



Ambassador Eric Goosby, U.S. Global AIDS Coordinator, far left, stands next to Michel Sidibé, Executive Director of UNAIDS, at the release of Treatment 2015 framework in Nigeria in July.

## UNAIDS urges rapid expansion of access to HIV antiretroviral medicines

### BC-CfE champions new approach to scale up antiretroviral treatment to 15 million people worldwide by 2015 in bid to save more lives

The BC Centre for Excellence in HIV/AIDS (BC-CfE) applauds the Joint United Nations Programme on HIV/AIDS (UNAIDS) for launching a new framework to accelerate action towards the aim of reaching 15 million people with antiretroviral treatment by 2015.

UNAIDS based the new framework on the consolidated guidelines recently put forward by the World Health Organization (WHO) to initiate HIV treatment sooner in order to save more lives and prevent more infections.

In B.C., this approach has been implemented for several years via the BC-CfE-developed Treatment as Prevention strategy, which calls for widespread HIV testing and earlier access to treatment for all medically eligible individuals. As part of the strategy, the Seek and Treat for Optimal Prevention of HIV/AIDS (STOP HIV/AIDS) initiative, designed to expand access to HIV/AIDS medications among hard-to-reach and vulnerable populations, was expanded province-wide in April 2013.

"The end of AIDS is within our grasp, and expanding treatment as prevention, as recommended by the 2013 WHO guidelines, will bring this epidemic to its knees," said Dr. Julio Montaner, director of the BC-CfE. "Together, we can stop AIDS, and move

towards realizing the vision of an HIV and AIDS-free generation. We should rally behind UNAIDS to make the most of this extraordinary opportunity."

UNAIDS' framework, entitled *Treatment 2015*, provides countries with methods to rapidly scale up HIV treatment access to reach this goal initially set by United Nations Member States in 2011, and furthering this target to nearly 26 million people on antiretroviral therapy as soon as possible thereafter.

"Reaching the 2015 target will be a critical milestone," said Michel Sidibé, Executive Director of UNAIDS. "Countries and partners need to urgently and strategically invest resources and efforts to ensure that everyone has access to HIV prevention and treatment services."

Treatment 2015 was developed in partnership with the Global Fund to Fight AIDS, Tuberculosis and Malaria and the U.S. President's Emergency Plan for AIDS Relief (PEPFAR), as well as with the African Union and other key stakeholders, to maximize the impact of HIV treatment on the prevention of morbidity, mortality, and HIV transmission. The framework emphasizes the importance of HIV testing and counseling as gateways to expanding access to antiretroviral therapy and that further efforts are required to normalize HIV testing.

UNAIDS' framework follows guidelines put forward by

the WHO at the 7th International AIDS Society (IAS) Conference on HIV Pathogenesis, Treatment and Prevention in Kuala Lumpur, Malaysia.

*Treatment 2015* outlines three fundamental pillars essential to reaching the 2015 target: increasing demand for HIV testing and treatment services; mobilizing resources and improving the efficiency and effectiveness of spending; and ensuring more people have access to antiretroviral therapy.

UNAIDS notes just 30 countries account for nine out of 10 people who are eligible for antiretroviral therapy, but who do not have access. Intense focus on scaling up HIV services in these 30 countries would have a significant impact on the trajectory of the global AIDS epidemic. The framework also calls for all countries to use the best available data to identify key geographical settings and populations with high HIV prevalence and disproportionate unmet need for antiretroviral therapy.

In B.C., since 1996, the number of HIV-positive individuals receiving treatment has increased from 837 to more than 7,000 in 2012, and HIV-related morbidity and mortality have both declined by approximately 90 per cent since the early 1990s. The number of new HIV diagnoses fell from approximately 900 per year prior to 1996 to 238 in 2012.

» Scaling up access to antiretroviral treatment is critical to achieving an AIDS-free generation."

