

Table 1: Clinical Guidelines (for treatment of HIV infected adults and adolescents)*

Entity Producing or Adopting Guideline	What is it? How universal in reach?	How “hard” or “soft” is it? How obligatory? How precise are the requirements? Are there provisions for delegation?
International Treatment Guidelines		
DHHS/CDC (January 2008 revision)	Produced and regularly updated by the DHHS Panel on Antiretroviral Guidelines for Adults and Adolescents, a working group of the Office of AIDS Research Advisory Council. The first versions of these guidelines were aimed at the US population, so offered little guidance on how to make apply the guidelines in resource-constrained settings (where, e.g., lab tests could not be performed); this is somewhat less true now. Available on website.	As a general matter, international treatment guidelines are not legally “obligatory” unless made so by other bodies (e.g., by mandate of national government, clinic adoption, or third party payer). In some places, caregivers might be held liable, e.g. in malpractice suit for failure to give patients care that complied with guidelines. They are very precise. No provisions are made for delegation (that is, for enforcement).
WHO (2006 revision)	Antiretroviral Therapy for HIV Infection in Adults and Adolescents: Recommendations for a Public Health Approach. Available on website. 132 pp. Specifically geared for universality, so gives guidance about what to do in resource-constrained settings.	Same as above.
IAS-USA	Available on website and published in JAMA. 17 pp.	Same as above
AETC (2006 Edition, updated July 2007)	AIDS Education and Training Centers, Clinical Manual for Management of the HIV-Infected Adult Available on website. 400 pp.	Not legally obligatory; very precise; no provision for delegation. Designed especially for training HIV care providers. Includes information from DHHS, CDC, and WHO, so more “derivative.”
International NGO Treatment Guidelines		
MSF (Médecins sans Frontières)	[Actual guidelines seem not to be available on website.]	
National Treatment Guidelines		
Examples: South Africa, Thailand, Uganda; not US	Available on websites. Typically modified from WHO guidelines to take account of local conditions (special disease combinations, availability of laboratory facilities, access to and local production of medicines, availability of trained staff, fiscal constraints). Apply universally within country.	Mandatory for health facilities participating in government treatment programs. Recommendations very precise. Some provisions for delegation (e.g. mandatory reporting when switch regimens).
Clinic Treatment Guidelines		
US2 (but not US1) Thailand South Africa Uganda	Available to clinic staff, e.g. in loose-leaf binders in treatment rooms. Updated episodically, especially when new guidelines released by WHO or DHHS, when national governments modify their guidelines, or when funding bodies (e.g. Ryan White funds or Medicaid in US) change their rules	Typically mandatory within clinic, though clinic staff generally sensitive to need for flexibility. Very precise; more precision added through reference to other guidelines. Oversight sometimes mandated (e.g. by requiring formal discussion of regimen changes).

*There are many other guidelines, including guidelines for other groups (children), people with particular conditions (pregnancy), for particular activities (counseling), for managing special problems (occupational exposure), or carrying out particular tasks (developing treatment guidelines).