

Life conference and exhibition 2010
James Shattock and Julie Hopkins



HIV Yesterday's insurance pandemic?

7-9 November 2010

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Programme

- History of a very modern epidemic
- Understanding the HIV virus and the importance of Highly Active Anti Retroviral Treatment (HAART)
- Developing the insurability of HIV+ lives in the UK market
- R6A Reserves – do we need them?

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Early Emergence and Prognosis

- June 5 1981 - CDC recorded a cluster of PCP in 5 men in LA
- Soon followed by cases of Kaposi's Sarcoma
- July 1982 – named Acquired Immune Deficiency Syndrome (AIDS)
- 1983 - novel retrovirus discovered
- 1986 - named Human Immunodeficiency Virus (HIV)
- Early press

Early Emergence and Prognosis

- Prognosis after AIDS defining illness <12 months
- Transmission Routes
 - Unprotected sex
 - Blood or blood products
 - Intravenous drug use
 - Vertical transmission
- Global Toll



Global Summary



Global summary of the AIDS epidemic, 2008

Number of people living with HIV in 2008

Total	33.4 million [31.1 – 35.8 million]
Adults	31.3 million [29.2 – 33.7 million]
Women (aged 15 and above)	15.7 million [14.2 – 17.2 million]
Children under 15 years	2.1 million [1.2 – 2.9 million]

People newly infected with HIV in 2008

Total	2.7 million [2.4 – 3.0 million]
Adults	2.3 million [2.0 – 2.5 million]
Children under 15 years	430 000 [240 000 – 610 000]

AIDS-related deaths in 2008

Total	2.0 million [1.7 – 2.4 million]
Adults	1.7 million [1.4 – 2.1 million]
Children under 15 years	280 000 [150 000 – 410 000]

Source: UNAIDS

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Global Summary



Over 7400 new HIV infections a day in 2008

- More than **97%** are in low- and middle-income countries
- About 1200 are in children under 15 years of age
- About 6200 are in adults aged 15 years and older, of whom:
 - almost **48%** are among women
 - about **40%** are among young people (15–24)

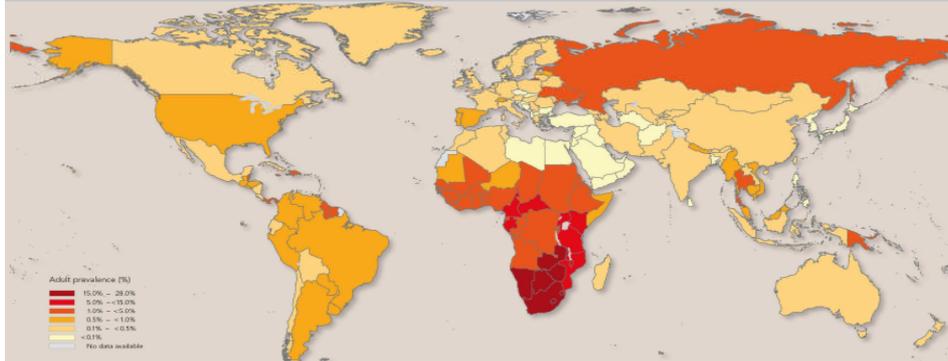
Source: UNAIDS

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Global Summary

A global view of HIV infection

33 million people [30 – 36 million] living with HIV, 2007

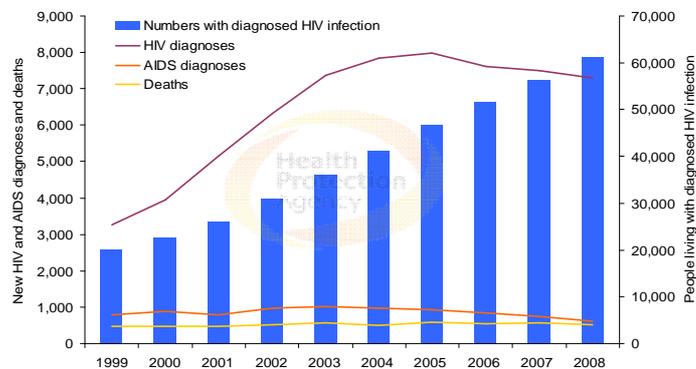


Source: UNAIDS

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The Experience of the UK

New HIV and AIDS diagnoses, people living with diagnosed HIV, and deaths, among HIV-infected people, UK: 1999-2008



