

Center for Global Health Policy

Promoting Evidence-based US Action on Global HIV and Tuberculosis

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Global HIV/AIDS Physicians, Advocates Call on White House to Set Bold HIV Treatment Goals for PEPFAR

Program should reach 6 million people with treatment by 2013

WASHINGTON—Physician-scientists working on the frontlines of the HIV/AIDS epidemic today urged the White House to set bold new HIV treatment targets for PEPFAR, the U.S. President's Emergency Plan for AIDS Relief.

The Center for Global Health Policy joined with a coalition of other organizations—including HealthGAP, amfAR (the Foundation for AIDS Research), the Treatment Action Group, and The AIDS Institute—in calling for PEPFAR to reach 6 million people with antiretroviral drugs by 2013 and 7 million by 2014.

"The rapid scale up to provide antiretrovirals to millions of people through PEPFAR and other programs has made AIDS a manageable chronic disease in many resource-constrained environments," said Kenneth Mayer, MD, co-chair of Global Center's scientific advisory committee and a professor at Brown University, where he directs the AIDS Program. "However, the majority of people who need life-saving treatment are not receiving it. With data suggesting that earlier treatment may prevent long-term consequences of HIV disease and may make HIV-positive people less infectious, there is increased urgency to expand access to these medications."

"HIV/AIDS continues to devastate communities throughout the world," said Matthew Kavanagh, Director of US Advocacy for Health GAP. Kavanagh noted that Congress, in its passage of the Lantos-Hyde Act last summer, demonstrated bipartisan support for expanding AIDS treatment in Africa and explicitly mandated that at least half of bilateral HIV/AIDS funding go to treatment and medical services. "Reaching 6 million people is achievable and affordable. It would be a devastating mistake for the administration to low-ball a treatment figure now with millions still waiting for HIV/AIDS drugs," Kavanagh said.

The Global Center and these other organizations, part of the Global AIDS Roundtable Treatment Working Group, detailed this HIV treatment imperative in a memo to US Global AIDS Coordinator Eric Goosby, MD, as the Administration prepares its Congressionally-mandated five-year global AIDS strategy, including treatment goals and funding levels for fiscal year 2011. The memo to Dr. Goosby notes that these aggressive new targets will allow the U.S. to continue its strong leadership in combating global AIDS and can easily be reached if the funding for global AIDS, included when lawmakers reauthorized PEPFAR last summer as the Lantos-Hyde Act, is actually provided.

PEPFAR could meet or even surpass 3 million people supported on treatment within the next 18 months by some estimates. Experts say setting a bold target for 2013, when PEPFAR will be up for reauthorization again, is a vital signal to the world that progress against the disease will continue. The most recent World Health Organization report documents significant steps forward, with 4 million HIV-positive patients accessing treatment; about half of those are supported at least in part by PEPFAR. By 2013, however, many more will be in need of treatment, in part because of a likely revision in treatment guidelines reflecting the scientific consensus that ART should be started earlier. Given that backdrop, advocates say a target of 6 million by 2013 will preserve the U.S. commitment to supporting roughly 1/3 of those in need and will allow U.S. leaders to call on the rest of the world to do their part.

Linear expansion of ART would result in 1.2 million avoidable deaths in the next 5 years in South Africa alone, according to a recent scientific analysis published in the Journal of Infectious Diseases. And scientific evidence has also shown that expanded ARV treatment can have a wide range of other health benefits, from improvements in maternal and child health to decreases in deaths from diseases like tuberculosis.

The Global Center and its coalition partners also urged PEPFAR to move away from the use of toxic d4t-containing regimens to those with tenofovir. This would save money in the long run, since better drug regimens will likely to lead to better adherence, better treatment outcomes, and a reduced need for more expensive second-line antiretroviral drugs.

For more information on this topic or to arrange an interview with an HIV/AIDS expert, please contact Deirdre Shesgreen at 703-740-4954 or dshesgreen@idsociety.org.

The Center for Global Health Policy is an organization of physicians and scientists dedicated to promoting the effective use of U.S. funding for addressing the global HIV/AIDS and TB epidemics by providing scientific and policy information to policymakers, federal agencies, non-governmental organizations, and the media. The Center is a project of the Infectious Diseases Society of America and the HIV Medicine Association.

IDSA is a professional society representing more than 8,600 infectious diseases physicians and scientists devoted to patient care, education, research, prevention, and public health. HIVMA is the professional home for more than 3,600 physicians, scientists and other health care professionals dedicated to the field of HIV/AIDS. Nested within IDSA, HIVMA promotes quality in HIV care and advocates policies that ensure a comprehensive and humane response to the AIDS pandemic informed by science and social justice. All three organizations are based in Arlington, Va.