



# TREAT ALL

## Frequently Asked Questions (FAQ)

This factsheet provides answers to FAQs documented during Learning Phase implementation of Treat All in 8 Districts of Zimbabwe. This FAQ is intended to support Ministry of Health and Child Care health managers and facility-based health care workers to optimise further roll-out of Treat All in Zimbabwe.

### Q: WHAT is 'Treat All'? What makes 'Treat All' different from previous guidelines?

A. 'Treat All' is a recommendation from the most recent WHO 2015 Guidelines that promotes an HIV test and treat approach. 'Treat All' means that **all people who test positive for HIV are now eligible for Antiretroviral Therapy (ART), regardless of CD4 lymphocyte count or WHO clinical stage.** Treat All is an important policy change for the country as it will increase the number of people living with HIV who are initiated on treatment earlier and will help achieve the nation's 90-90-90 goals.

90%

of all



living with HIV will know their HIV status

90%

of all



living with HIV will receive sustained antiretroviral therapy

90%

of all



receiving antiretroviral therapy will have durable viral suppression

### Q: WHO should start ART under Treat All?

A. Treat All applies to **all HIV positive clients** – infants, children, adolescents, women and men. Remember that Treat All applies both to those who tested HIV positive in the past, and those newly testing HIV positive.

**New positives:** All clients testing HIV positive should be initiated on ART.

**Pre-ART mop up:** All HIV positive clients that previously tested positive but were not eligible for ART under previous guidelines (CD4>500) should now be returned to care and initiated on ART.

### Q: WHEN to start ART: Does Treat All mean all clients testing HIV positive should be initiated on the same day as diagnosis?

A. HIV-positive clients should be initiated on ART once they have received the recommended counselling sessions and have been assessed as ready to start by a health care worker. This may mean they are initiated on the same day, however some clients may take longer (up to 7 days). The benefit of Treat All is that clients are initiated on treatment as early as possible.

### Q: WHY should 'healthy clients' now be initiated on ART when previous guidelines emphasised ART should only be for those 'clinically eligible'? How do I explain this to clients?

A. Since the 2013 guidelines, research evidence has shown the benefits of early ART initiation when CD4 is greater than 500. HIV-related illness and risk of HIV transmission reduce when PLHIV start ART early. We now know that **early HIV treatment through Treat All is important for increasing quality of life and health of PLHIV. Early HIV treatment also has benefits of preventing new HIV infections; known as Treatment as Prevention (TasP).**

#### WHEN to Start ART under TREAT ALL?

##### Adults and Adolescents:

Initiate all HIV-positive clients on ART regardless of CD4 count as soon as possible; prioritise patients with advanced HIV disease

##### Pregnant women:

Initiate all HIV-positive clients on ART and do not stop after delivery/breastfeeding period

##### Infants and children:

Initiate all HIV-positive infants and children on ART regardless of CD4 count; prioritise patients with advanced HIV disease and those less than 2 years of age

It is important for clients to understand that the benefits of early treatment can only be maintained through long term adherence and retention.



**Q: How: Does baseline CD4 count still need to be done for patients prior to ART initiation under Treat All?**

**A.** With the ministry rolling out of routine viral load testing as a preferred method for effective treatment monitoring, baseline CD4 count assessment will remain relevant particularly for stratifying newly diagnosed HIV positive clients who may need to be considered for cryptococcal infection screening, prophylaxis and/or treatment and also for continued monitoring of clients on ART together with clinical monitoring in areas where viral load is not accessible.

**Q: How: Does pre-ART counselling change with Treat All? What is the minimum standard?**

**A.** All clients should continue to receive the recommended pre-ART counselling prior to initiation as recommended in the Ministry of Health and Child Care *Operational and Service Delivery Manual for the Prevention, Care and Treatment of HIV in Zimbabwe*. These guidelines emphasise that **patient readiness is the most important factor in determining if a patient should be initiated on ART**. Adherence counselling after ART initiation should be on-going in order to improve treatment outcomes.

**Patients have the choice to refuse to start ART if they are not ready and should be provided with additional counselling.** It is important that all refusals are clearly documented in the 'Reason for not starting ART' column of the pre-ART register. A patient who is adequately prepared for ART through counselling and support will likely be ready and accept ART.

**Q: How: People at my facility are concerned that as more and more people access ART, ARV stocks will run out. How can this be avoided?**

**A.** **National level:** In August 2016, the Ministry of Health and Child Care conducted a quantification exercise to estimate the amount of resources needed for implementing Treat All. Resources are being mobilized through Global Fund and other funding partners; however there is a need to mobilise resources domestically for long-term sustainability. Resources from the AIDS levy will be used to cover some of the funding gaps that might arise.

**Facility level:** Before starting to implement Treat All, it is important for all health facilities to complete a site preparedness checklist which includes taking an inventory of current ARV stocks. All facilities should contact their District Pharmacy Manager to be aware of standard operating procedures for placing timely orders and where their Emergency Order Point (EOP) is in case of stock-outs.

## Treat All Site Preparedness Checklist

All health facilities should ensure the following:

- ✓ All staff on site (clinical and non-clinical) are aware of Treat All and correct any myths or misconceptions
- ✓ Work with Health Centre Committees and local leaders to increase awareness about Treat All and generate demand for HIV testing & services
- ✓ Ensure minimum stocks for all ART commodities
  - HIV test kits
  - First and second line ARVs
  - CD4 testing commodities (EDT tubes, cartridges)
  - Viral load monitoring commodities
- ✓ Identify and problem solve barriers to providing HIV testing for all clients with unknown HIV status at your health facility
- ✓ Ensure standard operating procedures for linking all clients testing HIV positive to care and treatment
- ✓ Contact patients in pre-ART register with no documented ART initiation for return to care and offer ART
- ✓ Ensure standard procedures for consistent, accurate and complete documentation of patient information including:
  - Contact details for follow-up
  - Entry point for HIV testing
  - Reason for ART Initiation as 'Treat All'
  - Referrals and outcomes of referrals
  - Side Effects
- ✓ Standard procedures for identifying patients defaulting from care and systems for patient follow-up
- ✓ Commitment and motivation to provide high quality HIV services for ALL clients regardless of age, sex or background – be sensitive to the needs of key populations in your area