

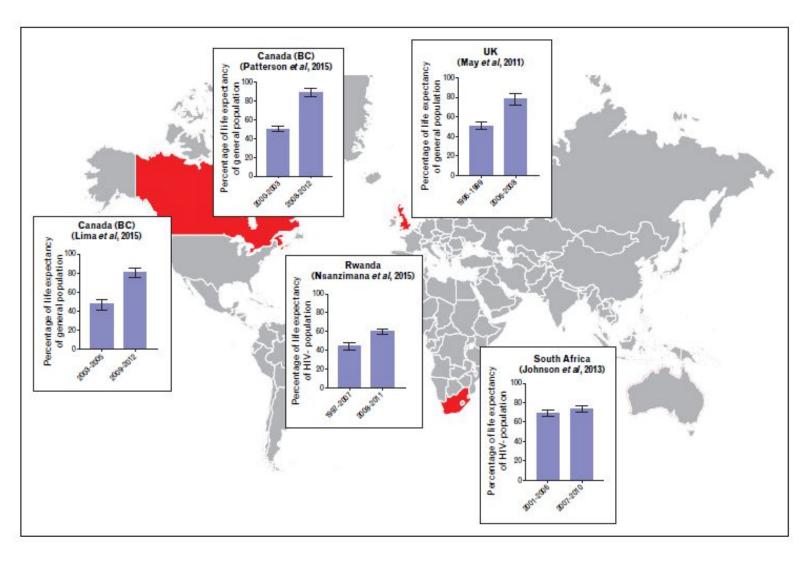


Test and treat: great expectations but challenges everywhere

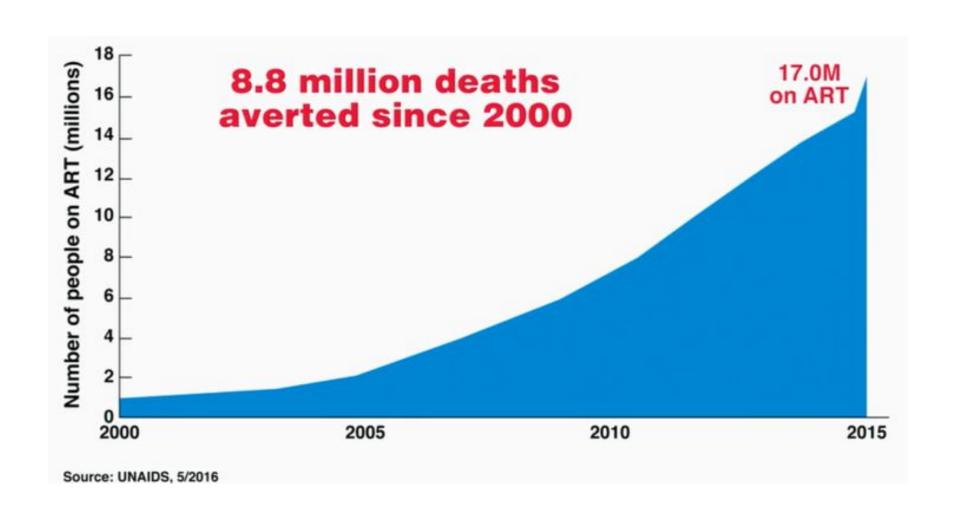
Gilles Wandeler
Department of Infectious Diseases
University Hospital Bern

MMS/aidsfocus.ch Conference 2017 10. May 2017

Life expectancy with HIV is improving everywhere



ART coverage has massively improved... ...but still remains below 50%



Road to elimination

(UNAIDS: 90% reduction of new infections by 2030)

Prevention continuum

- Treat all
- PrEP (PEP)
- PMTCT
- Methods not based on ART (condoms, circumcision, ...)

