Annex 1. Survey results: strategies, tools and policies supporting the scaling up of treatment in 23 countries

MSF field teams provided data for the first 16 countries shown here where MSF has HIV projects. Data for the remaining seven countries were collected from national and international sources with the support of UNAIDS.

	INDICATOR	Cameroon	CAR†	DRC‡	Ethiopia	Guinea	India	Kenya	Lesotho	Malawi	Mozambique	Myanmar	South Africa	Swaziland	Uganda	Zambia	Zimbabwe	Botswana	Brazil	China	Namibia	Nigeria	Tanzania	Ukraine
1	Population (millions)	20.1	5.10	73.6	93.8	10.9	1,210.2	43	1.9	16.3	23.5	54.6	48.8	1.4	35.9	14.3	12.6	2.9	205.7	1,343.2	2.2	170.1	43.6	44.9
2	Prevalence of HIV infection among adults (%)	4.3	4.9*	2.6	1.5	1.5	0.3**	6.2	23**	10.6*	11.5**	0.5	16.6	26◊	6.7	14.6**	13.1	25	0.6	05-0.07	13.5	3.4*	5.6**	1
	ANTIRETROVIRAL THERAPY COVERAGE AND AVAILABILITY																							
3	% of pregnant women living with HIV receiving services for preventing mother-to-child transmission	53*[a]	24*[a]	5.6[b]	24[b]	40.5[c]	27.8[d]	69.2[b]	78[c]	48[b,e]	52*[c]	54.3*[c]	87.1[c]	87.5[c]	46.1[b]	84.5[b]	84*[b]	93.98[c]	50.23[c]	N/A[f]	89.5[c]	15.9[c]	71.53[b]	68[g]
4	% of people in need who receive antiretroviral therapy	46.4	26.1	12.3	86[h]	59.9	N/A[i]	72.1◊	61	57.7	45.5	33.4	52	80	54.3	77.6	79.7	96.1[h]	71.9	46.8%[j]	74	29.8	76.2	13.4*[k]
5	Number (%) of public-sector facilities offering antiretroviral therapy	108 (4.4%)	76	222[l]	743	41 (9%)	1,297 (3%)	1,242 (34.8%)	197 (94%)*	487 (80.4%)[m]	261 (22%)	100 (3.4%)*	2,552 (68%)	110 (42%)	1,424[n]	1784 (25.4%)*	590 (36%)[o]	(32.2%)	737 (0.3%)	3.142 (0.3%)	181 (52.8%)	(2.9%)*	(17.4%)*	127 (16.7%)
6	Children (<15 years) as a % of people receiving antiretroviral therapy	4.2	5.4*	11.6	6	4.8	5.8◊	9◊	7.3	8.9	8.4	7.5	8.5	9.1	7.9	7.3	8.4	6.2*	2.7	1.84	10.2	5.7*	7.7*	8.5
	BEST PRACTICES AND WHO PROTOCOLS AS NATIONAL POLICIES																							
7	Provider-initiated testing and counselling is national policy	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No
8	Antiretroviral therapy offerred free of charge in outpatient public facilities	Yes, but not labs	Yes, but not in practice	Yes, but not in practice	Yes	Yes	Yes	Yes, but not some opportunistic infections[p]	Yes	Yes	Yes, with restrictions[q]	Antiretroviral drugs, not opportunistic infections/labs[r]	Yes	Yes	Yes	Yes	Yes, not in practice consistently	Yes, with restrictions[s]	Yes	Yes, but not opportunistic infections	Yes	Yes, with restrictions[t]	Yes	Yes
9	WHO-recommended protocol for services for preventing mother-to-child transmission is national policy	A	A	A	A	B	B	A, B, or B+	A	B+	A	A or B	A	A	B+[u]	A	A	B	B	B	A	A or B[v]	A	B
10	WHO-recommended protocol for initiating ART is national policy	Yes	Yes	Yes	No[w]	Yes	Yes	Yes	Yes	Yes	Yes	Yes[x]	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
11	TDF or AZT is part of the preferred adult first-line regimen	AZT or TDF	AZT	AZT	AZT or TDF	AZT	AZT	TDF	TDF	TDF[y]	AZT	AZT or TDF	TDF	TDF	TDF	TDF	TDF	TDF	AZT	TDF	TDF	AZT or TDF	AZT	TDF
