



Dr. Julio Montaner, director, BC-CfE and Michel Sidibé (left), executive director, UNAIDS welcomed the renewed commitment by UN member states to universal access to HIV prevention, treatment, care and support by 2015.

World leaders identify key targets in battle against HIV/AIDS

Declaration calls on UN member states to achieve universal access by 2015

World leaders at the recent United Nations General Assembly High Level Meeting on AIDS agreed to a political declaration that identifies key targets and timelines to reduce the number of HIV infections and turn the tide against AIDS.

The objectives include a push to eliminate new HIV infections among children and a pledge to increase the number of people on life-saving treatment to 15 million in the next five years. The declaration also calls on UN member states to redouble their efforts to achieve universal access to HIV prevention, treatment, care and support by 2015.

Dr. Julio Montaner, director of the BC Centre for Excellence in HIV/AIDS (BC-CfE), welcomed the new targets and renewed drive for universal access contained in the declaration, signed on June 10 in New York at a meeting attended by more than 30 heads of government.

"I congratulate the UN on making this much-needed contribution to combating the HIV and AIDS pandemic around the world, and setting measurable near-term targets that can and must be met," said Dr. Montaner. "This declaration provides strong momentum for universal access to HIV treatment, which will help those

suffering from HIV lead fulfilling lives and dramatically reduce further transmission of the virus."

Montaner emphasized that universal access is critical to combating HIV and AIDS. He pointed to the success of the made-in-B.C. model of Treatment as Prevention as proof that engaging more people with HIV on highly active antiretroviral therapy (HAART) will have the added benefit of preventing new infections. The BC-CfE's pioneering research on Treatment as Prevention was confirmed by study results released recently by the U.S. National Institutes of Health. Its study showed that use of HAART reduces HIV transmission by over 90 per cent among serodiscordant couples where one partner is HIV positive.

"We have the therapies to effectively conquer this epidemic," said Montaner. "Any further delay in implementing treatments worldwide will result in millions of preventable HIV infections, incalculable misery and death, and jeopardize the health of future generations."

The declaration's targets include further efforts to reduce the sexual transmission of HIV and halve the number of new HIV infections among people who inject drugs by 2015. According to the Joint United Nations Programme on HIV/AIDS (UNAIDS), member states agreed to increase AIDS-related spending to as much as \$24 billion in low- and middle-income countries by 2015.

"These are concrete and real targets that will bring hope to 34 million people living with HIV and their families," said Michel Sidibé, executive director of UNAIDS. "Through shared responsibility, the world must invest sufficiently today so we will not have to pay forever."

The goals set come at a time when international assistance for the AIDS response has dropped for the first time since 2001. The meeting declaration expressed "deep concern" that funding devoted to the HIV and AIDS response trails the magnitude of the epidemic and that the global financial crisis continues to negatively impact the HIV and AIDS response at all levels.



» The evidence increasingly suggests that early antiretroviral treatment is a classic 'win-win,' meaning that it benefits both the individual patient and contributes significantly to a reduction of secondary HIV transmission."

– Dr. Blayne Cutler, director of HIV Prevention Programs, New York City Department of Health and Mental Hygiene quoted on Treatment as Prevention in this issue of *Forecast*



Innovative initiative increases HIV testing and linkage to care in the Bronx

In 2006, Bronx residents accounted for nearly a fourth of New York City's HIV infections and a third of AIDS deaths each year. Among Bronx residents who tested positive in 2006, more than a quarter were already sick with AIDS by the time they learned they had HIV.

In the same year, the United States Centers for Disease Control and Prevention recommended that all patients, aged 13 to 64 years, regardless of risk, should be offered an HIV test in healthcare settings without the need for a separate written consent.

Against this backdrop, the New York City Department of Health and Mental Hygiene (DOHMH) teamed up with community-based organizations, hospitals, and community health centres in the Bronx to launch a three-year, borough-wide HIV testing initiative – The Bronx Knows.

Launched on National HIV Testing Day (June 27, 2008), The Bronx Knows aimed at increasing voluntary HIV testing so that all adult Bronx residents would learn their HIV status, identifying people with HIV who were unaware of their status, and linking people diagnosed with HIV to appropriate care.

"If health care providers offered HIV tests as routinely as cholesterol and blood pressure tests, HIV-positive people would learn their status earlier," said Dr. Blayne Cutler, director of HIV Prevention Programs at DOHMH. "That would dramatically improve their chance of getting the care they need and help them protect their partners."

With more than 75 community partners representing 140 testing locations across the borough, The Bronx Knows has been a great success.

By the end of the second year, over 400,000 tests had been conducted, far exceeding the initial goal of



The Bronx Knows initiative serves as a national model for municipalities seeking to increase HIV testing.

250,000 tests. More than 3,400 individuals had tested positive for HIV. Of these individuals, at least 1,354 learned they were HIV positive for the first time. At the end of the initiative's second year, 68 per cent of those newly diagnosed had been linked to care.

Dr. Cutler acknowledged that Treatment as Prevention is an extremely important strategy in curbing HIV transmission within the community and improving the health of HIV-positive individuals. She noted that The Bronx Knows initiative focuses on a scale-up of HIV testing so that those found to be HIV positive can be linked to appropriate treatment immediately.