Care continuum

Early ART for all

Road to elimination

Prevention continuum

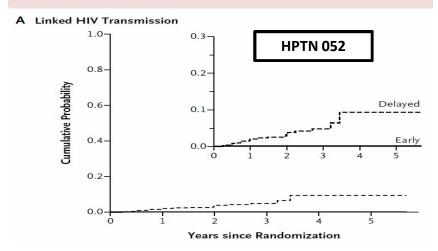
Treat all

Care continuum

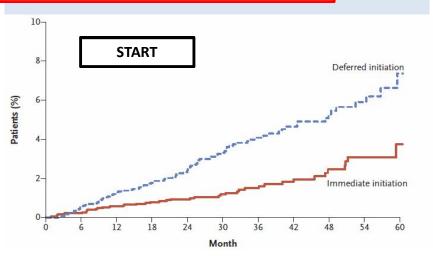
Early ART for all

Test and treat

Scientific evidence is beyond question... ...but implementation is challenging

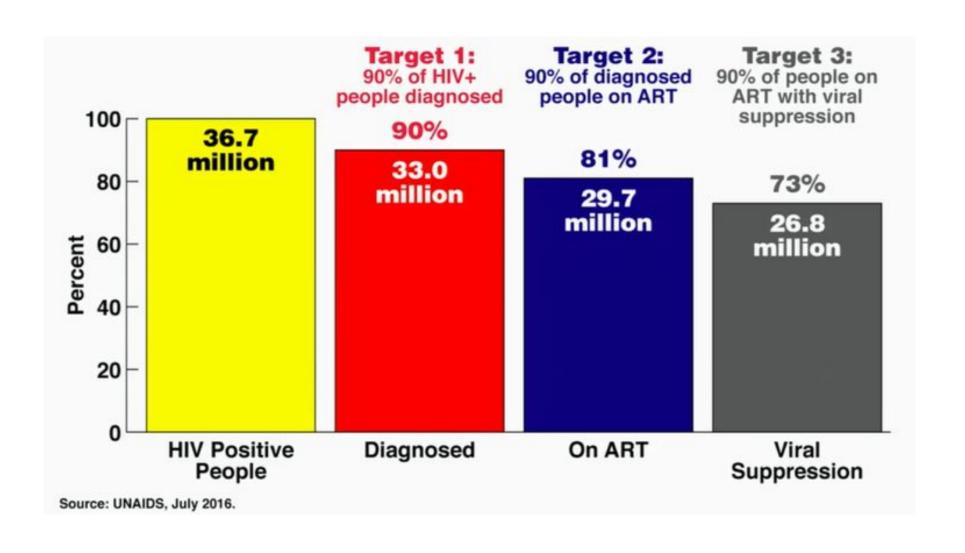


Cohen et al. New Engl J Med 2011

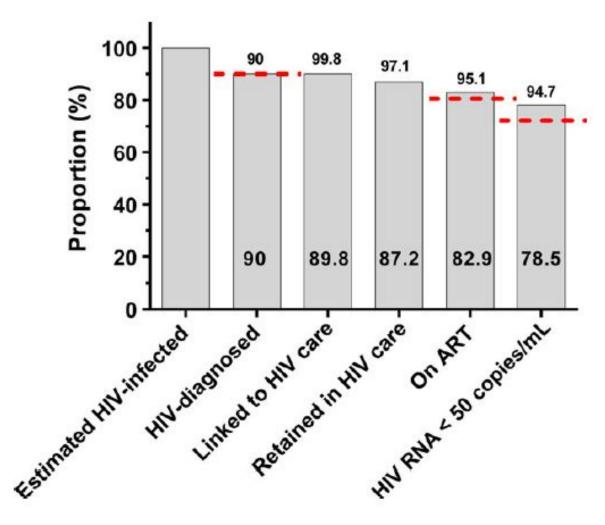


Lundgren et al. N Engl J Med 2015

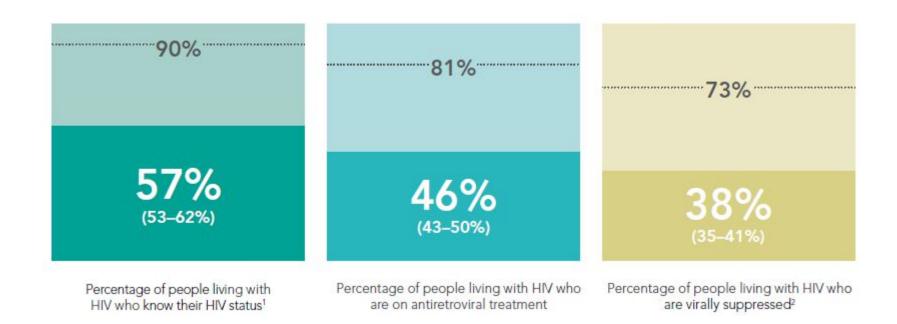
