Immediate antiviral therapy for HIV-infected persons faces with various obstacles

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Summary
Human immunodeficiency virus (HIV)/acquired immune deficiency syndrome (AIDS) ranks eighth in the global burden of disease, making seriously threatens to global health. Given there is not yet a cure for HIV infection, antiretroviral therapy (ART) holds a key role not only in improving the prognosis of the patients, but also reducing the risk of HIV transmission. The immediate initiation of ART has been recommended in domestic and foreign policies and guidelines, yet the implementation of this strategy is not satisfactory. In developing countries and even in some developed countries, it still takes a long time for patients to go from the diagnosis of HIV infection to the acceptance of ART. Clarifying the obstacles to the implementation of immediate ART and finding strategies to cope with them have emerged as key problems in response to HIV/AIDS.

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refusal of treatment, negative psychological emotions, treatment related costs, etc. (24-26). ii) Supply-side. Health system challenges are a barrier to getting people diagnosed with HIV onto treatment in many countries, including the insufficient knowledge and skills of health professionals, inadequate referral mechanism, weak confidentiality and availability of treatment options, etc. (27,28). iii) Intervention-side. This section includes the social and cultural issues, including the laws and policies, stigma and discrimination, tedious treatment process, etc. (21,26,29).

Nevertheless, due to the short emergence time of this phenomenon, few studies to provide systematic, quantitative and suitable countermeasures and suggestions for this issue. Finding the systematic and quantitative strategies to cope with these obstacles has important theoretical value and practical significance. Firstly, conduct more multi-center clinical trials to further promote the updating of guidelines. In 2017, WHO guidelines put forward the strategy of Rapid ART Initiation (30), suggesting that all HIV-infected persons must start ART rapidly (less than 7 days after HIV positive diagnosis); and for those ready to begin the treatment, ART should be initiated on the same day. But it also noted that medical resources are key constraints, so more clinical trials are needed. Secondly, except for identifying the key obstacles, revealing the underlying mechanisms of such obstacles and selecting the optimal coping strategies based on mechanism research also important for optimizing HIV prevention and control policies.

References


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