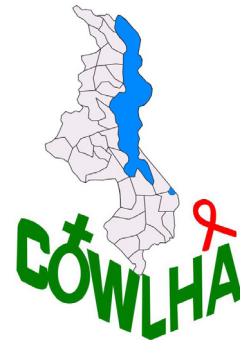
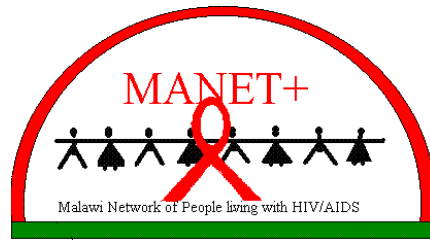


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Early HIV Treatment **as a Right**

Background

Evidence now shows that people living with HIV benefit from starting HIV treatment immediately. This significantly improves their health and prevents further HIV transmission because an **undetectable viral load** is achieved. We therefore call for an accelerated introduction of a national policy on **Universal Eligibility on ART**. The National Strategic Plan for HIV and AIDS 2015-2020 identifies this policy shift as a goal. Given the clear new evidence; we as leaders of Civil Society and people living with HIV networks strongly support the proposed policy shift and call for policy change by 1st July 2016. Along with this change to **immediate HIV treatment, scale up community-based ART models, access to viral load testing and monitoring, ensure human rights protection and expand clinical programs for key population**.

By 2013, approximately 1 million Malawians were living with HIV. By June 2014, half of all people living with HIV were on ART according to MoH data. Between 2010 and 2014 alone, the number of clients on ART has almost doubled from 251,000. With a relatively stable population of people living with HIV, reaching 90% of all people living with HIV is really achievable by increasing the pace of scale up.

Malawi has long been a leader in implementing science-based policies and this has benefitted the population. Well before other countries in the region, Malawi adopted "option B+," which ensures that all pregnant women who test HIV positive enroll on ARVs. Under this policy, ART coverage among HIV positive pregnant and breastfeeding women increased from around 30% in 2010 to 75% in 2013. By 2020; 90% of all people living with HIV will know their HIV status, 90% of all people with diagnosed HIV infection will receive sustained antiretroviral therapy and 90% of all people receiving antiretroviral therapy will have viral suppression. Malawi has almost reached the UNAIDS targets of 90-90-90 among pregnant and breastfeeding women. This has resulted in 66% of babies being born HIV free.

The Problem

Currently most people diagnosed with HIV, whilst still having a high CD4 count are told to wait until it reduces to below 500.

CD4 count tests are a barrier to accessing early HIV Treatment. Many of those who are told to wait come back when their condition has deteriorated to extremely low levels and some eventually die. Studies show that up to 35-45% of clients who test positive never initiate ART because they are "lost to follow up."¹

The Evidence

A renowned medical journal, *The Lancet* published the "2015 Vancouver Consensus". This document ; authored by leading researchers from around the world and the heads of PEPFAR, UNAIDS, and the Global Fund calls upon governments to adopt what is now the clear best standard of medical practice: Early HIV Treatment as a Right.

¹ Rosen S, Fox MP. Retention in HIV care between testing and treatment in sub-Saharan Africa: a systematic review. *PLoS Med.* 2011;8(7):e1001056.

Starting HIV treatment immediately is better for the health of people living with HIV than waiting for a low CD4 count.^{2,3} It decreases the risk of death, developing AIDS, Tuberculosis by more than half⁴, heart disease, cancer, and drug resistance⁵

Starting HIV treatment immediately contributes to having an undetectable viral load which prevents HIV transmission; making ARVs among the most effective HIV prevention strategies.⁶ Studies have shown *no evidence of any HIV transmission between sexual partners* if the HIV+ partner is on treatment and virally suppressed.^{7,8}

Our Demand: Access to Immediate Quality ART is a Human Right Issue

Under both the international right to health and the Constitution of Malawi Articles 13 and 30, people living with HIV have a right to the highest standard of care. The new science creates a new standard and makes access to immediate HIV treatment a core right.⁹ Therefore:

1. Introduce a national policy on Universal Eligibility on HIV Treatment

The Ministry of Health should formulate a new national policy that commits immediate initiation of ART to all persons who test HIV positive irrespective of their CD4 count.

