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HIV/Aids.

SolidarMed Position Paper

SolidarMed Position Papers

SolidarMed establishes position papers on strategic key topics. The purpose of the position papers is to learn from our own and our partners' project experiences as well as from the available international evidence. Position papers reflect global policy debates and define the SolidarMed principles in the respective area of concern. SolidarMed incorporates these standards into the programmes and projects and into the policy dialogue with partners and stakeholders.

Available SolidarMed position papers:

2010_1 HIV/Aids (2010, by Jochen Ehmer)

2010_2 Community-based health interventions (2010, by Thomas Gass)

HIV/Aids.

SolidarMed Position Paper

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Facts and Figures

Worldwide, 33 million people are infected with HIV. Each year, 2,5 million people acquire the infection - 2,1 million die from it.

80% of Aids deaths occur in Sub-Saharan Africa, where HIV remains the main reason for adult mortality. 70% of all infected people and 90% of all infected children live in Sub-Saharan Africa.

9 million people are in urgent need of antiretroviral treatment, 4 million get it. 50% of all pregnant HIV-positive women have no access to preventive treatment. And: 80% of all HIV infected don't know their sero-status.

In 2007, 18 billion USD were needed to combat the pandemic, 10 billion USD were funded. The remaining gap of 8 billion USD is increasing year by year.

Sources:

UN General Assembly, Declaration of Commitment on HIV/AIDS and Political Declaration on HIV/AIDS: midway to the Millennium Development Goals; Report of the Secretary-General, 1st of April 2008

The Lancet, Vol. 371, Nr 9630, pg 2057-2144; June 21-27 2008: HIV/Aids estimates and the quest for universal access; Kevin De Coeck; WHO

1 HIV/Aids is a key topic for SolidarMed

Aids is a complex disease – there are no magic bullets

Aids is a complex disease with implications far beyond health. Its impact reaches out to social, cultural, economic, political and educational dimensions, profoundly changing all aspects of human existence.

Whereas worldwide consequences of Aids give reason to serious concern, the amplitude in Sub-Saharan Africa is unimaginable. In Lesotho, one out of four persons is HIV positive, in Zimbabwe, TB/HIV co-infection is ravaging its way and in Moçambique, live expectancy has fallen dramatically.

For Sub-Saharan Africa, Aids constitutes an emergency, a persisting Tsunami, ongoing and outweighing other health problems by far. HIV is the health problem number one in many Sub-Saharan countries. The current level of HIV treatment services needs not only to be maintained, but efforts must be made to scale up for larger quality treatment coverage and for more effective prevention.

The challenges emanating from the Aids pandemic are immense; they need to be tackled through sustained and multisectoral action on prevention, treatment, care and impact mitigation.

Whereas SolidarMed acts in all four areas, prevention and treatment are its core fields of intervention. Both belong together and constitute two sides of the same coin, sometimes described as a continuum.

There are no easy solutions and there is no “one size fits all” or “magic bullet” concept. Strategies which might work in one context are not necessarily successful in another. Approaches must therefore be comprehensive, complementary and context specific, with well designed monitoring and evaluation components.

Putting human rights first

Improved population health is a strong driver for economic welfare and poverty alleviation is an objective in all SolidarMed programs. HIV prevention and treatment are cost effective interventions and help public administrations save money. However, a mere economic approach to Aids does not correspond to the complexity of the disease.

At the core of SolidarMed’s commitment stands the conviction that equal access to health promotion, preventive means, free treatment and care is a universal human right. SolidarMed recognizes the importance of community empowerment, social change, strong primary healthcare structures, equity and attention to vulnerable groups such as children or pregnant women. The close collaboration

with people living with HIV/Aids (PLHA) is another pillar of SolidarMed’s commitment.

Aids and rich nations

Aids is not only an affair of resource-poor countries. In an interdependent globalized world, rich nations like Switzerland depend on strong foreign health systems capable of detecting and limiting communicable diseases like the avian or swine flu, they benefit from selling commodities like drugs, medical devices, research and technical advice, and they take advantage of international health as means of seeking stability and poverty alleviation. This is even more important in the current phase of global recession, with an additional 53 million persons menaced by poverty.

