From Commitment to Action:
A Roadmap to
"TREAT ALL"

At the end of 2015, an estimated 270,000 people living with HIV lived in the Caribbean Region. Between 2010 and 2015, new HIV infections declined by 6%, from 10,000 to 9,400, and AIDS-related deaths declined by 61%, from 21,000 to 13,000.

In order to end AIDS by 2030, the Caribbean has committed to the UNAIDS 90-90-90 HIV treatment targets of 90% of people living with HIV (PLHIV) know their status, 90% of all people with diagnosed HIV infection are on sustained antiretroviral therapy (ART), and 90% of people on ART achieve viral suppression by 2020.

In 2015, ART treatment coverage for the region was reported at less than 50%, with some countries reporting coverage as low as 32%, and more than 20% of PLHIV had a baseline CD4 of less than 200 cells/ml.

While the proportion of persons seeking care earlier has increased in recent years, a significant proportion continues to wait to seek care—or even testing—until they have reached a severely immunocompromised state, impacting their own health as well as the overall morbidity, mortality, and HIV transmission of the region.

In 2016, the World Health Organization (WHO) released updated guidance recommending the initiation and treatment of all PLHIV with antiretroviral drugs (ARVs), regardless of CD4 count or disease stage. This new approach, to initiate treatment for all patients at the time of diagnosis, is known as "Treat All", has been associated with improved health outcomes and will contribute to the UNAIDS goal of having 90% of all people with diagnosed HIV infection on sustained antiretroviral therapy (ART) by 2020. Using this approach to expand access to treatment, will help countries achieve the new treatment targets for 2020 and end the HIV/AIDS epidemic by 2030.

In the Caribbean, two countries have thus far adopted the Treat All Policy: Barbados and The Bahamas. Other countries are currently preparing to put the updated guidelines into practice. One of the key lessons learnt from the Barbados experience is the need for a comprehensive roadmap to successfully implement and monitor Treat All. To assist countries in their implementation, a basic roadmap was developed for countries to adapt to their local context.

The proposed Roadmap was built on and shaped by the WHO health systems building block, the Treatment 2.0 Framework, and the lessons learnt from the Barbados experience, and provides a framework for countries to create country- and context-specific roadmaps for Treat All implementation. The Roadmap is comprised of six objectives specific to Treat All.

1: Ensure Continued Governance and Leadership
in all phases of Treat All roadmap development and implementation.

With the adoption of the Treat All Policy, it is important that national authorities, including Ministries of Health and National AIDS Programmes, continue to provide leadership crucial to the successful implementation to Treat All. In this regard, a technical working group (TWG) led by the Ministry of Health will serve as a coordinating mechanism to ensure timely achievement of key milestones in the development, implementation, and monitoring of the Roadmap. The TWG will be comprised of Ministry of Health senior technical managers—the Chief Medical Officer, National AIDS Programme Manager, Director of Planning, and HIV Treatment Director/Coordinator/Focal Point—and representatives of other relevant government agencies, such as the Ministry of Finance; donors and technical partners; PLHIV and key populations; civil society organisations; and other service providers.

A communication and advocacy plan is important to share Roadmap implementation progress and advocacy efforts to obtain additional resources. Ministries of Health and National AIDS Programmes should communicate with and provide regular and timely updates on Treat All implementation to policy makers, donors, technical partners, and other HIV stakeholders.

✓ Convene regular meetings of the Treat All technical working group to develop and monitor treat all implementation.

✓ Communicate regularly and provide updates on Treat All implementation to Policy Makers, Implementers, Donors, technical partners and HIV stakeholders.

✓ In collaboration with key partners, develop, implement and monitor a promotion and advocacy plan for Treat All.

2: Improve Efficiences
in health and HIV financing

Implementation of Treat All will require significant increases in financial and other resources, not only for the procurement ARVs and medical supplies, but also to ensure that infrastructure, human resources, and information systems are brought to scale. Countries should investigate options to improve technical and allocative efficiencies. Close collaboration between the Ministries of Health and Finance and with donors and technical partners, is important to explore opportunities for cost efficiencies and ensure that Treat All is optimally funded.