Source: HPA

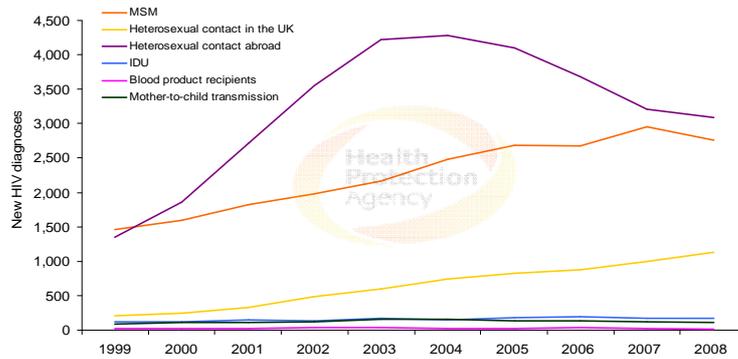
MESH Department - Centre for Infections



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The Experience of the UK

Number of new HIV diagnoses¹ by prevention group², UK: 1999-2008



¹ Numbers will rise as further reports are received, particularly for recent years
² Adjustments made for missing information relating to patient exposure

Source: HPA

MESH Department - Centre for Infections



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The Reaction of the Life Assurance Industry

Early days

- Facing an unknown/uncertain risk
- Focus on certain types of professions
- Intrusive questions
- Actuaries AIDS Working Party
- Projections of many deaths

DECLINED

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The Reaction of the Life Assurance Industry

More recent years

- HIV blood testing limits set at between £600k to £1million
- Applicants who have visited a high risk area will be tested
- Accidental/Occupational/Traumatic HIV named as a condition in CI
- HIV exclusions less common in disability cover
- ABI HIV Statement Of Best Practice

ABI Statement of Best Practice

- A code of practice on how the insurance industry deals with the issues surrounding HIV

5 key principles

- Underwriting approach
- Collection of information
- Use of information
- Accuracy of information
- Company policy on HIV and Underwriting

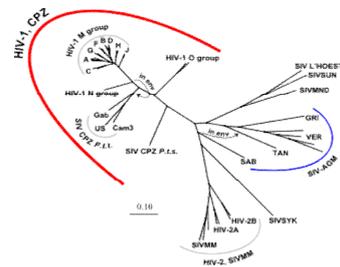
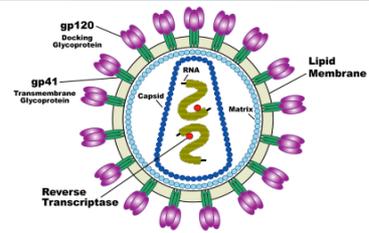
Underwriting Questions Today

- “Have you ever tested positive for HIV, hepatitis B, or hepatitis C, or are you awaiting the results of such a test?”
 - Note: If the result is negative, the fact of having an HIV test will not, of itself, have any effect on your acceptance terms for insurance
- “Within the last 5 years have you been exposed to the risk of HIV infection?”
 - “(this can be caught through unsafe sex, intravenous drug abuse, or blood transfusions or surgery undertaken outside the EU)”

