

BACKGROUND

Due to the availability and advancement of combined antiretroviral therapy (ART) as well as an increasing number of persons living with HIV (PLWH), there has been an increased focus on both health promotion and HIV prevention for PLWH. Optimal adherence to ART is critical to fully achieve both the clinical and preventive benefits of ART. In 2008, the HIV/AIDS [Prevention Research Synthesis \(PRS\) Project](#) expanded the scope of systematic review efforts to include the identification of evidence-based interventions (EBIs) for improving HIV medication adherence and viral load suppression among PLWH.

Between 2008 and 2010, PRS conducted a series of activities to develop efficacy criteria to evaluate the evidence from published HIV **Medication Adherence (MA)** intervention studies. These efforts included repeated consultations with CDC scientists, key federal partners, including the National Institute of Mental Health (NIMH), the National Institute of Drug Abuse (NIDA), and the Health Resources and Services Administration (HRSA), and non-federal researchers with substantial expertise in HIV medication-adherence issues. The existing [PRS risk-reduction \(RR\) efficacy criteria](#) for evaluating HIV-related sex and drug risk-reduction interventions were used as the initial framework and were adapted to address issues relevant for HIV medication adherence intervention studies. The [MA efficacy criteria](#), like the RR criteria, focus on quality of study design, quality of study implementation and analysis, and strength of evidence of efficacy. Similar to the [RR EBIs](#), the [MA EBIs](#) are also classified as either best- or good-evidence.

PRS routinely updates the [MA chapter](#) by adding newly identified EBIs. The dissemination of MA EBIs is a critical part of optimizing health outcomes for PLWH, one of key goals outlined in the U.S. National HIV/AIDS Strategy (NHAS). Several MA EBIs have been packaged by the CDC's Division of HIV/AIDS Prevention (DHAP), Capacity Building Branch. More information on training and technical assistance on the available MA intervention packages can be found at <http://effectiveinterventions.org/en/HighImpactPrevention/BiomedicalInterventions/MedicationAdherence.aspx>.

In addition to Best-evidence and Good-evidence EBIs presented in the MA chapter, other previously [published systematic reviews](#) can be used as resources for health care and prevention providers when making decisions to meet the specific HIV-care needs of PLWH.

