

# **HIV Drug Resistance Regional Update Eastern & Southern African Region**

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# Presentation Overview

- Epidemiological profile of the HIV epidemic
- Status of the ART scale-up in the ESA region
- Priority countries for HIVDR (Gates, Spanish, other)
- Status of implementation of the HIVDR strategy & funding
- Achievements - Examples of how data have been or will be used for decision making
- Issues and challenges
- Next steps / priorities for the sub-region

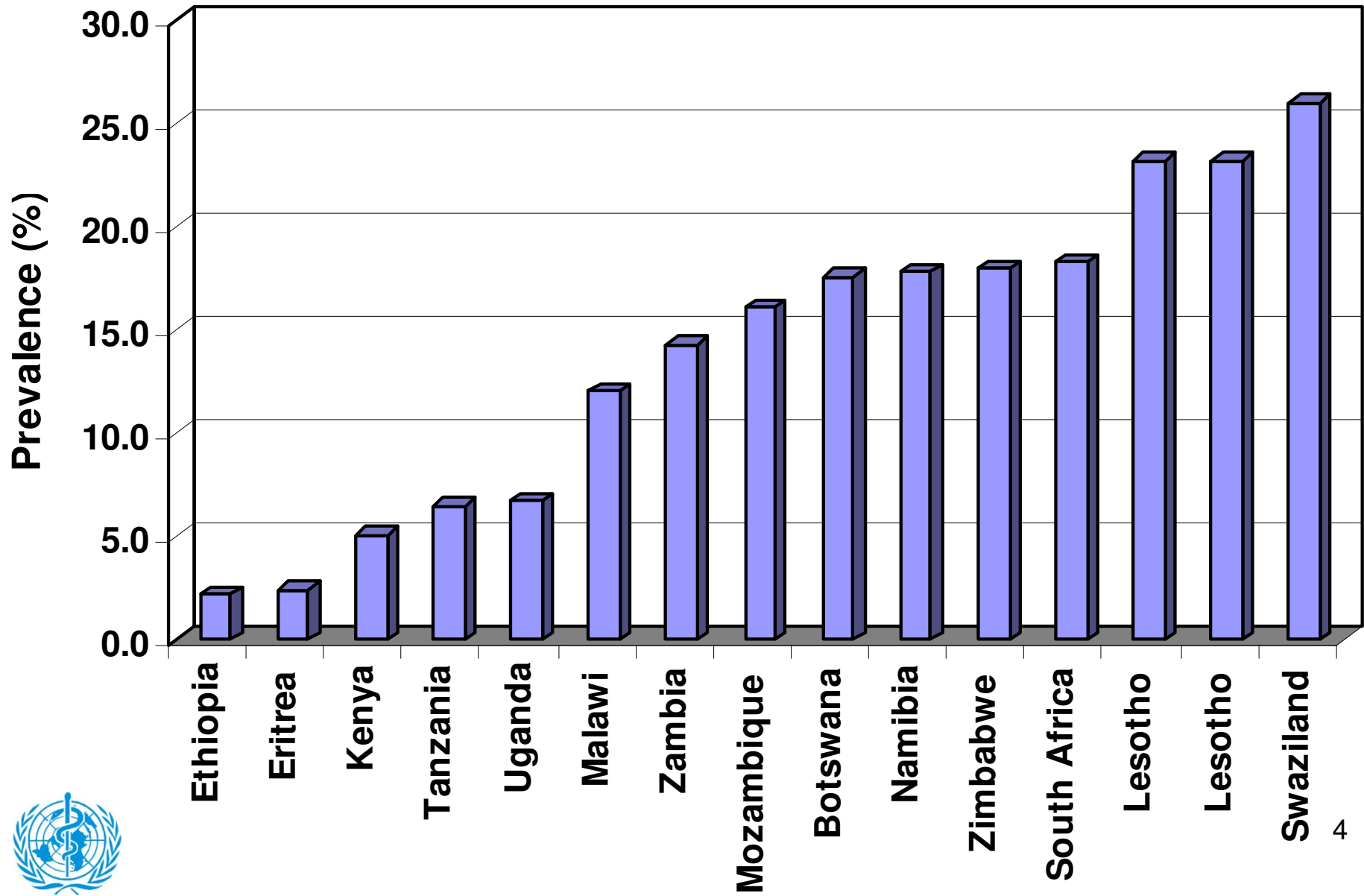


