

Treatment as Prevention An Issue Brief by the National Minority AIDS Council

Introduction

Treatment as Prevention is the transformative concept that people living with HIV/AIDS (PLWHA) who achieve viral suppression through adherence to antiretroviral treatment (ART) can reduce the possibility of transmitting the virus to their partners by 96%. Treatment as Prevention (TasP) is a game changer, offering significant benefits to both PLWHA and their partners. While scaling up the use of treatment is central to this concept, expanding testing efforts is equally as critical to its success. A successful model would require early diagnosis and immediate linkage to and retention to care for all PLWHA.

Overview

The original concept of TasP stemmed from earlier research showing that ART reduces the risk of HIV transmission from mother to child. In 2011, HIV Prevention Trials Network (HPTN) study 052 was the first study to conclusively demonstrate the effectiveness of ART in preventing sexual transmission of HIV in sero-discordant couples. The study's implications were so incredible, that its findings were released even before formal the study's formal publication. Based on the preliminary results HPTN 052, achieving viral suppression through adherence to ART reduces the risk of transmission by as much as 96%.

Researches now theorize that transmission reductions through suppressed individual viral loads can be aggregated to a community level. A reduction in individual viral load will result in a proportional decrease in the community viral load. Diminishing community viral load would similarly reduce infection rates throughout the community. Studies in Vancouver and San Francisco suggest that expanded treatment utilization and the accompanying reduction in community viral load are associated with a drop in new infections, but require additional research. Still, in TasP, science has provided us a powerful tool for ending the HIV/AIDS epidemic.

Challenges

The driving goal in scaling up Treatment as Prevention is to facilitate the end of the HIV/AIDS epidemic. Central to this accomplishment is the evidence-based knowledge that a consistently suppressed viral load is associated with a lower probability of transmitting HIV to one's partner. Engagement in a continuum of health care is critical to achieving, and maintaining, a suppressed viral load. Such a continuum includes regular HIV-screening, immediate linkage to and retention in care, prescription of and adherence to ART, as well as a variety of support services. There are a number of barriers impacting engagement in this continuum, including late diagnosis, access to medical care, maintaining sustained engagement in care, as well as access and adherence to ART. Funding shortfalls like those facing AIDS Drug Assistance Programs (ADAPs), only serve to compound these challenges.

Get Involved

- Write your Representative and Senator to articulate the benefits that programs such as the Ryan White Care Act have had for your organization.
- Call your elected officials to relay the importance of preserving funding for critical initiatives such as the Prevention and Public Health Fund.
- Distribute outreach and education materials to your organization's constituents explaining benefits from health reform and how to begin taking advantage of it.

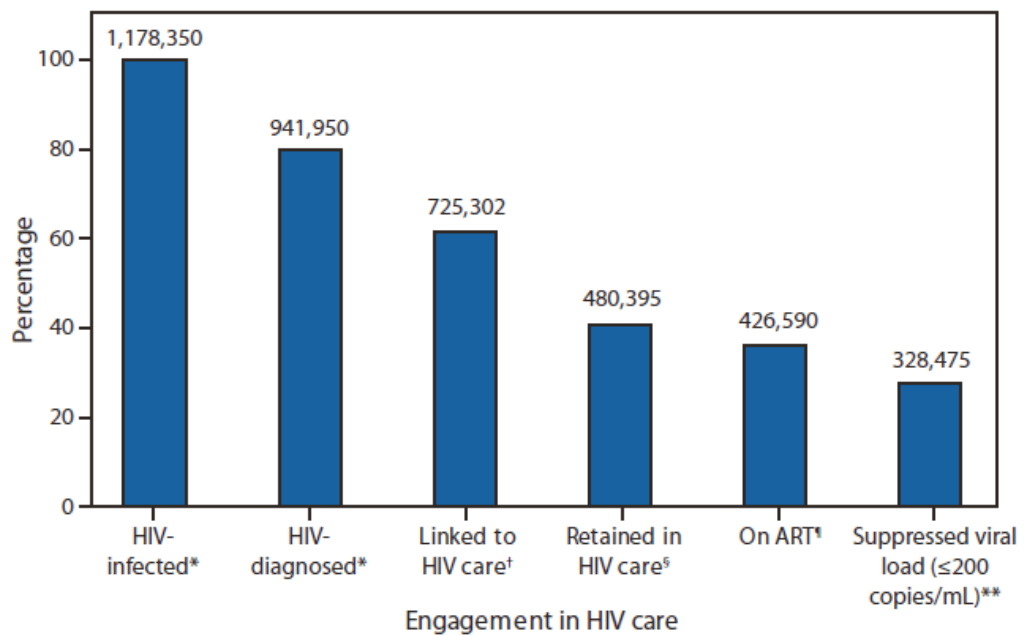
Disparities

The Centers for Disease Control and Prevention’s reports that, of the estimated 942,000 persons aware of their HIV-positive status, approximately 77% are linked to care, but only 51% remained in care. Even fewer receive ART and are virally suppressed. Only 28% of all people living with HIV in the United States have a suppressed viral load. Even more troubling, the CDC notes that Blacks and Latinos have even lower rates of viral suppression. Of those prescribed ART, 84% of whites were virally suppressed, compared to 79% of Latinos and with only 70% of Blacks. The CDC suggests these disparities arise from variations in insurance coverage, prescription drug costs, perceptions of an individual’s probability of adhering to treatment, and a number of other factors. To improve HIV-related health outcomes, and buoy TasP’s implementation prospects, these factors must be addressed.

Opportunities

Treatment as Prevention presents a unique opportunity to merge the priorities of PLWHA and public health officials in a mutually beneficial effort to both improve health outcomes for those living with HIV while reducing new infections and minimizing costs. To that end, the Affordable Care Act and National HIV/AIDS Strategy both offer significant potential in realizing the potential of TasP.

Health care reform eliminates several primary ways the current healthcare system fails people living with HIV/AIDS. First, it prohibits insurance companies from denying coverage based on pre-existing conditions and capping lifetime expenditures. Next, health reform will permit millions to purchase more affordable private coverage through state-based insurance exchanges, often with subsidies based on income level. Critically, the law also eliminates the disability requirement for Medicaid and sets the program’s qualifying income standard at 133% of the federal poverty level, potentially extending health care access to tens of thousands of low-income individuals living with HIV.



In July 2010, the White House released the National HIV/AIDS Strategy (NHAS), the nation’s first-ever comprehensive roadmap for addressing the epidemic. Treatment as Prevention could be key to achieving the goals of the Strategy by reducing HIV incidence through decreased infectiousness, reducing health disparities through targeted connection to treatment and care, and improving health outcomes for PLWHA by increasing the number of individuals enrolled and retained in care and treatment.