Underwriting Questions Today

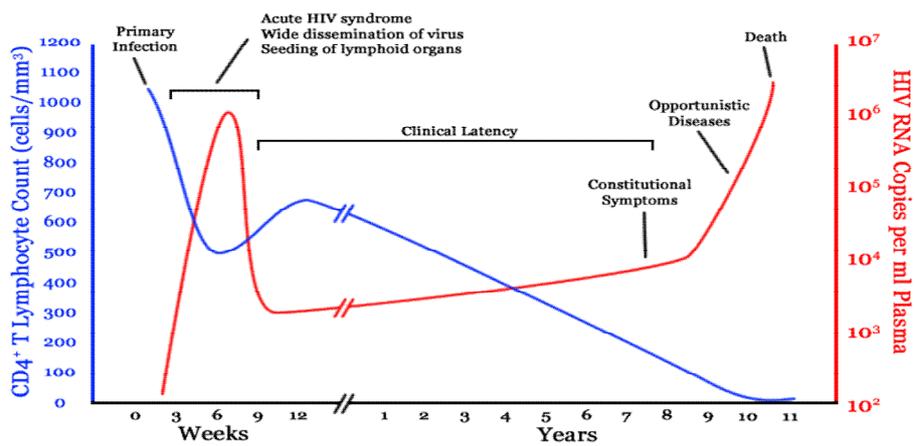
- “Within the last 5 years have you tested positive or been treated for any disease, which was transmitted sexually?”
- “Have you ever injected non-prescription drugs?”
- “Within the last 5 years have you lived or frequently travelled to an area which has a high incidence of HIV infection?”

The Virus



Source: NIAID
 Source: Theoretical Biology and Biophysics Group, Los Alamos National Laboratory
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Effect on the Immune System



Source: Based on Figure 1 in Pantaleo, G et al (February 1993). "New concepts in the immunopathogenesis of human immunodeficiency virus infection".
New England Journal of Medicine 328 (5).

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AIDS Defining Illness

- Infected with HIV and present with one of the following:
 - A CD4+ T-cell count below 200 cells/ μ l (or a CD4+ T-cell percentage of total lymphocytes of less than 14%)
 - or he/she has one of the following defining illnesses:
 - Candidiasis of bronchi, trachea, or lungs ; Candidiasis esophageal ;Cervical cancer (invasive) ;
Coccidioidomycosis, disseminated or extrapulmonary ;Cryptococcosis, extrapulmonary ;
Cryptosporidiosis, chronic intestinal for longer than 1 month ; Cytomegalovirus disease (other than
liver, spleen or lymph nodes) ; Encephalopathy (HIV-related) ; Herpes simplex: chronic ulcer(s) (for
more than 1 month) ; or bronchitis, pneumonitis, or esophagitis ;Histoplasmosis, disseminated or
extrapulmonary ; Isosporiasis, chronic intestinal (for more than 1 month) ;Kaposi's sarcoma ;
Lymphoma Burkitt's, immunoblastic or primary brain ; Mycobacterium avium complex ;
Mycobacterium, other species, disseminated or extrapulmonary ; Pneumocystis carinii pneumonia ;
Pneumonia (recurrent) ; Progressive multifocal leukoencephalopathy ;Salmonella septicemia
(recurrent) ; Toxoplasmosis of the brain ; Tuberculosis ; Wasting syndrome due to HIV

Medical Developments

- Search for a vaccine has been elusive
- Similar story for a cure

BUT!

- Highly Active Anti Retroviral Treatment (HAART) has seen success
 - It is NOT a cure
 - It can have serious side effects
 - Does not work for all patients

How HAART Works

- Works by repressing the virus and stopping it from replicating
- Allowing the immune system to recover
- Viral load <50 copies/ml – virtually undetectable
- Long term side effects unknown, risk of further viral mutations

