Adult antiretroviral therapy (ART): health care workers’ perspectives contributing to developing the WHO 2013 consolidated guidelines

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**INTRODUCTION**

In 2013, the World Health Organization (WHO) released consolidated guidelines on antiretroviral drugs for low- and middle-income countries. These guidelines include revised recommendations on initiating ART and optimal first-line ART in adults. Since 2007, WHO guidelines have been developed in accordance with the GRADE method that rates the quality of evidence supporting recommendations. In addition to evidence synthesis and appraisal, WHO Guideline Development Groups draw on other important sources of information that can include costing information, feasibility assessments, mathematical modelling and provider and beneficiary values and preferences. To inform the process of developing the 2013 consolidated guidelines, WHO conducted an assessment of health care workers’ values and preferences.

**Methods**

A cross-sectional e-survey was developed by WHO for clinicians providing adult ART to gather health care workers’ perspectives on potential policy changes. The survey was distributed widely via major ART provider agencies and networks (the main agencies contacted were ANEPA, ICAP, IeDEA and MSF). Responses were collected over three weeks (November 2012). Quantitative data were analysed using Microsoft Excel 2010, and a thematic analysis was undertaken of free text responses.

**Results**

- 98 health workers responded to the survey, the majority from southern Africa (46%) or eastern Africa (32%).
- Beyond the WHO 2010 recommendations, priority groups for immediate ART initiation included pregnant women through option B+ for preventing the mother-to-child transmission of HIV (79%) and partners in serodiscordant relationships (47%).
- Fewer than 1 in 10 respondents (9%) stated that earlier initiation should not be considered before coverage was reached at 350 cells/mm$^3$.
- The majority of people considered that once-daily regimens were either critical (54%) or important (35%).
- The majority also considered fixed-dose combinations to be either critical (61%) or important (29%).
- Almost half (45%) favoured the routine use of viral load testing for ART monitoring, with almost a quarter (24%) willing to reserve CD4 use for when problems arose.
- There were mixed views regarding the priority for phasing out stavudine (d4T); users with side effects (42%) were the priority, followed by all users (27%).
- Respondents also expressed the need for fixed-dose combinations for second-line ART regimens and clearer guidance for choosing third-line regimens.
Priority groups for earlier initiation (n=98)
Which patient groups would you consider should receive ART CD4 >350 cells/μL?

CD4 and viral load monitoring (n=98)
What should be the optimal frequency of CD4 and viral load where both are available?
1\textsuperscript{st} and 2\textsuperscript{nd} line ART (n=98)

What is the relative importance of Importance formulations in choice of 1\textsuperscript{st} and second line regimens? Give reasons?

**Importance of FDCs**

- Critical
- Important
- Preferable
- Not important

**Importance of once daily**

- Critical
- Important
- Preferable
- Not important

**Why important:**
- Prescribing: 22%
- Adherence: 98%
- Pharmacy management: 38%
- Procurement: 20%

Priorities for d4T phase out (n=94)

What patient groups should be prioritized in d4T phase out plans?

- New initiations
- Patients on d4T >2 years
- Pregnant women
- Children
- HBV co-infection
- Side effects
- All patients, ASAP
- Other