The use of Pan American Health Organization (PAHO) Strategic Fund, The Global Fund to Fight AIDS, Tuberculosis, and Malaria's wambo.org procurement tool, and other similar pooled procurement mechanisms will facilitate access to quality-assured health products at affordable prices, accruing significant cost savings, and ensuring an uninterrupted supply of ARVs and HIV products. Significant cost savings can also be accrued through the use of generic ARVs and other HIV-related pharmaceuticals, and by ensuring an effective supply that minimises wastage.

Treat All will create an increased demand for human resources that has to be brought to scale. Task shifting, the role of lay providers, and the strengthening of community response are viable options for creating efficiencies, demonstrating success in resource-limited settings, and, in cases where rapid scale up is required, enabling the existing workforce to provide ART coverage to greater number of people. Countries should understand their HIV human-resource needs and consider viable cost-efficient options to successfully implement Treat All.

✓ Conduct any specific financial assessments as necessary that can guide the effective implementation of Treat All.

✓ Collaborate closely with Planning Unit and Ministries of Finance to explore opportunities for cost efficiencies.

✓ Consider the use of PAHO Strategic Fund, the Global Fund E-wambo and other similar pooling mechanisms that can significantly reduce cost.

✓ Address human resource cost through task shifting and community engagement in service deliver for efficiency gains.

✓ Use existing financial tools or develop systems to monitor HIV and ART financing efficiencies.

3: Develop a Competent HIV Workforce

The demand created by Treat All will require a proportional scale up of human resources, in relation to the numbers and skills. Options in relation to numbers are discussed under Objective 2. In relation to competencies and skills, it is important that countries understand the technical needs of their HIV and health workforce and conduct appropriate capacity building. A time-bound capacity-building training plan targeting all categories of clinical and public health practitioners, administrative, and support staff should be implemented.

✓ Conduct a Human Resource needs assessment. Consideration should be given the number of staff, competencies and training required. The scope of the assessment should be defined based on country context but should address technical as well as administrative and support Additionally, tasking shifting and the role of lay providers as cost efficient initiatives that will significant support Treat All implementation, particularly in resource limited settings could be considered as included as a viable option.

✓ Develop and implement capacity building plan for the HIV workforce to build competencies in the adequate and holistic management of HIV the response. Capacity building should be focused on the technical management of HIV targeting clinical practitioners, and programme management streamlined to HIV public health practitioners and mangers. Support and administrative staff such as data entry clerks should also be included.
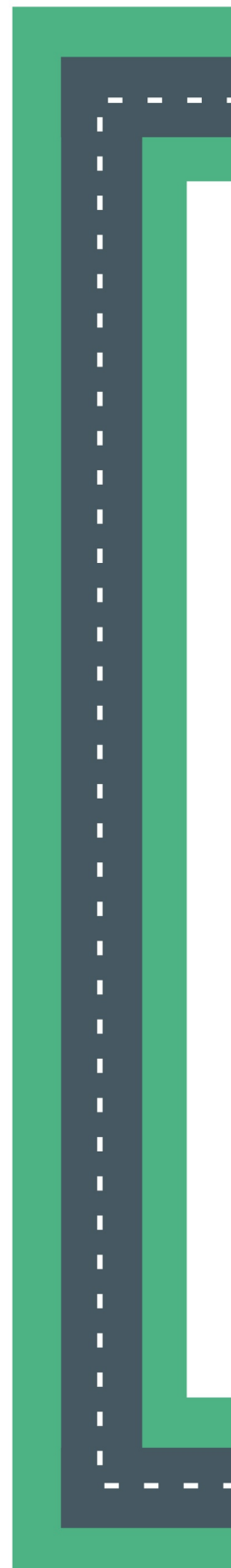
4: Ensure Uninterrupted Supply
of quality ARVs, HIV medical supplies and consumables

Implementing Treat All will require an increase in ARVs and other ART-related medical supplies and consumables required for viral load and CD4 testing, genotyping, Xpert MTB/RIF, DNA PCR, and others. Once initiated, treatment is life-long, should continue uninterrupted, and will require an efficient supply chain system. It is important that countries understand the level of readiness of their supply chain system and, as required, develop and strengthen the system to ensure efficiency from product selection to distribution. In this regard, an assessment is recommended to understand the weakness in the supply chain and an improvement plan developed and implemented to address these. Logistic Management Information Systems should be implemented to provide real-time information on key supply chain parameters, such as stock on hand, expiry dates, and delivery schedules.

