CONTROLLING THE HIV EPIDEMIC WITH ANTIRETROVIRALS

HIV

Having the Courage of Our Convictions

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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]

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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]
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
## RECOMMENDED STANDARDS FOR MEASUREMENT OF THE HIV CARE CONTINUUM

<table>
<thead>
<tr>
<th>Category</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>HIV Infected</td>
<td>• Estimated number of PLHIV, diagnosed or undiagnosed, within the measurement period. Ideally presented with low/high uncertainty bounds</td>
</tr>
<tr>
<td>HIV Diagnosed</td>
<td>• Number and proportion of people diagnosed with HIV and presumed alive at the end of the measurement period</td>
</tr>
<tr>
<td>Linked to Care (optional)</td>
<td>• Number and proportion of people diagnosed with HIV who are subsequently linked to HIV care, preferably within a limited time period</td>
</tr>
<tr>
<td>On ART</td>
<td>• The number and proportion of people diagnosed with HIV and on ART. Usually defined as those receiving at least one ART dispensation</td>
</tr>
<tr>
<td>Virologically Suppressed</td>
<td>• The total number of people diagnosed with HIV on ART with documented viral suppression in clinical / administrative health records, etc.</td>
</tr>
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</table>
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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