UNAIDS 90-90-90 target by 2020



Sweden was the first country to reach 90-90-90

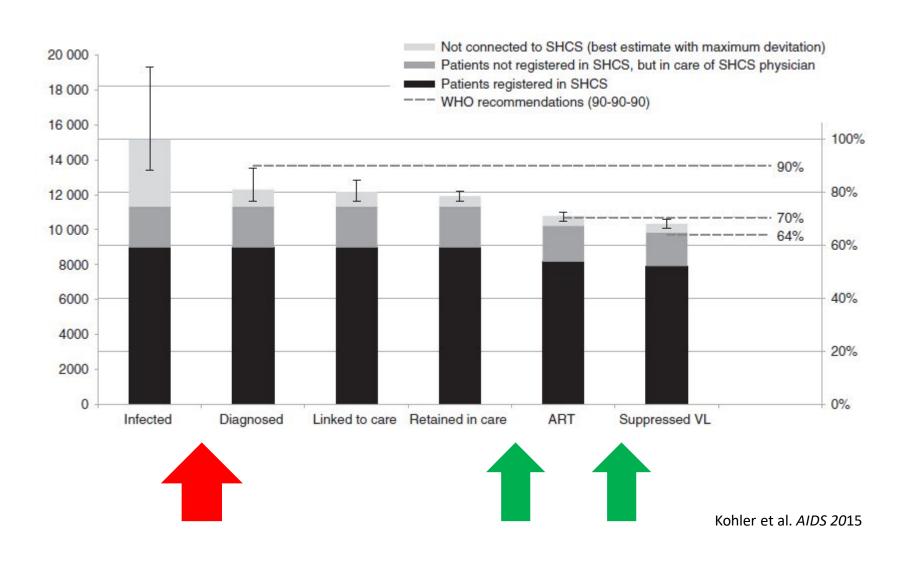


Progress towards 90-90-90 Global HIV treatment cascade (2015)



SWISS HIV COHORT STUDY

HIV care cascade in Switzerland (2012)



90-90-90: **TESTING**

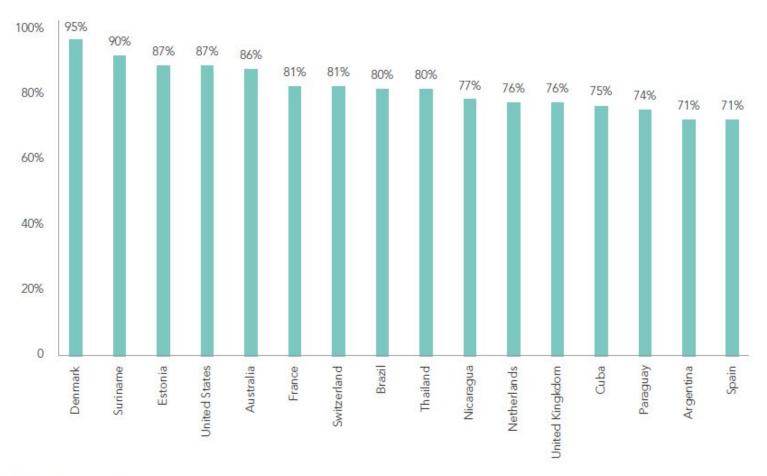
90-<u>90</u>-90: LINKAGE TO CARE 90-90-90: VIRAL SUPPRESSION

Addressing the Achilles' Heel in the HIV Care Continuum for the Success of a Test-and-Treat Strategy to Achieve an AIDS-Free Generation

