

SUPPORTING ANTIRETROVIRAL THERAPY ADHERENCE THROUGH HOME-BASED CARE



Zambia's introduction of free antiretroviral therapies is a welcome relief for AIDS patients. But once started, antiretroviral drugs (ARVs) must be taken religiously and for the rest of one's life if they are to be effective. Drug resistance can result when ARVs are not taken properly, a phenomenon which may hamper future treatment efforts. Adherence, then, has been identified as the most critical component of effective antiretroviral therapy programs.

In 2004, Project Concern International (PCI) started engaging home-based care organizations to provide antiretroviral adherence support to AIDS patients in Lusaka and, later, Mongu. PCI manages this program in partnership with the Lusaka Urban District Health Management Board, Mongu Lewanika General Hospital and the Centre for Infectious Disease Research in Zambia (CIDRZ), which is a collaboration with the University of Alabama-Birmingham.

PCI works through and is strengthening an established network of home-based care organizations, whose caregivers have long-standing presence and status in the communities they serve. As a result, in the first year of the program, reported adherence rates are above 95%, and there are significant increases in the number of people attending voluntary counseling and testing services.

MAJOR ACTIVITIES

Antiretroviral Therapy (ART) Adherence Support and Monitoring

PCI works with home-based care organizations to provide adherence support to patients receiving ARVs from government health centers. PCI trains home-based care organizations in a range of topics vital to ensuring proper adherence, including the basics of HIV/AIDS and tuberculosis, adherence, psychosocial counseling, data collection and monitoring. With CIDRZ, PCI also developed the first ART adherence training manual for home-based caregivers in Zambia.

Home-based caregivers act as the 'eye of the health centers' and not only provide ART adherence support, but also refer patients who miss clinic appointments and those with severe side effects to health centers. By maintaining strong referral links, home-based care organiza-



tions and health centers are forging the partnerships they need to sustain and replicate this critical program. To date, PCI and its partners are supporting 7,131 patients on ARVs, in collaboration with 13 government clinics and/or hospitals.

Pilot Study on Food Supplementation

PCI and CIDRZ are conducting a pilot study to assess the impact of food on adherence and patient well-being, with support from the World Food Programme. The study group is divided into patients who are receiving home-based care adherence support *with* or *without* food supplementation. The program's targeting tool identifies food-insecure ART patients, and PCI provides individual and/or household rations to identified patients with support from the home-based care organizations.

Data on the role of food on adherence and treatment outcomes will potentially influence the scale-up of this program throughout Zambia as well as in other resource-poor, high prevalence countries throughout the world.



Gaining the Courage to Seek Help: One Patient's Story

When I first learned I had tuberculosis, in 2003, I felt like the world had collapsed on me. I was convinced I was going to die. With stories I had heard from the community, tuberculosis was a clear sign of HIV/AIDS, and to me HIV/AIDS meant nothing but death.

Even though I was reluctant to take TB drugs, and told my nurse that it was better to die and not prolong my suffering, she assured me that TB could be cured. She also told me that there was a group of women based at the clinic who gave support to TB patients like me and visited patients at home to ensure they took the medicine. I decided to register with this group, Human Resource Trust, because I was only staying with my daughter at home, and I needed somebody to support me with my treatment.



I am alive today and don't have TB anymore because of these women. They encouraged me to take the drugs all the time until I completed my course after six months.

The second hurdle came when my caregivers started encouraging me to go for an HIV test. Although the TB was cured, I started having recurring ailments, like severe headaches and malaria. I didn't want to go for an HIV test but instead chose to go to a traditional healer. My situation worsened. My legs swelled so much that I couldn't walk. But the caregivers from Human Resource Trust kept on encouraging me to go for an HIV test.

I finally heeded my caregivers' advice. I was found HIV positive and after all the lab tests, in August 2004, I started on ARVs. My legs are okay now and I can walk properly. The recurring illnesses have all gone now except for minor side effects I get from taking the ARVs. I would have died by now if it was not for the encouragement of these hardworking caregivers.

Human Resource Trust Kalingalinga is one of 31 community-based care sites PCI supports to conduct home-based adherence monitoring for patients on ARVs.

PARTNERS

Lusaka Urban District Health Management Team (10 sites) | University of Zambia Health Center | Mongu Lewanika General Hospital | Center for Infectious Disease Research in Zambia - University of Alabama, Birmingham | United Nations World Food Programme | Bwafwano Community Home-based Care Organization | Lusaka Catholic Diocese Home Based Care Program (17 sites) | Mongu Catholic Diocese Home Based Care Program | Network of Zambian People Living with HIV/AIDS, Mongu Chapter (5 sites) | Musayope Support Group | Kamanga Community Based Tuberculosis Organization | Our Lady's Hospice | Salvation Army Kanyama | Human Resource Trust (2 sites)

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