Celebration and a Call to Action - New WHO Guidelines on HIV Treatment and PrEP

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Health GAP Celebrates New WHO Guidelines on HIV Treatment and PrEP and Calls on Donor and Implementing Countries to Move Swiftly with Implementation

(September 30, 2015) Health GAP welcomes the World Health Organization's release of new global guidelines on HIV treatment, recommending that all people living with HIV be started on HIV treatment regardless of disease stage and encouraging expanded availability of pre-exposure prophylaxis (PrEP) to groups at particularly high risk of contracting HIV.

Earlier guidelines recommended that health care providers wait until people with HIV reached a certain level of disease progression before starting treatment, despite the fact that years ago many wealthy countries including the United States had already begun providing treatment immediately upon diagnosis to all people living with HIV regardless of how advanced their disease. The shift in guidelines comes after new results from the NIH-funded START trial, which provided conclusive evidence of the benefits of immediate initiation in May of this year.

WHO also released guidelines expanding the number of people who should be given pre exposure prophylaxis ("PrEP") to include any person at "substantial risk" of infection. Not only does this include previously recommended key populations men who have sex with men, transgender people, sex workers, people who inject drugs, and prisoners, it would also include other especially vulnerable populations, such as adolescents girls in sub-Saharan Africa, people with disabilities and migrant/mobile populations.

Earlier this year, in an article in the journal Health and Human Rights, Health GAP staff Brook Baker and Matthew Kavanagh, along with several allies, co-authored a piece making the human rights case for universal access to immediate treatment initiation for all people living with HIV. In July 2015, Health GAP then helped to marshal support for the Vancouver Consensus--a statement by eminent scientists, activists and policymakers that called on world leaders and powerful institutions, including the World Health Organization, to act on the new evidence.

"For too long, people living in poor countries have been denied the right to start treatment early, simply because of where they live. These people are often not connected to care and treatment until after their disease has substantially progressed and others die untreated. Today, we pause to celebrate WHO's game-changing recommendation. However, tomorrow we return to the work of making sure that this is met with swift actions by donors and implementing countries, so that the treatment gap is closed with increased funding and accelerated roll out of quality programs and

that no one living with HIV is left behind,” said Jamila Headley, Managing Director of Health GAP.

Only 15 million people are currently on treatment and 37 million are infected, meaning that an additional 22 million people are now eligible for immediate treatment. HIV testing has to be significantly increased, people need to be enrolled in treatment when they test positive, and they will need durable connection to quality care.

“Ending the AIDS pandemic is empty talk without implementation of these guidelines, including fully funding the costs of universal treatment and expanded PrEP,” says Matthew Kavanagh, Senior Policy Analyst at Health GAP. “The beauty of increasing the investment now, is that it will save money and lives in the future”.

Unfortunately donors and major funders are acting as if additional resources are not needed. Just a few days ago the US announced a major initiative to expand treatment and to reduce infections among young women, but it identified no additional resources. “Preliminary estimates show that the US must add at least $300 million new dollars each year over the next few years to existing global AIDS funding to help meet the new treatment and prevention goals,” said Professor Brook Baker, Health GAP’s Senior Policy Analyst. “Likewise, the Global Fund must develop a robust replenishment goal that is significantly more than the $15 billion it sought last time.”

“We can’t afford to adopt global guidelines that can’t be implemented because of donor fatigue, false claims of inadequate resources, and political foot dragging by any country in the world. We need to act on science and we need the resources to do so,” said Asia Russell, Executive Director of Health GAP. “Quality treatment for all is a human right. Period. There is no time to waste--governments around the world must act on the science and overturn unjust and deadly HIV treatment access inequities. It is feasible, it must be done, and donors and implementing country governments must pay for it,” Russell concluded.

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