

GUIDELINES

for Antiretroviral Therapy in Zimbabwe

**National Drug and Therapeutics Policy
Advisory Committee (NDTPAC)
and
The AIDS and TB Unit, Ministry of Health
and Child Welfare, Zimbabwe**

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Guidelines for Antiretroviral Therapy in Zimbabwe, 2010



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Further copies may be obtained via the AIDS and TB Unit, Provincial Medical Directorate offices, NDTPAC, or the Directorate of Pharmacy Services, MOHCW, P.O. Box CY 1122, Causeway, Harare, Zimbabwe. Comments can be forwarded to the AIDS and TB Unit (atp.director@africaonline.co.zw) or the Directorate of Pharmacy Services (dps@healthnet.org.zw).

The information presented in these guidelines conforms to current medical, nursing, and pharmaceutical practice. It is provided in good faith, and hence, whilst every effort has been made to ensure that the drug doses are correct, no responsibility can be taken for errors or omissions.

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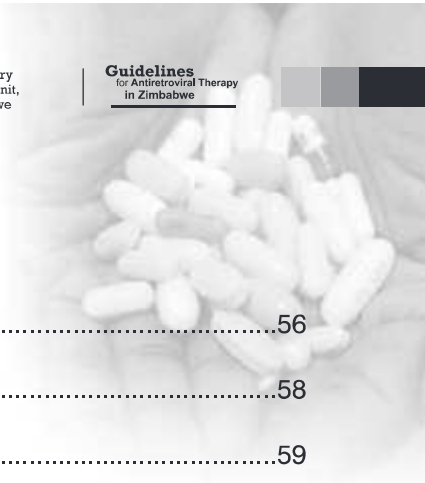
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I. FOREWORD

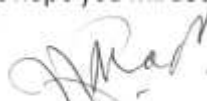
HIV- and AIDS-related diseases remain a major health burden despite the documented decrease in the prevalence of HIV and AIDS. As has been stated many times, the introduction of antiretroviral drugs (ARVs) has revolutionized the care and management of HIV and AIDS. Whilst ARVs do not cure HIV and AIDS, they dramatically reduce mortality and morbidity if used appropriately. It must still be emphasised that treatment with ARVs is for life.

The National Antiretroviral Therapy (ART) roll-out programme continues to provide affordable ARVs despite the current economic challenges. Thus, rational use of such drugs is imperative if we are to reach more of those in need of this lifesaving therapy. There is also continued need to use the public-health approach for the management of HIV and AIDS.

We also need to continue to promote a standardised approach to treatment to minimise the development of drug resistance and ensure the sustainability of the programme. The guidelines are meant for use in the private as well as the public sector. These guidelines will be regularly updated as new information and evidence become available.

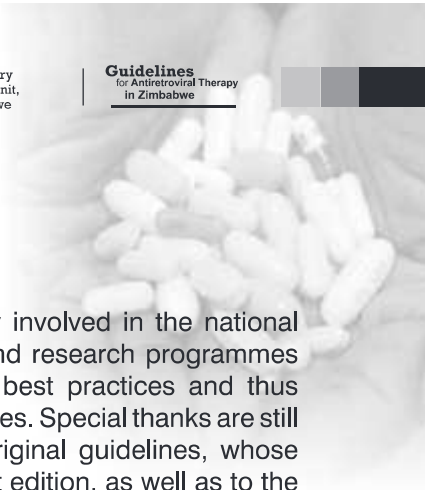
These guidelines have incorporated the revised WHO HIV and AIDS Guidelines (2010), which advocate for early treatment initiation and use of more 'patient-friendly' ARV regimens. A phased-approach will be employed for the implementation of the new guidelines based on the availability of resources. Detailed implementation plans will be availed in due course.

I encourage you to make use of the latest edition of the guidelines. Again, be aware that some recommendations might change in the future as evidence and resources dictate. We hope you will use these guidelines consistently.