✓ Conduct a supply chain assessment to understand the areas of weakness along the entire supply chain including product selection, quantification, forecasting, procurement, contract management, transportation and distribution. The assessment should also explore actions to strengthen the system.

✓ Develop and implement a supply chain improvement plan to address areas for strengthening identified in the assessment. The time bound plan should be developed with relevant technical resource persons and should be monitored to ensure that implementation timelines are met and improvements are made in supply chain functioning.

✓ Monitoring is an essential aspect of the well- functioning supply chain system. Countries should maintain robust supply chain information system that provides real time information on key supply chain parameters such as stock on hand, expiry dates and delivery schedules for commodities.

5: Enhance HIV & ART Service Delivery

Address innovative services delivery models and implementation interventions to accommodate the demand that will be created with Treat All.

5.1 Adapt models of care that will facilitate integration and decentralization of ART delivery and provide differentiated care

Integrating HIV services into existing health sector departments will allow individuals access to comprehensive management of the individual. For example, departments such as maternal and child health can offer ART to pregnant mothers to reduce mother-to-child transmission of HIV, National Tuberculosis Control Programme can deliver ART management for TB/HIV co-infected patients, and primary health care, sexual and reproductive health clinics, and other health sector departments can provide similar or additional services, based on country context. Integration will require close collaboration for the training, supervising, coaching, and mentoring of health-care workers, procurement of ARV and HIV consumables, and the monitoring and evaluation of services and the overall programme. Similarly, decentralisation will bring HIV services closer to the individuals by addressing challenges, such as transportation costs to clinics.

Other approaches to providing differentiated care include modifying the traditional triaging of patients so that more stable patients are given longer periods of time between appointments (three months) and less stable patients seen more frequently. Aligned to this, prescription refills for stable patients would be extended to three months and take place at the pharmacy without a clinical consultation. This will reduce the increased patient load created by Treat All and allow the clinical teams to focus on patients needing more clinical consultations.

5.2 Strengthen community response to support service delivery.

Collaboration with community implementers and service providers in HIV testing and treatment support—including linkage and adherence to and retention in ART—will contribute to the effective roll out of Treat All. Wherever possible, community response can be expanded to include the provision of ARVs. This will require an organisational assessment with follow-up actions to strengthen weak areas and could include, for example, capacity building on clinical management of HIV, documentation, and reporting. This differentiated model of ART delivery has the potential to expand ART access to key populations.

The involvement of the PLHIV community and their families and key populations should also be strengthened, so that they are more informed and engaged in their HIV management, which should positively impact clinical outcomes, such as adherence and viral suppression. Empowerment can happen through treatment-literacy trainings and support-group mechanisms. Empowered communities of PLHIV will also support Treat All by advocating and creating demand among their peers and networks.

5.3 Update technical guidance to include Treat All and prioritize drug optimization.

Ministries of Health should strive to provide an agreed standard of care for all HIV patients. To ensure consistency in delivering the standard of care, all technical guidance documents should be updated including, but not limited to, HIV treatment guidelines, manuals, and standard operating procedures. Updated documents should prioritise treatment using effective, affordable, once-daily highly efficacious fixed-dose combinations (FDCs), which have been demonstrated to improve adherence and treatment outcomes.

## 5.4 Conduct continuous capacity building of health care workers.

Develop and implement a time-bound training plan for Treat All in order to update and strengthen the capacity of health-care workers regarding the new guidance around Treat All and the associated standards of care for HIV patients. Resources should be allocated to support a review and update of pre- and in- service curricula for all categories of health-care workers to include the new evidence and guidance on Treat All. Training should be integrated in pre- and in-service curricula and a variety of approaches can be used, including traditional classroom training, presentation and discussion of clinical cases, coaching and mentoring from more experienced physicians, certified continuing medical educations, webinars, and others.