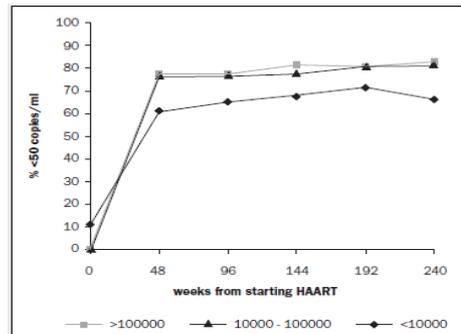


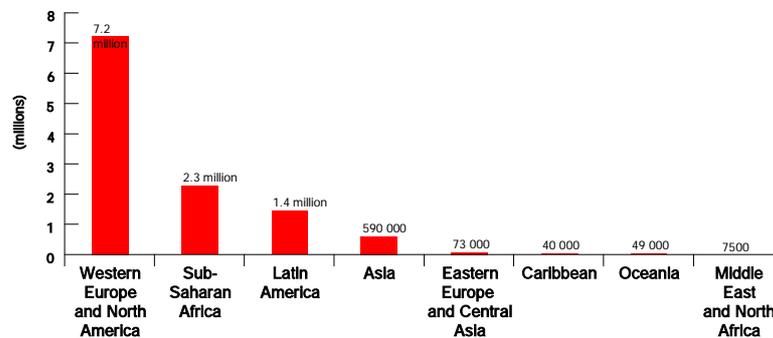
Figure 10.5: Percentage of patients with HIV-RNA below 50 copies/ml in patients tested with a sensitive assay according to baseline HIV-RNA (copies/ml).

Source: Dutch HIV Monitoring Foundation 2005

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Impact of HAART

Estimated number of Life-years added due to antiretroviral therapy, by region, 1996–2008



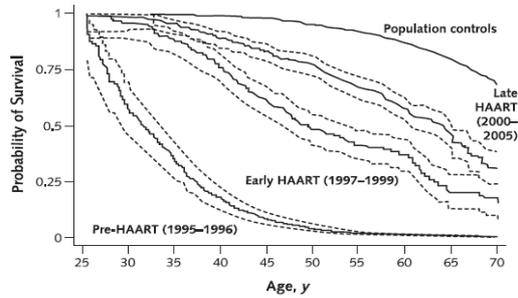
Source: UNAIDS

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Figure VII

Recent Research

Figure. Survival from age 25 years.



Cumulative survival curve for HIV-infected persons (without hepatitis C coinfection) and persons from the general population. Persons with HIV infection are divided into 3 calendar periods of observation. Dashed lines indicate 95% CIs. HIV = human immunodeficiency virus; HAART = highly active antiretroviral therapy.

Source: AIM – Survival of Persons with and without HIV Infection in Denmark 1995-2005, Lohse et al 2007

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ART Cohort Models



- Home
- Risk Calculator**
- Collaborating Cohorts
- Members of the study groups
- Steering Committee
- Publications
- Supplementary material
- Investigator pages

Risk calculator for HIV positive patients on antiretroviral therapy for 6 months

Please note that this calculator is only applicable to patients who are:

- HIV-1 positive
- No previous antiretroviral therapy (ART)
- Age 16 years or older
- Who have been on ART for at least 6 months

It estimates the probability of experiencing a new AIDS defining disease or death taking into account the initial response of the patient to ART as measured by their CD4 cell count and HIV-RNA viral load at 6 months after the start of ART. The probabilities are given for each year up to 5 years after the time of the 6 month measurements. It also estimates the probability of death from all causes (either HIV or non-HIV related) for up to five years after the time of the 6 month measurements. Please note that CDC disease stage is defined by clinical diseases only and not by reference to CD4 cell count. You must enter all five prognostic factors for the calculator to work.

Enter patient's prognostic data at 6 months after starting ART:

Age in years at start of ART: 16 to 29 30 to 39 40 to 49 50 or over

6 month CD4 cell count: under 25 25-49 50-99 100-199 200-349 350 or over

6 month HIV-1 RNA copies/ml: under 500 500 to 9,999 10,000 to 99,999 100,000 or over

CDC disease stage: A or B A or B at start of ART and C at 6 months C at start of ART

HIV transmission through injection drug use: yes no

Calculate | Reset

Source: www.art-cohort-collaboration.org/

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Developing Insurance

- Consider medical research papers and data
- South African and Dutch market initiatives
- Further stratify risk by prognostic variables
- Use actuarial and insurance medicine based methodology to derive insurance based loadings....
- ...whilst making sure clinical evidence and factors will meet underwriting purposes
- Sign off