Targeted Health Service	Challenge	Possible Intervention/Solution
Scale-up testing opportunities	Increasing early-stage testing and diagnosis; suboptimal linkage, adherence, and retention in care in real life; constraints on health systems and human resources	House-to-house testing in high-prevalence settings and opportunistic testing elsewhere; mobile phones weekly 2-way text messages reminders, targeted counseling, single-tablet-regimen to improve adherence; task shifting and possibly expansion of health staff to allow provision of ART in primary healthcare facilities, which house the majority of patients in need; maintaining the drug supply chain and uninterrupted provision of ART
Special services	Stigma; criminalization in selected countries	Advocacy for human rights; specialized clinics for testing and treatment, ART adherence support as per general population
Not prioritized in many countries with high HIV endemicity	Not commonly supported through national healthcare systems	Advocacy for human rights; specialized clinics that include outreach services for testing and treatment
	Scale-up testing opportunities Special services Not prioritized in many countries with high	Scale-up testing opportunities Increasing early-stage testing and diagnosis; suboptimal linkage, adherence, and retention in care in real life; constraints on health systems and human resources Special services Stigma; criminalization in selected countries Not prioritized in many countries with high Not commonly supported through national healthcare systems

The first 90 Only a challenge for low-income countries?

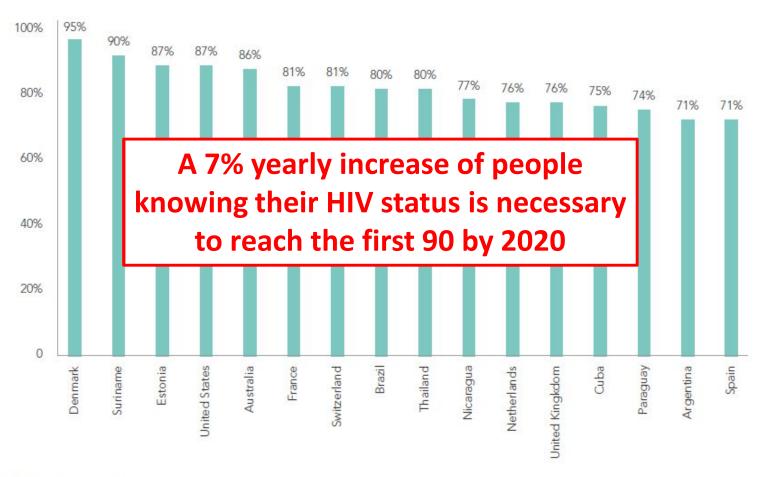
Countries reporting 70% or more knowledge of HIV status among people living with HIV, 2000–2015



Source: IAPAC, www.hiv90-90-90watch.org

The first 90 Only a challenge for low-income countries?

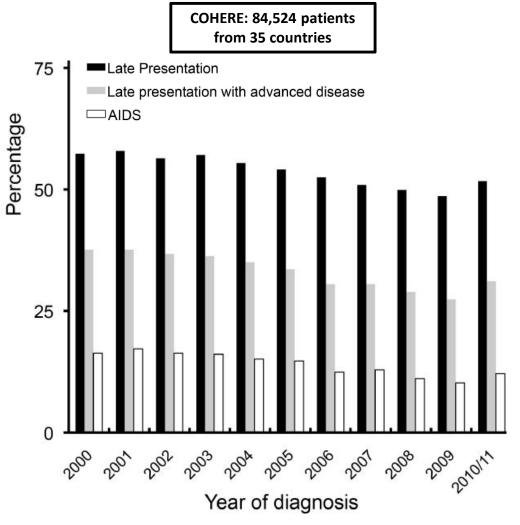
Countries reporting 70% or more knowledge of HIV status among people living with HIV, 2000–2015



