



THE HIV TREATMENT CASCADE IN TURKEY

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Objective

In 2014, the Joint United Nations Programme on HIV/AIDS (UNAIDS) and partners announced their 90-90-90 targets to monitor HIV. These targets are to diagnose 90% of all HIV-positive individuals, to provide access to antiretroviral therapy for 90% of those diagnosed and to achieve virological suppression in 90% of those who are on treatment.¹ Lazarus et al. proposed adding a fourth 90 to the targets, which emphasizes the importance of quality of life and long-term health.²

On 1 October 2018, a workshop was organized in Ankara to obtain insight from leading national experts on HIV care in order to develop and agree on the first HIV cascade of care in Turkey.

Results

1st 90: Diagnosis: 50%

Among people living with HIV (PLHIV), the estimated rate of HIV diagnosis is 50%.^{3,4} The rate of diagnosis is suggested to be higher in larger cities and among educated populations, where awareness is higher.

2nd 90: On Treatment: 86%

The average rate of being on treatment is estimated to be 86% among PLHIV in Turkey. According to data from the Turkish Ministry of Health's Department of Public Health⁵, 17,884 cases have been reported, 16,201 HIV-infected and 1651 with AIDS, since the first reported case in 1985 to 31 December 2017. About 15% (n=2458) of those diagnosed were reported to be foreigners.⁶ Limited data from four cohort studies suggested that 6%⁷, 8.3%⁸, 27.6%⁹ and 36%¹⁰ of the registered patients had died, respectively, with a mean rate of approximately 20% resulting with 14,000 cases receiving HIV care and eligible for antiretroviral therapy. As of September 2018, about 12,000* patients were estimated to have access to HIV treatment in Turkey, for an estimated rate of 86% with access to treatment (Figure 1).

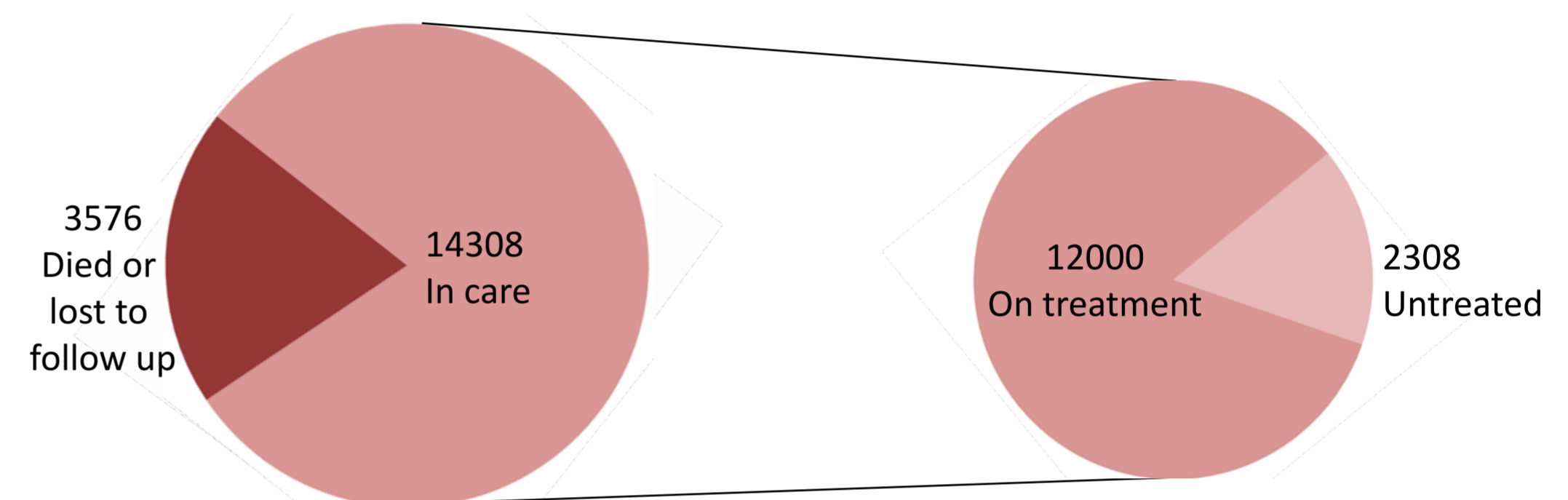
3rd 90: Virally Suppressed: 85%

In Turkey, once PLHIV are diagnosed and have access to treatment, virological suppression is achieved at high levels and virological failure is low. Virological suppression rates are reported as being between 83,5% and 85,9%.¹¹⁻¹²

