TasP

Antiretroviral Treatment as Prevention • ANRS 12249
Ukuphila kwami, ukuphila kwethu (my health for our health)

TAKING UNIVERSAL TEST AND TREAT INTERVENTIONS TO THE NEXT LEVEL – WHAT ADDITIONAL INFORMATION IS NEEDED TO GUIDE PUBLIC HEALTH AND OPERATIONAL DECISIONS?

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CONTEXT

The proposition that universal HIV-testing and early initiation of effective antiretroviral treatment for all HIV-positive persons (UTT) can lead to reduced onward sexual transmission and lower HIV incidence at the population level is being, or will be, tested in several large-scale rigorous studies in Southern Africa.

All the UTT strategies that are being proposed for evaluation involve what are in fact major social, as well as biomedical, interventions.

Implementing the Antiretroviral Treatment as Prevention - ANRS 12249 (TasP Trial) provoked thinking about what additional information, beyond trial outcomes and accompanying social science findings, would be needed to inform the likely public health and operational decisions to move UTT intervention strategies to the next level.

We consider some emerging issues regarding the social consequences of UTT strategies and argue the social science within UTT trials needs additional complementary enquiry that focuses specifically on 'scale-up' issues to guide public health and operational decisions beyond the trials themselves.

THE COMPLEXITY OF UNIVERSAL TEST AND TREAT INTERVENTIONS

As a population level prevention strategy, all UTT interventions comprise 2 components:

1) HIV testing of all, or nearly all, of the population to identify those already infected with HIV and thereafter regular and repeat testing of those who test HIV-negative to identify new positives as early as possible after infection

2) Initiation of life-long antiretroviral treatment (ART) as soon as possible after HIV diagnosis and maintenance of other preventive behaviours (e.g. condom-use with all partners) to further support the expected benefits of early ART.

However modeling data suggests the significant prevention benefits of UTT interventions (i.e. reductions in HIV incidence) are obtained only when very high levels of uptake of both components of the intervention are achieved, which presents another level of complexity.

At each stage of the ANRS 12249 TasP Trial innovative social science studies will ensure a comprehensive understanding of the social determinants of intervention uptake and the impact of the intervention at individual, household and community level (see poster abstract # 151). These studies will explain the trial outcomes, but are insufficient to answer emerging public health and operational questions relating to operational scale-up of UTT interventions.

RESPONSES NEEDED TO GUIDE PUBLIC HEALTH AND OPERATIONAL SCALE-UP DECISIONS

Numerous questions require additional enquiry alongside the TasP Trial's social science studies to provide data that can inform 'scale-up' decisions. These fall into 3 broad connected areas:

Social and Behavioural Consequences of UTT Strategies → Change in Individual and Community Norms → Operational and Ethical Implications of Moving into Routine Care

SOCIAL & BEHAVIOURAL CONSEQUENCES OF UTT STRATEGIES

Will continuous provider-initiated regular and repeat HIV-testing remain acceptable? Or will alternative testing modalities (e.g. self-testing) be needed to continue to identify new HIV infections and for how long?

What are the long-term social and behavioural consequences of large numbers of people knowing their HIV-status and starting treatment early?

Will any impacts on sexual behaviour, disclosure and stigma be positive? Will they be sustained in the long term?

CHANGE IN INDIVIDUAL AND COMMUNITY NORMS

Will community perceptions of HIV and healthcare be changed seeing healthy people without obvious illness going to clinics?

Are community norms around testing and treatment, stigma and discrimination affected by prolonged, intense research?

Can the salient positive individual and community-level changes be identified and replicated in a context where UTT is delivered in routine care contexts?

OPERATIONAL AND ETHICAL IMPLICATIONS OF MOVING INTO ROUTINE CARE

Have the requirements for sustainability been assessed as part of the research studies? What needs greatest consideration when moving quickly to transform research interventions into routine care?

Who should lead the 'scale-up' process and at what level? National Departments of Health? Local level hospital managers?

Are there risks in Health or State institutions 'knowing' individuals' HIV-status, their uptake or refusal of provider initiated HIV testing, or their attendance or non-attendance at clinical services?

Are there special concerns especially for vulnerable key groups (e.g. sex workers) where early ART initiation could be portrayed as an intervention 'in the public interest" Or MSM, where criminalisation and potential for blackmail produce a range of special ethical concerns?

CONCLUSIONS

As seems likely, if any of the UTT strategies currently under investigation is shown to significantly reduced HIV incidence at the population level, it is likely to be introduced into routine care quickly. But as our experience has highlighted, UTT strategies have potentially important social consequences that need to be explored alongside the actual trials, to inform any decision to move beyond the trials to implementation.

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