5.5 Explore point of care and other simplified diagnostics.

The region has scaled up access to HIV, CD4, and viral load testing through the use of rapid testing technologies. Depending on the context, these new tools are affordable, easily performed, and offer quick results that will positively impact patient management.

5.6 Develop and implement systems to monitor quality of care.

Because of the increasing number of persons on ART, programmes scaling up Treat All will need to closely monitor the quality of services provided to ensure that the defined standard of care is delivered to patients. HIV treatment programmes should develop and implement regular continuous quality-improvement initiatives around ART delivery using quality indicators to measure and monitor improvements. Other quality-of-care measures can incorporated—such as the regular monitoring of patients' perceptions of their quality of care through client satisfaction surveys—and the results used to improve ART delivery.
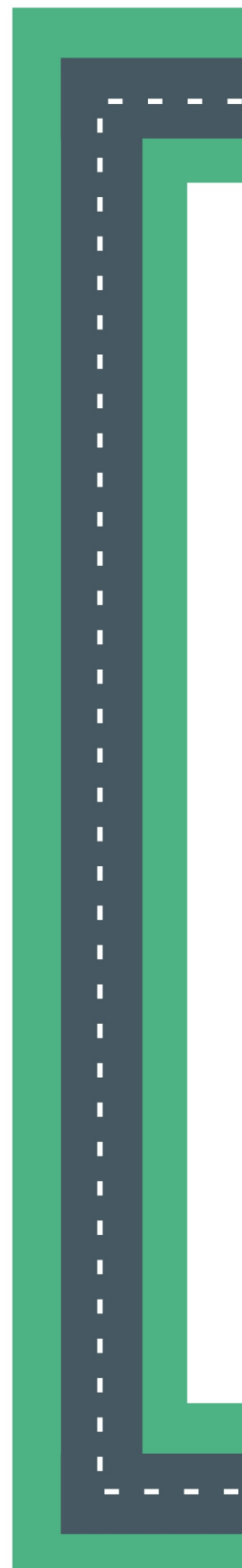
6: Ensure the Availability
of current, reliable and accurate HIV information and research findings

Adequate monitoring of programme implementation and impact is important for making programme decisions related to Treat All. In this regard, a research agenda that is driven by the local context and includes operations research and special studies is a valuable tool.

In addition, the ongoing monitoring of individual patient and cohort outcomes can be achieved through a robust patient monitoring system at the service-delivery level, with data aggregation at sub-regional, regional, and national levels. To achieve this, patient monitoring systems should be updated to ensure that data collection tools—such as patient charts and ART, tuberculosis, infant, and other registers—capture the information needed to adequately measure outcomes, such as the scale and timeliness of ART initiation, and ART monitoring, such as access to viral load testing, retention on ART, loss to follow up, and survivability. Wherever possible, countries should explore the feasibility of an electronic medical record system or patient monitoring system. Data from patient monitoring systems should be analysed regularly and used for programme decision making.

Regular epidemiological profiling of the overall HIV response, coupled with information from operations research and ongoing patient monitoring will facilitate a deeper understanding of the impact of Treat All, particularly in relation to averting new HIV infections and reducing AIDS-related morbidity and mortality.

Dissemination of Treat All information should be done on timely and regular basis to HIV stakeholders. It is recommended that Ministries establish mechanisms, such as annual Treat All fora to analyse, discuss, and use Treat All data for program decision making.

✓ Develop and implement a research agenda around Treat All.

✓ Conduct review and update patient monitoring systems to capture, analyse and report Treat All.

✓ Conduct regular review and update of HIV epi profile data.

✓ Conduct regular analysis and reporting of HIV treatment data including impact and outcome paramaters such as AIDS related morbidity and mortality, survivability, retention on ART and viral suppression.

✓ Share Treat All data, conduct annual Treat All meeting.

For additional information, visit the PANCAP website: www.pancap.org
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