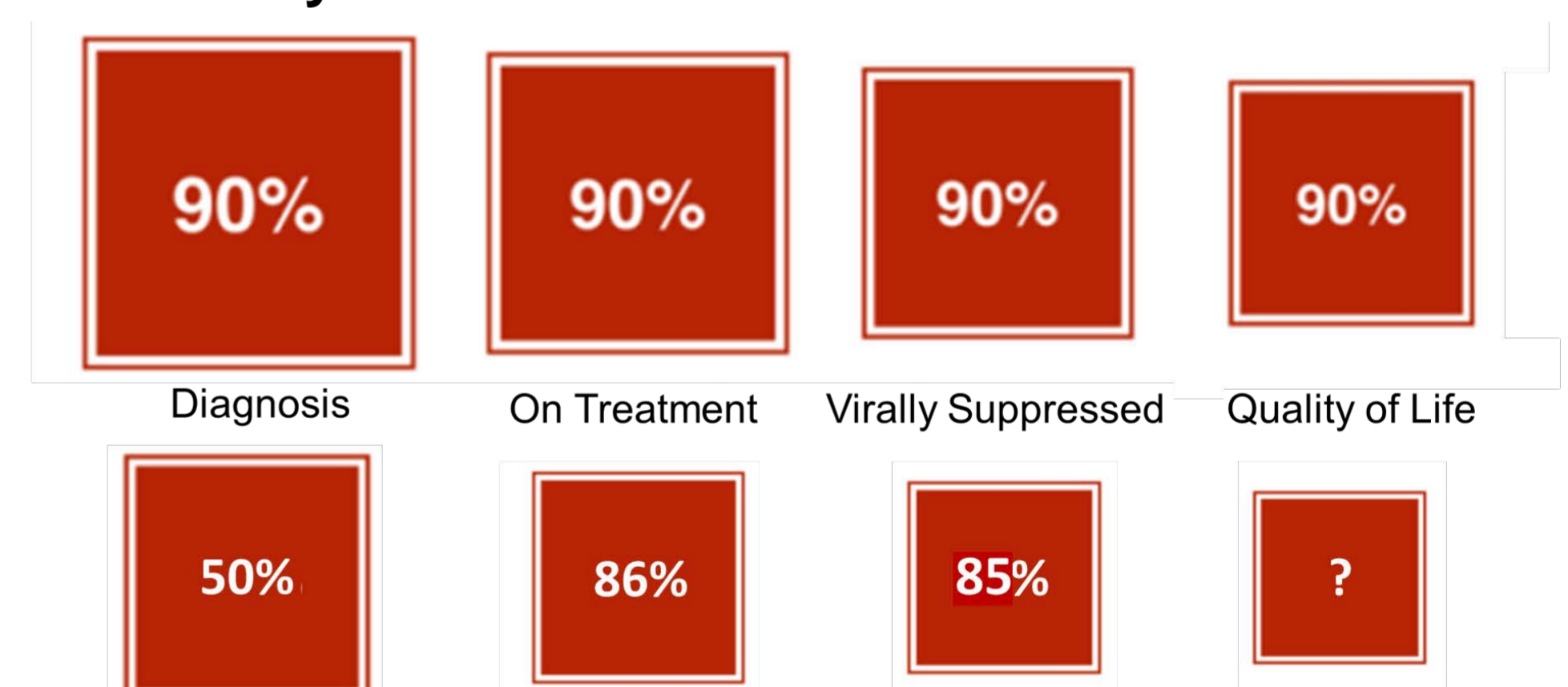
4th 90: Quality of Life:

Currently there is no validated tool employed to measure the quality of life in Turkey. Tools should be employed there with efforts to standardize the assessment.

Figure 1: Access to care



HIV targets and Turkey's cascade of care



Discussion

The largest gap in the HIV treatment cascade in Turkey was reported as being in the diagnosis step with a very high number (around 50%) of late diagnoses.¹¹⁻¹² The main reason was suggested as the lack of knowledge on and lack of programmes tailored to key populations such as people who inject drugs, prisoners and migrants. The diagnosis rates are estimated to be higher among more educated, young MSM, which yield to higher and earlier testing rates compared to those who are less privileged with lower education levels and socio-economic resources.

Conclusion

Turkey's major challenge with regards to achieving the three 90s is the first: diagnosis. The second and third steps of the HIV treatment cascade are believed to be close to meeting the UNAIDS targets. Fully covering antiretroviral therapy, without any co-payment, through the national social security system was suggested to be an important factor in achieving the second and third 90s.

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*12-month average calculated based on monthly stock sales provided by IQVIA to Gilead Turkey (October 2017-September 2018) monthly box sales= 11,927 boxes