# The HIV epidemic in ESA

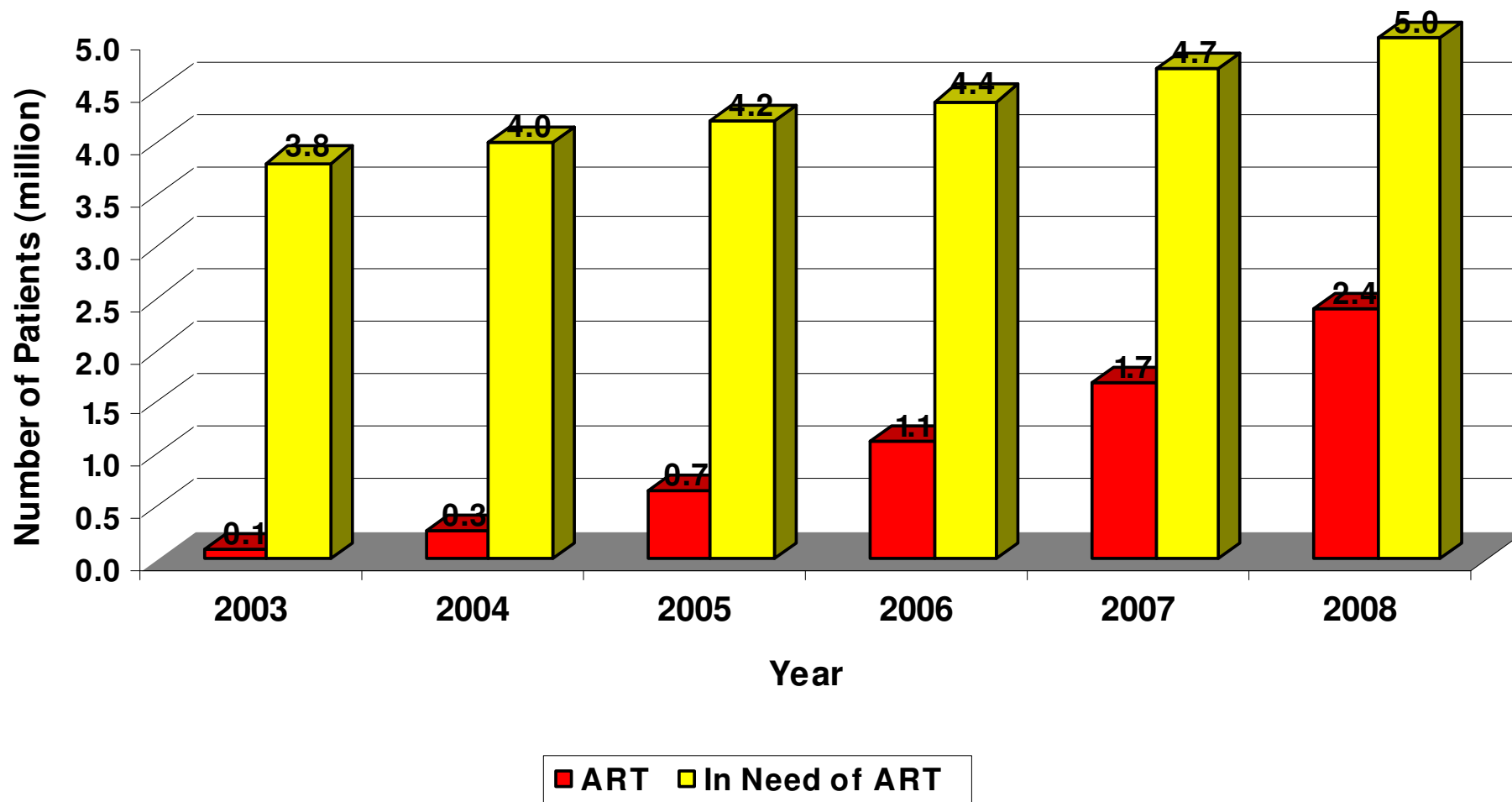
- Estimated 14.9 million persons living with HIV in Eastern & Southern Africa
- Southern Africa has 32% of all HIV infections in the world
- Generalized epidemic in most countries & a prevalence >15% ( for Botswana, Lesotho, Mozambique, Namibia, South Africa, Swaziland, & Zimbabwe)
- Concentrated epidemics in the Island Countries
  - mainly in MARPs - IDUs, MSM, sex workers
- In general HIV epidemic stabilising in the region except for Mozambique



