GUIDING PRINCIPLES

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2. GUIDING PRINCIPLES

2.1 Contribution to global health goals

Implementing these guidelines will contribute to achieving universal access to HIV prevention, treatment, care and support in accordance with the goals and targets articulated in the 2006 Political Declaration on HIV/AIDS (1) and the 2011 Political Declaration on HIV and AIDS: Intensifying Our Efforts to Eliminate HIV and AIDS (2). These guidelines will also contribute to attaining specific health sector goals in the Global Health Sector Strategy on HIV/AIDS 2011–2015 (3) and the Global Plan towards the elimination of new HIV infections among children by 2015 and keeping their mothers alive (4). Major targets for 2015 include reducing by half the percentage of young people 15–25 years who are infected with HIV compared with 2009; reducing the number of children newly infected with HIV by 90% compared with 2009; reducing the number of people dying from HIV-related causes by 25% compared with 2009; reducing by half the number of HIV-related maternal deaths compared with 2009; reducing by half the number of people dying from TB compared with 2004; and having 15 million people on ART in low- and middle-income countries. In the longer term, the guidelines will contribute to and inform efforts to achieve universal health coverage, a key pillar of the post-2015 development agenda.

2.2 Public health approach

In accordance with WHO guidance on HIV since 2002, these guidelines are based on a public health approach to scaling up the use of ARV drugs for HIV treatment and prevention (5). The public health approach seeks to ensure the widest possible access to high-quality services at the population level, based on simplified and standardized approaches, and to strike a balance between implementing the best-proven standard of care and what is feasible on a large scale in resource-limited settings.

2.3 Strengthening health systems through innovation and learning

The recommendations and innovations in service delivery described in these guidelines should be implemented with a view to strengthening the continuum of HIV care and broader health systems, especially primary care and chronic care.

HIV services are already being integrated at lower-level health facilities in many settings with a high burden of HIV infection, while services for PMTCT are increasingly becoming core elements of maternal and child health services. HIV, TB, hepatitis, drug dependence and harm reduction services are being integrated to varying degrees. As people receiving ART begin to age and HIV infection becomes a chronic, manageable condition, improving the integration of HIV services with care for noncommunicable diseases will also become more important. In accordance with these trends, the guidelines promote the adaptation of service delivery models that strengthen the continuum of HIV care and enable the timely initiation of ART in a variety of settings, ensuring that people are appropriately referred to services and are retained in and adhere to lifelong treatment.

National HIV programmes should consider undertaking implementation research to determine how best to adopt and adapt these guidelines to their local context and bringing to scale more efficient and effective services.
2.4 Increasing the effectiveness and efficiency of programmes

In the context of limited financial resources, competing priorities and health system constraints, countries may face difficult choices among an expanding range of options for using ARV drugs to reduce HIV morbidity, mortality and transmission. These guidelines are based on the principle that countries should further scale up and optimize the effectiveness and efficiency of HIV programmes through a strategic approach to using ARV drugs that involves:

- Giving priority to providing ARV drugs to people living with HIV who are eligible for treatment and most in need;
- Exploring opportunities to enhance the impact of ARV drugs on HIV prevention by starting treatment earlier in certain populations;
- Increasing the effectiveness and reach of ARV programmes across the continuum of care through a strategic mix of quality-assured HIV testing approaches, improving adherence and retention, innovative service delivery, integrating ART in a wider range of settings and strengthening links between services; and
- Engaging in both short- and longer-term efforts to optimize and harmonize drug regimens and increase their affordability and to develop and implement simpler and more affordable point-of-care diagnostics and laboratory services.

2.5 Promoting human rights and health equity

Access to HIV prevention, treatment, care and support should be recognized as fundamental to realizing the universal right to health, and these guidelines should be implemented based on core human rights and ethical principles. In general, HIV programmes need to ensure that ARV drugs and related interventions are accessible to the people who need them most, including pregnant women, children and key populations, and that they are provided in an environment that minimizes stigma and discrimination. Informed consent – notably for HIV testing but also for initiating ART – should always be obtained. Adequate safeguards must be in place to ensure confidentiality.

Some countries may face significant ethical challenges as they seek to implement these guidelines in the context of constraints on resources and health systems. A key challenge may involve the need to give priority to ensuring ART for the people who are most ill and those already receiving treatment, while also striving to implement expanded eligibility criteria. Each country will need to plan its own approach to ensuring that current ARV programmes are not disrupted and that expanded access is fair and equitable.

2.6 Implementation based on local context

Implementation of the recommendations in these guidelines should be informed by local context, including HIV epidemiology, availability of resources, the organization and capacity of the health system and anticipated cost-effectiveness. A strong recommendation for a specific approach to service delivery should not necessarily be viewed as an endorsement of that model over an effective service delivery model already in place in a country.