

# Setting up the ART Programme

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# Objectives

1. Describe the components of an ART programme,
2. Discuss how to put the above components in place as essential elements of a care and treatment programme
3. Discuss critical areas for programme development in order to ensure sustainability and implement additional components of care and support
4. Discuss how participants might introduce (or strengthen) an antiretroviral therapy programme in the context of comprehensive HIV/AIDS prevention, care and support in their local situations

# Essential building blocks of an ART Programme

- Access to **HIV counselling and testing** (C&T) services, either as a voluntary counselling and testing unit within a health facility, as a stand-alone centre, or integrated into clinical care provision
- **Trained clinicians** who can diagnose and treat common HIV-related illnesses and manage ART, observing the principles of chronic disease management and in accordance with national or international guidelines and standards
  - Continuity of care
- A **basic medical records/health information system**

# Essential building blocks II

- Access to **laboratory services** with the capacity to do routine laboratory tests (complete blood count, liver function tests, renal function tests) and, if possible, CD4 counts or, as alternative, total lymphocyte count (TLC). In some situations it will be important to be able to measure viral load.
- **Secure, consistent supply of affordable antiretroviral drugs**, as well as drugs to prevent and manage opportunistic infections and other HIV-related illnesses, and drugs for palliative care.

# Planning Steps to Start ART

The following questions highlight issues to consider in determining the steps to develop the essential elements for ART. They are not necessarily sequential and can occur simultaneously.

# Planning Steps

- A. Does a referral system exist between HIV counselling and testing services and clinical care provision?
- If there are no accessible C&T services, need to set up a linkage with existing service or build capacity on-site
  - Create linkages to refer HIV-infected individuals in need of care and support to appropriate services.

## Planning Steps, continued

- B. Does the health care staff have the capacity /interest , (knowledge, skills and attitude) to provide HIV care that includes managing opportunistic events: infections & cancers and the safe and effective use of ARVs?
- Provide training to staff, including physicians HIV and others, nurses, counsellors, pharmacists, laboratory technicians and nutritionists on ART, management of HIV disease and adherence counselling.

## Planning Steps, continued

- C. Does a functional medical records system exist?
- Provide technical assistance in the development of a data management system for long-term patient monitoring according to the principles of chronic disease management.
  - Is it easy for the clinician to retrieve the patient's record at the time of the patient's visit?
  - Weight, past results, current & past treatment

D. What facility has laboratory services with the capacity to perform the essential tests for ART management?

- Finalize an agreement for lab services with this facility, including a mechanism for the safe and timely transport of lab specimens and specifications for timely reporting of lab results.

## Planning Steps, continued

- E. Is there a drug management system in place that includes a mechanism for ordering, storing, securing and distributing ARVs?
- If yes, finalize an agreement to procure ARVs, including procedures for ordering, securing storage, consistent supply, and monitoring of supply and dispensing drugs to patients.
  - If not, investigate preferential pricing for ARVs and establish a system for reliable procurement, storage and dispensing of drugs.

## Planning Steps, continued

F. Is the clinic site set up to accommodate patient appointments and continuity of care?

- Is there a system whereby a patient can be followed by the same team over time, or at the minimum by the same physician?
- Are there regular clinic days and a consistent location for HIV care? And a place that ensures privacy for the patient-physician interaction?
- Providing access to patients for which disclosure of status is a barrier to treatment

# Other Critical Building blocks for Comprehensive HIV Care

- Involvement of PLHA and community groups throughout the process, including community treatment preparedness and development of care services through advisory committees and stakeholder groups.
- Development of national standards and guidelines for clinical HIV management, including C&T, prevention and management of OIs (including tuberculosis) and use of ART, if guidelines do not exist.
- Establishment of policies regarding charges for laboratory tests, clinic visits, OI drugs and ART where relevant.

## Other Critical Building blocks, continued

- Development of standard operating procedures / protocol for:
  - HIV testing and counselling
  - universal precautions and post-exposure prophylaxis
  - ART eligibility
  - Treatment of Opportunistic events
  - Treatment of ART complications
  - patient follow up and
  - referrals within and across services

## Other Critical Building blocks, continued

- Creation or expansion of a functional referral system between clinical care and community support services.
  - The system should link clients and PLHAs to achieve a continuum of care
  - Linkages help to address needs including nutrition, mental health, legal and economic support, palliative care, psychosocial and spiritual support.

## Other Critical Building blocks, continued

- Strengthen the capacity of the health care system
  - This is based on initial assessments of areas such as data management, health needs management, infrastructure.
- Development and implementation of a monitoring and evaluation plan.
- Ongoing capacity building and support of staff through training, monitoring and mentoring.
- PEP

# PROGRAMME EXAMPLE

# ART Programme

The programme should

- allow multiple entry points to care and treatment
- foster a close collaboration between national, district and private sector entities
- coordinate activities between clinical care facilities, community support systems, and NGOs in the selected communities

# Programme

- The guiding principles in each programme include:
  - A commitment to community preparedness
  - The facilitation of communication between the government, NGOs, PLHA and clinical care sectors
  - An approach that ensures comprehensive care that addresses client needs along a continuum of care