Developing Insurance

- Build a calculator to derive loadings
- Design additional HIV specific questionnaires for client and HIV specialist
- No change to the general application
- All processes are the same

Risk Mitigation

Offering Terms

- We can offer terms to HIV+ individuals who
 - Shown good response to HAART after 24 weeks that is continuing
 - Viral load undetectable (<50 copies/ml)
 - No significant co morbidities (Hepatitis B and C)
 - Not transmitted by IDU
 - History of good compliance
- Policy up to 10 years duration, and Sum Assured £250,000
- Flat loadings from 3 mille upwards

Going to Market

- HLR UK came out publically and announced that we will take certain HIV cases
- Happy to consider any cases for any current client
- In partnership with one client we have developed a bespoke offering that we Reinsure
- Political lobby groups and charities see it as a positive development to offer insurance

Underwriting Cases Seen to Date

- Wide variety of applicants
 - Gender
 - Ages
 - Terms
 - Occupations
- Occasional underwriting issues
 - Not yet on HAART treatment
 - With serious co morbidities
- But terms being offered and accepted by those meeting criteria
- Good level of medical evidence submitted by HIV physicians

Example Case Study 1

- Male aged 27
- Applies for £100k term policy for 10 years
- Diagnosed 3 years ago
- On HAART treatment for 48 weeks
- Good response - CD4 count > 500 cells/mm³
- Viral load suppressed to undetectable (< 50 copies/ml)
- Hep C and B negative – no other co morbidities

Can offer 3.5 per mille on standard rates

Example Case Study 2

- Female aged 36
- Applies for £75k term policy for 10 years
- Diagnosed 6 years ago
- On HAART treatment for 4 years
- CD4 count gradually increasing – currently at 400 cells/mm³
- Viral load suppressed to undetectable (< 50 copies/ml)
- Hep C and B negative – smoker with mild asthma

Can offer 7 per mille on smoker rates

The Future

- Update model and terms offered as more data released
- Possible mutations and drug resistance
- Ongoing monitoring of portfolio
 - Both applicants and written policies
- Change in treatment protocols
 - Starting HAART treatment sooner

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Early Dayswhat would you do?

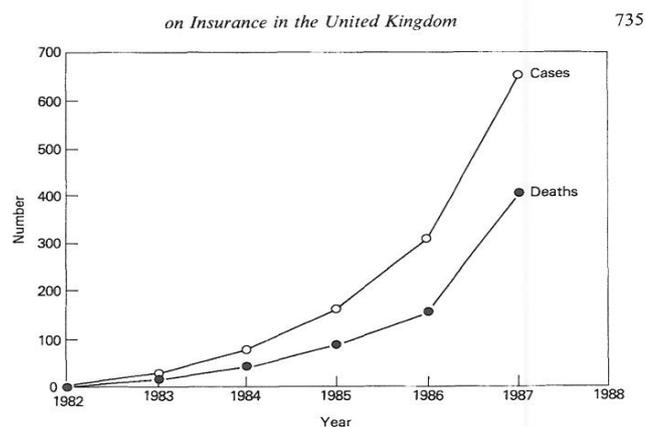


Figure 1. Reported cases of AIDS and deaths from AIDS in the U.K. 1982–87.

Source: JIA 115 1988

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AIDS Reserves

- AIDS BULLETIN No 1,2,3 1987-88
 - Projections A,F
- JIA 115, 1988 Daykin et al
 - The impact of HIV infection and AIDS on Insurance in the United Kingdom
- AIDS BULLETIN No 4 March 1989
 - Projections P to V
- JIA 117 1990, Daykin et al
 - The epidemiology of HIV infection and AIDS
- AIDS BULLETIN No 5 March 1991
 - Projections R6A, R6B, R6C