- Ambassador Eric Goosby, U.S. Global AIDS Coordinator in a news release announcing *Treatment 2015*



# B.C. lauded as leader in selection as host city of IAS 2015



Dr. Julio Montaner, director of the BC-CfE, addresses the IAS Conference in Kuala Lumpur, Malaysia.

Highlighting the province's "groundbreaking" policies and leadership, conference organizers have selected Vancouver to host the 8th International AIDS Society Conference on HIV Pathogenesis, Treatment and Prevention (IAS 2015). The announcement was made during the close of this year's IAS conference in Kuala Lumpur, Malaysia.

Held every two years (alternating with the much broader audience International AIDS Conference), the pathogenesis IAS conference is a unique forum for scientists, clinicians, public health experts, and community leaders to examine the latest developments in HIV science, and explore how such developments can be realistically applied in implementation programs.

"We are excited IAS 2015 will be held in Vancouver," said Prof. Chris Beyrer, IAS 2015 International Chair, IAS President-Elect and Professor of Epidemiology and International Health at the Johns Hopkins Bloomberg School of Public Health in Baltimore, Maryland. "B.C. has a long history of leadership in HIV and AIDS. By developing ground-breaking policies such as Treatment as Prevention, (the province is) making significant inroads against HIV and AIDS and providing best practices to implement in Canada and the rest of the world."

Vancouver was selected to host IAS 2015 following an evaluation of candidate cities conducted by the IAS Governing Council using three main criteria: impact on

the epidemic, sufficient infrastructure, and freedom of movement and travel for people living with HIV and AIDS.

Dr. Montaner, director of the BC-CfE, will serve as IAS 2015 Local Co-chair.

"The IAS conferences truly are exceptional gatherings for all those involved in the field of HIV," said Dr. Montaner. "I look forward to making IAS 2015 another landmark in the global response to the HIV epidemic."

IAS 2015 will be organized by the IAS in partnership with the University of British Columbia Division of AIDS, based at St. Paul's Hospital, Providence Health Care and will take place at the Vancouver Convention Centre, July 19-22, 2015. The conference is expected to gather 6,000 delegates, including 300 media representatives.

This year's IAS conference in Kuala Lumpur featured more than two dozen studies by researchers from the BC-CfE. Among those presenting were Dr. Montaner, who spoke about Treatment as Prevention in British Columbia; Dr. Thomas Kerr, who presented on the HIV epidemic among people who use drugs; and Dr. Bob Hogg, who presented findings on life expectancy among treated HIV-positive individuals.

This is the second global HIV/AIDS conference Vancouver has hosted. The city previously hosted the International AIDS Conference in 1996, when the BC-CfE introduced highly active antiretroviral therapy (HAART). HAART remains the gold standard for HIV treatment.

## STOP HIV/AIDS NEWS

# WHO's new HIV guidelines call for earlier treatment

The World Health Organization (WHO) released new HIV therapy guidelines that could avert an additional 3 million deaths and prevent 3.5 million more new HIV infections between now and 2025.

The new guidelines, titled *Consolidated Guidelines on the Use of Antiretroviral Drugs for Treating and Preventing HIV Infection*, recommend offering antiretroviral therapy (ART) earlier in order to save more lives and prevent more infections.

An advanced version of the guidelines was presented at the 2013 International HIV Treatment as Prevention Workshop, held in Vancouver in April this year and hosted by the BC Centre for Excellence in HIV/AIDS.

"We are pleased to launch these new guidelines to bring the proven benefits of earlier antiretroviral treatment to more HIV-positive individuals," said Dr. Gottfried Hirschall, director of the HIV Department of WHO. "Beyond earlier initiation of ART, there are also recommendations for simplified treatment by a single pill, once daily regimen, and improved monitoring for persons on ART. These new recommendations are a major step forward. Their successful implementation will require sustained commitment by countries, key funders, and implementation partners to achieve universal access to ART."

