How we strike a balance between ‘Treat All' and PrEP where we are 'NOT Treating All'

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MILES TO GO...

21.7 million receiving ART by end of 2017

BUT

40% of people still DO NOT have access

Regional inequalities: 60% in West Africa, 80% in MENA DO NOT have access to ART
When treatment is accessible:

• Sub-optimal drug regimens: toxicity, side effects...
• ARV stock-outs
• Inappropriate treatment monitoring (lack of RVLT)
Community concerns at ITPC’s PrEP Think Thank Meeting (Trinidad 2017)

- Shifts in HIV programming slow down in advocacy efforts to promote access to other services
- Risks to minimize systemic and structural barriers manifested in stigma and criminalization of key populations
- Ethics of providing PrEP in contexts where there is still low coverage of ARV treatment of HIV.
- Real-life feasibility of sustained adherence to PrEP medication in light of legal barriers, continued stigma and discrimination
So...
How we strike a balance?
1- Need to consider the entire « Continuum of Prevention, Care and Treatment »
2- Need to Support Communities to Develop their **own** PrEP Advocacy Agenda

There is NO « No Size Fits ALL »
3- Need to **Improve and support** Community Monitoring

*ITPC Community Monitoring*
Along the HIV Continuum of Prevention, Care and Treatment

- **Prevention**
  - What prevention services available?
  - Quality of testing & counselling?
  - Prevention Services
  - Populations Identified
  - Who is left behind?

- **CARE & TREATMENT**
  - Linked to Care
  - Quality of process of linkage to care?
  - Initiated on ART
  - What are inclusion criteria? How long? What regimens?

- **Viral Suppression**
  - Sustained on ART
  - Adherence & social support?
  - Viral Load Test
  - Availability & frequency of viral load tests?

- **Continuity of drug supply? 2nd & 3rd regimens offered? Treatment of co-morbidities (HCV, HBV, TB)?**

- **Speed and use of result for ART management?**

How are structural barriers, such as stigma and discrimination, addressed?

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**ITPC’s Community Monitoring Model**

**Monitoring and Reporting**

**Community**
- Advocacy alerts (e.g., drug stock-outs)
- Dialogue with Service Providers

**National**
- National Reports
  - Engage with Policy Makers

**Regional**
- Regional Reports
  - Influence Regional Policy Makers

**Global**
- Global Reports
  - Influence Global Policy Processes

**Evidence-Informed Advocacy**
4- Need to Make Medicines more Affordable

Cost and Intellectual Property Rights should NOT constitute a barrier to access to prevention or treatment medicines.

Life-saving drugs are too expensive for many people living with HIV. Some drug companies deliberately keep prices artificially high.
Conclusions

• PrEP IS NOT a just pill !!!
• One size doesn’t fit all
• PrEP should not undermine work on structural barriers and access to other prevention strategies
• Need to improve and optimize treatment available
• Involve communities AND PLHIV in program’s design
• Importance of community monitoring
For more information

www.ITPCGLOBAL.org

www.WatchWhatMatters.org

www.MakeMedicinesAffordable.org