**SACEMA policy brief July 2014**

# A new era for HIV treatment

## *Shifting the discourse from who and when to how*

**South Africa has the largest HIV treatment programme in the world, with more than 40% of its 6.3 million HIV positive people taking antiretroviral therapy (ART). Globally the vision is slowly shifting from narrow ART eligibility criteria to an inclusive recognition that all HIV positive people are entitled to access ART. However, much of the discourse around HIV treatment still focuses on who should or should not be eligible for ART and what degree of damage to the immune system, measured by the CD4 cell count, warrants intervention by way of ART initiation. We argue that the eligibility debate is fundamentally ill-advised, and that we should rather focus on the challenges around early access to ART for all, which inevitably lie ahead.**

**Where are we now?**

Globally, an estimated 13 million people were taking HIV treatment by the end of 2013, and that number continues to increase. Based on current mortality rates among people on ART, the life expectancy for people infected with HIV could be very close to that for HIV negative people, as long as treatment is initiated early enough. Furthermore, it is now clear that HIV treatment dramatically reduces the risk of transmitting the virus. So why is there still a global debate about the eligibility criteria (such as a sufficiently low CD4 cell count) for starting antiretroviral therapy (ART)?

The fact is that there are still many unanswered questions about the pros and cons of starting HIV treatment very soon after infection. Some of the most prominent concerns being raised, include poor treatment adherence and emerging drug resistance, accumulating liver and kidney toxicities and other long-term side effects of ART, and the feasibility and affordability of an *Early Access to ART for All* policy in a health care system already under severe pressure. Most of these questions will never have a final answer, since HIV treatment regimens will continue to change, as will the costs and side effects associated with them.

**A shift in thinking**

Although these unanswered questions may appear to be reasons for hesitation, we argue that they should be rephrased as practical challenges, to be tackled head-on in a credible bid to end the AIDS epidemic. The question thus changes from “can we” to “*how* can we” reach national and global targets for scaling up HIV testing, improving linkage to care, ensuring high levels of programme retention and HIV treatment adherence, and conducting large-scale monitoring of HIV viral load, ART drug resistance and the cumulative side effects of long-term ART.

*"My vision for ending [the] AIDS epidemic is that there should be voluntary testing and treatment must reach everyone around the world. No one dies form an AIDS-related illness or is born with HIV. People living with HIV are protected by laws and free to move anywhere in the world,"* – UNAIDS Executive Director, Michel Sidibé, 20 July 2014

This shift in thinking is in line with the new call from UNAIDS and other allies in the global HIV response for more ambitious HIV treatment targets, beyond the current target of having 15 million people on ART by 2015. The new targets, to be reached by 2020 include that 90% of all people living with HIV know their HIV status, 90% of all people with diagnosed HIV infection receive HIV treatment and 90% of all people receiving HIV treatment have durable viral suppression.

**The reality of constrained resources**

Reaching universal access to HIV care and treatment services will not be effortless. It will require substantial additional financial and human resources. Encouragingly however, experimental and observational studies from South Africa and other low and middle income countries, are providing mounting evidence that significant progress can indeed be made in this area, provided that there is sufficient political will and leadership.

*"We need to make sure that 90% of the population is tested and that people know their status. Secondly we need to make sure that 90% of people who are eligible for treatment are actually on treatment and lastly we [must] make sure that 90% of people who are already on treatment stay on treatment forever. There are people who ask me whether we can afford all this and my answer always is […] can we afford not to?"* – Minister of Health, Dr Aaron Motsoaledi, 20 July 2014


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