Source: IAPAC, www.hiv90-90-90watch.org



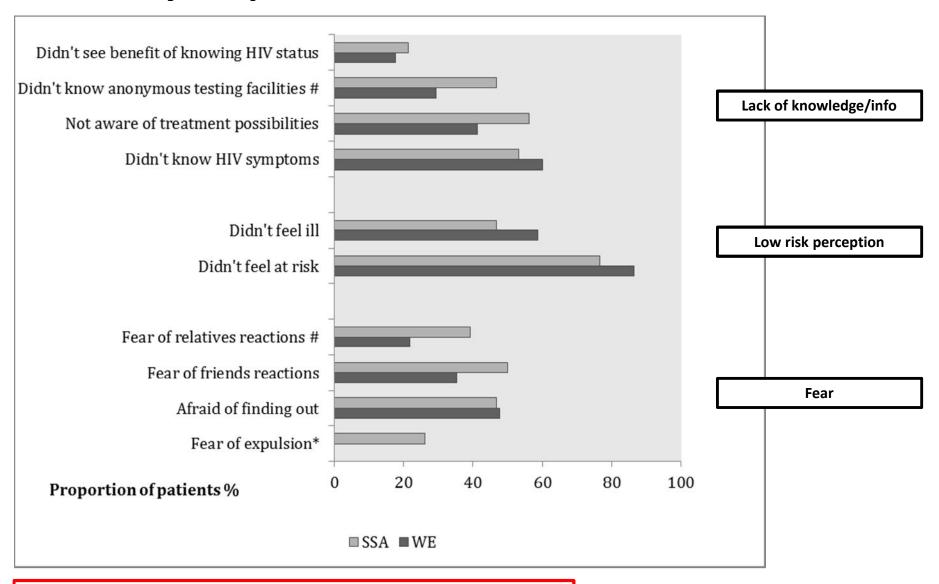
Late HIV testing: a major barrier for reaching 90-90-90 in Western Europe



SHCS: 2009-2012
LP: 680/1,366 (49.8%)
91% were late testers
and presented for care
<3 months after
diagnosis

SWISS HIV COHORT STUDY

Why do patients test late in Switzerland?



Proportion of LP in the SHCS according to region of origin African: 65% vs. Western Europe: 46%

Tailored strategies to improve testing rates in Switzerland: provider-initiated or self-testing?

Barriers to HW testing for migrant black Africans in

Western Europe

Western Europe

Tradented to Remonstrate of the contract 1 Fakoya, R Reynolds, G Caswell and I Shiripinda Structural barriers
Legal barriers
Cultural barriers

Effect of availability of HIV self-testing on HIV testing frequency in gay and bisexual men at high risk of infection (FORTH): a waiting-list randomised controlled trial

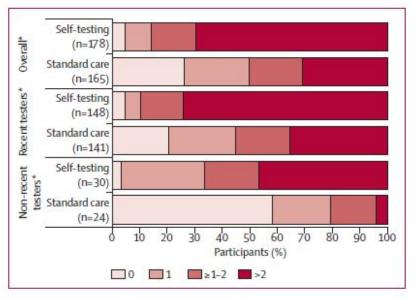
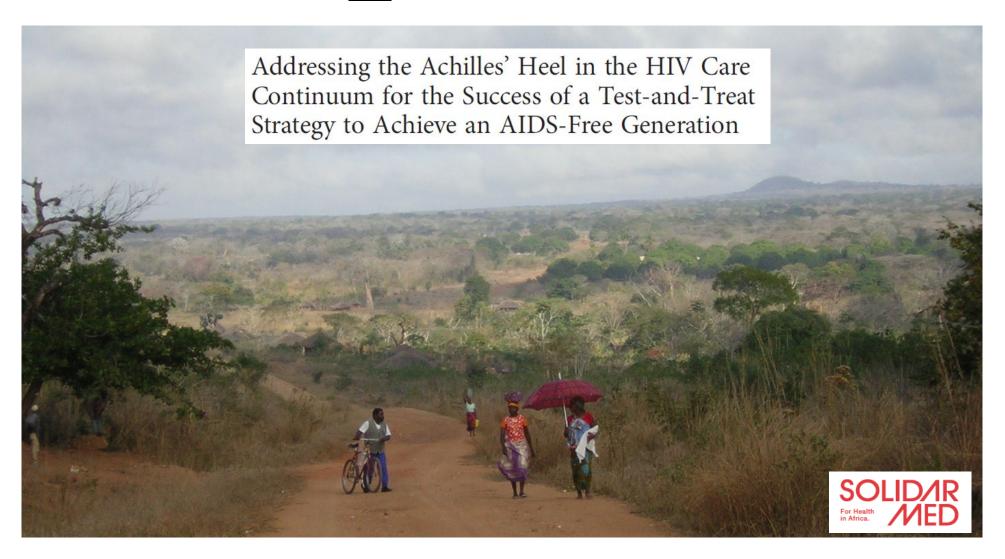


