

ARVs and communities in crisis

Introduction:

Twenty years after the emergence of HIV/AIDS as a major disease, Antiretroviral (ARV) treatment remains the primary method used to treat patients. The method involves the prescription of a combination of ARV drugs that must be ingested daily for the rest of a patient's life. Although the drugs do not cure HIV, they can, if successfully administered, significantly slow the spread of HIV in the body, reduce susceptibility to opportunistic infections, and offer HIV-infected people a much longer and better quality of life.

The Numbers:

In 2005, leaders of G8 nations announced the goal of providing ARV treatment to all who need it by 2010, a target endorsed by UN member states, UNAIDS and the WHO (World Health Organisation). Despite the G8's lofty aspirations and good intentions, the dream of universal ARV access remains a long way off, particularly in Africa, the world's worst affected HIV/AIDS region. At best, only one in ten Africans requiring ARV treatment were receiving it by mid-2005. The target of providing ARV treatment to 3 million people living with AIDS in developing countries by the end of 2005, a goal set by the WHO and UNAIDS, has helped boost the numbers being treated over the past two years. Nevertheless, this '3 by 5' target was not met. By the end of 2005, 1.3 million people in low and middle-income countries were receiving ARV treatment. About 810,000 of them (or 17 percent of those who needed them) were in Sub-Saharan Africa.

The Issues:

1. How Do ARVs Work?

HIV attacks a type of cell in the immune system known as CD4 cells, using them as a breeding ground to replicate itself. As the virus destroys more and more CD4 cells, the risk of contracting opportunistic infections increases. Before ARV drugs became available, it was possible to treat these ancillary infections, but not the HI virus itself.

ARVs work by slowing the replication of HIV in the body. Different types of drugs suppress the process at different stages of the HIV lifecycle, making it necessary to take two - or preferably three - varieties of drugs. A combination of three ARV drugs, known as highly active antiretroviral therapy (HAART), comprises the most common standard of treatment.

2. When Should A Patient Start Taking ARVs?

This is a divisive question. Opinion varies because of concerns about side effects and drug resistance. It is generally not thought beneficial to begin ARV treatment until a patient has reached a certain stage of the disease and/or has a CD4 count below a certain level - usually between 350 and 200. (Healthy adults usually have a CD4 count of at least 800.)

3. What Role Can ARVs Play In Preventing Mother-To-Child Transmission?

An HIV-positive woman can transmit the virus to her baby during pregnancy, during childbirth, or while breast-feeding. A mother with a high 'viral load' (the number of HIV particles in her blood) stands a greater chance of infecting her child than does a mother with a lower viral load. About one in three children born to HIV-infected mothers will also be infected - but there is hope. Even a single dose of ARV drugs administered to the mother at the onset of labour, and to her baby after delivery, can reduce the viral load, raising the chances the baby will be HIV-free.

See: "SOUTH AFRICA: Nevirapine still most readily available method of PMTCT"

http://www.plusnews.org/AIDSReport.ASP?ReportID=4917&SelectRegion=Southern_Africa&SelectCountry=SOUTH_AFRICA

4. Treatment Adherence And Drug Resistance

HIV reproduces itself incredibly quickly. Missing just 5 percent of doses can allow enough time for the virus to develop mutations and build resistance to the ARV drugs. When this happens, the patient's viral load increases again and they must be prescribed a different regimen of drugs (known as 'second-line therapy'). Patients who fail to stick to their daily drug regime pose a huge challenge, especially in poorer regions where regular viral load testing is not feasible. Second-line drugs tend to be much more expensive and difficult to access, compounding the problem for sick and poor patients who require them. The International, non-governmental organisation Médecins Sans Frontières (MSF) has warned of a crisis unless drug manufacturers and regulatory authorities fast track drug availability and slash the cost of second-line drugs in Africa.

See: *"AFRICA: New drugs urgently needed"*

http://www.plusnews.org/AIDSReport.ASP?ReportID=5550&SelectRegion=Southern_Africa&SelectCountry=AFRICA

5. Rolling out ARVs in Poorer Countries

Government scepticism posed a major stumbling block in many African countries when ARVs were first rolled out. A number of politicians and medical officials believed programmes of delivering, administering and regulating ARVs would be too complex and expensive to succeed in the developing world. It was assumed the need for patients to take daily medication, to have regular blood tests and medical checks and to stick to a strict counselling regime would spell disaster - a lot of money wasted on expensive drugs. But the sceptics have largely been proved wrong. In 2002, Botswana was one of the first African countries to implement a national ARV treatment programme. Patients in that country have so far demonstrated equivalent or better adherence to the ARV regime than have their western counterparts.