2. Review the current national HIV Treatment Guidelines to include Universal Eligibility on HIV Treatment

The Ministry of Health should issue new national guidelines that direct ART providers to inform and offer treatment to all persons who have tested HIV positive irrespective of CD4 count.

3. Scale up Viral load Testing and Monitoring

The Ministry of Health, PEPFAR and other development partners should work together to ensure that all people living with HIV have a Viral Load test according to WHO guidelines.

²The TEMPRANO ANRS 12136 Study Group. A Trial of Early Antiretrovirals and Isoniazid Preventive Therapy in Africa. *N Engl J Med.* 2015 Jul 20;

³The INSIGHT START Study Group. Initiation of Antiretroviral Therapy in Early Asymptomatic HIV Infection. *N Engl J Med.* 2015 Jul 20;

⁴Suthar AB, Lawn SD, del Amo J, Getahun H, Dye C, Sculier D, et al. Antiretroviral therapy for prevention of tuberculosis in adults with HIV: a systematic review and meta-analysis. *PLoS Med.* 2012;9(7):e1001270.

⁵Uy J, Armon C, Buchacz K, Wood K, Brooks JT. Initiation of HAART at higher CD4 cell counts is associated with a lower frequency of antiretroviral drug resistance mutations at virologic failure. *JAIDS J Acquir Immune Defic Syndr.* 2009;51(4):450–3.

⁶Cohen MS, Chen YQ, McCauley M, Gamble T, Hosseinipour MC, Kumarasamy N, et al. Prevention of HIV-1 infection with early antiretroviral therapy. *N Engl J Med.* 2011;365(6):493–505.

⁷Biraro S, Ruzagira E, Kamali A, Whitworth J, Grosskurth H, Weiss HA. HIV-1 Transmission within Marriage in Rural Uganda: A Longitudinal Study. *PloS One.* 2013;8(2):e55060.

⁸Cohen MS, Chen YQ, McCauley M, Gamble T, Hosseinipour MC, Kumarasamy N, et al. Final results of the HPTN 052 randomized controlled trial: antiretroviral therapy prevents HIV transmission. In: 8th International AIDS Society Conference. Vancouver; 2015.p. Abstract MOAC0101LB.

⁹Kavanagh MM, Cohn J, Mabote L, Meier BM, Williams B, Russell A, et al. Evolving Human Rights and the Science of Antiretroviral Medicine. *Health Hum Rights J.* 2015;17(1):76–90.

4. Scale up programs for key population

The Ministry of Health, Ministry of Justice, National AIDS Commission and all development partners should commit to supporting the scaling up of HIV programmes for key population as stipulated in the HIV policy and HIV Prevention Strategy (2015-2020):

5. Financing Universal Eligibility on HIV Treatment

Reaching 90-90-90 targets means that in Malawi 900,000 people will be aware of their status and 810,000 people will access ART. At USD200/year this would require a total cost of USD162 million. This is a very large investment for Malawi as it implies that over 4% of total GDP will be needed just to fund ARV treatment. However; if funding is used much more effectively, better prioritized and re-aligned; *there could be sufficient funding* to support universal HIV treatment.

Thus; we call upon the Government of Malawi to commit to increasing its domestic funding to more than the current 20%. (2015-2020 HIV National Strategic Plan)

We also call upon other Development partners, PEPFAR, Global Fund, World Bank, CHAI, DFID, to commit to the urgent need for HIV treatment and support the national response at all levels including the community as enshrined in the Malawi Community Charter on getting to 90-90-90.

Our Commitment: Ensuring no one is left behind

1. Scale up community-based support to all People Living with HIV:

We the CSOs commit to mobilizing more people living with HIV to start ART early and renew their commitment to treatment adherence. We will produce evidence of effective alternative community based ART models and ensure that all CSOs implement the **Malawi Community Charter on getting to 90-90-90**.

2. Rights

We the CSOs, commit to uphold the rights based approaches which ensure that People Living with HIV are fully informed about the benefits of early ART, but also the risks to health services in line with international instruments and standards.

3. Accountability & Watchdog role

In partnership with Government and development partners, we will continue to demand, monitor accountability, transparency for an effective and sustainable community and national health systems for people living with HIV.

This Policy Brief has been endorsed by:

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