be integrated with specialty care to provide optimal clinical management for people living with HIV.

Objective To examine the effectiveness of shared care models of HIV between primary care and specialty care and how primary care providers can assist in improving the care of people with HIV.

Methods Three databases, PubMed, Medline and EMBase were searched for relevant terms from studies published in the period from 1996 to 2011. Studies were included that integrated primary care in HIV management and included highly active antiretroviral therapy (HAART) as part of the treatment modality.

Results 11 studies that met the inclusion criteria were included in this review. Primary care was found to be at least as effective in HIV counselling, testing and treatment and, to a lesser degree, prevention, when compared to specialty care alone. Screening for HIV at a primary care level was cost-effective, especially in a high HIV prevalence and high-risk community. There were no significant adverse clinical outcomes reported in a primary care approach. Effectiveness of various interventions using a primary care approach were demonstrated in the review, including HAART adherence programmes, home care, the involvement of peer health workers and perinatal use of HAART.

Conclusions Primary care has an important role in the shared care of the diagnosis and management of people with HIV. Some improvements with current guidelines on the management in primary care of people with HIV in developing countries should be considered.