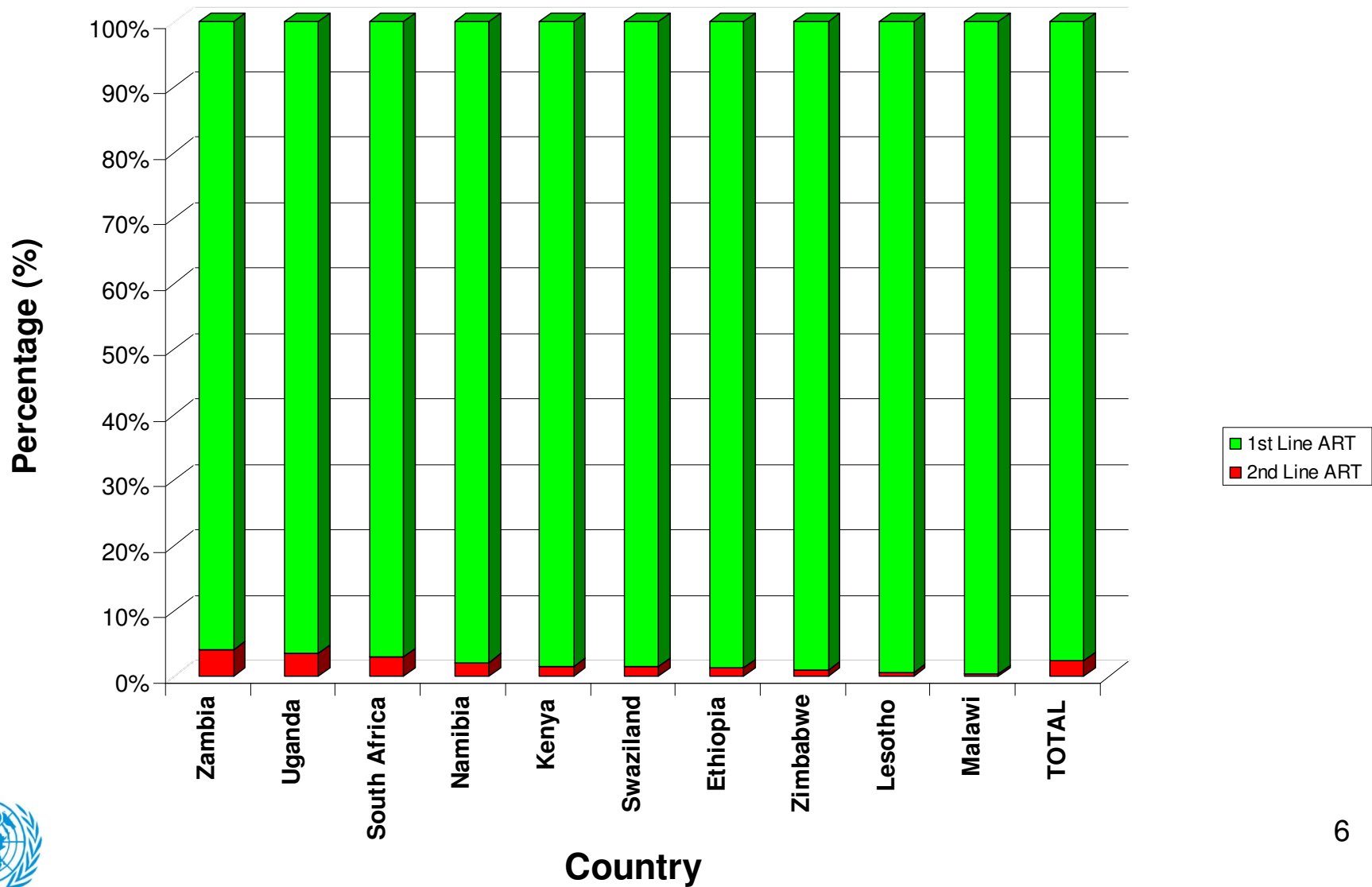
# HIV Prevalence in ESA by country



# ART Scale up in Eastern & Southern Africa by Dec 2008)



# Proportion of Patients on 1<sup>st</sup> and 2<sup>nd</sup> Line ART in ESA



# Impact of Scaling up

- **While there is still a large unmet need for ART in the region**
  - **Cohort monitoring is critical for successful programme management**
- **Quality of health services likely to affect programme outcomes**
  - **Scale up efforts need to be accompanied by other infrastructure improvement e.g. human resources**
- **Emergence of drug resistance is inevitable**
  - **Advocacy & support in systematically implementing the global HIVDR Strategy important**



<b>Implementation</b>	<b>EWI</b>	<b>Monitoring Surveys</b>	<b>Transmission survey</b>	<b>HIVDR Database</b>
Botswana	X			x
Ethiopia+	X	X	X	
Namibia	X	X		X
Malawi	X	X	X	X
South Africa **			X	
Lesotho	X			
Swaziland	X	X	X	x
Kenya *	X	X	X	
Mozambique	X	X	X	X
Uganda *	X		X	
Zambia	X	X		
Tanzania			X	
Zimbabwe	X		X	x
<b>Total</b>	<b>11</b>	<b>7</b>	<b>9</b>	<b>6</b>
		<b>+ Assessed for accreditation</b>	<b>* WHO accredited lab for genotyping</b>	



<b>Status of Funding</b>	<b>Gates</b>	<b>CDC/PEPFAR</b>	<b>Spanish Government</b>	<b>GFTAM</b>
Botswana	X	X		
Ethiopia	X	X		X
Namibia		X	X	
Malawi	X	X		
South Africa	X	X		
Lesotho	X	X		
Swaziland	X	X		
Kenya	X	X		
Mozambique	X	X		X
Uganda	X	X		X
Zambia	X	X		
Tanzania	X	X		X
Zimbabwe	X	X		X
<b>Total</b>	<b>12</b>	<b>13</b>	<b>1</b>	<b>5</b>



# Examples of how data have been or will be used for decision-making

## Namibia

- Modifications to existing ARV Disbursement Tool (ADT) pharmacy database to permit future collection of EWI indicators
