

Why annual clinical visits for stable people living with HIV are important

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Why annual clinical visits?

"We've learnt over the years that scheduling less frequent clinical visits for people with HIV who are doing well has improved adherence and retention. So, we really welcome this move to annual clinical visits in the new Kenyan guidelines. I really think it will reduce the burden on our clients, allowing them to get on with their busy lives and improve their quality of life. At the same time, we see how busy clinics are, and this will allow our healthcare providers to focus more of their time and skills on those with more complex clinical needs." – Healthcare worker, Kenya

Annual clinical visits:

- Maintain retention and viral suppression
- Reduce unnecessary clinical consultations
- Improve client experience
- Reduce health worker workload
- Support integrated chronic care
- Enable more sustainable HIV programmes

MMS VS MMD

Different things. Both important.

MMS = Multi-month script

The length of the **prescription**.
(What the clinician writes)



How long the prescription is valid
(e.g., 12 months)



Enables annual clinical visits
Requires annual prescribing (12MMS)

MMD = Multi-month dispensing

The length of the refill (**dispensing**).
(What the pharmacy gives)



How much medicine is given each time
(e.g., 6 months)



Does not have to be annual. It can be 1, 2, 3, 4, 6 months, etc.

A multi-month script (MMS) or prescription is different from multi-month dispensing (MMD). This document is focused on annual clinical visits and 12MMS (not 12MMD). Annual clinical visits require annual prescribing (12MMS), but do not require annual dispensing (12MMD).

What is an annual clinical visit?

What do we mean by an annual clinical visit?

An annual clinical visit is the visit once a year where the client is assessed by a clinician who:

- Performs a structured clinical review (history, examination, psychosocial and laboratory assessments)
- Issues a 12-month prescription/script (12MMS)
- Books a follow-up clinical visit in 12 months
- Ensures that the client can access ART refills through an appropriate DSD refill model between annual clinical reviews

Who are annual clinical visits for?

These visits are for adults established on ART. The World Health Organization defined established on ART or stable as on ART ≥ 6 months, virally suppressed, and no current clinical concerns [1].

Populations that may require more frequent clinical or psychosocial review include:

- Adults not established on ART
- Children and adolescents
- Pregnant women on ART (additional antenatal visits required)

Does an annual clinical visit mean that 12 months of medication must be dispensed?

No. Moving to annual clinical visits does not mean that 12 months of medication must be dispensed.

The annual clinical visit is where 12 months of medication is prescribed (12MMS).

The maximum ART refill (for example, 6MMD) is determined by national policy.

This flexibility allows countries to adopt annual clinical visits with 3-6MMD as per country guidelines.

Key evidence for annual clinical visits at a glance

Outcome	Impact of annual visits
Retention	Maintained or increased [2-5]
Virological suppression	Maintained or increased [2-6]
Client and healthcare worker satisfaction	Maintained or increased [7]
Human resource requirements	Reduced by approximately 38% in South Africa compared with 3-monthly visits (modelled estimate) [8]

Evidence demonstrates that extending clinical visit intervals does not compromise outcomes for clinically stable clients [2-5].

