

# Measuring ART coverage and impact evaluation

Panel 3: Implementing TasP - Addressing  
Clinical and Other Concerns.

**INDIVIDUAL VIRAL LOAD.** We had known for years that getting an undetectable viral load is the key for a successful healthy and long life for an HIV positive individual. Doctor-Patient responsibility

**COUPLE´S VIRAL LOAD (Serodiscordant).** What we know now is that viral control is also a key factor for a couple to live a low risk healthy life together.. WHO launched the guidelines for the use ARVs in serodiscordant couples. Healthcare personnel-Couple responsibility

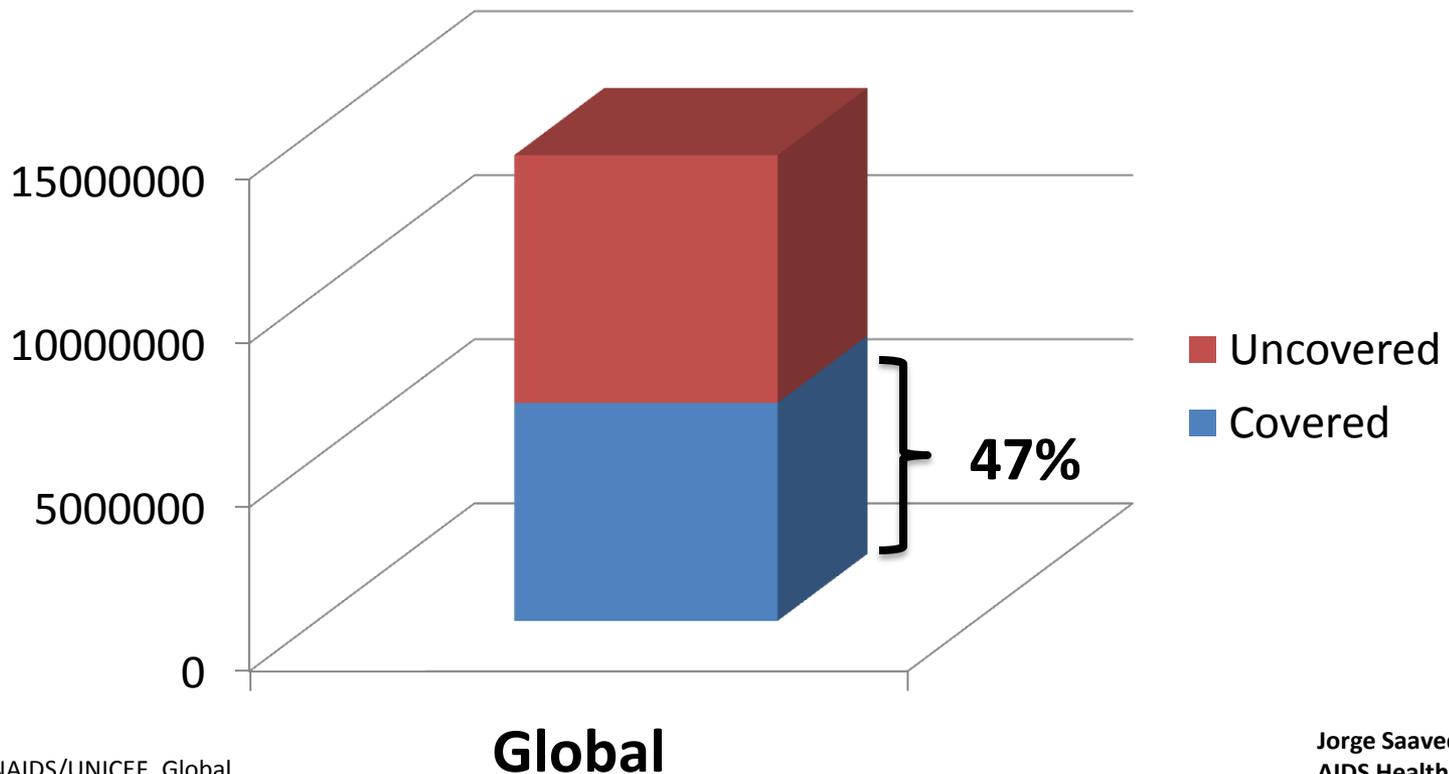
**COMMUNITY VIRAL LOAD.** At the [CROI meeting](#) last year in Boston, researchers from New York, San Francisco, Baltimore, and Washington, DC , all shared information about how they are using **CVL** to monitor access to diagnosis, care and treatment for HIV infection \*. Hospital-Clinics responsibility

