Rationale for including the SDA in the proposal

- Interventions for prevention and treatment of opportunistic infections are safe and cost-effective in reducing morbidity and mortality among persons living with HIV.
- Children both HIV exposed and HIV infected are at greater risk of mortality due to common childhood illnesses and opportunistic infections.

Elements to be considered in the situation analysis

- Prevalence of HIV infection in the children (under 15) and adults (15-49 years)
- Number of adults and children estimated living with HIV
- Prevalence / incidence / burden of common opportunistic infections
- Number of people in need of antiretroviral treatment for HIV/AIDS

Examples of objectives that cover the SDA

- To scale up access to services for prophylaxis and treatment of opportunistic infections for adults and children living with HIV.
- To reduce morbidity and mortality among people living with HIV/AIDS by increased access to treatment and prevention of opportunistic infections.

Target populations

- Target populations for cotrimoxazole, isoniazid preventive therapy or other prevention interventions such as fluconazole, acyclovir, hepatitis B vaccination, pneumococcal vaccine, water treatment, insecticide treated bed net, influenza vaccine, will depend on the burden of disease, local incidence and geographical and socio demographic factors. These should be explained in the proposal. Treatment for the common OIs needs to be considered on a assumed no of estimates per year/per adult and child patient, and is related to the usual stage of HIV diseases at entry into the programme. In children management of common childhood illnesses should also be included in estimations of need-
Suggested activities

- **Provision of Cotrimoxazole prophylaxis** - for adults and children living with HIV and for HIV exposed infants in accordance with national guidelines. Cotrimoxazole pneumocystis carinii pneumonia (PCP).
- Primary and Secondary prophylaxis for fungal infections (fluconazole)-according to national guidelines.
- Isoniazid preventive therapy (see TB /HIV SDA technical brief)
- **Management of non-severe and severe opportunistic infections.** Common opportunistic infections are fungal infections such as candidiasis, herpes simplex and some bacterial infections. Co-morbidities include hepatitis B and C. Others include, toxoplasmosis, cytomegalovirus (CMV) and malignancies. These are often managed at bigger health facilities. Management of opportunistic infections requires appropriate diagnostic services as well as availability of the necessary medicines.
- **Vaccines.**- national programme for EPI may include provision for selected vaccines, however this may not include provision to the adult population.
- **Training of health workers will be required** to provide prophylaxis and treatment of opportunistic infection; such training is included in IMAI/IMCI modules see [http://www.who.int/hiv/capacity/en/index.html](http://www.who.int/hiv/capacity/en/index.html)
- Monitoring and evaluation activities

Approach to costing

- Cost for purchase of co-trimoxazole, fluconazole, acyclovir and other medicines specifically for prophylaxis and treatment purposes based on the target population described above should be included in the costing exercise. Cost for logistics to ensure availability of the drugs at all the health facilities may also be considered.

Suggested key indicators

- Number and proportion of HIV care and treatment facilities actively providing CTX prophylaxis
- Percentage of adults and children enrolled in HIV care and eligible for CTX prophylaxis (according to national guidelines) currently receiving CTX prophylaxis

Linkages with other SDAs/programmes

Prophylaxis and treatment of opportunistic infections may linked to other programmes such as:

- Testing and counselling
- PMTCT
- Antiretroviral treatment
- Care and support
Key implementing partners to be considered

- General medical services
- National TB program
- National drug supply chain management system

Type of technical assistance which might be required during implementation

- Developing national strategy or plan for management of opportunistic infections
- Improving drug procurement and supply chain management system
- Estimate national requirements for CTX and other drugs for prophylaxis and treatment of opportunistic infections
- Revising treatment guidelines

For further information, please refer to the draft Essential Prevention and Care Interventions for Adults and Adolescents Living with HIV in Resource-Limited Settings (posted under reference documents)