Why annual clinical visits matter for national HIV programmes

1. Maintains strong clinical outcomes while reducing unnecessary visits

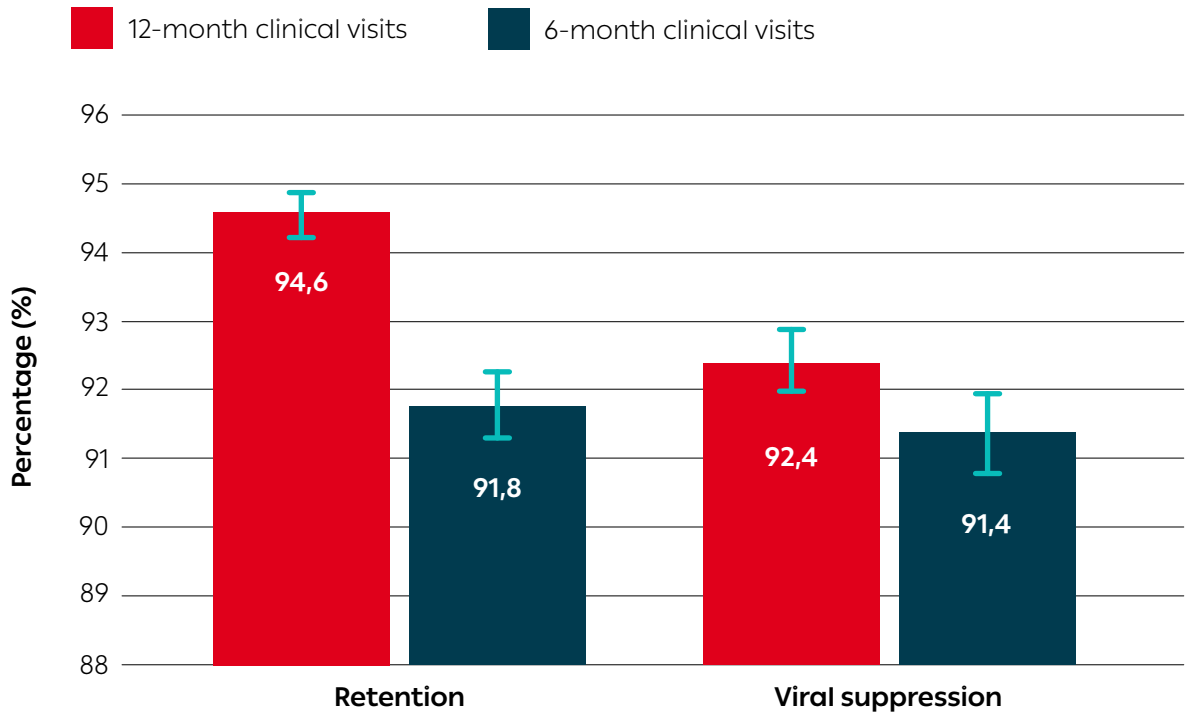
Annual clinical visits reduce the number of required clinic visits while maintaining retention and viral suppression.

In South Africa, people established on ART who received 12-month prescriptions had fewer facility visits while maintaining

retention and viral suppression outcomes comparable to those on six-month prescriptions [2] (Figure 1).

In a systematic review, there was no significant difference in retention between clients on six- or 12-monthly clinical visits and those on three-monthly clinical visits [3]. These findings indicate that visit frequency for clinically stable clients can be safely reduced.

Figure 1: Retention and viral suppression among those on six-month vs. 12-month scripts and clinical visits [2]



2. Enables higher-value, more purposeful HIV care

Health systems must pivot from repeated low-value encounters to high-value clinical interactions.

Shifting stable clients to annual visits is a critical resource reallocation strategy.

By reducing routine visits, clinicians gain time to focus on:

- Clients with advanced HIV disease
- Clients with unsuppressed viral load
- Clients newly initiating therapy
- Clients requiring adherence support
- 81% had their family planning needs assessed
- 85%, 88% and 77% were screened for TB, STI and hypertension, respectively [9]

Annual visits create an opportunity to shift from frequent low-value encounters to more purposeful and comprehensive clinical reviews. A standardized, checklist-supported annual assessment can ensure that clinical, psychosocial and preventive care are delivered consistently. In an audit in the Western Cape, South Africa, where annual clinical reviews have been implemented since 2012, of 403 clients:

"[. . .] the con [with six-month scripts] is you're basically following them like a child now, and they don't want this; they hate it. They want to go back to the 12-month script." – Healthcare worker, South Africa, after COVID-19 extended prescriptions were reversed [7]

3. Improves client experience and supports long-term self-care

Annual clinical visits support client autonomy and self-management while maintaining appropriate clinical oversight. The success of this autonomy is dependent on robust treatment literacy, ensuring that clients are fully equipped to manage their health between visits, returning early if unwell.

