

CONTROLLING THE HIV EPIDEMIC WITH  
ANTIRETROVIRALS



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# IAPAC GUIDELINES FOR OPTIMIZING THE HIV CARE CONTINUUM FOR ADULTS AND ADOLESCENTS

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# METHODOLOGY

- A systematic literature search was conducted to identify pertinent quantitative evidence, including RCTs, observational studies, and cross-sectional studies
- A total of 6,132 studies met the criteria; 1,047 studies were used
- Jan. 2002-July 2013 + 112 recent “game-changing” papers
- 36 evidence-based recommendations were developed by an international, multidisciplinary IAPAC Advisory Panel
- Recommendations were graded based on the quality of evidence and this informed the strength given to each recommendation
- Grading Scales for Quality of the Evidence and Strength of Recommendations



# OPTIMIZING THE CARE ENVIRONMENT

**Remove laws that criminalize MSM, transgender individuals, substance users, sex workers [ A IV]**

**Remove laws that criminalize HIV exposure [A IV]**

**Repeal HIV-related restrictions on entry, stay, and residence in any country [A IV]**

**Monitor for and eliminate race-, ethnicity-, gender-, age-, sexual orientation- and/or behavior-based stigma and discrimination, particularly in healthcare settings [B II]**





# INCREASING HIV TESTING COVERAGE AND LINKAGE TO CARE

**Routinely offer opt-out HIV screening to all individuals in care [A I]**

**Offer community-based HIV testing to hard-to-reach populations less likely to access facility-based testing [A I]**

**HIV self-testing recommended with provision of guidance about proper administration, direction on what to do once result has been obtained [B II]**

**Use epidemiological data (network analysis) to expedite identification of at-risk individuals for HIV testing purposes [B II]**

**Offer PrEP to individuals at high-risk of HIV in addition to free condoms, risk reduction strategy education, PEP, and VMMC (as appropriate) [A I]**



# INCREASING TREATMENT COVERAGE

Offer immediate ART, irrespective of CD4 count [A I]

Embrace plasma VL (at least every 6 months) as preferred monitoring metric [B II]

Community-located ART distribution is recommended [A II]

- Use of community-based pharmacies and ARV distribution centers, and pharmacist-managed adherence clinics



# INCREASING RETENTION IN CARE, ART ADHERENCE, AND VIRAL SUPPRESSION



**Systematic retention monitoring recommended for all patients [A III]**

-Quality indicator (measured using EHR, other health data)

**Routinely monitor adherence in all patients [A II]**


-Plasma VL is recommended as primary metric

-Refill compliance and self-reporting can be used

-Pharmacy refill data recommended



# INCREASING RETENTION IN CARE, ART ADHERENCE, AND VIRAL SUPPRESSION



**Educate about and offer support for medication adherence and keeping clinic appointments [A I]**

-Use pillbox organizers to overcome lifestyle-related adherence barriers



**Community outreach-based DAART is recommended for PWID and released prisoners [B I]**



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# ADOLESCENTS

**Remove adult-assisted consent to HIV testing [B II]**

Adolescent-centered facility- and community-based services are recommended [A IV]

Inform adolescents of HIV diagnosis as soon after testing as feasible [B II]

Establish healthcare transition plans between pediatric and adult care [B II]



# METRICS & MONITORING

- Consistent with the UN 90-90-90 targets, jurisdictions should collect a minimum set of 5 indicators:

- Estimated number of PLHIV (denominator)

- Number & proportion PLHIV diagnosed
- Number and proportion of people who are diagnosed who are linked to care (optional)
- Number & proportion on ART
- Number & proportion virally suppressed

*Use longitudinal cohorts to monitor service utilization & Rx outcomes*



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# RECOMMENDED STANDARDS FOR MEASUREMENT OF THE HIV CARE CONTINUUM

## HIV Infected

- Estimated number of PLHIV, diagnosed or undiagnosed, within the measurement period. Ideally presented with low/high uncertainty bounds

## HIV Diagnosed

- Number and proportion of people diagnosed with HIV and presumed alive at the end of the measurement period

## Linked to Care (optional)

- Number and proportion of people diagnosed with HIV who are subsequently linked to HIV care, preferably within a limited time period

## On ART

- The number and proportion of people diagnosed with HIV and on ART. Usually defined as those receiving at least one ART dispensation

## Virologically Suppressed

- The total number of people diagnosed with HIV on ART with documented viral suppression in clinical / administrative health records, etc.



# GUIDANCE ON KEY POPULATIONS

- Development of evidence-based recommendations specific to key populations is beyond the scope of these guidelines
- However, guidance provided on issues specific to:
  - Women
  - Men Who Have Sex With Men
  - Transgender Individuals
  - Sex Workers
  - Substance Users
  - Migrant And Unstably Housed Populations
  - Incarcerated Populations





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