



## INCREASING HIV TREATMENT COVERAGE

### WHAT IS THE HIV CARE CONTINUUM?

Antiretroviral therapy (ART; see Fact Sheet 403) can reduce the risk of serious illness, death, or transmission of HIV. ART is now recommended for all people living with HIV (PLHIV) in a strategy called “treatment as prevention” (TasP).

Yet, only half of people living with HIV (PLHIV) around the world are aware of their status. Among those who know their HIV status, many do not receive ART in a timely manner, fail to stay engaged in care, or do not achieve sustained viral suppression.

The **HIV care continuum** is a way of describing the steps in the care and treatment of PLHIV, which include:

- Diagnosis (HIV testing; see Fact Sheet 102)
- Getting into medical care
- Staying in medical care
- Prescription of ART
- Achieving viral suppression (undetectable viral load; see Fact Sheet 125)

The care continuum can help communities and health programs understand how well PLHIV receive care and treatment, improve health, and prevent new infections.

### WHAT ARE THE IAPAC GUIDELINES?

The International Association of Providers of AIDS Care (IAPAC), through a multidisciplinary panel of international advisors, developed the first comprehensive, evidence-based guidelines for optimizing the HIV care continuum, with an aim to increase HIV testing coverage, linkage to care, treatment coverage, engagement and retention in care, and viral suppression for adults and adolescents (see Fact Sheet 110).

The panel reviewed the scientific literature on the HIV care continuum and made 36 recommendations in six subject areas:

- **Optimizing the HIV care environment** (Fact Sheet 111)
- **Increasing HIV testing coverage and linkage to care** (Fact Sheet 112)
- **Increasing HIV treatment coverage**
- **Increasing retention in care, ART adherence, and viral suppression** (Fact Sheet 114)
- **Adolescents** (Fact Sheet 115)
- **Metrics for and monitoring of the HIV care continuum** (Fact Sheet 116)

The recommendations are graded by strength and quality of the body of evidence as follows: Strong (A); Moderate (B); Optional (C); Excellent (I); High (II); Medium (III); Low (IV).

### RECOMMENDATIONS FOR INCREASING HIV TREATMENT COVERAGE:

1. The immediate offer of ART after HIV diagnosis, irrespective of CD4 count or clinical stage, is recommended. (A I)
2. First-line ART regimens with the highest levels of efficacy, lowest adverse event profiles, and delivered in once-daily fixed-dose combinations are recommended. (B II)
3. Viral load testing at least every 6 months is recommended as the preferred tool for monitoring ART response. (B II)
4. HIV drug resistance testing is recommended at entry into care or

prior to ART initiation and when virologic failure is confirmed. (BI)

- a. Where routine access to HIV drug resistance testing is restricted, population-based surveillance is recommended. (BII)
5. Community-located ART distribution is recommended. (A II)
    - a. The use of community-based pharmacies should be considered. (C III)

### WHAT'S THE BOTTOM LINE?

The HIV care continuum describes how many people living with HIV know their status, engage in medical care, receive ART, and achieve undetectable HIV viral loads.

The IAPAC guidelines are the first evidence-based recommendations to improve the care environment for PLHIV.

Offering ART is recommended immediately after HIV diagnosis, for all PLHIV.

### FOR MORE INFORMATION:

Full text of the IAPAC guidelines is available at <http://www.iapac.org/uploads/JIAPAC-IAPAC-Guidelines-for-Optimizing-the-HIV-Care-Continuum-Supplement-Nov-Dec-2015.pdf>

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