Annual clinical visits reduce the burden of care on clients.

- Reduced transport and opportunity costs
- Less time spent waiting in clinics
- Reduced disruption to work, caregiving and daily life

For many clients, long waiting times and frequent visits are a major barrier to sustained engagement in care. This is particularly relevant for working adults, mobile populations and people who incur substantial travel and opportunity costs to attend clinic appointments.

4. Improves efficiency and supports sustainability of HIV programmes

National programmes are operating in an environment of increased financial and human resource constraints.

Annual clinical visits reduce the number of clinical encounters, leading to:

- Reduced workload for healthcare workers
- Reduced congestion in facilities
- Improved client flow

In South Africa, annual clinical visits are modelled to reduce human resource time by 38% compared with three-monthly visits (Figure 2).

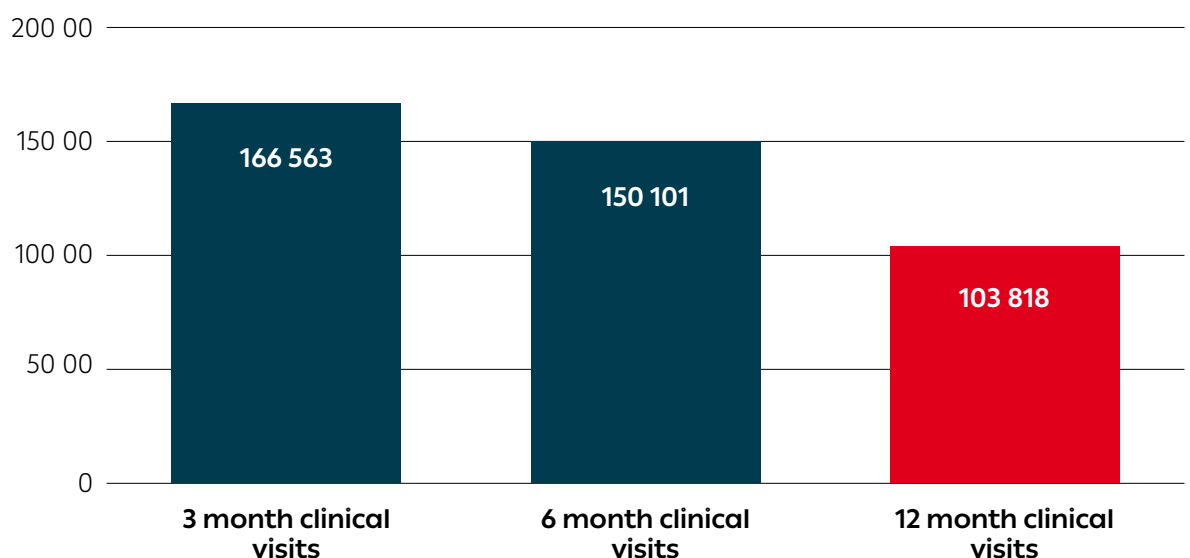
Clients also save time and money through reduced travel and waiting time.

These efficiency gains allow programmes to reallocate limited resources to areas of greatest need.

This is particularly important in the context of funding transitions and the need for more sustainable, country-led HIV responses.

"I have been stable on ARVs for many years, but I still have to go to the clinic every second month. The queues are very long. I literally spend the whole day in the clinic. And sometimes, I am late for my appointment because I work in different provinces ... It would be so much easier if I could get a 12-month script and six-month supply so that I can only go to the clinic once a year. That way, I wouldn't mind spending time there for review. As it is now, the many trips to the clinic make me extremely tired and frustrated." – Person living with HIV, South Africa

Figure 2: Estimated staff hours required under different clinical visit schedules [8]



5. Provides a platform for integrated chronic care

Annual clinical visits should be viewed as both an HIV service delivery intervention and a platform for integrated chronic care. This includes screening and management of:

- Non-communicable diseases (hypertension and diabetes)
- Sexual and reproductive health (family planning and cervical cancer screening)

