

Standards for HIV/AIDS Programmes

A checklist for project managers and field coordinators

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The table below gives minimum requirements and recommended action for the following topics:

I. Prevention

- a. Prevention of transmission through Blood
- b. Prevention of transmission from Mother to Child
- c. Prevention of transmission through Sexual Intercourse

II. Detection

- a. Diagnostic requirements for HIV/AIDS and Opportunistic Infections
- b. Diagnostic requirements for Sexual and Reproductive Health

III. Care and Support

(treatment, care and support of people living with HIV/AIDS)

IV. Mitigation

(care for people affected by HIV/AIDS)

Prevention	Strategy	Minimum required	Recommended at all stages
Transmission through blood:			
Transfusions	screening of all blood for transfusions ⁽¹⁾	All blood for transfusions tested for HIV	<ul style="list-style-type: none"> – Eliminate unnecessary transfusions – Encourage use of blood substitutes – Monitor pre-screening to identify low risk donors
Sharps, medical waste and handling of corpses	universal precautions ⁽²⁾	<ul style="list-style-type: none"> – sterile material – hand washing – disinfectants – gloves – sharps containers – infectious waste disposal – reporting of incidents 	Eliminate unnecessary injections Post Exposure Prophylaxis Monitor customs for funeral practices
Intravenous drugs	harm reduction	recognition of problem	<ul style="list-style-type: none"> – counselling to avoid entry into drug use and to quit use – information on needle sharing – bleach and instructions for cleaning needles
Traditional practices	precautions / harm reduction	recognition of problem	ensure universal precautions are taken for traditional practices (scarring, circumcisions etc.)
Transmission from Mother to Child:			
During pregnancy	safe pregnancy and/or ARVs		<ul style="list-style-type: none"> – Comprehensive Antenatal Health Services – VCT for pregnant women – ARV treatment
During labour	non traumatic labour and/or ARVs	safe delivery referral mechanisms	<ul style="list-style-type: none"> – Screening for high risk deliveries – No episiotomies or forceps-deliveries; C-section when in doubt – ARV treatment
Through breastfeeding	exclusive feeding and/or ARVs	information	<ul style="list-style-type: none"> – either exclusive breastfeeding or exclusive formula feeding – ARV treatment
Sexual Transmission:			
Through voluntary sex	behaviour change communication ⁽³⁾	know what behaviour is	<ul style="list-style-type: none"> – Involve young people and PLWHA in development and dissemination strategy – Make information on HIV available (condoms, abstinence, fidelity, non-penetrative sex, seeking treatment for STIs, respect and protection of women, PLWHAs and orphaned children) through radio, person to person communication, food distribution, and other tools
	education		<ul style="list-style-type: none"> – Include HIV-based life skills education in formal and non-formal education. – Train teachers in HIV-based life skills.
	condoms ⁽⁴⁾	free condoms available during emergency	consider product, price, place, promotion
	treatment of STIs ⁽⁵⁾	provide syndromic treatment	<ul style="list-style-type: none"> – link to VCT – treat partners – document cases – use data in BCC programme
Through involuntary sex (sexual violence and exploitation)	protection	<ul style="list-style-type: none"> – Know the risks of sexual violence and exploitation – Design arrival, registration and distribution procedures, as well as camp lay-out to minimize these risks 	<ul style="list-style-type: none"> – Involve women in planning distributions of relief items – Pay special attention to the registration female and child heads of household. – Establish community-based child-friendly spaces – Water points and sanitation facilities centrally located in camps/communities – Separate male and female toilets – Light sanitation facilities where possible – Implement distribution mechanisms that ensure equitable access to relief items for all vulnerable persons – Ensure girls have access to education and that schools are safe (monitor teachers to ensure no sexual exploitation, provide escorts to and from school if necessary) – Train teachers on impact of sex with students

Detection ⁽⁶⁾	Strategy	Minimum required	Recommended at all stages
Diagnostic requirements for HIV/AIDS and Opportunistic Infections:			
HIV-testing	Voluntary Counselling and Testing ⁽⁷⁾	HIV-tests in clinical setting	<ul style="list-style-type: none"> – Rapid tests – Protocol for conformation of tests – Confidential referral system and follow-up for people tested positive – VCT centres as gatekeepers to HIV treatment programmes – Post-testing plan people who are tested negative – Anonymous recording system of demographic data for feedback into prevention programmes
Diagnosis of Opportunistic Infections and Malaria	integrated in health programme	sputum tests for TB blood smear for malaria microscopy of stools	<ul style="list-style-type: none"> – Linkage between HIV/AIDS programmes and other health programmes – Linkage to VCT – Referral systems
Clinical diagnosis of HIV/AIDS	integrated in health programme	protocol for treatment or referral	Linkage between HIV/AIDS programmes and other health programmes Referral systems
Measuring CD4 and viral load	use country's strategy		Adhere to national programme
Diagnostic requirements for Sexual and Reproductive Health:			
STIs, teenage pregnancies, abortions	user friendly services	system for reporting STIs, teenage pregnancies and abortions	<ul style="list-style-type: none"> – Provide comprehensive services for reproductive and sexual health – Use data to modify IEC and BCC programmes – Link to VCT programme
Rape	user friendly services	mechanisms for confidential reporting of sexual violence and exploitation.	<ul style="list-style-type: none"> – Provide services (or referral) for clinical management of rape survivors – Document cases – Help establish legal mechanisms for redress

