Toronto People With AIDS Foundation

Treatment as Prevention
Position Paper

Background statement

Recent studies have identified a correlation between effective HIV treatment (HAART) resulting in reduced viral load, and reduced rates of transmission primarily at a population health level. Many respected researchers and leaders have led a vocal movement to call for public policy on wide spread treatment of PHAs as a means to reduce global transmission rates of HIV.

The Toronto People with AIDS Foundation (PWA) feels that more data is needed that would reflect a broad and comprehensive interpretation of the impact of treatment on PHAs as well as a genuine understanding of Social Determinants of Health across all applicable settings as they affect HIV transmission rates.

Position

As the largest direct practical support service provider for people living with HIV/AIDS (PHA's) in Canada, representing over 8,000 client voices since our inception, we are resolute in our efforts to pursue optimal health and well-being of PHA's and their rights surrounding access to treatment. ***We believe that it is everyone's fundamental human right to be fully informed, engaged, and self-determined in their treatment choices, and that these rights do not change based on health or HIV status.*** Controlling the spread of HIV infection is only one aspect of addressing HIV/AIDS, and needs to be comprehensive and holistic and include education, behavior change, bio-medical and structural interventions.

Rationale

While HIV treatment has potential to be an effective component of existing prevention strategies, there is a clear need for more research in this field. In addition to questions surrounding efficacy, several key points need to be fully addressed as part of the complex discussion, research and analysis.

- To ensure the best health decisions are made for PHAs, the human rights of PHAs must be respected, in particular their right to be fully informed of treatment options by their health care team, including side effects and limitations, and they must be able to freely consent to or refuse treatment.

- Advocacy for treatment supposes that long-term damage from untreated HIV is more severe than the potential damage caused by long-term use of anti-retroviral medications. At this point, the side effect profile associated with long-term use of anti-retrovirals is unclear and there is emerging evidence of increased incidence of secondary conditions including but not limited to cardiovascular disease, diabetes, organ failure, cancer and lipodystrophy.

- Current data also indicates that even when an undetectable viral load is being maintained in the blood as a result of treatment, the amount of virus in other bodily fluids can and often does remain detectable.

- The capacity for maintaining an undetectable viral load correlates directly with the ability to adhere to a prescribed treatment regimen. Tools exist to promote adherence but historic evidence indicates that even with these tools, adherence continues to be a challenge. The expectation for widely consistent human behavior in a 'treatment as prevention' model is unrealistic. There are many barriers affecting adherence capacity, from mental/emotional and nutritional status to social issues such as housing and access to medical care.

- Considerations need to be made for how adherence issues would affect a prevention strategy dependent on compliance with prescribed treatment regimens.

- One of the more serious potential outcomes resulting from a failure to adhere to HIV medications is the development of HAART-resistant HIV strains.

- Existing studies looking at treatment efficacy are in the context of situations where support for adherence is in place. This begs the question 'to what degree are the treatments alone impacting population transmission vs. the impact of the stabilized support systems being offered?

- For effective programming and long term sustainability, evidence recognizes the need for appropriate support including designated long-term funding and other resources.

- Some individuals may factor the potential for reduced transmissibility into their decision-making around when to start treatment. This should however be addressed with its relevance to one's sexual practices, manageability in relation to adherence and social determinants of health as they may apply as well as priorities around personal health and well-being.

- The perception of reduced transmissibility does however raise some interesting questions.
    - Would public stigma commonly associated with HIV be positively affected by a widespread belief that HIV+ people are 'less dangerous' than previously thought, and do we think there might be an impact on criminalization trends if this were to occur?
    - Also, would widespread application of treatment as prevention increase transmission rates due to changed behavior based on the erroneous belief that all PHAs are being treated and therefore not infectious?

- Finally, what are the limitations posed on prevention methods when newly infected individuals are unaware of their status?

- While providing PHAs with up to date and accurate information is essential to this issue it's equally important to acknowledge that specific racialized communities have their own individual and problematic relationships with western medical science. For example we have seen western medicine practitioners disregard the importance of incorporating Aboriginal and First Nations healing traditions into their community's care and the notable lack of access to HIV primary care for Aboriginal/First Nations people in Canada. We have also seen the Black community's experiences around institutionalized racism and a disregard for informed consent. Based on these and other instances, we are aware of potential reluctance within specific racialized communities to engage with the medical system.

Conclusion

PWA provides services to all people living with HIV/AIDS. In particular to this issue, we are committed to the well being and sexual health of PHAs and the implementation of the Greater Involvement of People with AIDS (GIPA) principles. Working with our clients to address the broader social determinants of health, we are optimally situated to inform the dialogue around Treatment as Prevention and promote comprehensive, holistic care and PHA rights to self-determination.

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For further background information please refer to the Canadian AIDS Society's Anti-retroviral Therapy (ART) as Prevention Position Paper as well as their supporting Background Paper Antiretroviral Therapies (ART) as Prevention: An Ongoing Dialogue, also linked from this page:

http://www.cdnaids.ca/web/position.nsf/pages/cas-pp-0304

Other Resources:

ACT http://www.actoronto.org/home.nsf/pages/act.docs.1169
Avert http://www.avert.org/hiv-treatment-as-prevention.htm
CATIE http://www.catie.ca/eng/PreventingHIV/PreventioninFocus/Issue1/treatment-as-prevention.shtml
SFAF http://www.sfaf.org/files/site1/asset/beta_2009_sumfall_treatprevent.pdf