

EATG and TasP

Brian West

Chair of the Board of Directors
- EATG

EATG

- The European AIDS Treatment Group (EATG) is a European network of nationally-based volunteer activists comprising of more than 110 members from 40 countries in Europe
- Our members are representatives of different communities affected by HIV/AIDS in Europe.
- The EATG has position papers on many key areas such as Access & Innovation, Drug Pricing and Prevention

EATG

- We were originally approached by NAM to be a partner in a larger European based project on prevention and new prevention technologies in March 2012
- This large scale project was 'slimmed down'
- In the process, the EATG reviewed its' position paper on Prevention and saw it was out of date with new developments in areas like TasP

The turning point for TasP?

- Kicked off with the 'Swiss Statement'
- HPTN052 – not the 1st – but most definitive – (Drawback – not many gay men...) ¹
- But guidelines – such as those from BHIVA - have changed as a result of this ²

1. <http://www.aidsmap.com/The-HPTN-052-study/page/1847774/>

2. http://www.bhiva.org/documents/Guidelines/Treatment/2012/hiv1029_2.pdf

The debate for EATG re TasP

- The individual is the focus
- Is there 'danger' in the 'public health' approach?
- Could people feel coerced/pressured into taking treatment?
- It is **treatment** – rather than prevention. Knowing that we are less infectious may provide us as individuals with great solace – may provide comfort
- More **Tasp** than TasP... (emphasising the treatment aspect.)

The debate for EATG re TasP

- The medicalisation of prevention is an issue...
- TasP should be part of a package of services, which includes social support, education and counselling
- We – the community – need to take ownership
- The economic situation in some countries is dire – we need to ensure that giving ARVs as prevention does not take ARVs away from anyone who needs it as treatment...

Position Paper – PP- for EATG on TasP

- EATG agreed early on that rather than just reviewing the position paper on Prevention and TasP it would be better to have a community position paper on TasP that many European community groups can sign up to
- T/C arranged with interested members to facilitate this on 23/01/2013

PP key points from T/C on TasP

- PP should be formalised by EATG but with broader community consensus
- Crucial to have the community and people working in the field of HIV prevention on board
- Extremely important for harm reduction in EE. Implementation should also be discussed in it
- PP should be translated into Russian language

PP key points from T/C on TasP

- Again re the content – the individual remains the focus
- Crucial that ARVs are not taken from the people who need them according to clinical guidelines
- So there needs to be an indication for doctors that allows them to prescribe ART - and to get it reimbursed.
- Discussion on CD4 cell criteria for starting therapy - is it relevant or not for the PP?

Draft PP - key points

- Draft PP now out for consultation
- States that evidence exists to support its use to prevent transmitting HIV through vaginal sex - and that there is a large consensus that this is also true for anal sex
- Presents both enormous opportunities to people with HIV but also considerable challenges

Draft PP - key points

- Many members of the HIV-positive community and their partners welcome TasP, seeing ART provision as a way of reducing the guilt, anxiety and possible criminal liability many feel at the prospect of transmitting HIV
- Equally, concerns have been raised by people with HIV and others that using universal ART as prevention as a public health measure could lead to a situation where people with HIV would be pressured into taking ART, regardless of clinical need, risk behaviour or possible drug-related harm.

Draft PP - key points

- So the provision of ART as prevention has to balance
 - advocacy for, and facilitation of, provision of ART to patients who wish or need to take it to reduce their risk of transmitting HIV, even if they fall outside criteria for its provision as treatment
 - advocacy for, and safeguarding of the rights of, patients who do not need or are not yet ready to take ART for clinical reasons and do not need, or wish, to take ART for prevention reasons

Draft PP - key points

- So safeguard patient choice....
 - In the case of people who do not want ART as prevention, there needs to be safeguards against health providers using coercion, pressure or legal threat to persuade them to take ART.

Draft PP - key points

- In an era of financial challenges, when many people still get ill and die because they lack access to ARVs - even in our European geographical area - we need to ensure that providing ARV as prevention will not affect in any way the efforts to make ARV available for anyone who need it.

Draft PP - key points

- **Patient readiness** to take ART is crucial in order to ensure that patients take ART with the high levels of adherence necessary to suppress HIV, and we welcome and recommend the adoption of the patient readiness paradigm, as outlined in the EACS treatment guidelines, as a model to follow
- **Knowledge** - Many people with HIV remain unaware of the prevention benefits of ART or are uncertain of the evidence for it, and we also welcome and recommend the adoption by other guidelines of the BHIVA and EAGA statement in the UK that healthcare providers must inform all patients of the potential prevention benefits of ART, and must prescribe it if, on the basis of that information, the patient asks for it

Draft PP - key points

- There remain many areas of uncertainty and lack of evidence – these include:
 - Anal sex
 - Needle and drug equipment sharing
 - STIs
 - Clinical risk/benefit of ART in people with high CD4 counts
 - The effect on condom use
- Research is needed in these areas
- This is not reasons to restrict the use of TasP to certain groups...

Draft PP - key points

- TasP could give a considerable paradigm shift in what HIV prevention actually involves, who should provide it and what methods should receive priority
- An ongoing programme of training and information is needed to help HIV prevention workers, advocates and recipients respond optimally to what is likely to be a new era in the prevention of HIV.

Draft PP - key points

- The PP is currently out for consultation internally in the EATG - and after that will go out for wider consultation with other European community groups
- It is hoped that it can be finished and presented to the Community Day planned immediately before the IAPAC conference in London in September

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Finished

Thank you...