The Strategic Use of Antiretrovirals:
Progress since the launch of the WHO 2013 Consolidated Guidelines on the Use of ARVs

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Two Key WHO Documents in 2013

- New Guidelines – launched at a strategic time to increase HIV treatment scale-up

- Supporting the adaptation and adoption process at country level

- Implications and challenges for countries and regions
Why new WHO guidelines in 2013…?

- **Advances in science/technology and vision**
  - Technologies (PoC CD4 & VL, new drug formulations)
  - ART for individual and population benefits

- **HIV as a chronic health condition**
  - Treatment adherence and retention
  - Chronic care models – decentralization, integration

- **Despite scale-up, continuing challenges**
  - Low ART coverage among children, adolescents and populations
  - Major gaps in quality and in retention along the continuum of care
Concept Behind Consolidation...

- Consolidation across **populations and ages**
- Consolidation along the **continuum of care**

- Consolidation of new with **existing guidance**
**Clinically relevant**

- Earlier initiation of ART (CD4 ≤ 500)
- Immediate ART for children below 5 years
- ART for all pregnant and breastfeeding women (Option B/B+)
- Simplified, fewer, and less toxic 1st-line regimens (TDF/XTC/EFV)

**Operationally relevant**

- Use of Fixed Dose Combinations
- Improved patient monitoring with increased use of viral load
- Recommend task shifting, decentralization, and integration
- Community based testing and ARV delivery
Countries are already moving..
Adult Eligibility for ARVs in 2012

Globally most currently use CD4 < 350
South Am. adopted CD4 < 500
Percent of Countries Adopting CD4 ≤ 500 and CD4 Independent Criteria for ARVs

- Treatment threshold of CD4 < 500 cells/mm³: 10% (Baseline) vs. 91% (Planned)
- ART for all pregnant women: 38% (Baseline) vs. 69% (Planned)
- ART for HIV+ partner in serodiscordant couple: 27% (Baseline) vs. 65% (Planned)
- ART for HIV+ patients with Hep B: 74% (Baseline) vs. 82% (Planned)
- ART for HIV+ TB patients: 87% (Baseline) vs. 92% (Planned)
Globally most countries indicated in WHO roll-out meetings that they plan to initiate ARVs earlier with a CD4 threshold of \( \leq 500 \), and treat all pregnant women, those with TB and hepatitis.
<table>
<thead>
<tr>
<th>Policy</th>
<th>Baseline (June 2013)</th>
<th>Planned Policies (Nov 2013)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nurse initiated ART permitted in at least some settings</td>
<td>49%</td>
<td>80%</td>
</tr>
<tr>
<td>Routine viral load is recommended</td>
<td>52%</td>
<td>79%</td>
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<tr>
<td>1st line for children &lt; 3 years contains LPV/r</td>
<td>35%</td>
<td>62%</td>
</tr>
<tr>
<td>TDF/XTC/EFV preferred 1st line for pregnant women</td>
<td>44%</td>
<td>89%</td>
</tr>
<tr>
<td>TDF/XTC/EFV preferred 1st line for adults/adolescents</td>
<td>49%</td>
<td>76%</td>
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</tbody>
</table>
Comparison of Baseline and Planned Service Delivery Policies, 2013

- Nurse initiated ART permitted in at least some settings: Baseline 49%, Planned 80%
- Routine viral load is recommended: Baseline 52%, Planned 76%
- TDF/XTC/EFV preferred 1st line for adults/adolescents: Baseline 49%, Planned 89%
- TDF/XTC/EFV preferred 1st line for pregnant women: Baseline 44%, Planned 89%

Globally most countries plan to implement task shifting, viral load and use of WHO preferred first line; however these recommendations appear more challenging as requires greater investments
Rapid Change Towards B/B+

Transition in PMTCT Regimens in the 22 Global Plan Priority Countries

After 2010 WHO PMTCT ARV guidelines

As of June 2013
Pediatric Eligibility for ARVs in 2012

Globally most countries implementing WHO recommendations from 2010
Global Policies on Treatment for Children at any clinical stage or CD4 count 2013

Globally the majority of countries will initiate ART for all children < 5 year; some thinking of going beyond

- **Children < 2 years**
  - Planned (November 2013) = 88%
  - Baseline (June 2013) = 14%

- **Children < 5 years**
  - Planned (November 2013) = 82%
  - Baseline (June 2013) = 11%

- **Other (children <15 yrs)**
  - Planned (November 2013) = 4%
  - Baseline (June 2013) = 2%
Global Trends in recommended WHO ARV regimens, 2012-13

WHO optimized ARV regimens used in most countries

Tenofovir recommended:
- Green: For both adults and pregnant women
- Orange: For pregnant women only
- Blue: For adults only
- Purple: For neither adults nor pregnant women
- Gray: Not applicable
- White: Data not available
- Red: High income country

* World Bank income groups

The boundaries and names shown and the designations used on this map do not imply the expression of any opinion whatsoever on the part of the World Health Organization concerning the legal status of any country, territory, city or area or of its authorities, or concerning the delimitation of its frontiers or boundaries. Dotted and dashed lines on maps represent approximate border lines for which there may not yet be full agreement.

Data Source: World Health Organization
Map Production: Health Statistics and Health Information Systems (HSI)
World Health Organization

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Community ART delivery being piloted in South Africa, Uganda, Zimbabwe, Mozambique, DRC

WHO consultation, Cape Town 6-7 December 2013
2013 Consolidated Guidelines impact on mortality and incidence

Annual HIV related deaths
- 2.9 m HIV deaths
-52%

Annual new HIV infections
- 3.9 m HIV infections
-47%

Source: Special analysis conducted by Futures Institute, 2013
Strategic Use of ARVs for Treatment and Prevention

Priorities for 2014/2015:
• Movement towards scenario five

• SUFA 3 Consultation
  • Gaps in the current guidelines & how to fill from traditional and Implementation Science Research
  • Roadmap of guideline products

• Setting the stage for the post-2015 era

• New areas to consider
  • Cure; linkage to other outcomes & comorbidities (Hepatitis, NCDs)
Extra Slides
Prices paid for 3 Drug fixed Dose Combinations

Prices ($US/year) paid for 3-drug fixed-dose combinations (any)

- Egypt
- Indonesia
- China
- Peru
- Guatemala
- Ecuador
- Cuba
- Colombia
- Chile
- Brazil
- Argentina
- Russian Federation
- Kazakhstan
- South Africa
- Morocco
- India
- Nigeria
- Thailand
- Ukraine

0 200 400 600 800 1000
Trends in global market of specific ARVs