Swiss actors provide a unique portfolio of expertise, innovation and research skills in Aids. SolidarMed calls upon developed countries to sustain and expand their financial commitment for Aids prevention, treatment and research.

Values and principles

SolidarMed’s work is inspired by the core values of solidarity, humanity and sustainable development. With regard to Aids, the organization subscribes to the principles laid out in the Cairo consensus on reproductive health (1995), the Sydney declaration on HIV research (2007), the Ottawa charter on health promotion (1986), the Kampala declaration on health workforce (2008), the Declaration of Alma Ata (1978), the Millennium Development Goals (2000) and the Closing the gap in a generation report of the WHO commission on social determinants of health (2008).

2 Best practises

The following practises are acknowledged by SolidarMed as effective, evidence based and with potential for impact. Their choice, combination and way of implementation may vary according to the context.

a) Prevention

Preventing the transmission of Aids is of paramount importance, without effective prevention, the pandemic can never be curbed.

HIV is transmitted through 3 routes:

- Sexual contact (vaginal, anal, oral)
- Blood and blood products (f. ex. transfusion or contaminated material such as needles, blades)
- Infection from an infected mother to the child (during pregnancy, during labour, during breastfeeding)

Behaviour change

Behaviour change is a key objective of Aids prevention. Multiple, clear, coherent, continuous, culturally adapted and carefully tailored messages from various sources increase the probability of behaviour change. Information sources should include peers and leaders with authority. Cultural barriers to behaviour change must be explored, taken into account and addressed in a locally adapted ways. A framework of sound Government stewardship and local leadership is indispensable. Preventive efforts need to address the underlying structural determinants of risk and vulnerability.

Target groups

Social and economic weakness, sugar daddy relationships, coercion and the lack of access to male or female condoms are important features of Aids transmission. In the Southern African context, SolidarMed considers young people, especially schoolgirls as the main target group for information, education and communication. Understanding and addressing gender imbalances is a critical element in reaching this group.

“High risk groups” such as casual sex workers, prisoners or truck drivers constitute another important target group. They play a key role especially in emerging and concentrated epidemics.

Social determinants are important factors for HIV transmission. They need to be assessed and taken into consideration for the identification of target groups. As an example: Poverty increases the vulnerability to Aids - it does not seem to play a key role for increasing the risk of Aids acquisition. For this reason, prevention activities might rather target middle/high than low income groups.

Six key strategies

The six key strategies endorsed by SolidarMed to prevent HIV transmission are:

- Decrease of multiple concurrent partnerships and reduction of sexual relationship networks
Rather than occasional relationships outside the couple, the existence of permanent concurrent simultaneous relationships is one of the most important drivers of HIV epidemics.
- Correct and consistent use of condoms
Condom use has an important impact on HIV incidence. It is crucial however, that condoms are used correctly and – above all – consistently.
- Safe male circumcision.
Male circumcision has a consistent partial protective effect with an approximate 60% risk reduction for female

to male HIV transmission; it has no positive influence on male to female HIV transmission. There are several programmatic implications to be considered, which are outlined in the respective WHO and UNAIDS documents.

- Delayed begin of sexual activity.
The delayed begin of sexual activity reduces the lifetime risk of a person of acquiring HIV.
- Timely quality antiretroviral treatment.
HIV is very infectious shortly after infection and at the end stages of the disease. Antiretroviral treatment suppresses the viral load and reduces the infectivity, thus contributing to Aids prevention. In 2008, the Swiss Federal Office of Health has even stated that an HIV positive person under ART, with undetectable viral load for a minimum of 6 months and under absence of concomitant sexually transmitted diseases does not transmit HIV via sexual contact.
In line with WHO recommendations and scientific evidence, SolidarMed considers ART as an essential element for HIV prevention.
- PMTCT
PMTCT targets the most vulnerable, has a positive impact both on individual and population level, is highly cost effective, with strong equity and human rights implications. SolidarMed considers PMTCT as one of THE priorities within its interventions.
PMTCT cannot be reduced to antiretroviral treatment for pregnant women; it is a comprehensive approach relying on four pillars:
 - Primary prevention of HIV infection
 - Family planning and prevention of unintended pregnancies of women living with HIV
 - Prevention of transmission from mothers living with HIV to their infants (including re-testing of infected mothers)
 - Care, treatment and support for mothers living with HIV and their infants.

