7th March 2011

MINISTRY OF HEALTH AND CHILD WELFARE CIRCULAR NUMBER OF 2011

Attention: All Provincial Medical Directors
All Heads of Institutions
City Health Directors
All Implementing Partners

ADAPTATION AND IMPLEMENTATION OF THE NEW 2010 WHO ANTIRETROVIRAL THERAPY GUIDELINES FOR ZIMBABWE

The Ministry has adopted the HIV Treatment Guidelines released by the World Health Organization in 2010. As such, the National Drug and Therapeutics, Policy Advisory Committee (NDTPAC) and AIDS and TB Unit revised and produced the National Guidelines for Antiretroviral Therapy in Zimbabwe in May 2010.

The revised 2010 ART Guidelines emphasize on:

- Starting treatment early
  - Patients with a CD4 cell count equal or below 350
  - Patients in WHO clinical stages 3 and 4 (including pregnant women)
  - HIV positive infants regardless of CD4 percentage/ clinical stage

- The use of less toxic patient-friendly regimens (Tenofovir-based regimens for adults and Zidovudine-based regimens for children as preferred 1st line)

- Strategic use of laboratory services for diagnosis and patient monitoring

The adoption of the new WHO 2010 guidelines will result in increased demand for services over and above the demand that was there when CD4 count of 200 was used to start treatment. Due to resource constrain, a phased-approach will be employed in the implementation of the new guidelines over a 3-year period, starting from the 1st of April, 2011.
IMPLEMENTATION OF THE GUIDELINES

a. All new patients (except those stated in (b) below) should continue to be initiated on the STAVUDINE based-regimens unless the use is contraindicated.

b. The following group of patients could be initiated/transitioned to the new ARV regimens:

   **ADULTS**
   i. All HIV+ve pregnant women eligible for treatment for their own health (CD4 count equal or less than 350 or WHO Clinical stages 3 or 4)
   ii. Patients who were started on ART before end of December 2007 who are experiencing drug toxicities

   **PAEDIATRICS**
   - As per the 2010 revised ART Guidelines, all paediatric patients will be commenced on the new ARV regimens (zidovudine-based regimens).

However, currently there is a lot of stock of paediatric stavudine-based regimens at national level as well as at facility level. Health facilities should therefore continue using the stavudine-based regimens for children until stocks at national and facility levels are exhausted.

The Ministry will provide updates on stock status in due course. We therefore encourage ALL health workers, at all levels, to follow this guidance until further notice is issued in order to prevent ARV drug supply interruptions. Drug stock-outs at facility level may lead to HIV-Drug Resistance.

Meanwhile, the Ministry will continue to train health care providers on the revised ART Guidelines and mobilize more resources for additional new ARVs.

Thank you for your unwavering support in the fight against HIV and AIDS and in ensuring adherence to these recommendations.

Yours Sincerely,

BRIGADIER GENERAL (DR) G. GWINJI
SECRETARY FOR HEALTH AND CHILD WELFARE
MINISTRY OF HEALTH AND CHILD WELFARE