Figure 2: Number of HIV tests during follow-up

<u>90</u>-90-90: TESTING

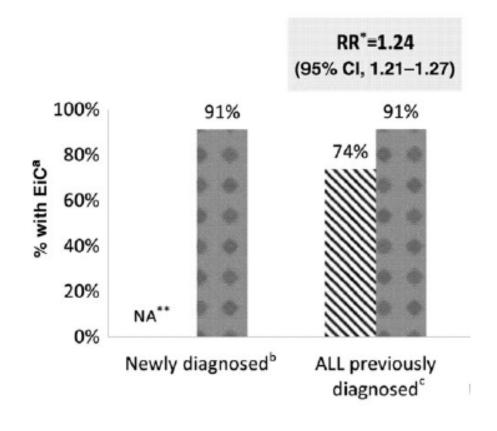
90-<u>90</u>-90: LINKAGE TO CARE

90-90-90: VIRAL SUPPRESSION



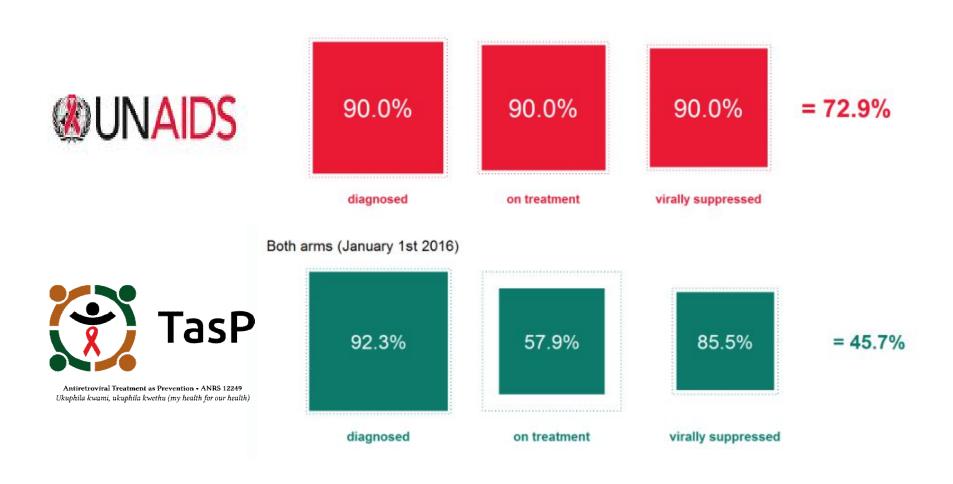
An innovative strategy to improve linkage to care: the NYC Care Coordination Programme

New York City Achieves the UNAIDS 90-90-90 Targets for HIV-Infected Whites but Not Latinos/ Hispanics and Blacks



№ 12 months prior to CCP enrollment
■ 12 months post CCP enrollment

Linkage to care is the biggest challenge in many African settings



90-90-90: **TESTING**

90-90-90: LINKAGE TO CARE

90-90-90: VIRAL SUPPRESSION



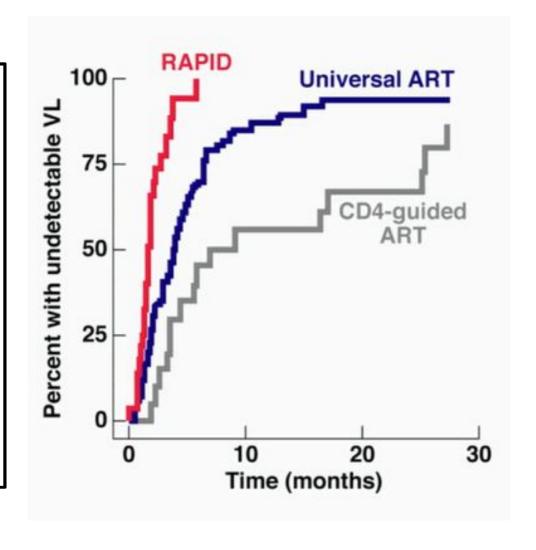
San Francisco rapid care model (same-day initiation) feasible and shortens time to virologic suppression