**NATIONAL VIRAL LOAD** The concept of a **NVL** will bring up the responsibility to HIV policy makers at the national level. Is it possible to measure?. It is clearly possible to start trying

**GLOBAL VIRAL LOAD** However, to envision the control of the global HIV epidemic with Antiretrovirals, we need to develop the concept of a **GVL** , this will require the involvement and taking responsibility of all countries and organizations such as WHO, UNAIDS, The GF, PEPFAR and other bilateral donors

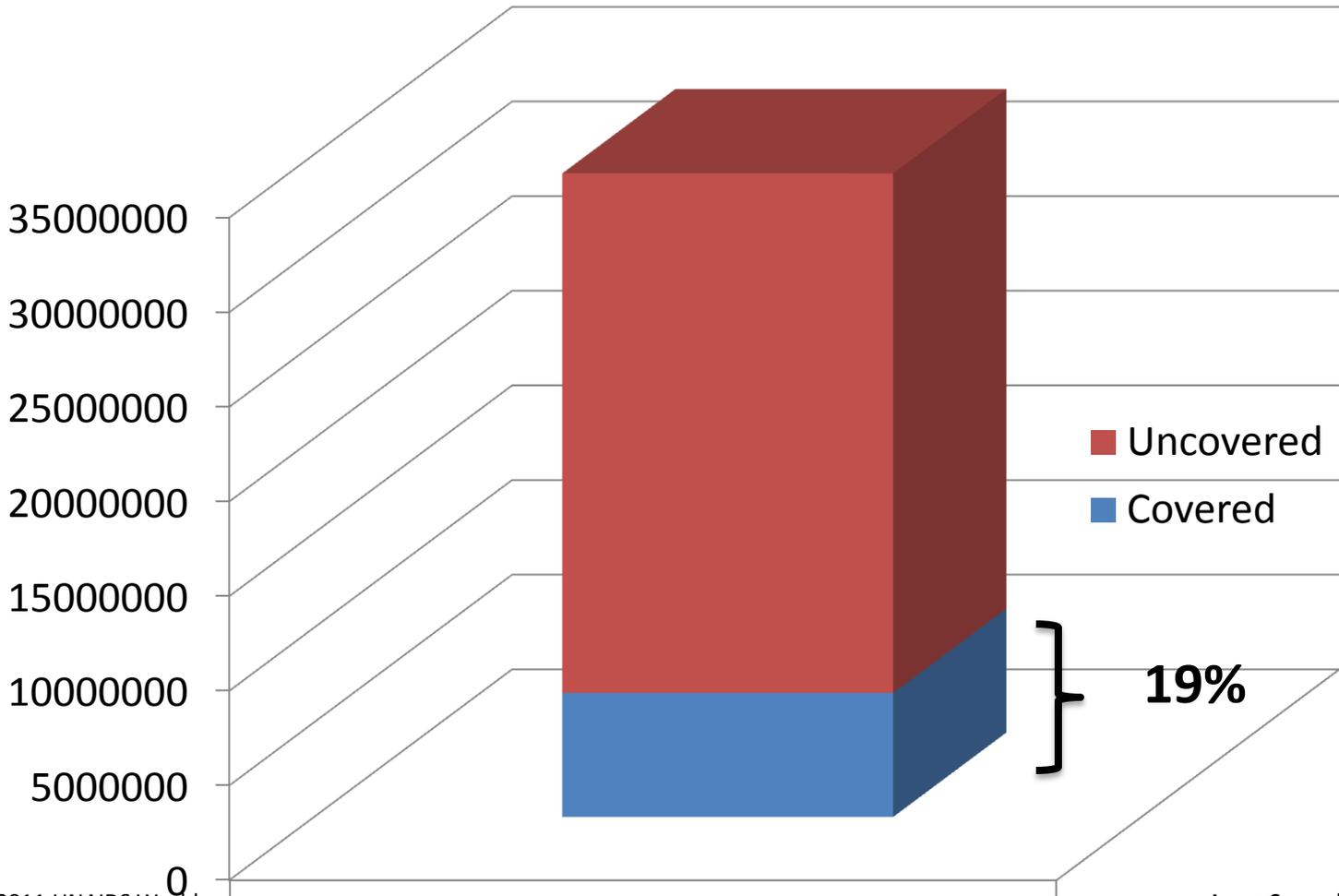
