

Scaling Down Stavudine Based (D4T) Regimen in Nigeria

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Why Scale down the Stavudine based regimen?

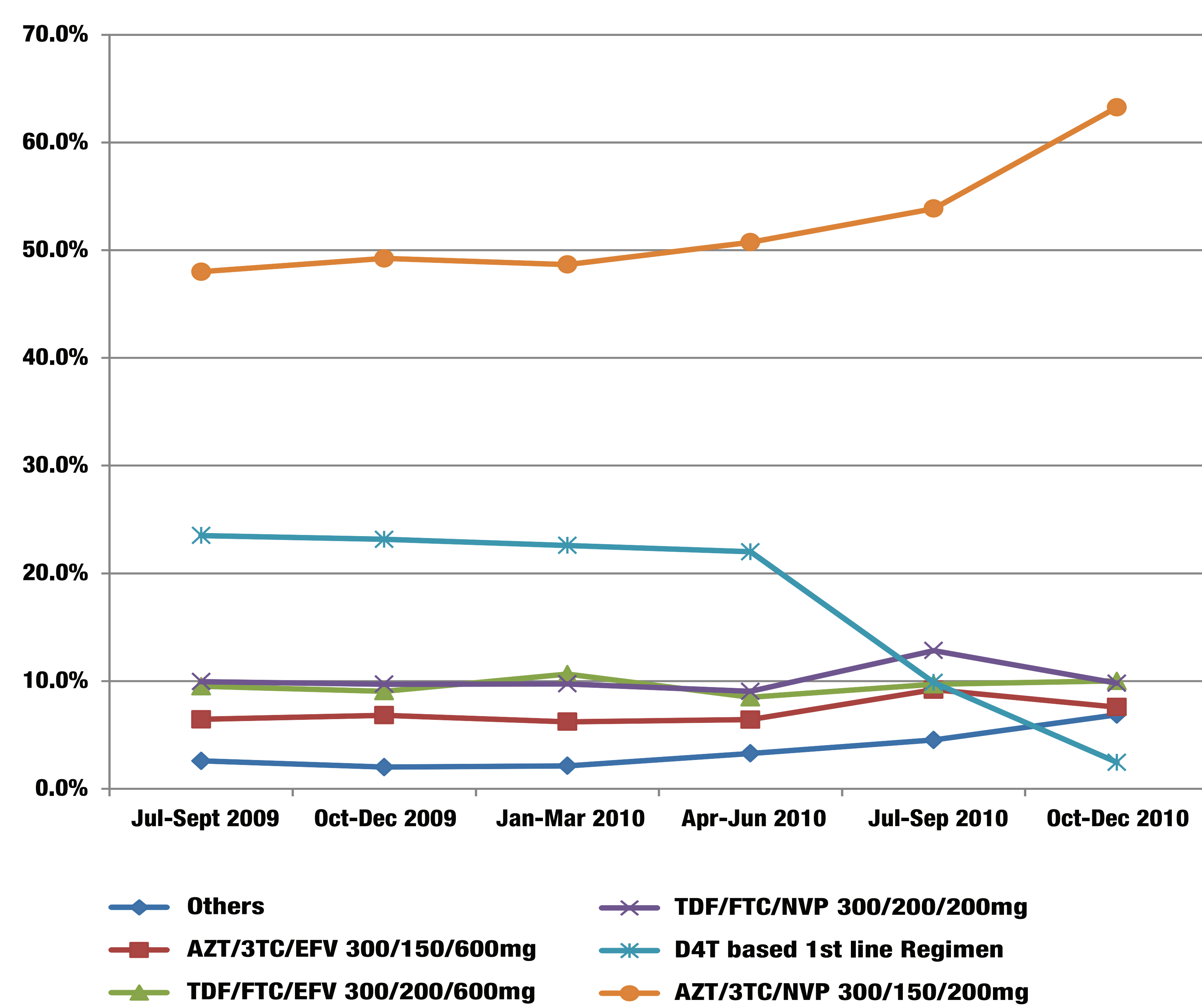
- Stavudine side effects of Lipodystrophy (abnormal distribution or disappearance of fat) and Lipatrophy (loss or disappearance of fatty tissue) among HIV clients was increasing
- The Federal Ministry of Health decision to align with WHO guidance and best practice



