

HIV/AIDS: UNIVERSAL ACCESS TO TREATMENT

REALISTIC?

A perspective from Haiti

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30 years history. Or less???

- 1981/83: first cases described / HIV discovered
- 1994: PMTCT
- 1997: HAART
- 2003: HAART in Haiti
- 2011
 - 2-3.5% prevalence
 - HAART: ca. 35.000 adults / ca. 1.600 peads
 - St. Damien: 320 HAART / 600 peads



Globally?

- 2010/11:
 - Pre-Exposure Prophylaxis
 - Circumcision
 - Rx as prevention / test+treat
 - HAART as PMTCT, preserving breastfeeding



Universal Access: Meaning

- treat & scale up possible
 - adult HAART: 35.000 on Rx / 100.000 in need
 - paedts HAART 1.600 on Rx / 2.500 in need
 - PMCTC coverage ca. 50%
- Specific populations
 - Rural patients
 - Urbans slums (cite soleil ca. 150.000, higher prevalence)
 - Teenagers infected from birth
- access, adherence & retention



Obstacles...

- universal testing
 - TB+ : 20-40% HIV+
 - St. Damien admission: 10-15% HIV+
- brain drain ↔ task shifting
- logistics
 - paed combination drugs
 - 2nd line paed ARV Rx
 - ARV Rx monitoring (e.g. viral load)



more obstacles

- How do you take your medicine, when you
 - live with 10 people in one room
 - are to afraid to disclose to your husband
 - have no money for bus to go to a hospital
 - are afraid of/ suffer from side-effects



Access?? Retention!!!

- motivation, incentives, modified DOT
- resistance testing
- prevention in PLWHA & partners...



PMTCT

- Elimination of pediatric HIV infection!
 - St. Damien expanding to PMTCT
- Conditions: vertical vs. comprehensive care
 - support maternal care
 - IMCI for exposed & affected children



Summary

- UNIVERSAL Treatment in 2015??
 - right tools allow for Rx, delay not necessary
 - on our way, far away from finishing line
 - goals are good for advocacy, policy setting & motivation, also on local level
- new strategies, increase challenges (e.g. test&treat, discordant couples)

