Phasing out stavudine (d4T): programmatic experience from Médecins Sans Frontières (MSF)

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Abstract

In accordance with the WHO guidelines, MSF began phasing out of d4T in favour of a TDF-based first line in its programmes from 2007. Practical steps required to aid implementation included clinical training and mentorship, laboratory support for renal monitoring and pharmacy support (1). Phasing in TDF in MSF programmes included virological assessment before switching (2) and gave priority to those with side effects, hepatitis B infection and new initiations. Clinical and programmatic benefits of introducing TDF included decreased toxicity (3) and simplified patient management. These benefits are supportive of task shifting care to nurses, decentralization and reducing the frequency of clinical assessment required, hence reducing both the burden on the health system and patient (1). Although renal toxicity is rare (4), uncertainty remains around the need for baseline and ongoing renal monitoring. Despite the demonstrated cost–effectiveness (5), the higher cost remains the main barrier to implementation.

References