- Establishment of committees at each site to strengthen existing defaulter tracking mechanisms
- Operational research to be conducted from the national ART programme as a follow up to EWI assessment findings in order to elaborate factors associated with loss to follow up & ART adherence
- Leaflets for health workers on HIVDR activities



# Examples of how data have been or will be used for decision-making

## Malawi

- Revision of the ART patient cards
- Implement recording of routine pill counts at each pill pick-up in order to accurately determine ARV run-out date
- Integration of transmission survey into existing HIV sentinel surveillance being proposed

## Kenya

- Strengthening of the M and E system



# Key issues and challenges

- Need for continued advocacy for resources to sustain HIVDR strategy implementation
  - Limited human resources and funding
- Laboratory Issues
  - Need for supporting labs in the sub region strengthen capacity for DBS genotyping
  - Handling, shipment & storage of HIVDR specimens
  - Cost of genotyping
- Need to strengthen overall M&E systems and records
  - Incomplete medical & pharmacy records
- Lengthy process to get protocols for HIVDR & operational research approved in countries



# Next Steps/Priorities

- Start implementation of HIVDR strategy in the low HIV prevalence Island countries- at least EWIs
- Training on EWI tool planned for December 2009 for 11 countries in Harare
- Strengthen laboratory capacity
  1. WHO accreditation for laboratories
  2. Negotiate with accredited laboratories for genotyping
- Support for protocol adaptation, training and developing National HIVDR database
- Training of consultants on the HIVDR strategy for provision of timely support to countries



# Thank you

