

WHO Petition

ART Initiation at <500 CD4

The latest scientific evidence, including the HPTN 052 study, shows that early antiretroviral treatment (ART) initiation leads to vastly improved health outcomes, lower mortality and reduced rates of HIV transmission. We the undersigned HIV/AIDS medical care providers and advocates call on the **World Health Organization (WHO)** and **UNAIDS** to raise the recommended treatment initiation threshold from a CD4+ T cell count of **<350 cells/mm³** to **<500**.

In addition to positive health impacts of earlier treatment initiation, it is a cost effective intervention which reduces healthcare costs by preventing the need for extended hospital stays and reduces the disease burden by curbing the rate of HIV transmission by up to **96%**.

In resource-constrained settings earlier treatment threshold would make the most significant difference. Under health policy guided by the current **WHO** recommendations, an HIV-positive patient with a CD4 cell count greater than 350 seeking treatment in a resource-constrained country, such as many in sub-Saharan Africa, is likely to be told to return months later when his/her HIV infection may have progressed. Within those months, opportunistic infections could take the lives of many patients - **deaths that could be prevented by earlier initiation of treatment**.

The leadership of both **WHO** and **UNAIDS** on this issue will have an enormous impact on the clinical practices in countries reliant on the agencies' guidance to shape national health policy. A revision of guidelines similar to the previous increase from <200 CD4+ T cell count to <350 must now be made to benefit the tens of millions of people living with HIV/AIDS worldwide.

Raising **WHO's** recommended treatment initiation threshold from a CD4+ T cell count of **<350 to <500** would remove one more barrier to accessing lifesaving HIV/AIDS treatment. It would have a positive economic impact on resource-constrained countries, ultimately reducing the healthcare costs associated with the treatment of preventable HIV/AIDS-related conditions. Most importantly, this change could significantly improve health outcomes, increasing the odds of survival for millions of people living with HIV/AIDS in the developing world. In the absence of an effective HIV vaccine, medical science shows that early treatment initiation is the most effective way to save the lives of people living with HIV/AIDS and curb the rate of HIV transmission.

We urge WHO and UNAIDS leadership to revise ART initiation guidelines to <500 T cell count!



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