12	% of people on ART on a d4t-containing regimen	0◊	N/A	N/A	59*	N/A	t	24.9◊	N/A	81	7*	N/A[z]	40*	0◊	2	N/A	75.8◊	N/A	N/A	36.3	N/A	N/A	63*[aa]	4.6
13	% of pregnant women receiving single-dose NVP	13.4	N/A	43.4	N/A	N/A	27.8	4.2	0*	14[bb]	28	0	0*	0*	7.3	11.4	8.6	0*	N/A	N/A	3.7	24.8*	18.2	4.3
14	Protocol includes third-line antiretroviral therapy or salvage treatment	Yes	No	No	No	Yes	No	Yes	Yes	No	No	Yes	Yes	No	No	Yes	No	Yes	Yes	No	Yes	Yes	No	Yes
15	TB prophylaxis (isoniazid preventive therapy) for all people living with HIV is national policy	Yes (LTD)	No	No	Yes	No	No	Yes (LTD)	Yes	Yes (LTD)	Yes (LTD)	Yes (LTD)[ee]	Yes (LTD)	Yes	Yes (LTD)	Yes (LTD)	Yes (LTD)	Yes (LTD)	Yes	No	Yes	Yes (LTD)	Yes (LTD)	Yes
	VIRAL LOAD (VL) TESTING IN NATIONAL PROTOCOLS																							
16	VL testing to confirm treatment failure	Optional	Optional	Optional	No	Optional	Required	Optional	Optional	Required	Optional	Optional	Required	Optional	Optional	Optional	Optional	Required	Required	Optional	Optional	Optional	Optional	Required
17	Routine VL testing of people on antiretroviral therapy	Optional	No	No	No	No	No	No	No	No[cc]	Required[dd]	No	Required	No	Optional	Optional	No	Required	Required	Optional	Optional	Optional	Optional	Optional
18	VL testing is available for this purpose	LTD	LTD	LTD	LTD	LTD	LTD	Yes	LTD	LTD	No	LTD	Yes	LTD	LTD	LTD	LTD	Yes	Yes	LTD	LTD	LTD	LTD	LTD
	TASK-SHIFTING ALLOWED AS NATIONAL POLICY																							
19	Nurses can initiate antiretroviral therapy	Follow-up only	Yes	No	Yes	Yes[ff]	No	Yes	Yes	Yes	No[gg]	No	Yes	Yes	Follow-up only[hh]	Yes	Yes[ii]	Yes[jj]	No	No	Follow-up only	No	No	No
20	Nurses can initiate TB treatment (drug-sensitive)	Yes	No[kk]	Yes[ll]	No	No	No	Yes	Yes	Yes	No	No	Yes	Yes	Yes	Yes	Yes[ll]	Yes	No	No	Yes	Yes	No	No
21	Same health worker can provide TB and HIV treatment at PHC level	No[mm]	N/A	No[ll]	No[mm]	No[nn]	No[nn]	No[oo]	Yes[pp]	Yes	No[qq]	No[rr]	Yes	Yes	No[ss]	Yes	Yes	No	No	N/A	N/A	No	No	No
22	Lay workers can provide HIV testing and antiretroviral therapy adherence counselling	Adherence	Adherence	Yes	No	HIV	Yes	Yes	Yes	Yes	HIV	No	Yes	Yes	Yes	Yes	Yes	Yes	Adherence	Yes	Yes	Adherence	Yes	Adherence
	SIMPLIFIED ANTIRETROVIRAL DRUG DISPENSING ALLOWED AS NATIONAL POLICY																							
23	2- to 3-month routine antiretroviral drug refills for people in stable condition	No	No	No	2	No	2	2-3	No	2-3	No	No	3	3	No (Yes in practice)	3	No (Yes in practice)	No	No (Yes in practice)	No (Yes in practice)	No	No	2 or more	No (Yes in practice)
24	Antiretroviral drug refill dispensing at the community level	No	No	No	No	No	No	No	No	No	Yes[tt]	No	No[uu]	No	No	Yes[vv]	No	No	No	No	No	No	No	No
	FUNDING FOR HIV & HEALTH																							
25	% of government expenditure on health as % of general government expenditure	8.5*	8.5*	9.1*	13.5*	1.8*	3.6*	7.3*	13.4*	14.2*	12.2*	1*	11.9*	10.1*	12.1*	15.6*	N/A[ww]	17*	7.1*	12.1*	12.1*	4.4*	13.8*	9.4*