Setting

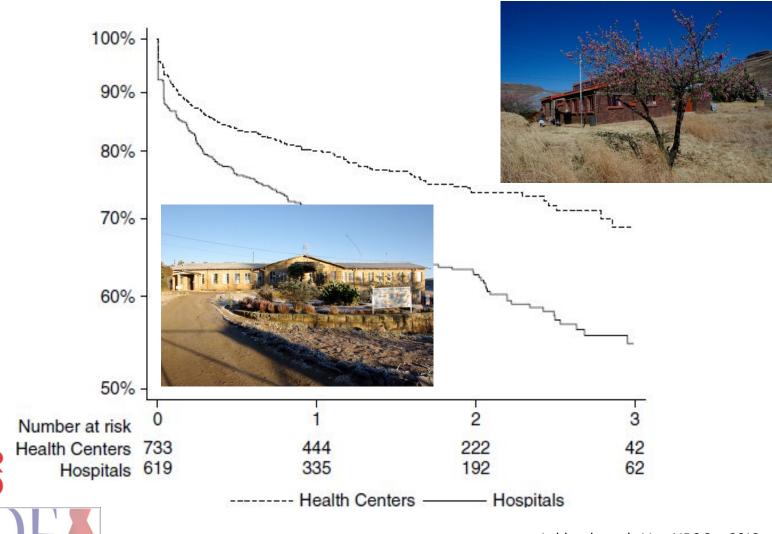
- Consective patients in clinic-based cohort in San Francisco included 06/2013-12/2014
- Those with infection<6 months or CD4<200/mm³ included in RAPID management protocol

Results

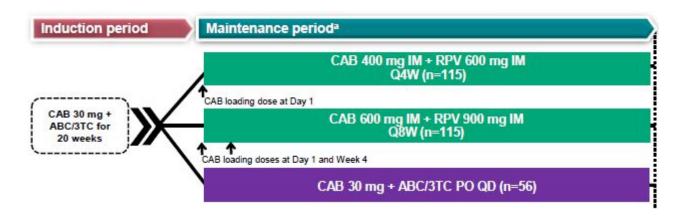
- 39/86 in RAPID. 37/39 initiated within 24 hours
- LTFU: 10% in RAPID vs. 15%
- Time to virol suppression: 2 vs. 4 mo.
- RAPID strategy Increased urgency of arranging heralth care insurance and was time-consuming for staff!



Task shifting improves retention in care for HIVinfected men in Lesotho



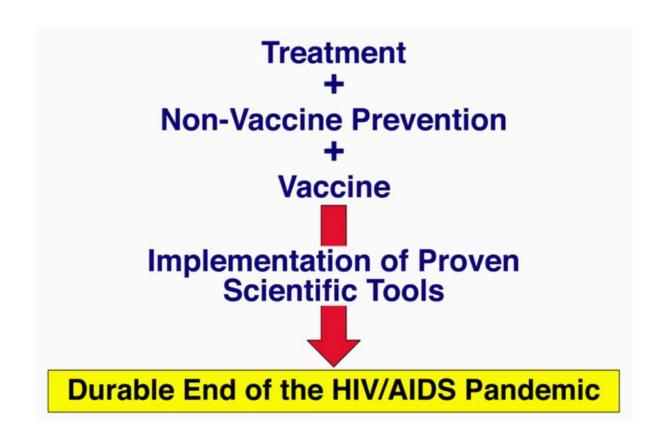
Do we need long-acting maintenance therapy? LATTE-2



WEEK 32: HIV-1 RNA <50 c/mL by Snapshot 95 100 94 91 ■ Q8W (n=115) % 80 HIV-1 RNA <50 c/mL, ■ Oral CAB (n=56) 60 0 Virologic Virologic non-No virologic data success response



Margolis et al. CROI 2016



Thank you for your attention!