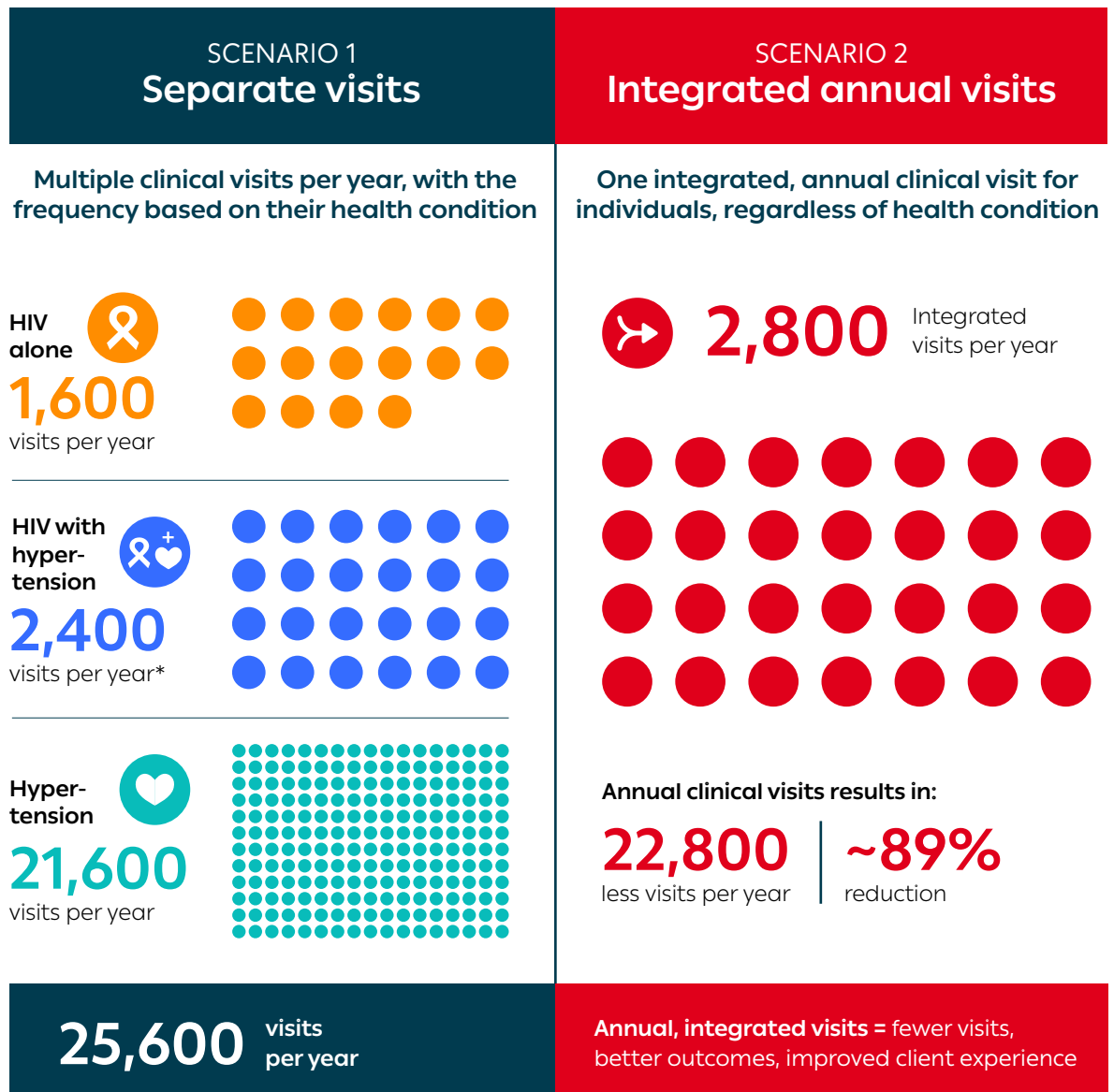
- Mental health conditions
- TB and advanced HIV disease

Aligning visit schedules across HIV and other chronic conditions reduces duplication and fragmentation of care.