# The GOOD NEWS

**Current way of measuring ART coverage of PLHIV that need ART,  
2010 WHO Guidelines**



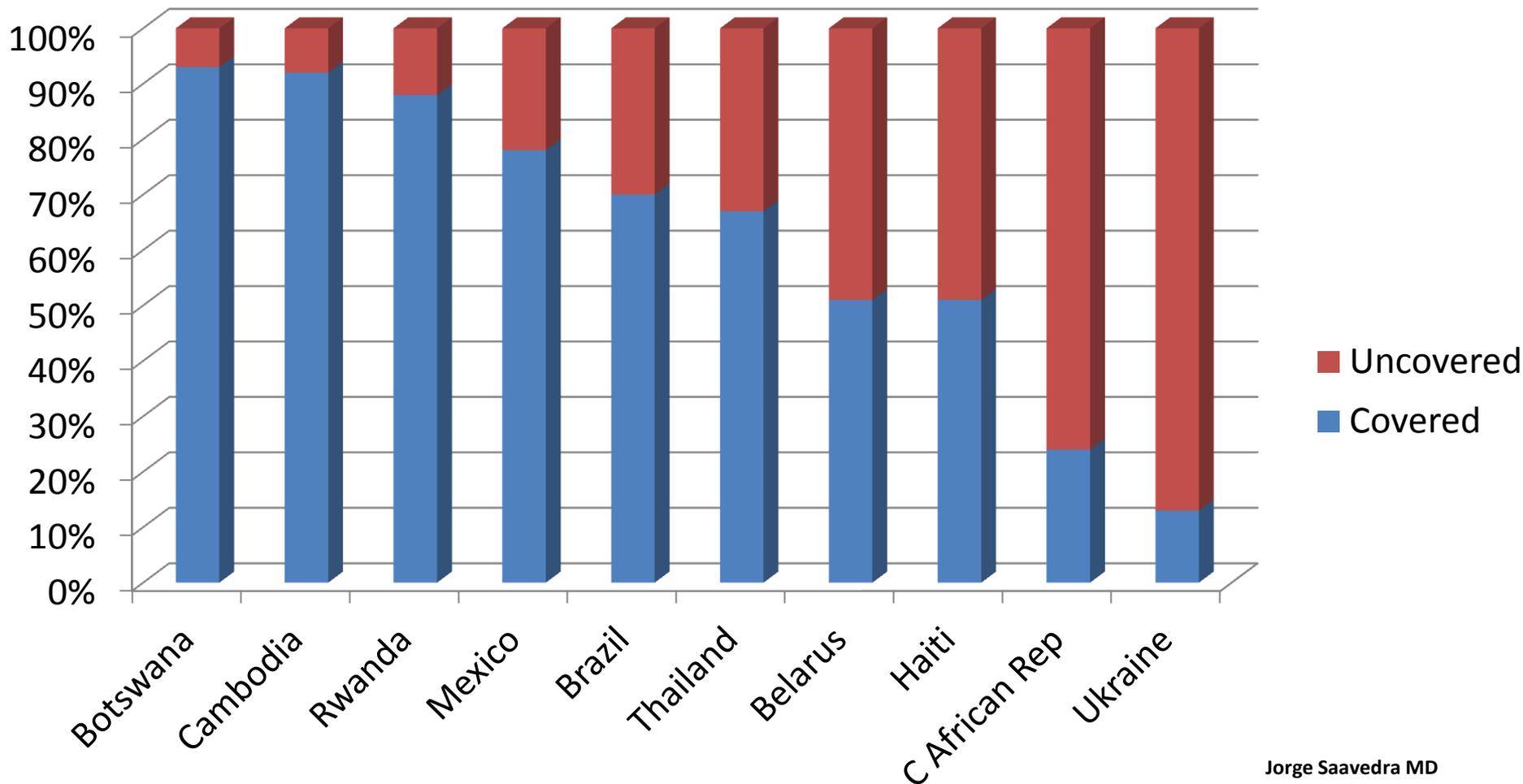
# The BAD NEWS

## Global Viral Load (GVL), a proxi way of measuring it

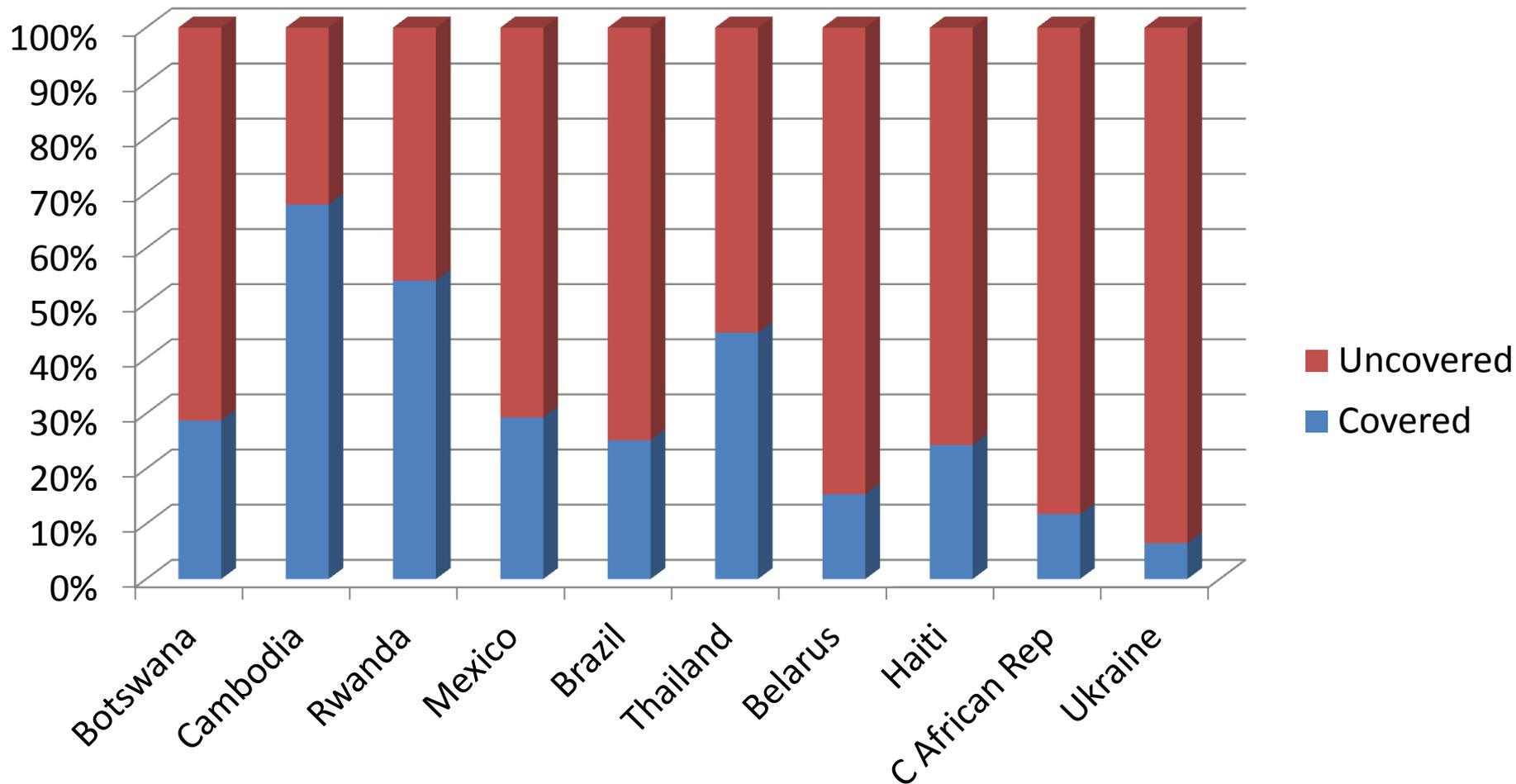


# ART coverage at National level in 10 selected countries

2010 WHO Guidelines



## National Viral Load (NVL) proxi way of measuring it



ART coverage relies on estimates of PLHIV, from where epidemiologists derive another estimation of people that need of ART; this is based on WHO guidelines that can be changed time by time, then they utilize country data reports or even estimations of people receiving ARVs. This is the way monitoring access and impact is currently done.

Therefore, the proposal is just to take into account one estimation, the number of PLHIV, since all of them have a viral load (detectable or undetectable), and then compare it to the number of people receiving ART . In this case, countries should report to WHO on a yearly basis: the number of PLHIV on ART

With this, every country will get their own National Viral Load (NVL) proxy and WHO will get the Global Viral Load

# ***THE WAR ON AIDS***

***Has Not Been Won***



**AHF**  
25 YEARS