regulations for the Australian Pharmaceutical Benefits Scheme generally limit availability of antiretroviral drugs to people with CD4+ T-cell counts below 500 cells/mm³, unless there are symptoms. However, there is increasing consensus that commencing HIV treatment earlier, when the CD4 count is higher, may protect immune function and help prevent health problems associated with living long-term with HIV. Earlier treatment is now an important consideration, especially with the generally well tolerated, more potent and convenient medications now available.

Further research may provide more information about the optimum time to commence HIV treatment, but in the meantime people with HIV will need to carefully weigh up the possible risks and benefits associated with deferred HIV treatment

Living Positive Victoria's position is that:

- HIV treatments should be available to all those who could benefit from them.
- Comprehensive, up-to-date information should be provided to all PLHIV considering treatment, outlining the benefits and risks of treatment as informed by evidence and expert opinion.
- In advising patients with HIV, treating doctors should be guided by:
 - The patient's wishes;
 - The treatment guidelines and other expert advice; and
 - The particular circumstances of the patient, including the individual's likely ability to achieve necessary adherence levels.
- Barriers to accessing HIV treatment, including restrictions on community pharmacy dispensing, limited S100 PBS indications, the 500 CD4 threshold for treatment; and prescription co-payments, should be removed.
- HIV treatment should be made available to 'Medicare ineligible' individuals on compassionate and public health grounds.

4. Treatment as prevention

While an association between lower viral load and HIV infectivity has long been hypothesised, in recent years compelling evidence has accumulated that effective HIV treatment has a powerful preventative effect on HIV transmission.

It has been clearly demonstrated that HIV treatment stops transmission of HIV from a mother to her baby during childbirth. Further randomised clinical studies have shown that HIV treatment can significantly reduce the risk of HIV transmission in heterosexual couples.

There is widespread opinion amongst medical experts that HIV treatment and undetectable viral load reduces the risk of HIV transmission in other populations, including men who have sex with men. Living Positive Victoria is supportive of research currently underway to help us better understand the effect of HIV treatment on the level of risk across different populations.

There is also important new evidence that HIV transmission can be prevented through use of antiretroviral treatment in HIV negative individuals.

The growing evidence of the benefits of HIV treatment has led to action in many countries, developed and developing, to increase HIV treatments uptake among positive

people, as a mechanism to prevent onward HIV transmission, and to help protect the health and wellbeing of people with HIV.

In December 2011, the National Association of People Living with HIV Australia (NAPWHA), of which Living Positive Victoria is a member, issued a discussion paper¹ outlining bold strategies to reduce rates of HIV infection and to enhance the health and well-being of people living with HIV in Australia.

Specifically, this paper called for a suite of actions, including increasing uptake of HIV treatment by PLHIV, from current levels of about around 50% to 90%.

Additional, Living Positive Victoria supports the actions and intent in the *Implementation the United National Political Declaration on HIV/AIDS in Australia's Domestic HIV Response: Turning Political Will in Action*².

In the *Melbourne Declaration*³ (to which Living Positive Victoria has signed up) the document speaks to the need to enhance access to and uptake of antiretroviral treatment for HIV through the following actions:

- Enhance the scope for people with HIV and their doctors to initiate antiretroviral treatment, including the removal of the PBS indication limiting antiretroviral drug prescribing above CD4 counts of 500.
- Remove financial barriers to treatment uptake arising from patient dispensing fees for HIV antiretroviral medications in all jurisdictions and broaden HIV dispensing arrangements beyond hospital-based pharmacies.
- Establish programs to provide antiretroviral treatment to people with HIV not eligible for Medicare cover.
- Living Positive Victoria is committed to these actions and will endeavour to prioritise these actions through its programs and services and in conjunction with its local partnerships in Victoria and elsewhere.

Living Positive Victoria's position is that we support these calls for action, in particular:

- We support efforts to reduce HIV transmission, including through increased uptake of HIV treatments, and based on principles that:
 - The health and well-being of the individual is always paramount; and
 - The rights of PLHIV (as outlined in section 2 of this statement and elsewhere) are respected and protected.
- People living with HIV should be informed about the benefits of treatment for reducing transmission risk, and about the health benefits for individuals
- HIV clinicians must be able to discuss the risks and benefits of HIV treatment, including its impact on HIV transmission risk, with patients, without duress.
- Educational campaigns directed at informing PLHIV about advances in HIV prevention and treatment, leading to increased treatment uptake by PLHIV should be developed and delivered by PLHIV-run peer agencies in conjunction with their partners. These will encourage an understanding of the health benefits and risks, as well as effects on transmission.

¹[http://napwa.org.au/files/Treat%20and%20Prevent%20HIV%20\(Progress%20Report\)%20\(17%20Oct%2012\).pdf](http://napwa.org.au/files/Treat%20and%20Prevent%20HIV%20(Progress%20Report)%20(17%20Oct%2012).pdf)

² <http://unpdaction.org.au>

³ <http://www.melbournedeclaration.com>

- Support services, including treatments advice, social support and peer support, should be maintained and enhanced to assist PLHIV in making and sustaining treatment decisions.
- Treatment as prevention can only ever be a part of a broader suite of 'combination prevention' initiatives, including improving HIV testing rates, embracing new prevention technologies as they become available, and reinforcing condom use.
- PLHIV in sero-discordant relationships, and PLHIV who are concerned about the risk of transmitting HIV, should be able to access HIV treatment to reduce the risk of onward transmission if they seek it.

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