

Home Based Care in Adherence Support

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August 6, 2007

Adherence critical in ART

- ART prolongs and improves quality of life
- For ART to be successful at the individual, household and community levels maximal and durable suppression of viral replication is critical
- For this adherence is essential, ART demands >95% adherence to be successful.
- There are a number of challenges for adherence: patient behavior, stigma/discrimination, lack of basic needs (shelter, nutrition, transportation), orphan care, employment, cultural and religious factors
- At the ALERT HIV Care/ART center 70% of patients at one stage had one or more of the above challenges.
- Most challenges were addressed through HBC.

ALERT's social support model was critical for adherence of ART

- The free HIV Care/ART Program was started December 2004
- Catchment area: KK and NSL
 - Population 760,000
 - Estimated PLHIV 50,000
 - Patients requiring treatment 8,000 (8,00 of which were children)
 - Characterized with serious socio-economic difficulties
- Primary stakeholders:
 - Pioneers: the Ethiopian government (MOH); ENAHPA and CCF-C
 - Newly joining: CHAI (focusing on pediatric care)

...ALERT Social Support

- Many partners:
 - 5 NGOs (HIWOT, Medehen, Mary Joy, Tesfa Lemat, Dawn of Hope KK branch, Dawn of NSL branch) engaged in HBC, ensuring adherence at household level
 - Local government structures: Sub-city (HIV desks and Health department); Kebele health coordinators
- Others:
 - JHU, WFP, CCF-Ethiopia, MOC, etc (with the emerging ART network more partners including the private enterprises were considered to be partners or members of the network)

Community based initiative

- Purpose of engaging community actors:
 - Patient tracking
 - Ensure adherence at home level
 - Address immediate basic and long term needs of patients
- HB volunteers were recruited by the “Iddir”, trained and deployed by the NGOs working on HBC
- HB volunteers are supervised by professional supervisor nurses

...community

- HB volunteers were trained on ART in addition to HBC
- With the assistance of supervisor nurses they recruit and refer patients to hospital, sometimes transport patients to hospitals
- Follow up after patients have been evaluated and started on ART
- There is schedule of follow up focusing on toxicity and adherence
- They report on the individual patient to the doctors through simple report format focusing on adherence
- There were other tools and operating modalities to make the community ART package effective
- There were challenges but it was addressed by re-enforcing through ART network that engages more NGOs and other partners in the adherence and social support

Outcome and Conclusions

- HBC was found to be the best model of interfacing medical facility and community ART activities in urban centers
- Outcome of the social support intervention:
 - Lost to follow up was 7%, while that of the national has reached 25%.
- Without accessing community resources and working with different institutions and organizations at the grassroots ART program will not succeed,