

Conclusion: Recurring Problems

- Bad planning at central government level
- Bad communication between departments
- Some Ministry of Health officials don't understand the importance of uninterrupted treatment
- Insufficient funds allocated
- Distributor/wholesaler problems
- Supply chain vulnerabilities
- Commercial pressures
- And the problems are moving to diagnostics



Emergency!!! Guidance

•We do not accept non-implementation of EACS and WHO Europe Clinical Guidelines
•Interruptions cause harm to the individual and public health and will be costly over time
•Definition of treatment interruption
•Why is it/what is dangerous?
•Advice on drugs/monitoring
•Stock-outs of diagnostics
•Advocacy guidance

Definition treatment interruption

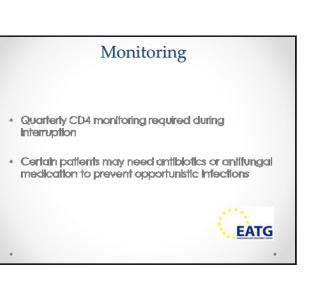
- Structured interruptions are no longer appropriate
- Drug holidays are not recommended
- Treatment interruptions due to interruption of drug supply – Emergency Guidance
- Treatment interruptions may be complete or partial



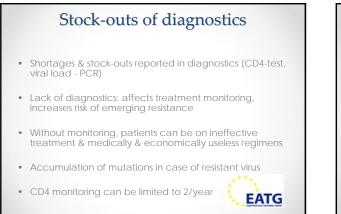
Partial interruption – what happens, what is dangerous?

- Consider drug half life: NNRTI, some NRTI
- Need to protect substances and avoid single exposure
- Particular risk of TI for patients with low nadir (CD4 <200)
- Interruptions of up to 1 week are not dangerous. Patients should continue with previous regimen
- Serially repeated short interruptions, on/off therapy, have to be avoided by all means





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Advocacy guidance: stopping & preventing stock-outs

- Contact national treatment advocacy group
- Reach out to doctors, medical associations & discuss joint action
- Go to court, work on procurement and supply monitoring
- Monitor interruptions and go public. Offer help to find solutions.
- Reach out for donations, set up community network for exchanging ARV

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EATG's Emergency Guidance

- Launched during EACS conference in Belgrade
- Also available in Bulgarian, Romanian, Russian and Serbian
- www.EATG.org



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