

# From policy to practice: the HIV Care and Treatment Project's experiences in transitioning to an optimized regimen in Honduras

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A doctor giving medicine to an HIV patient. Photo by Levi Dieguez for IntraHealth International.

## Background

Honduras has 60 HIV clinics throughout the country. USAID's HIV Care and Treatment Project supports 80% of people living with HIV in 10 clinics. Honduras has an integrated health services model to ensure universal health coverage and access. This structure facilitates adherence to standards by promoting coordination among suppliers, efficient management, and implementation of unified protocols. According to a 2019 WHO surveillance report, Honduras has resistance to Enfavirenz above 10%; thus, transition to optimized regimens is a priority.



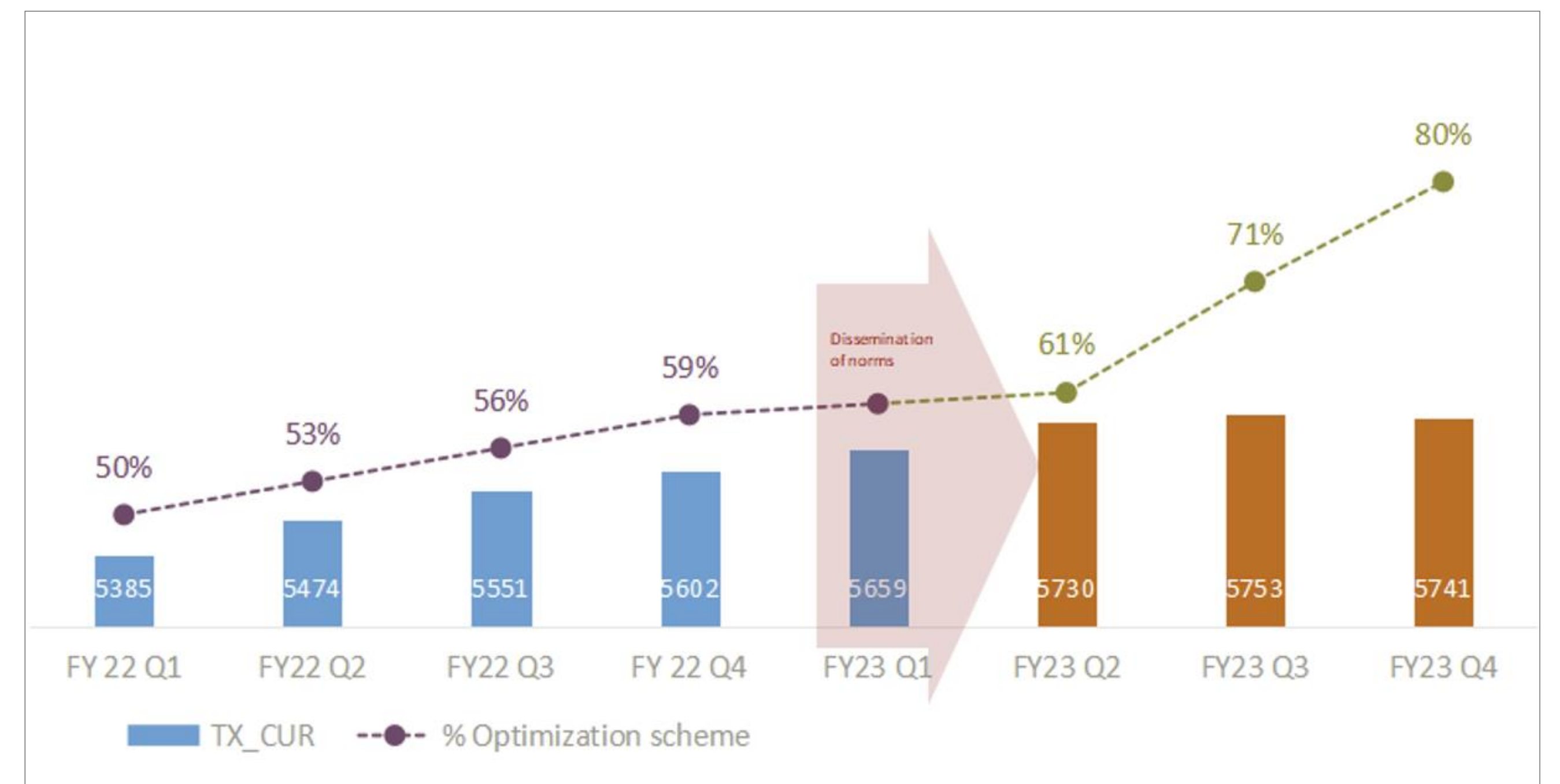
Medicine shelved ready to be delivered to patients.

## Description

Starting in January 2022, the National Secretary of Health (SESAL) developed a national transition plan to Dolutegravir-based regimens covering new and eligible users according to established criteria. This plan ensured inter-institutional coordination at different levels with international technical cooperation from USAID and CDC implementing partners. The plan categorized active ART users and assigned a transition goal to each clinic.

SESAL led monitoring by creating an ARV technical working group comprising expert infectologists to support transition in complicated cases. This involved creating eligibility criteria and updated norms of ARV care and accessibility, updating training for clinic personnel, and supporting local programmatic actions by educating clients on the benefits of optimized regimens.

**Graph 1: Optimized treatment regimen transition, Honduras FY22-23**



Source: DATIM

Despite the challenge of maintaining a balance between previous (non-optimized) stock and procuring newer TLD-based ARVs, the transition resulted in a 60% increase in clients on optimized treatment regimens between Q1FY22-Q4FY23, reaching 80% of persons on treatment.

This transition was a planned and organized by each ARV scheme and supplying, aiming to transition over 95% of the cohort, considering the allergies, neurologic, hepatic or nephrological contraindications.

## Lessons Learned

Transition of regimens in a dynamic cohort represents a logistical challenge to the health system. Considering the integrated health services model in Honduras, the dissemination of the norm under a regulatory framework was successful to promote universal health coverage.



A health worker delivering medicine to a patient. Photo by Levi Dieguez for IntraHealth International.

## Conclusions/Next Steps

To guarantee sustainability of global coverage in optimized regimens, it is important to constantly monitor and analyze progress through nominal (name-based) and updated cohort data, as well as comprehensive coordination of key actors.



**HIV CARE AND TREATMENT PROJECT**



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