

SUMMARY SLIDES



UPDATED RECOMMENDATIONS ON **SERVICE DELIVERY FOR THE TREATMENT AND CARE OF PEOPLE LIVING WITH HIV**

MARCH 2021



Introduction

Since the 2016 WHO consolidated guidelines on the use of antiretroviral drugs for treating and preventing HIV infection was published and with the rapid scale-up of ART, emerging evidence and implementation experience and approaches justify reviewing and updating the WHO service delivery guidance. Following several scoping meetings and consultations, WHO convened a guideline development group to address several key questions to help national programmes in optimizing their delivery of care to all people living with HIV.

Many individuals contributed to the development of the guideline including people living with HIV and representatives from affected communities, ministry of health, researchers, implementers, and health care providers.



Recommendations

Recommendation	Update or new
ART initiation may be offered outside the health facility (Conditional recommendation; low- to moderate-certainty evidence)	New
People established on ART should be offered clinical visits every 3–6 months, preferably every six months if feasible (Strong recommendation; moderate-certainty evidence)	Update ^a
People established on ART should be offered refills of ART lasting 3–6 months, preferably six months if feasible (Strong recommendation; moderate- to low-certainty evidence)	Update ^b
HIV programmes should implement interventions to trace people who have disengaged from care and provide support for re-engagement (Strong recommendation; low-certainty evidence)	New
Sexual and reproductive health services, including contraception, may be integrated within HIV services (Conditional recommendation; very-low-certainty evidence)	Update ^c
Diabetes and hypertension care may be integrated with HIV services (Conditional recommendation; very-low-certainty evidence)	New
Psychosocial interventions should be provided to all adolescents and young adults living with HIV (Strong recommendation; moderate-certainty evidence)	New
Task sharing of specimen collection and point-of-care testing with non-laboratory personnel should be implemented when professional staffing capacity is limited (Strong recommendation; moderate-certainty evidence)	Update ^d

^a Updated from a strong recommendation made in 2016 that was based on moderate-certainty evidence. The evidence supporting this recommendation has been re-assessed but the recommendation itself has not changed.

^b Updated from a strong recommendation made in 2016 that was based on low-certainty evidence.

^c Updated from a conditional recommendation made in 2016 that was based on very low-certainty evidence. The evidence supporting this recommendation has been re-assessed but the recommendation itself has not changed.

^d Updated from a good practice statement made in 2016.

Good practice statements

Good practice statement	Update or new
Health systems should invest in people-centred practices and communication, including ongoing training, mentoring, supportive supervision and monitoring health workers, to improve the relationships between patients and health-care providers.	New
The offer of same-day ART initiation should include approaches to improve uptake, treatment adherence and retention, such as tailored patient education, counselling and support.	New
Viral load for treatment monitoring should be complemented with non-judgemental, tailored approaches to assessing adherence.	New
Disease programmes, especially those related to HIV and TB, should actively work towards balanced integration of diagnostic services.	New

Criteria for determining whether a person is established on ART

To support the implementation of these recommendations, WHO has developed criteria for determining whether a person has been successfully established on ART:

- receiving ART for at least six months;
- no current illness, which does not include well-controlled chronic health conditions;
- good understanding of lifelong adherence: adequate adherence counselling provided; and
- evidence of treatment success: at least one suppressed viral load result within the past six months (if viral load is not available: CD4 count >200 cells/mm³ or weight gain, absence of symptoms and concurrent infections).



Guiding principles

The following principles have informed the development of these guidelines and should guide the implementation of the recommendations:

- The implementation of the guidelines should contribute to realizing the Sustainable Development Goals by achieving key global and national HIV goals.
- The guidelines are based on a public health approach to scaling up the use of antiretroviral drugs along the continuum of HIV prevention, care and treatment.
- Implementation of the guidelines needs to be accompanied by efforts to promote and protect the human rights of people who need HIV services, including ensuring informed

consent, preventing stigma and discrimination in the provision of services and promoting gender equity and respectful care.

- Implementation of the recommendations in these guidelines should be informed by the local context, including HIV epidemiology and the prevalence of other comorbidities, the values and preferences of providers and beneficiaries, feasibility and acceptability, availability of resources, the organization and capacity of the health system and anticipated cost– effectiveness.



Applicability of service delivery recommendations

- In contrast to most clinical interventions, service delivery interventions are generally highly context specific in terms of both relative effectiveness and relative importance in a given context.
- Although service delivery is primarily aimed at developing programmatic guidance to help implement all the WHO recommendations, using primarily process-related outcomes and outputs, the basic principles for developing these WHO recommendations align with the concept of people-centred care, the public health approach and a rights-based approach.
- Recognizing the importance of streamlined, standardized approaches to scaling up HIV services in settings with limited resources, the public health approach emphasizes strategies such as task sharing, decentralization, integrating HIV services with other public health programmes and patient and community empowerment.
- The forthcoming WHO consolidated guidelines for HIV services for key populations describes essential strategies for an enabling environment, which includes developing supportive legislation and policy, including working towards decriminalizing behaviour, financial commitment, addressing stigma and discrimination, empowering communities and addressing violence against key populations.
- WHO also supports a strong emphasis on workforce training against stigma, discrimination and strategies to support people who are subject to violence and to ensure that all populations benefit from accessing better and safer health-care services.



Thank you

WHO would like to acknowledge and thank the numerous contributors to these guidelines that were developed during the COVID-19 pandemic and will continue to engage with the global HIV community and Member States to ensure the continuity and quality of care for people living with HIV during and beyond the COVID-19 pandemic.

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WHO gratefully acknowledges the contributions of many individuals and organizations in developing these guidelines.

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