Guidelines for a public health approach to ARV treatment in resource limited settings: implications for technology transfer

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Specialists
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Nurses/midwives

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Specialists, general practitioners,
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District hospital
General practitioner
Clinical officers
Nurses/midwife

Health centre
Clinical officer
Nurse/midwife
A programme

• A first line regimen, second line options
• Simplified indications and lab follow-up that fit clinical reality and take into account resource constraints
• Less complicated training, medicines and lab reagent supply chains

...a start that will increase demand and improve service delivery
Starting

– HIV positive

AND

– clinical AIDS

– symptomatic HIV infection (WHO stage II or III) and either CD4 cells < 200 or TLC < 1200.

– asymptomatic and CD4 cells < 200.
Recommended alternatives for first line regimens

- Triple nucleoside regimen (preferred: ZDV+3TC+ABC)
- 2 nucleosides * plus an NNRTI (EFV, NVP when there is (risk of) pregnancy
- 2 nucleosides * plus protease inhibitor (nelfinavir, or ritonavir-boosted lopinavir or indinavir or saquinavir)

* ZDV+3TC, or ZDV+ddI, or d4T+3TC. ddI+d4T is less preferred
Changing

- Treatment needs to be changed in case of failure and in case of toxicity
- Toxicity would lead to the replacement of the offending drug if it can be identified, or the entire regimen
- Failure would lead to the replacement of the entire regimen
Lab needed

- HIV testing
- Hb or Hct
- Access to WBC and differential, liver enzymes, urea, creatinine, glucose, pregnancy test.
- Access to CD4 counts desirable, as is access to bilirubin, and lipids
- Viral load optional
- Resistance monitoring for surveillance
**Technology needs**

- HIV testing
- Hb or Hct
- Access to WBC and differential, *liver enzymes*, *urea*, *creatinine*, *glucose*, *pregnancy test*.
- Access to CD4 counts desirable, as is access to bilirubin, and lipids
- Viral load optional
- Resistance monitoring for surveillance
- Medicines, injection devices, sharps containers
You’re a clinical officer in Tsiboga, Karatina, Kikwit, Zinder, …

Would you tell your patient with AIDS that you cannot treat him/her because you can’t do a CD4 count?