World Health Organization

UNAIDS

What Communities Need to Know About the WHO ARV Guidelines

WORLD AIDS DAY 2015 Communiqué

Increasing the role of community-based services to strengthen comprehensive & resilient systems to deliver & support high quality, lifelong antiretroviral treatment for all people living with HIV

Yesterday in Harare, Zimbabwe, the World Health Organization launched the 2015 Consolidated Guidelines on the use of antiretroviral drugs for treating and preventing HIV infection. Among many new recommendations is that **antiretroviral therapy (ART) should be initiated in everyone living with HIV at any CD4 cell count.** Another is that the use of **daily oral pre-exposure prophylaxis (PrEP) is recommended as a prevention choice for people at substantial risk** of HIV infection as part of combination prevention approaches.

Collectively these two recommendations will have a significant impact on service delivery and delivery models. In particular the new evidence showing that people living with HIV have improved health and better survival if they receive ART as soon as possible after diagnosis has public health and rights effects.

Starting ART in more than 21 million additional people confirmed to be living with HIV will be a major challenge for both service providers and communities. What must remain at the forefront of everyone's agendas when re-inventing resilient systems for ART will be keeping the nearly 16 million people who have already started ART on uninterrupted effective treatment and care for the rest of their lives. **It is estimated that 95% of HIV service delivery is currently facility-based**, and to date most public health systems have not been up to the task such that in some settings, less than 50% of adults are being retained in care four years after initiating ART.

Improved service delivery with 'differentiated care'

A major focus of the new ART guidelines is on improving the quality of service delivery for people as they move along the 'continuum of care'. In a break from the past, a 'one-size-fits all approach' is no longer appropriate for treating people living with HIV. Instead, **WHO now recommends 'differentiated care', which groups people living with HIV into four broad categories based upon their treatment, care and support needs:**

- People presenting well (with higher CD4 counts)
- People with advanced disease
- People who are unstable on treatment and need careful monitoring
- People who are stable on ART

WORLD AIDS DAY DRAFT

A key component of differentiated care will be the use of viral load testing which increasingly will supplement CD4 count to indicate the success of differentiated treatment. Another aspect of differentiated care is how people need to use the different components of care, including: The types of services the location of service delivery; the service provider; and the frequency of the service. If health systems adapt the components of care in the care package for the different categories of patients, it is argued that there **could be improved acceptability of care, improved outcomes and reduced burden of HIV on health facilities.**

Community systems in the new ART Guidelines

Community-based systems for health are essential along the entire 'continuum of care', including testing and treatment demand creation, providing effective linkages to care from HIV testing to enrolment in care, delivering adherence support, improving retention in care, and freeing people who are stable on ART from spending additional time and capacity burdens on health facilities.

The new guidelines make a strong case for public health systems to form strategic linkages with community-based health services. This in itself represents a critical opportunity for community-based role players and service providers to collaborate within their communities and beyond to **establish community-based comprehensive and resilient systems for health.**

There is evidence that different models of care, many of which rely on community-based health, are better suited for people who are stable in long-term care. Models include: appointment spacing for clinical and drug refill visits (Malawi); Peer educator-led ART refill groups (South Africa); Community ART distribution points (Democratic Republic of the Congo) and Patient-led community ART groups (Mozambique).

Each model reduced the burden for patients (decreasing travel and lost income) and the health system (minimizing the need to attend the clinic) while maintaining high retention in care (>90% retained in care across multiple time points).

Next Steps

Policy makers, health departments, community-based service providers, donors, civil society and people living with HIV need to come together in order to take stock of the existing capacity and coverage of community-based services, identify testing and treatment gaps and collectively commit to what has to be done. This will include providing **sufficient technical and financial resources to support community-based services across the 'continuum of care'.** Comprehensive and resilient systems for health need to integrate the long-term needs and support for those on treatment.

