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HPTN 052 and the future of HIV treatment and prevention

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The findings of the HIV Treatment for Prevention Trial HPTN 052—ie, a 96% reduction in HIV transmission within discordant couples[1]—confirms that early treatment is a potent intervention for clearly defined couples. But its implementation on a population scale might not be so successful, and we are concerned about calls such as that in your May 21 Editorial[2] to dispense with behavioural HIV prevention pro grammes in favour of this approach.

In high-prevalence African countries, where half of all new infections globally now occur, early treatment will not prevent the roughly 40% of infections estimated to occur during acute infection,[3] or the 30–60% of new infections in "stable" couples that originate outside the couple.[4] Indeed, it did not prevent the seven to 11 infections (of a total of 40) that seem to have originated from outside the couples in the HPTN 052 trial.[1] Of course, this risk would be eliminated if absolutely every HIV-positive person were treated, but this seems a utopian goal, given the state of African health systems. In reality, attempts at mass treatment would almost certainly accelerate drug resistance, increasing the already overwhelming costs and logistical challenges of treating those who need it most urgently.

Behavioural prevention has saved millions of lives around the world, the best documented cases being the national campaigns of Uganda and Thailand and the internally designed awareness-raising within the gay communities of western countries during the 1980s and early 1990s. When behaviour-change programmes succeed, they tend to involve collective changes in norms and behaviour, preceded by the development of some sort of community consensus.[5] International development agencies' pro grammes could be greatly improved if they informed people about the dangers of long-term concurrent sexual partner ships—in addition to casual sex[4]—and worked more closely with people at risk to develop their own responses to this threat. The Tostan programme has used such an approach to reduce the practice of female genital mutilation, and others could used it to fight HIV as well.

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