What is Treatment as Prevention and What is it Not?

Treatment as prevention is the use of medications for the treatment of HIV to reduce the risk that an HIV-positive person will pass the virus to their sexual partner. The strategy uses the familiar tools of combination antiretroviral drugs known as antiretroviral therapy (ART) that HIV-positive people take to preserve life and health. ART preserves the immune system, keeps people with HIV healthy and prolongs their productive lives. The HPTN 052 trial has found that ART reduces the risk that an HIV-positive person will pass the virus to their sex partner. HPTN 052 also found that earlier treatment initiation (at CD4 cell counts 350-550) reduced risk of extra-pulmonary tuberculosis—an indication that earlier treatment can improve health outcomes for people living with HIV. Combination ART given to pregnant and lactating women significantly reduces their risk of transmitting the virus during pregnancy and breastfeeding—another example of treatment as prevention.

Treatment as prevention is a strategy that works even when people living with HIV feel healthy and have high CD4 cell counts. A person's viral load can be high even when their CD4 cell count is high and they feel healthy. A high viral load can mean a higher risk of passing the virus on to someone else—no matter the CD4 cell count. ART brings down viral load and reduces the risk of passing on HIV.

Treatment as prevention is a strategy that works when viral load levels are low (or undetectable). If an HIV-positive person is able to take their treatment correctly and consistently, it should control the virus and bring it down to low levels. This benefit has only been seen in people with no other sexually transmitted infections or other health issues—so overall health is important.

Treatment as prevention is a key tool for accelerating the end the AIDS epidemic. There is strong evidence that expanding access to ART to all people—including those with CD4 cell counts above 350—is a key part of combination prevention that can end the epidemic in our lifetime. Testing, prevention of vertical transmission and voluntary medical male circumcision (VMMC) are also key.

The health benefit of treatment initiated above CD4 350 is the subject of ongoing research . There is clinical and observational evidence that starting treatment early (above CD4 count 350) is the best for a person's health, but this evidence is being tested in the START trial and in HPTN 052. The benefits of early treatment will need to be balanced against any side effects of ARVs.

Treatment as prevention does not work overnight. When an HIV-positive person starts ART it takes time for viral load to drop to low or undetectable levels. The safest option is always to use an additional protection method, like a male or female condom—and this may be especially true during the first months of initiating therapy or at any point where adherence is difficult and viral load may not be well controlled.

Treatment as prevention is not an excuse to make treatment mandatory. The decision to start treatment is a personal one and must be made by each individual living with HIV. It cannot be mandated by public health authorities. Access to health care is a human right. Informed consent and individual choice are also essential.

Treatment as prevention is not impossible. Policy makers, advocates and funders may say that we can't treat more people because we already have treatment waiting lists. In fact, treating more people now, at a faster pace than we have in the past, and scaling up VMMC at the same time, is the best way to actually prevent new infections and start to end the AIDS epidemic once and for all.

For more on treatment and prevention and other HIV prevention options in research and rollout visit *www.avac.org*.