Integrated, annual clinical visits can further reduce costs and improve efficiency for both clients and health systems (Figure 3).

Figure 3: The impact of providing annual visits for chronic care clients

In a hypothetical scenario, a clinic provides care to a population of 10,000 with an HIV prevalence of 10% and a hypertension prevalence of 20%. In scenario 1, there are six-monthly clinical visits for people living with HIV and monthly clinical visits for people with hypertension. In scenario 2, those with HIV and/or hypertension have annual clinical visits where multi-month scripting is carried out even when multi-month dispensing is not feasible.



* This assumes visits for people living with HIV and HTN are integrated (12 x 200=2400). If the visits are not integrated, the annual number would be 2,800 (14 x 200).

Implementation safeguards for success

Annual clinical visits should be implemented alongside safeguards that maintain quality of care and ensure rapid access to services when needed.

Safeguard	Why it matters
Clear eligibility criteria	Ensures that only clinically stable clients are transitioned
Robust monitoring systems	Allows programmes to monitor retention, refill collection and viral suppression
Client education and treatment literacy	Enables clients to recognize symptoms and seek care appropriately
Rapid access pathways	Ensures that clients can return for care whenever concerns arise
Reliable refill systems	Ensures that treatment can be dispensed according to the prescription without additional clinical visits

Conclusion

National HIV programmes should consider adopting annual clinical visits for adults established on ART as a practical, evidence-based strategy to improve efficiency while maintaining high-quality care.

The available evidence demonstrates that clinically stable clients do not require routine six-monthly clinical consultations to achieve strong outcomes. By reducing unnecessary visits, programmes can free scarce clinical

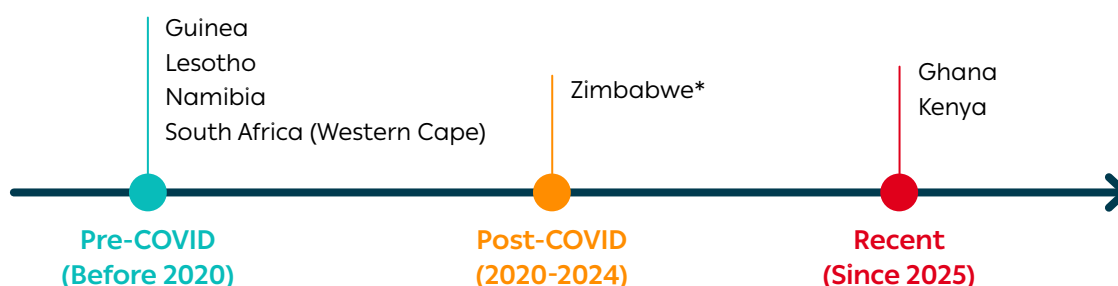
capacity, improve client experience and create opportunities for more integrated and sustainable chronic care.

Annual clinical visits represent the next evolution of differentiated service delivery – moving beyond simply reducing visit frequency toward delivering more strategic and higher-value care.

Read about Ghana's transition to annual visits [here](#).

"Zimbabwe adopted the annual clinical visit guidance for people living with HIV (PLHIV) on antiretroviral therapy (ART) in 2015 through the Operational and Service Delivery Guidance. This coincided with the country's transition towards routine viral load (VL) monitoring ... The alignment of annual VL testing with annual clinical visits facilitated improved cohort management and enabled clearer identification and follow-up of recipients of care (RoCs) who were missing VL tests. Between 2015 and 2025, national VL testing coverage increased substantially from 15% to 85%, while VL suppression rates improved from 86% to 96%." – Ministry of Health and Child Care, Zimbabwe

Countries with policies supporting annual clinical visits for clinically stable clients



* Previous national guidance in Zimbabwe recommended annual clinical visits for those monitored with viral load.

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