Barriers to PMTCT have their roots in individual, cultural, social and economic conditions such as gender imbalances, traditional concepts of sexuality or social exclusion and stigma. Unsuccessful PMTCT has systemic reasons, too: Vertical programs are often not very coordinated and fragmentation of health services is a main barrier to efficient PMTCT. For this reason, PMTCT needs to be fully integrated into maternal and child health services.

MTCT rates in resource rich countries are negligible, due to optimal strategies such as triple ART, caesarean sec-



tion and exclusive bottle feeding. SolidarMed recognizes the need for optimal PMTCT in Africa and fights against health inequalities between rich and poor countries. In this context, two specific aspects merit attention:

- a) Whereas widely applied in Europe, the optimal strategy of exclusive bottle feeding is rarely feasible, acceptable, affordable, sustainable and safe in rural areas of Sub Saharan Africa. For HIV infected women, SolidarMed promotes exclusive breastfeeding during 6 months, introduction of complementary food thereafter, and the continuation of breastfeeding until the 12th month. Exclusive bottle feeding is not promoted by SolidarMed. However, SolidarMed is aware, that this solution is suboptimal.
- b) Current PMTCT guidelines for resource poor settings promote mono or dual ART for pregnant women with a CD4 >350. Mono or dual ART have serious limitations: They increase the risk of drug resistance at a later stage and do not optimally protect the baby against HIV infection. Cheap and safe options for triple-cART in pregnant women in resource poor settings are therefore urgently needed, as recommended in the 2009 WHO guidelines. Also, larger data sets to evaluate hepatic side effects caused by NVP in women with higher CD4 counts and potential birth defects under EFV are needed.

Other interventions

- Voluntary Counselling and Testing
Voluntary counselling and testing (VCT) is not an effective intervention to prevent HIV. The importance of VCT is related on other aspects: As necessary entry point, VCT it is THE cornerstone for up-scaling ART. It is an essential element in combating stigma, fundamental for maintaining adherence to treatment and has an important role for a family centred approach. Earlier VCT (in the course of the disease) is necessary to depict recent sero-converters with high viral load, which in turn play a key role in the transmission of Aids. New and innovative pilot testing and counselling strategies such as mobile and

community VCT, VCT performed by community health workers, traditional health providers or PLHA must urgently be explored and monitored. Whereas current strategies such as provider initiated counselling and testing (PICT) and client initiated counselling and testing (CICT) are complementary, inclusive strategies such as the “opt out” approach should be re-inforced. Nonetheless, each approach has its limitations and conditions: Quality VCT needs sufficient and trained staff, tested patients should have access to condoms and treatment, compulsory testing should be avoided, and confidentiality shall be maintained. Respective policy papers have been widely published by UNAIDS.

- Sexual transmitted diseases
The treatment of sexual transmitted diseases such as syphilis, gonorrhoea, chlamydia or chancroid has not shown consistent protective effect on HIV transmission – with the exception of genital herpes ulcerations. Treatment of STIs is therefore not a specific means of HIV prevention, but may be a useful framing intervention with impact on HIV incidence in case of HSV treatment.
- Bio-security
Bio-security, safe blood transmission and blood handling, needle and lame sterilization are effective and important interventions. In all four SolidarMed partner countries however, the predominant route of HIV transmission is sexual. Given the limited SolidarMed resources, efforts and expected outcomes must be weighed carefully.