According to the new guidelines, ART should be administered to all HIV-positive individuals with a CD4

cell count (cells of the immune system that are affected by HIV) of 500 cells/mm<sup>3</sup> or less. Earlier guidelines indicated treatment initiation at a CD4 cell count of 350 cells/mm<sup>3</sup>. In addition, the 2013 WHO guidelines recommend treatment be offered regardless of CD4 count level if there is TB co-infection, or liver disease due to Hepatitis B virus co-infection, or for individuals at very high risk for HIV transmission, such as those in sero-discordant couples and pregnant HIV infected women, who should be encouraged to start HAART during pregnancy and to continue it for life thereafter, and for children infected with HIV under the age of 5 years old.

The new guidelines are expected to expand eligibility to antiretroviral treatment (ART) to an estimated 26 million people globally by 2015. This compares to a target of 15 million people on treatment by 2015 based on the 2010 guidelines. Recent data revealed a total of 9.7 million people were taking these lifesaving drugs at the end of 2012.

"These guidelines represent another leap ahead in a trend of ever-higher goals and ever-greater achievements," said Dr. Margaret Chan, WHO Director-General. "With nearly 10 million people now on antiretroviral therapy, we see that such prospects—unthinkable just a few years ago—can now fuel the momentum needed to push the HIV epidemic into irreversible decline."

## RESEARCH

### Dr. Art Poon receives CIHR New Investigator Award

Dr. Art Poon, associate research scientist for the Research Laboratory Program at the BC-CfE, has been awarded the New Investigator Award in Canadian HIV Vaccine Initiative (CHVI) Vaccine Discovery and Social Research.

The award is conferred by the Canadian Institutes of Health Research (CIHR) HIV/AIDS Research Initiative, in partnership with the CHVI, to support innovative research into prevention and therapy to address the global health challenges of HIV/AIDS. The award is \$300,000 over five years. Dr. Poon's research, which will involve reconstructing the spread and adaptation of HIV, will have implications on the development of anti-HIV vaccines and the global initiative to expand Treatment as Prevention.

### BC-CfE researchers among MSFHR's 2013 Research Trainee Award recipients

Three BC-CfE researchers are among the 59 recipients of post-doctoral fellowship awards through the Michael Smith Foundation of Health Research (MSFHR)'s 2013 Research Trainee funding competition.

Danya Fast, Shira Goldberg, and Ryan McNeil were selected from a pool of 283 applicants. All three will be conducting research in the field of Population Health, including:

**Danya Fast:** *Exploring the gendered dimensions of place, risk, and violence among street-involved youth who do sex work in Vancouver, Canada – A longitudinal ethnographic investigation*

**Shira Goldberg:** *The socio-cultural context of mobility, migration and HIV/STI risk – A mixed methods study among female sex workers in Vancouver, BC*

**Ryan McNeil:** *Exploring the natural history of nonmedical prescription opioid use among street-involved youth and adult injection drug users – An ethno-epidemiological study*

## WHAT'S NEW

### HIV/AIDS Webinar Learning Series

**Date:** Wednesday, September 11, 8-9 a.m.

**What:** The BC-CfE will be holding a webinar for healthcare practitioners, community support workers, and people living with HIV/AIDS on "HIV Diagnosis: Issues in HIV Testing." The webinar will be moderated by Dr. Silvia Guillemi. Speakers for this session include Drs. Reka Gustafson and David Hall, and Paul Kerston.

**Details/registration:** [www.cfenet.ubc.ca/clinical-activities/education-training/webinars](http://www.cfenet.ubc.ca/clinical-activities/education-training/webinars).

### BC Centre for Excellence in HIV/AIDS

- > Improve the health of British Columbians with HIV through comprehensive research and treatment programs;
- > Develop cost-effective research and therapeutic protocols;
- > Provide educational support programs to health-care professionals;
- > Monitor the impact of HIV/AIDS on B.C. and conduct analyses of the effectiveness of HIV-related programs.

Physician Drug Hotline  
1.800.665.7677

St. Paul's Hospital Pharmacy Hotline  
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Funding for the BC Centre for Excellence in HIV/AIDS is provided by the BC Ministry of Health through PharmaCare and the Provincial Health Services Authority.