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AIDS Reserves - A to F

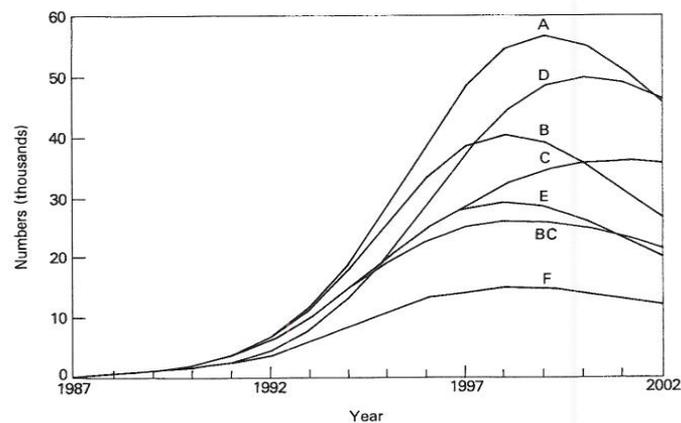


Figure 8. Projected numbers of deaths from AIDS each year. Projections A-F.

Source: JIA 115 1988

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Early Days.....what the Underwriters did!

- Underwriters control entry to insured pool
- Asked a lot of intrusive questions
- Life style loadings of 3 to 5 per mille
- Prevented a shock to the insured pool

AIDS Reserves Today in UK

- AIDS reserves have been reduced or removed completely
- Now typically 1/3 R6A – sometimes modified
- 1/3 R6A approximates to 2500 AIDS deaths in UK over 2009
- Actual number of deaths is flat at 500-700 since year 2000
- Unless modified/peak R6A used – AIDS deaths assumed to be tailing off over time

R6A Reserves Today in UK - Do we need them?

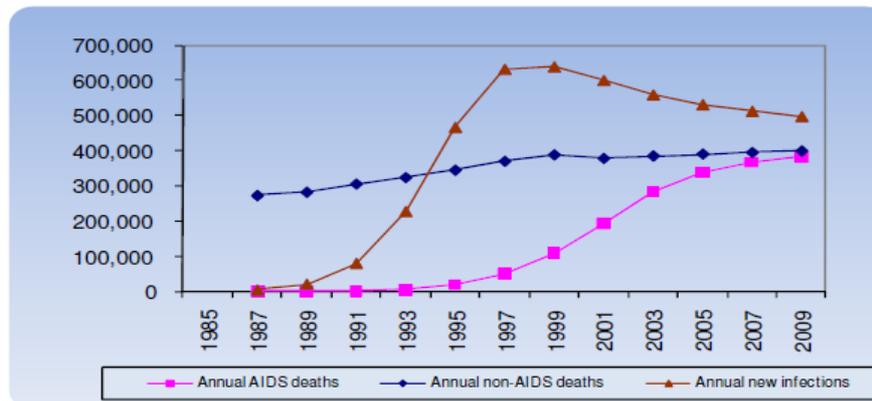
NO!

- Experience has been very different to AIDS reserves
 - Deaths constant at around 500-700 per annum
 - Medical advances
 - Mismatch between population deaths and with insured portfolio
 - Underwriting
- Reserving basis should have overall margins
- Overall, when mortality is improving, why explicitly target one relatively low incidence chronic condition?

Other Things on a Life Actuary's Mind

It Could Have Been Very Different!

Figure 1: AIDS deaths, non-AIDS deaths and annual new infections, South Africa, 1985-2009



Source: ASSA model, 2003

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A Hyperendemic HIV Problem

- South Africa has more than 15% of the population aged 15-49 living with HIV
- 5.7 million people living with HIV
 - > 3 million of these are women aged 15 and over
 - 280,000 are children ages 0-14 years
 - National overall HIV prevalence amongst pregnant women served in public health clinics was 29.3%
- Primarily transmitted heterosexually and vertically
- SA has the world's largest population of people living with HIV

Source: 2010 UNGASS Country Progress Report

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Summary

- Data now exists to support offering limited Term Assurance for certain HIV+ subset
- Cases seen in practice at Underwriting are definitely in this subset
- HIV is a global pandemic that has lead to death and misery for millions
- The UK has escaped relatively lightly
- R6A reserves are out of date. Why do some companies still hold them?

Questions or comments?

