



Barriers to VIRAL LOAD SUPPRESSION



Approximately 7/10 of all people with HIV in the U.S. are not virally suppressed.¹

Denial, fear, stigma, poverty, health beliefs, and mental health disorder(s) are some of the reasons why people with HIV are not virally suppressed. Here's what some people with HIV are saying:

I don't want my family & friends to know I have HIV.

I don't have transportation to the clinic.

The meds were making me feel sick, so I stopped taking them.

What if someone sees me at the clinic?

I've relocated and I haven't found a new doctor I trust.

I have insurance, but I cannot afford the co-payments.

The meds are poison.

Taking the meds is a daily reminder that I have HIV.

I don't have insurance.

I need to get high.

I'm too stressed to deal with this.

I'm afraid to drink alcohol and take pills.

I feel fine.

I'm homeless.

I'll take better care of myself so I won't need the meds.



When people with HIV are not adherent to care, they are not likely to be virally suppressed. Systematic and programmatic barriers lead to gaps in care, which also contribute to low viral suppression rates.² Some reasons for gaps in care include:



inadequate reimbursement delivery for HIV medical services,³



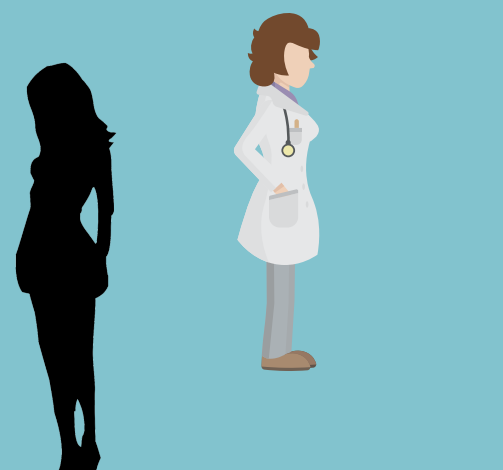
clinic hours are not always flexible and appointment times are limited,⁶



training is needed to deliver more culturally appropriate services to improve patient-provider relationships,^{4, 5}



people with HIV find there are limited availability and accessibility to support services,⁹ and there is often fragmented & low priority given to comprehensive primary care needs.^{2,10}



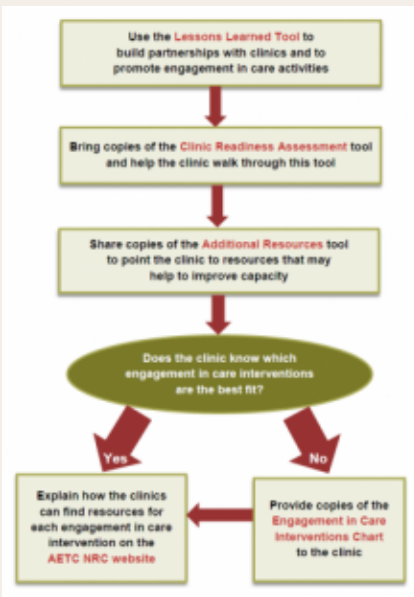
provider stigma of working with people with HIV,⁷



incorrect or outdated contact information,⁸

Below are some resources to help providers and healthcare systems improve adherence and retention in care in people with HIV

1.



AETC Engagement in Care Toolkit: <http://aidsetc.org/resource/aetec-engagement-care-toolkit>

2.



Retention in HIV Care: A Clinician's Guide to Patient Centered Strategies, November 2013: <https://mwaetec.org/sites/default/files/2017-12/Retention%20in%20Care.pdf>

3.



Innovative Approaches to Engaging Hard-to-Reach Populations Living with HIV/AIDS into Care: Training Manual: <https://careacttarget.org/library/innovative-approaches-engaging-hard-reach-populations-living-hiv-aids-care-training-manual-0>

4.

Guidelines for Improving Entry Into and Retention in Care and Antiretroviral Adherence for Persons With HIV: Evidence-Based Recommendations From an International Association of Physicians in AIDS Care Panel: <http://aidsetc.org/resource/guidelines-improving-entry-and-retention-care-and-antiretroviral-adherence-persons-hiv>

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