WORLD AIDS DAY DRAFT

WHO ARV Summary of Recommendations:

Differentiated care

In nearly all countries, the delivery of HIV care in the initial phase of rapid scale-up was based on a "one-size fits all", clinic-based model largely undifferentiated for individual needs. Now thinking should revolve around four groups of patients:

1. People who present when well, potentially with higher CD4 counts, may require additional and targeted adherence and retention support in order to commit to lifelong ART, as shown in Option B+ programmes.
2. People presenting to care with advance disease and require a fast-tracked clinical and care package to initiate ART and reduce death and illness.
3. Unstable patients, are those who need careful monitoring to ensure appropriate action is taken as needed; this may include clinical attention, additional adherence support, and timely switch to second-line in case of treatment failure.
4. Stable patients are likely to represent the majority of people on ART and may safely move their care to one of many different community ARV delivery models.

Models of community ARV delivery

To accommodate the growing number of stable patients on ART and improve retention in care and other outcomes, innovative models of community ARV delivery have been developed. All approaches reduced the burden for patients (reduced travel and lost income) and the health system (reduced clinic attendance) while maintaining high retention in care (more than 90% retained in care across multiple time points).

Interventions to ensure timely linkage

- Following an HIV diagnosis, a package of support interventions should be offered to ensure timely linkage to care for all people living with HIV.

Cell count testing at the point of care

- CD4 cell count testing at the point of care can be used to prioritize patients for urgent linkage to care and ART initiation.

Laboratory connectivity

- Electronic communication can be considered to transfer test results and reduce delays in acting on results of early infant diagnosis and other essential laboratory tests.

Retention in care

- Programmes should provide community support for people living with HIV to improve retention in HIV care.

Adherence

- Adherence support interventions should be provided to people on ART

Frequency of clinic visits

- Less frequent clinical visits (3-6 months) are recommended for people stable on ART
- Less frequent medication pickups (3-6 months) are recommended for people stable on ART

WORLD AIDS DAY DRAFT

Task shifting and sharing

- Trained and supervised lay providers can distribute ART to adults, adolescents and children living with HIV
- Trained non-physician clinicians, midwives and nurses can initiate first-line ART
- Trained non-physician clinicians, midwives and nurses can maintain ART
- Trained and supervised community health workers can dispense ART between regular clinical visits

Decentralization

- Decentralization of ART care should be considered as a way to increase access and improve retention in care.

Delivering ART in maternal and child health care settings

- In generalized epidemic settings, ART should be initiated and maintained in eligible* pregnant and postpartum women and in infants at maternal and child health care settings, with linkage and referral to on-going HIV care and ART, where appropriate

Delivering ART in TB treatment settings and TB treatment in HIV care settings

- In settings with a high burden of HIV and TB, ART should be initiated in TB treatment settings, with linkage to on-going HIV care and ART
- In settings with a high burden of HIV and TB, TB treatment may be provided for people living with HIV in HIV care settings where a TB diagnosis has also been made.

ART in settings providing opioid substitution therapy

- ART should be initiated and maintained in eligible* people living with HIV at care settings where opioid substitution therapy (OST) is provided

STI and family planning services in HIV care settings

- Sexually transmitted infection (STI) and family planning services can be integrated within HIV care settings.

Delivering HIV services to adolescents

- Adolescent friendly services should be implemented in HIV services to ensure engagement and improved outcomes.
- Community-based approaches can improve treatment adherence and retention in care of adolescents living with HIV (conditional recommendation, very low evidence).
- Training of health care workers can contribute to treatment adherence and improvement in retention in care of adolescents living with HIV (conditional recommendation, very low quality evidence).
- Adolescents should be counselled about the potential benefits and risks of disclosure of their HIV status to others and empowered and supported to determine if, when, how and to whom to disclose (conditional recommendation, very low quality evidence)

Find the policy brief online http://www.who.int/hiv/pub/arv/policy-brief-arv-2015/en/

compiled with the support of

SAT
Southern African AIDS Trust
satregional.org
Community Systems for Equitable & Inclusive Health

WORLD AIDS DAY DRAFT