"The evidence increasingly suggests that early antiretroviral treatment is a classic 'win-win,' meaning that it benefits both the individual patient and contributes significantly to a reduction of secondary HIV transmission," said Dr. Cutler.

The groundbreaking Treatment as Prevention strategy, which has been heralded internationally, was pioneered at the BC Centre for Excellence in HIV/AIDS (BC-CfE).

HAARTbeats

AIDS at 30: Major advances, but more to do

About 6.6 million people were receiving antiretroviral therapy in low- and middle-income countries at the end of 2010 – a nearly 22-fold increase since 2001. This was one of the key findings of a new report *AIDS at 30: Nations at the crossroads*, released in June by the Joint United Nations Programme on HIV/AIDS (UNAIDS).

The report, released to mark 30 years since the discovery of AIDS, noted many significant milestones have been achieved in the past decade in the fight against the epidemic. Among them:

- a record 1.4 million people started lifesaving treatment in 2010
- at least 420,000 children were receiving antiretroviral therapy at the end of 2010 – a more than 50 per cent increase since 2008
- the number of children newly infected with HIV in 2009 was 26 per cent lower than in 2001 as a result of expanding treatment to HIV-positive pregnant women
- the global rate of new HIV infections declined by nearly 25 per cent between 2001 and 2009

"Access to treatment will transform the AIDS response in the next decade. We must invest in accelerating

access and finding new treatment options," Michel Sidibé, executive director of UNAIDS, was quoted by *Medical News Today*. "Antiretroviral therapy is a bigger game-changer than ever before – it not only stops people from dying, but also prevents transmission of HIV to women, men and children."

However, despite significant gains, the report cautioned that major treatment gaps still remain. At the end of 2010, nine million people who were eligible for treatment did not have access to it. And while the rate of new HIV infections has declined globally, the total number of HIV infections remains high, at about 7,000 per day.

Worried by declining international investments in HIV treatment, Sidibé noted: "If we do not invest now, we will have to pay several times more in the future."

Dr. Julio Montaner, director of the BC Centre for Excellence in HIV/AIDS (BC-CfE), and his team of researchers at the BC-CfE have played a significant role in pioneering highly active antiretroviral therapy (HAART). Over the years, Dr. Montaner has avidly advocated expanded access to HAART to all medically-eligible HIV-positive individuals as a potent weapon in the fight against HIV/AIDS.

STOP HIV/AIDS

New STOP HIV/AIDS website launched



www.stophiv aids.ca

Looking for news, announcements, and information about the STOP HIV/AIDS pilot project and Structured Learning Collaborative? A new website (www.stophiv aids.ca) has the details.

Launched recently as the official web portal for all things STOP HIV/AIDS, the site is home to extensive program overviews, frequently asked questions (FAQs), research summaries, downloadable reports and documents, and contact details.

For participants in the Structured Learning Collaborative, an initiative of the STOP HIV/AIDS pilot project, the site also provides access to the virtual community of the practice discussion forum, which promotes active engagement and dialogue among health care service providers.

Research

High food insecurity among people receiving HIV treatment in B.C.

A person who is food insecure may have limited access to sufficient, diverse and safe foods, and may be forced to procure food in socially 'unacceptable' ways, such as begging, relying on charity, scrounging, stealing or exchanging food for sex. Food insecurity among people living with HIV has been associated with serious adverse clinical outcomes.

A study by the BC Centre for Excellence in HIV/AIDS published in *AIDS Care* found that 71 per cent of individuals receiving HIV treatment in B.C. were food insecure. Odds of being food insecure were greatest among individuals who had an annual income less than \$15,000, used illicit drugs, smoked tobacco, had depressive symptoms, and were younger.

Gaps in HIV drug-resistance testing

Researchers at the BC Centre for Excellence in HIV/AIDS (BC-CfE) have found that despite existing clinical guidelines, many people eligible for baseline resistance testing are not being tested, even though it is available free of charge.

BC-CfE researchers sought to assess the determinants of accessing HIV drug resistance testing and examine the factors associated with resistance testing prior to or after starting highly active antiretroviral therapy (HAART) in B.C., where access to HIV care is free.

Of 359 study participants who started HAART after 2000, almost half did not receive an HIV resistance test before they started HIV treatment. Post-HAART initiation, 165 of 359 study subjects met the criteria for resistance testing based on current therapeutic guidelines after their HIV returned to detectable levels. About 37.6 per cent of them remain untested for resistance.

Having a resistance test helps eliminate those drugs which will not be effective. Researchers found that baseline testing was less likely to be performed for persons of Aboriginal ethnicity and more likely to be performed for patients initiating HAART in 2004 or after. Additionally, people initiating HAART in 2004 or after were less likely to have received a resistance test after their HIV returned to detectable levels.

Study results were recently published in *AIDS Care*.

What's New

Spring 2011 HIV/Antiretroviral Update

The Spring HIV/Antiretroviral (ARV) Update took place on Monday, June 20 at the Sheraton Wall Centre Hotel located across from St. Paul's Hospital in Downtown Vancouver.

The full-day educational event was sponsored by the BC Centre for Excellence in HIV/AIDS and accredited by the College of Family Physicians of Canada.

We will carry a full report on the Spring 2011 ARV Update in our July issue of *Forecast*.

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

1.888.551.6222

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