Need for more evidence

HIV prevention seems to be a quite straightforward – it is not. Obvious answers are often wrong, easy solutions don’t work. It has been proved in many countries: HIV prevention can succeed. However, few interventions have shown consistent effect at population level and over longer periods of time.

Also, there is growing international concern about the limited evidence of successful prevention strategies. While the development of new tools such as microbicides or vaccines must continue, current prevention strategies need to be better evaluated at population level in order to generate stronger evidence for action.

b) Treatment

Scaling up

Antiretroviral treatment has dramatically improved the living perspectives of millions. Its decisive impact is not only on a personal level, where it makes the difference between life and death, but also on a population level, where it mitigates the consequences of the pandemic.

However: Access to treatment is still confined to a small group, and chances to access are distributed inequitably.

For this reason, scaling up of quality ART is a priority. Scaling up of ART must take social determinants and inequalities into account, aim at free access and universal coverage, strongly rely on a primary care network and be delivered in integrated and decentralized fashion building on strong referral and mentoring systems.

ART does work

It is now widely recognized, that ART under the WHO promoted public health approach does work.

After the first year of ART, mortality and live expectancy of people under ART do not vary much from those of the general surrounding population, the progression from infection to Aids has been slowed down to about 10 years. However, there is still quite some excess mortality during the first year of treatment, due to many co-infections and the often late start of treatment in bad clinical and immunological conditions.

ART must be started timely

ART is never an emergency and opportunistic infections as well as live threatening conditions should always be managed first. However: ART shall then be started without further delay under the preconditions set out by the respective national and WHO-ART guidelines.

It is important to keep in mind that the prognosis of those starting ART at baseline CD4 counts < 200 is considerably worse than of those starting ART at baseline CD4 counts > 200. Also, the risk of developing TB/HIV co-infection is three times higher at CD4 counts < 200, compared CD4 counts > 200.

A scientific discussion about the definition of CD4-thresholds for starting ART in sub-Saharan populations is ongoing. SolidarMed generally works within the standards

and algorithms set by WHO and MOH's.

SolidarMed pleads for starting ART timely, before the stadium of advanced disease is reached.

Ethical considerations

Providing ART in Sub-Saharan Africa goes hand in hand with various ethical considerations, which can only be addressed by competent personnel. Training, supervision and quality insurance are therefore key elements of ART service provision. Examples include:

Weak health systems often struggle to provide quality ART to large number of peoples. At what threshold should an institution stop admitting new patients?

Demand of ART often exceeds treatment capacities of health systems and ART waiting lists exist at various sites. It is therefore important to have criteria for patient eligibility. These criteria should follow internationally recognized standards and respond to the following features: A fair process (transparent and just, rationales for priorities must be publicly available), the condition of relevance (affected stakeholders must agree on the rationales, community voice and stakeholder participation must vary in an appropriate way within each institutional context, stakeholder's concerns should be reasonably addressed), revisability and appeals possibility (allow for revising the rationales, allow for an appeals process) and regulation conditions (institutional mechanisms ensure that previous conditions are met).

Weak adherence of patients under ART results in resistant viruses being transmitted to third persons, which then need expensive second line treatment. Spending money for expensive second line treatment takes away funds earmarked for cheap first line treatment and deprives patients of getting drugs. What mechanisms shall an institution/health system put in place to obtain a maximum equity?

Health System Strengthening

To meet international targets, large number of patients can be started on ART easily, even in very rural areas. But starting ART is not sufficient: Treatment must be of sustained adequate quality.

Sustained quality treatment can only be provided if health systems are strong and organized. This includes management capacities and stewardship, infrastructure, equipment (specifically laboratory equipment), human resources and financial means. Weak health systems will provide low quality HIV care, with potential fatal consequences on population level.

In the past, ART programs have strengthened health systems in various ways, but often indirectly and unintended,

such as through improved infrastructure, equipment, transport means or staff qualifications. SolidarMed pleads to actively and specifically include evidence based components to strengthen health systems into all ART programs. HIV programs shall be implemented as vertically as necessary, and as horizontally as possible. This also concerns financial resources: 15% of all ART program budgets should be used to strengthen health systems.

