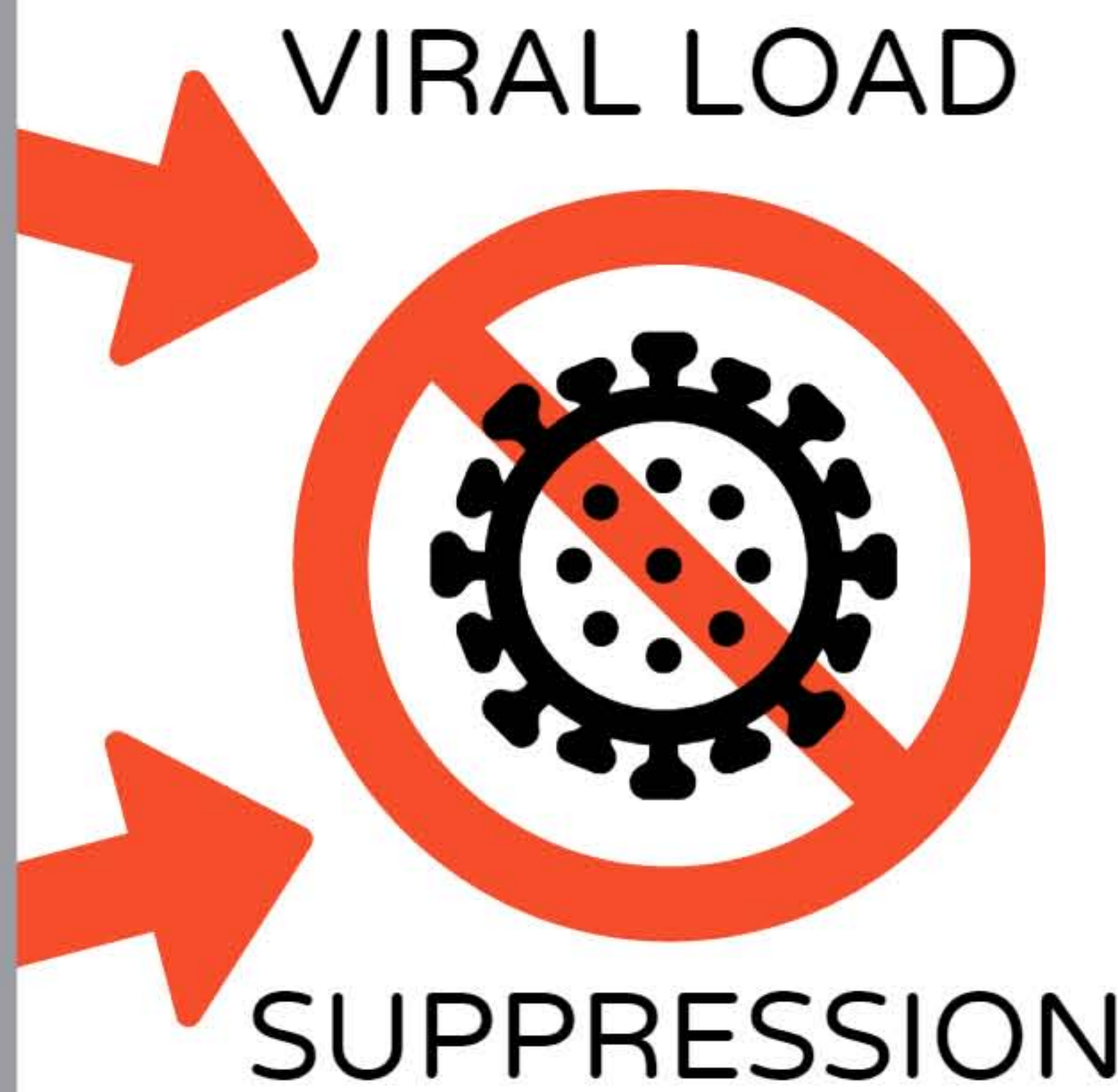


# HIV Cascade of Interventions

## Resources for Improvement\*



### TESTING

#### Universal

- Opt-out testing [20] (A I)\*\*
- Active choice testing [2]
- Self-testing [20] (B II)
- Community-based testing: multi-disease prevention campaigns [1,5,6,8,13,14,19,23] (A I)
- Partner notification and referral to testing [3] (A I)
- Testing in workplace and institutional settings, including prisons, military, police, and educational venues, and mining/trucking companies [5,6,7,13,14,23] (B III)