Today, African governments cannot so easily use the excuse of high drug prices for failing to institute or expand ARV programmes. In fact, recent studies have found that the cost of not providing ARV treatment may actually be higher than that of maintaining such a programme. How is this possible? The short-term costs of treating AIDS-related diseases are higher because more of these related diseases develop without the intervention of ARVs. In the long-term, communities and governments will pay more caring for orphans or replacing skilled members of the workforce than the price of providing ARVs in the first place.

Nutrition - or lack of it - is also a vital component of a well-rounded ARV treatment, especially in poor communities. Patients infected with HIV need more nutrients to compensate for their weakened immune system. But, despite evidence that a healthy, balanced diet can strengthen the immune system and delay the onset of AIDS, experts agree that good nutrition cannot replace ARV treatment. Once a patient begins a programme of ARVs, however, nutrition remains an essential. The necessity of taking the drugs with food means governments and/or NGOs should continue to supplement diets.

See: *"BOTSWANA: Racing to keep resistant HIV at bay"*

http://www.plusnews.org/AIDSreport.asp?ReportID=6069&SelectRegion=Southern_Africa&SelectCountry=BOTSWANA

See: *"NIGERIA: MSF research highlights treatment threat"*

http://www.plusnews.org/AIDSReport.ASP?ReportID=5529&SelectRegion=West_Africa&SelectCountry=NIGERIA

6. Rolling Out ARVs In War-Torn Communities

Maintaining ARV programmes in poor, isolated regions can be tough enough - maintaining them in war zones can sometimes seem impossible. Institutional weakness, inadequate funding and the unpredictable movements of people in regions scarred by conflict pose major challenges to successful ARV treatment. The increased chances that ARV patients will be forced to flee an area and interrupt treatment - treatment that is meant to last a lifetime -- may in turn lead to increased drug resistance.

But hope can be found in the war-shattered town of Bukavu in the Democratic Republic of Congo, where the MSF courageously launched an ARV programme in 2002. A year after citizens in Bukavu began receiving ARVs, the town was attacked, forcing many to flee. Despite this dramatic setback, all those enrolled on the treatment programme kept taking their daily medication. Patients were given emergency stocks when the clinics closed and MSF used local radio to communicate where patients could collect their drugs at temporary points. By the end of 2005, MSF planned to provide free ARV drugs to 900 patients in the city.

Other humanitarian organizations have taken up the challenge, believing ARV treatment should not be ruled out in war zones. The United Nations High Commission for Refugees (UNHCR) has developed recommendations that include the use of pilot projects to identify potential problems and a community-based approach.

See: "HIV/AIDS among conflict-affected and displaced populations: dispelling myths and taking action"
<http://www.irinnews.org/aids/pdf/HIV-and-Conflict-Disasters-9-04.pdf>

Key Websites and Documents:

1. World Health Organization's web page on antiretroviral therapy: <http://www.who.int/hiv/treatment/en/index.html>
2. Journ-AIDS, a web site for journalists reporting on HIV/AIDS issues in South Africa has a fact sheet on treatment with information about antiretrovirals: <http://www.journaids.org/treatment.php>
3. Aidsmap, the web site of a community-based organization in the UK, has a detailed section on antiretroviral treatment: <http://www.aidsmap.com/en/docs/C0478812-B04F-4228-BF68-4730C61070DB.asp>
4. AVERT, an international AIDS charity has a useful page on ARV treatment in resource poor communities on their web site: <http://www.avert.org/aidstreatment.htm>
5. "Progress on global access to antiretroviral therapy," WHO/UNAIDS, March 2006: <http://www.who.int/mediacentre>
6. Médecins Sans Frontières (MSF) has a web site about its campaign for greater access to essential medicines, including ARVs: <http://www.accessmed-msf.org>
7. "Lazarus Drug: ARVs in the Treatment Era," IRIN Web Special, September 2005: <http://www.irinnews.org/webspecials/ARV-era/default.asp>

For West and Central Africa:

1. From CRIP (Regional Centre for AIDS Prevention and Information), a synthesis with a bibliography in French on the treatment access campaign for the southern countries (last update Oct 2005)
<http://www.lecrips.net/webpaca/Publications/accestrtped/accestrtped.htm>
2. Act Up, an experienced France-based NGO, has an interesting page on treatment with news of access campaigns and North-South policies : <http://www.actupparis.org/secteur5.html>
3. The web site of Médecins Sans Frontières (MSF) in French, about the NGO's campaign for universal access to ARVs: <http://www.msf.fr/site/site.nsf/pages/camedndi>

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