WHO’s “Treat All” Policy Had Immediate Effect on Global HIV Treatment Rates

In 2015, research led the World Health Organization to recommend treating HIV regardless of CD4 count.

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The World Health Organization (WHO) recommendation in 2015 that all nations provide HIV treatment regardless of an individual’s CD4 count had a rapid and stark effect on increasing rates of rapid access to antiretrovirals (ARVs) in various developing nations.

In 2015, the global START trial proved that treating HIV soon after diagnosis, when CD4s are above 500, offers a net benefit to health compared with delaying treatment initiation until CD4s drop below 350. WHO, which had recommended that people with the virus begin ARVs when their CD4 count declined to various thresholds, promptly shifted to a treat-all policy.

At least 84% of low- and middle-income nations have since formally adopted this universal treatment policy for their HIV populations.

Publishing their findings in PLOS Medicine, researchers funded by the U.S. National Institute of Allergy and Infectious Diseases (NIAID) analyzed data from the International Epidemiology Database to Evaluate AIDS (IeDEA) consortium on more than 810,000 people who enrolled in HIV care between 2004 and 2018 in Burundi, Kenya, Malawi, Rwanda, Uganda and Zambia. These nations launched their own treat-all policies between July and December 2016.

The study authors defined rapid HIV treatment as beginning ARVs within 30 days of enrolling in HIV care.

Four of the six nations analyzed saw significant immediate increases in the proportion of those newly diagnosed who received early HIV treatment after the implementation of the treat-all policy, ranging between a 12.5 percentage point increase in Malawi and a 34.5 percentage point increase in Rwanda. The other two nations, Uganda and Zambia, did not see such an immediate leap in their early treatment rates; rather, the ultimately sharp increases they experienced unfolded over time. Specifically, the early treatment rate increased by 2.2 percentage points per month in Uganda and by 2.6 percentage points per month in Zambia.

These increases persisted over time.

During the period prior to the implementation of the treat-all policy, 55.7% of those who enrolled in HIV care started ARVs within 30 days, compared with 81.6% after the new policy took effect.

The early-treatment rates increased for all subgroups of the population. However, those 16 to 24 years old were less likely than those 25 years old and older to start ARVs rapidly after the initiation of the treat-all policies; similarly, men were less likely than women to start ARVs rapidly.

To read a press release about the study, click here.

To read the study abstract, click here.

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