CONTROLLING THE HIV EPIDEMIC WITH ANTIRETROVIRALS

From Consensus to Implementation

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comments by

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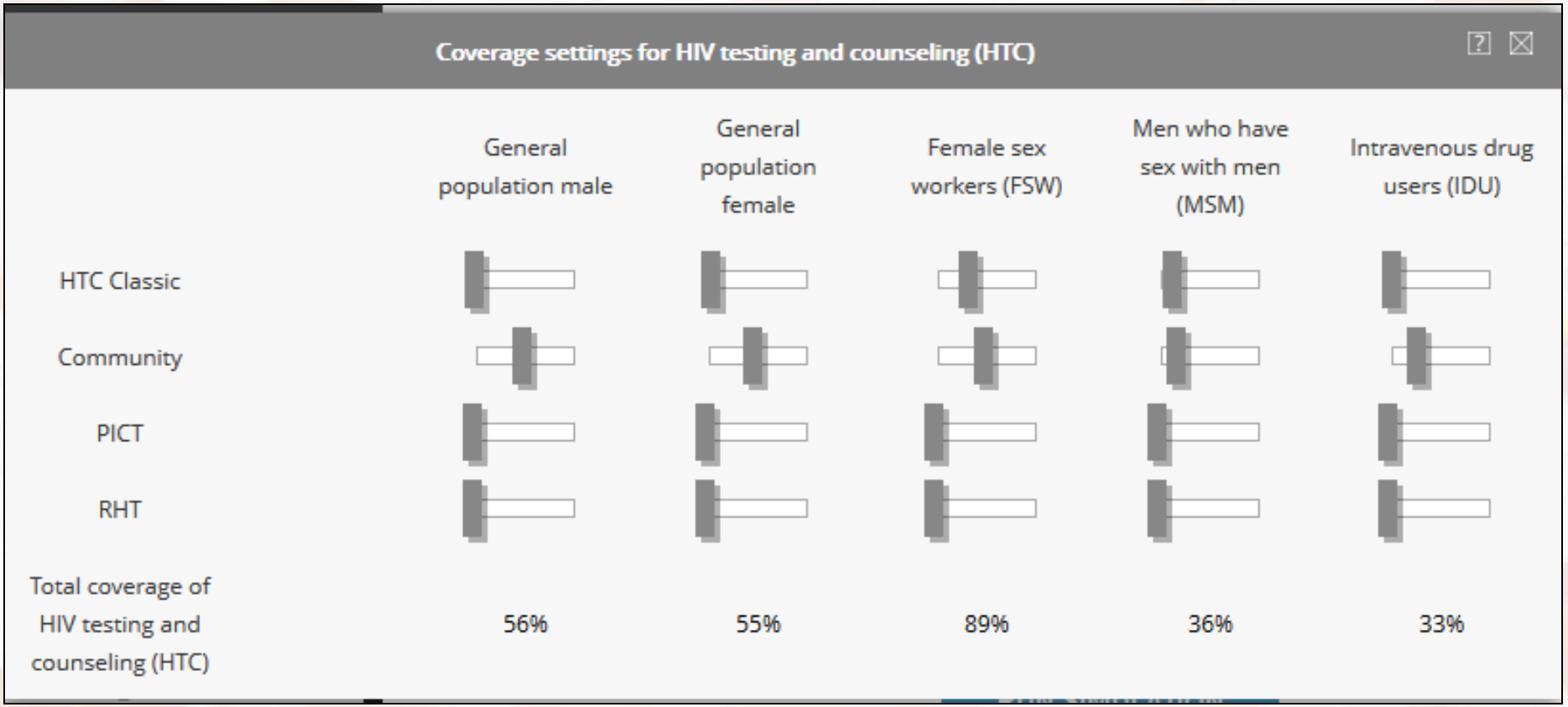
Next Goal for Use of ART to Control HIV

- ***Achieve scale*** at each step in cascade – HIV identification, ART, incidence reduction
- ***With:*** efficiency & synergy with other diseases

1. HIV identification

- **Testing delivery strategies**
  - Voluntary, routine in health care settings
  - Major role of community (household-based and campaigns)
    - 80-90% coverage achievable
    - Inexpensive - $10 per person tested



from globalhealthdecisions.org

2. ART: Referral, care initiation, retention

- Refer & arrive at clinic
- Same-day ART initiation?
  - with CD4 testing if policy indicates (STARTs)
- Retain high CD4 individuals in ART?
  - EARLI – Uganda - yes
- Identify and address barriers
  - Transport, embarrassment at missing appmt, etc

3. Achieve anticipated reductions in HIV incidence

- Verify data from research studies and predictions from modeling
- Viral load suppression + incidence drop
- Community trials – four underway in SSA (SEARCH, PopART, TasP, BCPP)
- National surveillance

4. Efficiency

- For sustainability & easier fit with other priorities
- Challenge: distributed care → small patient loads
- **Strategies:**
  - Task shifting
  - Integration with other clinical services
  - Targeted role of MD, supervision & complex cases
  - Favorable configuration of salaries and work day
  - Efficient & effective retention methods

5. Synergy with other diseases

- **HIV as agent of broad improvement**, not diverter of existing system capacity
- **Biological**
  - e.g., malaria – bed nets reduce CD4 decline 25-40%
- **Prevention delivery – efficient high coverage**
  - Nets for malaria, filters for diarrhea, etc
  - NCD screening, e.g., hypertension & diabetes
- **Care delivery – quality improvement**
  - NCDs – monitoring, medications
  - Health system capacity – logistics, IT, protocols