WHO MEETING ON NEW PROTOCOLS[1]

The meeting gathered together the representatives from 12 countries of the Eat Europe and Central Asian region (country experts, doctors, managers of national HIV/AIDS programs), the representatives of WHO (headquarters, European and country offices) as well as partner organizations (UNAIDS, UNICEF, Global Fund, etc.). The civil society was represented by three organizations – ITPCru, ECUO and EATG.

During the meeting, WHO presented the overview of the main sections of its new protocols:

1) testing and consulting, patient involvement into the system of treatment;
2) early start of ART, treatment regimens;
3) treatment of main co-infections;
4) ART for pregnant women, breastfeeding mothers and those who do not breastfeed;
5) ART for children; and
6) Monitoring of treatment effectiveness, adherence and integrated care.

One of the meetings was about the creation of national plans for the implementation of 2013 WHO protocols. The delegates of several countries presented detailed documents on current national treatment guidelines that are used in their countries as well as the ways to align them with 2013 WHO new treatment guidelines. Additionally, the documents outlined main obstacles for the implementation of new protocols, together with the strategies and technical assistance needed to overcome the obstacles for the implementation of new protocols.

The participants noted that in general there were no stern obstacles for the early start of the treatment in their countries. However, during the implementation of this standard the countries may face the shortage of financial resources as well the unpreparedness of medical personnel and patients themselves for the early start of ART. It was also noted that for the majority of the countries a much serious problem was not the early start of the treatment *per se* but late detection and diagnostics of HIV infection.

Moreover, the participants noted that the majority of the countries abandoned using stavudine (d4T/zerit) in treatment regimens. There was an active discussion on the usage of efavirenz (sustiva/stocrin) in standards of care as the drug that may negatively impact adherence as well as the debate on the importance of including tenofovir (Viread) for procurement in those countries where current it is not used (in Russian, for instance).

We would like to note that the issue of using efavirenz was raised rather often. It seems that in reality, side effects caused by efavirenz occur more frequently than they are reported in the results of clinical trials. The issue remains open for further examination. We will conduct a short questionnaire on how you/your acquaintances tolerate treatment regimens that contain efavirenz.

[1] The original text was prepared in Russian by Tatyana Khan, ITPCru External Affairs Officer. The translation is done by Oleksandr Martynenko, EATG Training and Communication Coordinator.

[The survey can be accessed here: https://www.surveymonkey.com/s/2XPFZYG It is in Russian; however if you would like to fill it out, please contact Oleksandr who will translate the questions]

In terms of standards of treatment for pregnant women, virtually all countries supported B+ option (triple ART for all pregnant and breastfeeding HIV-positive women and life-long ART for all HIV-positive pregnant women regardless of CD4 count). The alternative to B+ option is variant B envisaging that only women with low CD4 counts or with advanced disease are eligible to receive lifelong ART. Women with higher CD4 counts take medication from 14 weeks of pregnancy only through childbirth (non-breastfeeding) or until one week after all breastfeeding has finished. ART would be restarted when a woman either becomes pregnant again or she meets the criteria for initiating treatment for her own health. Option A which is based on AZT was recommended in 2010, but has been abandoned since 2013.

During the meeting there was a call addressed to WHO to more actively collaborate with national governments, particularly on the introduction of changes to legislation on intellectual property rights. This cooperation should to ensure broadening of access to treatment by generics. In addition, WHO should engage civil society groups to support these changes more actively.

Another comment was addressed to the Global Fund about the necessity to persuade pharmaceutical companies to register all necessary drugs in the countries where the Global Fund will stop its work in the near future. The Global Fund should also safeguard technical assistance to national governments to establish simplified system of ART import and registration and, if necessary, to list these drugs into the Vital and Essential Drugs List. Also, the Fund should support joint procurements for countries with fewer numbers of people who require treatment.

For further information, please contact Tatyana Khan by email tatyana.khan@itpcru.org