Care and Support	Strategy	Minimum required	Recommended at all stages
Treatment, Care and Support of people living with HIV/AIDS:			
Prophylaxis of Opportunistic Infections (OI)	secondary prevention	Mosquito nets and Co-trimoxazole prophylaxis	<ul style="list-style-type: none"> – INH prophylaxis in accordance with national TB programme – VCT as entry to prophylaxis
Treatment of Opportunistic Infections	link to health services and other disease control programmes	provide treatment for malaria, Candidiasis and diarrhoeal disease	<ul style="list-style-type: none"> – Provide infrastructure for diagnosing, counselling patients and monitoring progress – Support home based initiatives – Link to TB and other health programmes
Nutrition	link to nutrition and food security programmes	include people with wasting syndrome in feeding programmes	<ul style="list-style-type: none"> – Include HIV/AIDS considerations in food security, nutrition and livelihood programmes – Assure adequate nutrition for PLWHA
ARV treatment	use national protocols	facilitate access to ARVs for those already on treatment	Provide anti-retroviral treatment when feasible according to national and/or WHO/UNAIDS protocols
Palliative care	as part of comprehensive care programme ⁽⁸⁾	provide basic analgesics	Establish protocols for palliative care in home-based, hospices and clinical settings
Reduce stigma and discrimination	education and protection	condemn violence and discrimination against people known or suspected to be living with HIV/AIDS	<ul style="list-style-type: none"> – Support groups for people living with HIV and their families. – Strengthen local efforts to reduce stigma and discrimination. – Establish workplace policies for eliminating discrimination against people living with HIV/AIDS. – Assist in development of legal framework that is protective of people living with HIV if this does not exist
Psychological support	counselling	acknowledge the need	Consider a mix of professional counselling and peer counselling (groups of PLWHA)

Mitigation	Strategy	Minimum required	Recommended at all stages
Care for people affected by HIV/AIDS	protection of rights	provision of shelter, nutrition and healthcare for orphans and separated children	<ul style="list-style-type: none"> – Protect orphans and widows from abuse, violence, exploitation, trafficking and discrimination. – Protect orphans and widows from loss of inheritance – Provide tracing, reunification, and fostering for OVCs.
	access to basic services		<ul style="list-style-type: none"> – Provide AIDS orphans and widows with access to VCT and follow-up – Provide OVCs with equal access to psychosocial, health and education services as other children in their region
	economic and food security		<ul style="list-style-type: none"> – Provide food assistance to promote women's and orphans' participation in educational and vocational training programs – Support vulnerable families as identified by communities

(1) Testing blood for HIV in emergency settings

With the existence of simple rapid tests it is no longer ethical to give untested blood in any situation!

Points to take into consideration:

- National protocols
- Use of rapid tests vs. Elisa
- Testing ABO and rhesus compatibility
- Testing for other infectious agents
- Whether to link test results to donor or not

(2) Universal Precautions

Do no harm! It is not acceptable that people are infected with HIV within a health facility.

Points to take into consideration:

- protection of health workers
- protection of patients
- use of disposable material vs. good sterilisation practices
- use of auto-disabling needles in mass campaigns

(3) Behaviour Change Communication

BCC is culturally sensitive. Find out what fits this population!

Points to take into consideration:

- Which behaviour would you like to change?
- Who is your target?
- What is your message? (abstinence, fidelity, non-penetrative sex, use condoms, treat STIs...)
- How will your message reach your target? what is the best medium?
- Check if it works!

(4) Condoms

Many taboos surround the promotion and use of condoms. The question is not whether we should distribute condoms, but how we can do so in a culturally accepted manner.

Points to take into consideration:

- Product: what is the quality of the condoms / should you introduce female condoms?
- Price: start with free distributions/ assess if can people afford them / how much should they cost?
- Place: where are they distributed / will young people go to these places?
- Promotion: how are they promoted / to whom / what message?

(5) Sexually Transmitted Infections

People with an STI are at risk of HIV/AIDS because:

- the presence of an STI increases the risk of HIV transmission (because the penile or vaginal mucosa is damaged)
- the presence of an STI confirms that they have had unprotected sex

(6) Diagnosis:

Diagnosis forms the link between prevention and treatment

Points to take into consideration:

- diagnoses need to be documented
- documentation is needed as evidence, to know the magnitude of a problem and to measure impact of programmes

(7) Voluntary Counselling and Testing (VCT)

With the introduction of simple rapid HIV tests, there is no longer a need for laboratories to set up Voluntary Counselling and Testing programmes, and VCT programmes can be started in emergency settings as soon as qualified counsellors are available, and mechanisms for follow up are established.

Data collected in VCT programmes should be used to feedback into prevention and care & support programmes.

(8) Palliative Care:

Palliative care is not an alternative to other models of health care. It is not in competition with efforts to provide antiretroviral and other advanced therapies, nor is it a poor relative to be implemented where such therapies are currently inaccessible. It is an essential part of a comprehensive health care system, which is missing in many developing countries, and must not be neglected in the efforts to provide greater accessibility to more technical drugs and therapies.