Legend and Footnotes continued overleaf ⇢

Annex 1: Legend and Footnotes

LEGEND

HIV programme and policy data are from 2011 except where indicated:

**2009 data; *2010 data, ◊2012 data. †Central African Republic. ‡Democratic Republic of Congo Adult population means 15–49 years old. TDF: tenofovir. AZT: zidovudine. NVP: nevirapine. NA: not available. LTD: limited availability or implementation. Adherence: Antiretroviral treatment adherence counseling.

PMTCT and ART coverage: As reported by governments or sources such as WHO, these figures are based on the numbers of pregnant women living with HIV receiving intervention for PMTCT out of national estimates of need.

PMTCT protocols include: option A (zidovudine from week 14, single-dose nevirapine at birth, zidovudine + lamivudine during labour and delivery and zidovudine + lamivudine one week postpartum); option B (triple-course antiretroviral therapy from week 14 of pregnancy through to one week after breastfeeding); and option B+ (lifelong antiretroviral therapy for all pregnant women living with HIV).

WHO recommended ART initiation protocol includes CD4<350 per mm^3, HIV/TB coinfection and/or Stage 3 or 4.

FOOTNOTES

a. Based on women receiving ARV drugs, excluding single-dose NVP.

b. Includes pregnant HIV-positive women who received a partial PMTCT protocol (e.g. single-dose NVP).

c. Does not delineate specific protocols for preventing mother-to-child transmission delivered.

d. Based on percentage of estimated 43,000 HIV poslitive pregnant women in 2010–2011, of whom 11,962 mother-baby pairs received intervention for preventing mother-to-child transmission.

e. Data from last quarter of 2011 only, following change in PMTCT eligibility protocol in mid-2011.

f. National estimate for the number of HIV positive pregnant women not available. Government-reported PMTCT coverage figure (74.1%) is based instead on the number of pregnant women who tested positive for HIV at ANC clinics received intervention for preventing mother-to-child transmission.

g. Ministry of Health reports 95.5% coverage, based on the number of pregnant women who tested positive rather than on national estimates of HIV positive pregnant women.

h. Based on CD4<200.

i. National estimate for the number of HIV+ people in need of ART is not available. The government-reported ART coverage figure (33.8%) is based on the number of people registered to be in need, a subset of the overall population in need.

j. Based on 2010 WHO estimates of national ART need. The government-reported coverage figure (76.1%) is based on the actual reported number of people in need of ART (such as those registered in the HIV program) at the end of 2011.

k. MOH reports 53% coverage, which is based on the total number of people needing ART and registered and enrolled in the MOH health care system.

l. Government target is for 4,017 public and private ART facilities. In 2011, 444 public and private sites were operational, so current coverage based on the government target is 11%.

m. Includes some Christian Health Association of Malawi facilities, partly supported by the MOH to provide ART.

n. Includes non-MOH facilities.

o. Number of facilities offering ART follow-up. Initiation is provided at 141 facilities.

p. Free ART policy includes diagnostics and treatment only for certain OI's.

q. Patients pay a nominal fee for prescriptions (not including TB treatment and ART) and consultations.