#### Domestic

- Pharmacy-based testing [1,8,19]

#### International

- Community-based testing: home-based [5,6,13,14,18,23] (A I)
- Community-based testing: mobile testing [5,6,13,14,23] (A I)
- Peer-led testing [14]
- Routine testing for pregnant women [18]

### LINKAGE

#### Universal

- Co-locating medical services for onsite testing and medical care [20] (A I)

#### Domestic

- ARTAS case management [1,4,8,9] (B II)
- HIV clinic-based linkage to care team [20] (A I)
- Strength-based case management [1,8,10,16]
- Outreach workers [1,8,15,22]
- Youth-targeted interventions [1,8,15,19,22]
- Patient navigation [1,8,13]

#### International

- Extended home visit counseling [9,10]
- Food incentives [19]
- Immediate inpatient HIV counseling and testing [9,12,13,21] (A I)
- Peer home visits post-diagnosis [20]

### RETENTION

#### Universal

- Reminders (SMS, call, post mail) within 48 hours [20] (B I)

#### Domestic

- Clinic-wide messaging [20] (A I)
- Enhanced personal contact [1,8,13,21]
- Computer decision-support systems (Virology FastTrack) [20]
- Medical case management [1,14]
- Buprenorphine treatment [19]

#### International

- Peer support [20]

### ADHERENCE

#### Universal

- Computer-based adherence interventions
- Decentralization of treatment

#### Domestic

- CBT and motivational interviewing [17]
- Coping and self-management of treatment side effects [20]
- Monetary reinforcement
- Personalized cell phone reminder system
- Pillboxes

#### International

- Community-based ART
- Community-based adherence clubs
- Counseling and alarm devices
- Directly administered ART
- Individually tailored DOT with economic and psychosocial support [10]
- Health workers
- Online self-management
- Phone calls and home visits [19]
- Task shifting and community involvement
- Text message reminders

\*Interventions identified through reviews of IAPAC guidelines and peer-reviewed literature.  
 \*\*See reverse for keys to numbering and lettering.



## GLOSSARY

ARTAS - Antiretroviral Treatment and Access to Services

CBT - Cognitive behavioral therapy

DOT - Directly Observed Therapy

MSM - Men who have sex men

PLWH - People living with HIV/AIDS

RCT - Randomized controlled trial

SMS - Short message service



## TOOLS & RESOURCES

Centers for Disease Control and Prevention. Effective Interventions: HIV Prevention That Works. 2015. <https://effectiveinterventions.cdc.gov>.

International Advisory Panel on HIV Care Continuum Optimization. IAPAC Guidelines for Optimizing the HIV Care Continuum for Adults and Adolescents. J Int Assoc Provid AIDS Care. 2015. doi: 10.1177/2325957415613442.

New York State Department of Health AIDS Institute. Drilling Down Data to Understand Barriers to Care. 2013. <http://www.hivguidelines.org/quality-of-care/quality-improvement-resources/drilling-down-data-to-understand-barriers-to-care/>.



## POPULATION KEY

[1] African Americans	[9] Low education	[18] Pregnant women
[2] All high-risk	[10] Low income	[19] Substance use
[3] All partners of PLWH	[11] Marginally housed	[20] Unspecified
[4] ART-naive	[12] Married	[21] Women
[5] Commerical sex workers	[13] Men	[22] YMSM
[6] First-time testers	[14] MSM	[23] Youth
[7] Incarcerated	[15] Newly diagnosed	
[8] Latino/a	[16] No insurance	
	[17] Individuals with depression	



## IAPAC EVIDENCE KEY

Strength of recommendation

Strong (A) - Almost all patients should receive the recommended course of action.

Moderate (B) - Most patients should receive the recommended course of action. However, other choices may be appropriate for some patients.

Optional (C) - There may be consideration for this recommendation based on individual patient circumstances. Not recommended routinely.

Quality of the Body of Evidence

Excellent (I) - RCT evidence without important limitations; overwhelming evidence from observational studies.

High (II) - RCT evidence with important limitations; strong evidence from observational studies.

Medium (III) - RCT evidence with critical limitations; observational studies without important limitations.

Low (IV) "Other" evidence; observational study evidence with important or critical limitations.