Dr. Henry Madzorera, MP
Minister of Health and Child Welfare, Zimbabwe 2010





II. ACKNOWLEDGMENTS

We are grateful to those people currently involved in the national antiretroviral therapy (ART) programme and research programmes for sharing their experiences as well as best practices and thus contributing to the revision of these guidelines. Special thanks are still extended to those who developed the original guidelines, whose basis remains the backbone of this current edition, as well as to the World Health Organization (WHO) for continually updating its ART guidelines (latest revision 2009/10) and allowing them to be adapted freely by national programmes. Lastly, but not least, we do acknowledge the contributions made by participants at the Adaptation Committee Meeting for the WHO HIV & AIDS Guidelines (Harare, 12 May 2010).

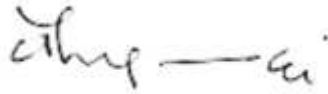
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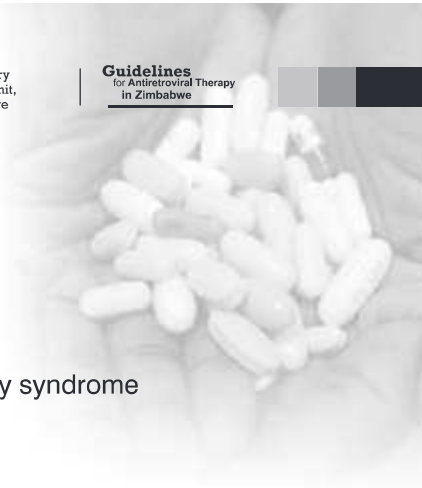
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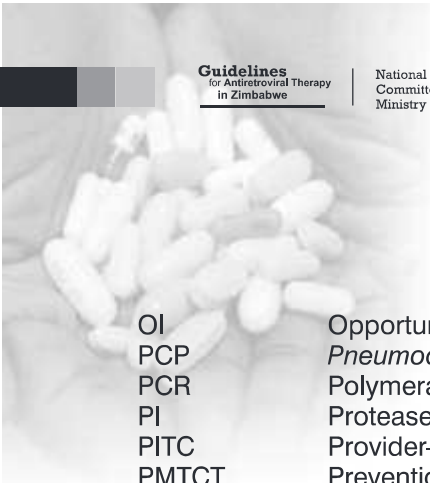


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III. LIST OF ACRONYMS

3TC	Lamivudine
ABC	Abacavir
AIDS	Acquired immunodeficiency syndrome
ART	Antiretroviral therapy
ARVs	Antiretroviral drugs
ATV	Atazanavir
AZT	Zidovudine
BCG	Bacillus Calmette-Guérin
BHIVA	British HIV Association
CHBC	Community- and home-based care
Cd4	Cluster of differentiation 4
CMV	Cytomegalovirus
d4T	Stavudine
ddI	Didanosine
DNA	Deoxyribonucleic acid
EFV	Efavirenz
EID	Early infant diagnosis
FCH	Family and child health
FDC	Fixed-dose combination
FP	Family planning
GI	Gastrointestinal
HBIG	Hepatitis B immune globulin
HBV	Hepatitis B virus
HIV	Human immunodeficiency virus
ICP	Intracranial pressure
IDV	Indinavir
IRIS	Immune reconstitution inflammatory syndrome
LFT	Liver function test
LPV	Lopinavir
MOHCW	Ministry of Health and Child Welfare
NDP	National Drug Policy
NDTPAC	National Drug and Therapeutics Policy Advisory Committee
NGO	Non-Governmental organisation
NNRTI	Non-Nucleoside Reverse Transcriptase Inhibitor
NRTI	Nucleoside Reverse Transcriptase Inhibitor
NtRTI	Nucleotide Reverse Transcriptase Inhibitor
NVP	Nevirapine



OI	Opportunistic Infection
PCP	<i>Pneumocystis jirovecii</i> pneumonia
PCR	Polymerase Chain Reaction
PI	Protease Inhibitor
PITC	Provider-Initiated Testing and Counselling
PMTCT	Prevention of Mother-to-Child Transmission of HIV
RNA	Ribonucleic acid
RTV	Ritonavir
SEQAAAR	Safe, Efficacious, Quality, Affordable, Accessible, Available, Rationally used
SQV	Saquinavir
STI	Sexually Transmitted Infection
TB	Tuberculosis
TDF	Tenofovir
USA	United States of America
VCT	Voluntary Counselling and Testing
VEN	Vital, Essential, Necessary
VL	Viral load
WHO	World Health Organization
ZDV	Zidovudine