Vertical ART programs may have negative side - effects; they can deviate qualified staff, create parallel monitoring mechanisms or increase inequalities through targeted benefits to ART patients. To recognize potential negative effects early and to correct them, SolidarMed pleads for the establishment and application of an extended monitoring framework, including context and health system impact monitoring.

Human resources

Poverty, bad working conditions, lacking professional perspectives, corruption, scarcity of training institutions, brain drain or spending limitations imposed by international monetary institutions are some of the factors contributing to the chronic health worker shortage in low resource countries.

ART provision relies on health workers. Insufficient, unqualified and poorly motivated staff will negatively impact patients (due to wrong prescriptions), populations (due to resistant viruses) and health systems (due to increasing work load).

It has been estimated that ten health workers are necessary to keep 1'000 patients under ART. Where shall these 10 additional health workers come from, in context of the current human resources for health crisis?

Various strategies exist to tackle the problem: Task shifting, nurse based care, lay/PLHA/community health worker involvement, pay for performance schemes, top-up payments, purchase of holidays, provision of incentives, creation of an enabling working environment though supportive supervision or training are some of them. These strategies are not exclusive but complementary; their applicability is context-specific. They have specific strengths, but it is also important to understand their limitations: Task shifting and nurse based approaches need good referral and quality control mechanisms. Community health worker programs will fail, if they are not embedded into a broader and sustainable framework provided with strong Government stewardship. Pay for performance schemes tend to produce collateral negative effects such as over-treating patients. Top-ups are not sustainable. Again, each model has its specific role. There is no simple "one size fits all" solution.

Human resources are a critical and key element to ART, which depends on the availability of sufficient, motivated

and trained health workers. ART programs must address the human resource problem professionally and context specifically.

Antiretroviral Drugs

The ART rollout in Sub Saharan Africa has been an unprecedented success story, allowing 2.25 million people to be treated with ARVs.

However, access is still limited to selected and rationed drugs, treatment options are not optimal and patients are denied state of the art treatment on large scale. Second line drugs are widely too expensive or unavailable. The same is valid for paediatric formulations.

The provision of ARVs depends on drug prizes and patent barriers, available budgets, availability of adequate formulations (such as combination pills or liquid formulations) and management and logistic capacity of health systems. SolidarMed believes that universal access will only be possible if HIV services, drugs and tests are free of charge. Irrespective of this claim, questions of health system financiality must be addressed and answered.

Prizes of most ARVs are still prohibitively high. SolidarMed calls upon its Government partners to put their weight behind the processes allowing for cheap generic ARV production in resource poor countries. Patent barriers with regards to ARV provision in highly endemic countries should be abolished. SolidarMed welcomes recent industry efforts to establish joint patent pools for neglected diseases but insists that ARV patents should be included.

Funding for Aids, Malaria and Tuberculosis has increased substantially during the last decade. Nonetheless, the funding gap for HIV is increasing year by year (8 billion USD 2008). Funding for HIV needs to be maintained, sustained over the next decade and predictable over longer time periods. This will allow recipient countries to purchase more and better ARVs.

Treatment quality

Many countries focus on starting large numbers of patients on ART rather than caring for treatment quality. Driven by the ambition to meet internationally set objectives and even without the necessary requirements for quality care, health professionals are often pressured to start high numbers of patients on ART. As long as numbers can be carried forward, few health managers care about drop outs, lost to follow ups or side effects due to inadequate treatment. "Ghost" patients certainly make a considerable part of the officially 4 million under treatment worldwide.

Quality must be of equal importance than quantity. As the disease is chronic and lifelong, numbers will increase anyway.

Especially in rural areas, service quality does often not correspond to internationally defined standards, with the fatal consequences as described above.

The complexity of Aids requires specific skills, adequate training, distinct monitoring and client centred follow up. ART service provision must be a combined effort by various health programs (not only by one) and should be delivered in an integrated way.