r. Patients pay under a cost-sharing model for labs and OI treatment. TB diagnosis and treatment is free.

s. For citizens only.

t. Includes CD4 monitoring but not other lab tests and also not consistently offered free in practice.

u. Option B+ adopted as national policy, but roll-out deferred until early 2013 due to funding shortfalls.

v. MOH recommends Option B for "facilities with capacity to provide and monitor triple ARV medication" and Option A for "facilities with limited capacity (on–site or by referral) to provide and monitor triple ARV medication."

w. Pregnant women or people at clinical Stage 3 can start ART with a CD4<350. Otherwise, ART initiation threshold for adults is CD4<200.

x. Latest guidelines include CD4<350 but haven't been implemented in parts of the country.

y. Full implementation delayed due to funding shortfalls. The first phase of implementation prioritizes HIV positive pregnant women, people with TB/HIV co-infections, and patients with severe d4T side effects (e.g., advanced lipodystrophy). Other adults start on a d4t-containing regimen.

z. The majority of people on ART in Myanmar are on d4t as the new guidelines stipulating TDF-containing regimens for preferred first-line treatment for adults are not in full effect yet.

aa. Estimates of people on ART are on a d4t-containing regimen in 2011 are between 10-20%.

bb. For the last quarter of 2011.

cc. VL monitoring for patients on ART is included in Malawi's ART guidelines, but rollout deferred due to funding shortfalls.

dd. National protocol requires VL testing at six months on ART, but this testing is not generally available.

ee. Policy is in place, but implementation is still at pilot stage.

ff. Only under doctor's supervision.

gg. Only medical technicians (Tecnicos de medicina) can initiate and manage ART. A 2011 pilot program to train agents of medicine (agentes de medicina), general nurses (Nurses Geral Medio) and general and PMTCT middle nurses (Nurses Medio) to initiate and manage ART is undergoing an evaluation by the MOH. Basic nurses, who represent more than half the health workforce are not being considered to initiate ART or provide follow-up.

hh. Nurses can start ART for HIV+ positive pregnant women and provide ART follow-up.

ii. Registered General Nurses who received training and mentorship can initiate ART with verbal authorization from district health officials, although formal policies not yet adopted. Primary Care Nurses cannot initiate but can provide follow-up.

jj. Nurses can start ART for asymptomatic adults with CD4>150 and not yet exposed to ARVs.

kk. No official policy adopted, but in practice nurses can prescribe TB treatment.

ll. Nurses can start TB treatment only for smear-positive patients.

mm. Nurses cannot initiate ART, but they can start patients on TB treatment.

nn. HIV and TB treatment provided in separate facilities or at different levels of care.

oo. TB treatment initiated at lower-level health centers (II and III) than ART (mainly level IV and above), although the latter is changing. Thus, TB and ART may soon be initiated by the same PHC health worker.

pp. Policy supports task-shifting of ART and TB treatment to nurses, but ART is being more rapidly decentralized to PHC. Most health centers still lack drugs and/or capacity to initiate TB treatment.

qq. Nurses cannot initiate ART and TB treatment but are the only medical staff present in many PHC clinics. Cadres allowed to initiate both treatments are not widely available at PHC level.

rr. ART not available at MOH-supported PHC facilities but new HIV/TB policies in development are expected to support integrated HIV/TB care.

ss. TB treatment is decentralized further than ART. Nurses can initiate ART only in pregnant women.

tt. Peers in community ART groups (CAGs) can deliver ARV refills to other CAG members.

uu. MSF is piloting pre-packed ARVs dispensed by lay counselors to CAGs in Khayelitsha.

vv. Mobile ART clinics are part of national HIV strategy.

ww. The Government of Zimbabwe allocated 9.3% of its 2011 budget to health. Health expenditure data is not available.

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References are grouped by country, which are listed alphabetically. References for each country are noted according to the data indicator row, numbered 1 – 25, which can be found in the first column, far left of the main table. Multiple references for the same data will be marked by a number for that row, and then a, b, or c.

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