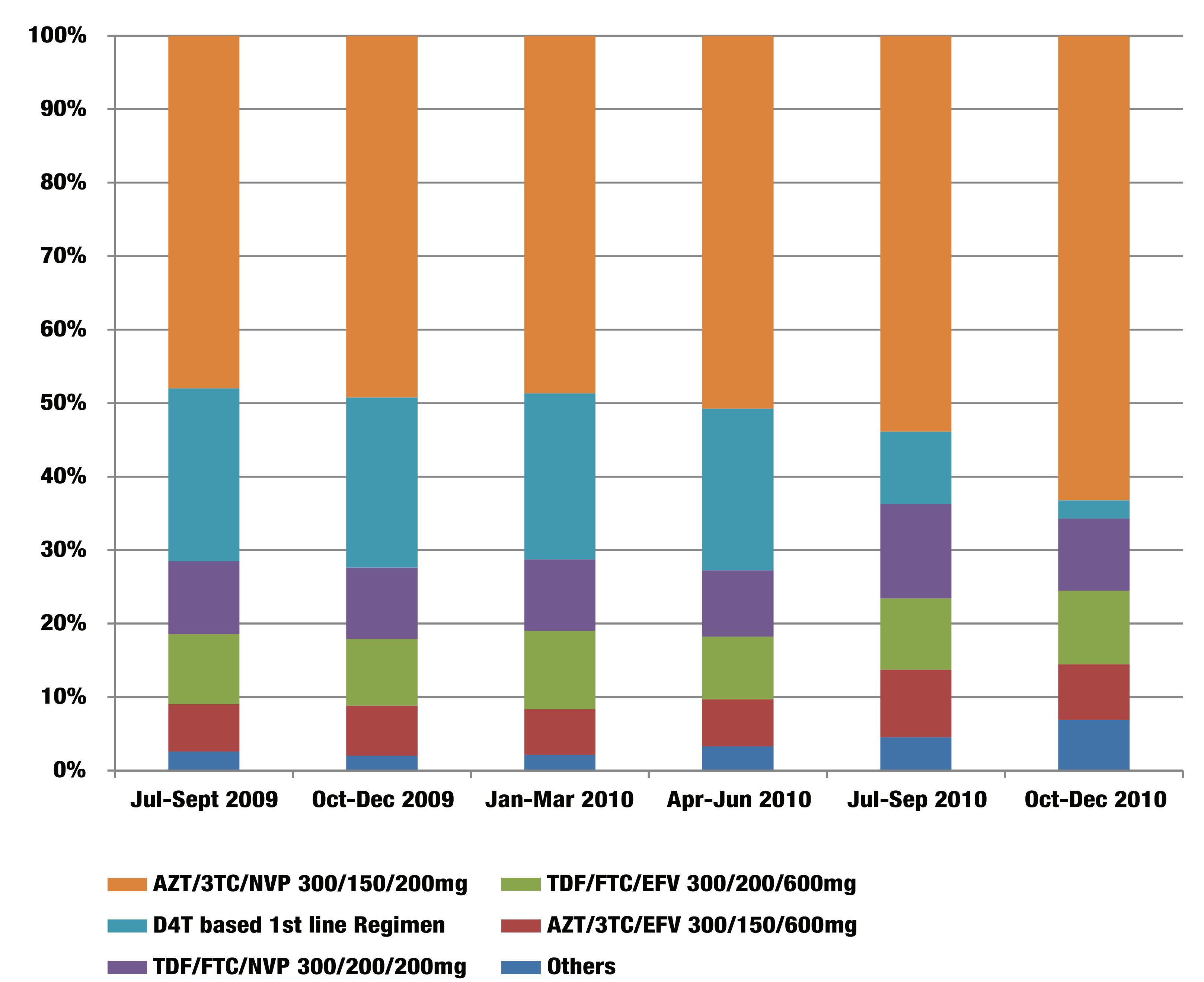
Action plan

- Revised and disseminated new ART guidelines with reasons for change
- Gradually substituted and switched patients from D4T to other regimens
- Revised procurement plan to phase out D4T
- Increased consumption of D4T to ensure sites exhausted their stock on hand to reduce wastage

Regimen Migration within Adult 1st Line ARVs in percentage



Regimen Migration within Adult 1st Line ARVs



Lessons learned

- Consider stock availability and current orders based on current and projected consumption before setting regimen change deadlines
- Establish a realistic transition timeline to reduce expiries
- Adjust supply plans to consider regimen scale down and increase in uptake of alternate/new regimen
- Actively monitor consumption of regimen being phased out
- Advocacy to clinicians and program managers is essential to buy-in and successful implementation
- Careful planning by the logistics team, the clinical team and program managers minimizes expiries

Recommendations

- Ensure ongoing discussion between program managers and clinicians
- Logistics management information system (LMIS) should inform decision making to ensure the right commodities are at the right place, in the right quantities, at the right time

