

**METRICS FOR AND MONITORING OF THE HIV CARE CONTINUUM****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 for interventions 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** (Fact Sheet 113)
- **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**

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 METRICS FOR AND MONITORING OF THE HIV CARE CONTINUUM

1. A standardized method should be used to estimate the total number of PLHIV (diagnosed and undiagnosed) within a geographic setting. (A IV)
2. The estimated number of PLHIV in the geographic setting should be the overall denominator for the HIV care continuum. (A IV)
3. Collection of a minimum set of 5 data elements should be considered to populate the HIV care continuum. (A IV)
 - Estimated number of PLHIV
 - Number and proportion of PLHIV who are diagnosed as having HIV
 - Number and proportion of PLHIV who are linked to care (optional)
 - Number and proportion of PLHIV on ART
 - Number and proportion of PLHIV on ART who are virally suppressed
4. Where possible, jurisdictions should consider longitudinal cohort measurement of HIV service utilization and treatment outcomes to identify the means to maximize viral suppression through ensuring early access to ART and retention in care. (A IV)

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.

Monitoring the HIV care continuum is critical to ensure that all people living with HIV benefit from care and treatment. The IAPAC guidelines are the evidence-based recommendations to improve monitoring of the HIV care continuum.

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>

Reviewed February 3, 2017