Clinical mentoring, supportive supervision, ongoing training and the implementation of quality control systems are some of the elements supported by SolidarMed to improve quality.

Another issue with regard to treatment quality is the development of viral resistance, which is closely related to adherence. Studies of ART programs in Sub Saharan Africa have shown retention rates of 50% after 24 months. All ART programs must address the problem of adherence. SolidarMed supports various strategies to enhance it: Pill count, group counselling, directly observed treatment, disclosure, peer treatment support (buddy system), tracing of lost to follow up's, home based care or the provision of material support (transport, food etc.) are some of them. A balance must be found between health system capacities and the efforts needed to provide these kinds of support.

Children

Children have the same right to treatment as adults and SolidarMed is committed to equitable access to ART. For this reason, the organization acknowledges that 10% of all patients under ART in its programs shall be children < 16 years of age.

Tuberculosis

Despite being treatable and curable, Tuberculosis remains one of the most common causes of illness and death in people living with HIV, especially of those with a low immunity. Tuberculosis is a main element of mortality under ART and must be specifically addressed in all ART programs.

While continuing and strengthening efforts to achieve universal access to antiretrovirals, countries should undertake initiatives to improve the prevention, diagnosis and treatment of TB in order to reduce the unacceptable burden of TB among people living with HIV. Strategies for the integrated management of HIV and TB do exist, have been evaluated and should be followed. A specific focus should be laid on the treatment of smear negative TB in HIV/TB co-infected.

Laboratory

Laboratory Testing is an important part of every HIV treatment network, as it guides decision-making related to choo-

sing or switching drug regimens. Consistent reagent supply, quality control, trained technicians, proactive maintenance and quick repair are essential features of a functioning laboratory - and often big challenges in Sub Saharan Africa. Equipment and capacity building at secondary care laboratories must be integral objectives of ART programs. Access to laboratory services shall be free of charge.

Quality ART goes hand in hand with adequate access to CD4, Viral Load and Resistance Testing. Whereas immense progress has been achieved with regard to CD4 test accessibility, Viral Load and Resistance Testing are still widely unavailable or too expensive. Efforts shall be made to increase access to these laboratory tests also. Furthermore, the validation of cheap alternatives guiding decision making related to start ART or switching lines is needed urgently.

Framing strategies

ART cannot function isolated. It must be framed by complementary interventions aiming at the prevention and treatment of opportunistic infections, malaria, malnutrition and sexually transmitted diseases, as well as free access to family planning and safe water and hygiene. Respective WHO guidelines exist and need to be taken into account for planning and implementation.

3) Measuring outcomes: Monitoring and knowledge management

Effective prevention and better treatment depend on sound evidence. For this reason, SolidarMed capitalizes its experience through monitoring and operational research. Interlinking into knowledge sharing networks (South-North and South-South) and the establishment of local monitoring, analyses and research capacities are of great importance in this respect. SolidarMed is committed to the Sydney declaration of the International Aids Society and seeks to earmark 15% of its respective budgets for knowledge management and operational research. The communication of research and monitoring results to policy makers, partners and donors in an understandable and structured way is hereby the "last mile" which needs to be done to achieve full impact of the SolidarMed HIV programs.

Key Messages

General:

- Aids is a complex disease, without magic bullets and without one-size-fits-all solutions
- Equal access to HIV prevention, treatment and care is a universal human right
- Prevention, treatment and care depend on sustained and multi-sectorial action
- Switzerland shall sustain and expand its financial commitment for Aids prevention, treatment and research
- SolidarMed capitalizes its experience through monitoring and operational research. The organization is committed to earmark 15% of respective budgets for knowledge management and operational research

Prevention:

- Preventing the transmission of Aids is of paramount importance
- Behaviour change is key to Aids prevention
- SolidarMed considers young people, especially schoolgirls as the main target group for HIV prevention.
- SolidarMed supports six key strategies towards HIV prevention:
 - Decrease of multiple concurrent partnerships and reduction of sexual relationship networks; 2) correct and consistent use of condoms; 3) safe male circumcision; 4) delayed begin of sexual activity; 5) timely quality antiretroviral treatment; 6) PMTCT
- PMTCT is a priority within SolidarMed interventions. It needs to be fully integrated into maternal and child health services.
- Within PMTCT, SolidarMed promotes exclusive breastfeeding during 6 months, introduction of complementary food thereafter, and the continuation of breastfeeding until the 12th month
- Current PMTCT options are sub-optimal: Cheap and safe options for triple-cART in pregnant women in resource poor settings are urgently needed.
- Voluntary counselling and testing is a cornerstone for scaling-up ART, but not an effective intervention to prevent HIV.
- Earlier and more comprehensive VCT is necessary: SolidarMed supports innovative testing and counselling approaches; as well as inclusive strategies such as “opt out”.
- STDs and bio security are no key intervention areas for SolidarMed.
- Current prevention strategies need better evaluation at population level, in order to generate stronger evidence for action

Treatment:

- Scaling up of quality ART in Sub Saharan Africa is a priority
- ART under the WHO promoted public health approach does work
- ART needs to start timely, before the stadium of advanced disease.
- Ethical considerations with regard to ART must proactively be identified and addressed by competent personnel
- Defined components to strengthen health systems need to be part of ART.
- Programs need to assess health system outcomes through extended monitoring frameworks, including context and health system impact monitoring
- Based on scientific evidence and context, all ART programs must address the human resource problem proactively.
- HIV services, drugs and tests need to be free of charge. SolidarMed supports the abolishment of ART patent barriers in high endemic countries.
- Treatment quality is of equal importance than the number of patients on ART.
- Clinical mentoring, supportive supervision, training and monitoring are cornerstones of treatment quality
- Based on scientific evidence and context, all ART programs must proactively address the challenges of adherence and compliance
- ART programs shall include at least 10% children < 16 years of age
- TB and HIV shall be managed in an integrated manner
- Equipment of secondary care laboratories and training of their staff are successful interventions in ART programs.
- Validation of cheap alternatives and scaling-up of VL-testing to guide starting or switching of ART are needed urgently.
- ART must always be framed by adequate complementary interventions according to the WHO guidelines

Glossary

ANC	Antenatal care
AR	Anti - retroviral
ART/V	Anti - retroviral therapy
ATS	Aconselhamento e Testagem de Saúde (= Day Hospital for HIV testing)
CC	Country Coordinator (Project Country)
CD4	Helper T cells, best indicator of immune deficiency in HIV disease
DDS	Direcção Districtal de Saúde (= District Health Directorate)
DO	Desk Officer (Headquarter)
DPS	Direcção Provincial de Saúde (=Provincial Health Directorate)
ED	Executive Director (Headquarter)
EGF	Elisabeth Glaser Foundation
ER	Expected Results (= Output), (in LogFrame/YPO)
HBC	Home Based Care
HC	Health Centre
HIV	Human Immuno-deficiency Virus
HYR	Half Year Report
HQ	Headquarter
HR	Human Resources
IeDEA	International Epidemiologic Databases to Evaluate AIDS
LFU	Lost to Follow-up
LogFrame	Logical Framework
MoH database	Mozambican Health database
NAIMA	A Network of ONGs working in Health and HIV/AIDS
NGO	Non Governmental Organisation
NVP	Nevirapine
OI	Opportunistic Infection
OIP	Opportunistic Infection Prophylaxis
PEP	Post Exposure Prophylaxis
PM	Project Manager (Project Country)
PMTCT	Prevention of Mother to Child Transmission
ProDoc	Project Document
PTV	Prevenção Transmissão Vertical (=Prevention of Mother to Child Transmission)
SM	SolidarMed
SPO	Specific Objective (= Outcome)
TARV	Tratamento Anti Retroviral (Antiretroviral Treatment)
TOR	Terms of Reference
YPO	Yearly Plan of Operation (= PoO, Plan of Operation)
YR	Yearly Report
VCT	Voluntary Counselling and Testing
WW	Wiwanana

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