

Makuru ki. FHI?

(What's New?)

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FEATURE ARTICLE



Photo FHI/Rwanda

Laurence Mukantagara, an ART patient at Biryogo Health Center since 2003, meets with Dr. Ngirabatware to discuss her treatment

Antiretroviral Treatment and Initial Concerns about Adherence

In 2003, discouragement turned to hope at the Biryogo Medical Center. Patients and staff will never forget the day when FHI, with private financing, delivered the first dose of antiretroviral treatment (ART) to a person living with HIV. With this initial dose came the promise of widespread access to ART, and the prospect of a healthier future for those infected with HIV.

Biryogo Health Center was not the only health center to receive support from FHI for ART. In the course of that same year, with funding from U.S. Agency for International Development (USAID), FHI helped three other sites provide ART to eligible patients. By the end of the year, 266 HIV positive patients were receiving the long awaited treatment. Only three years later, those figures had risen dramatically to a total of 19 sites (3 sites are now supported by FHI's partners) with 5,276 patients receiving ART. FHI continues to work closely with these sites to ensure that people infected with HIV are able to live positively for as long as possible.

Patients demonstrate good adherence to treatment

When ART services were first introduced, some health experts worried that patients would not be able to maintain "adherence," defined as taking the correct dosage of antiretroviral drugs consistently and for the duration of their

(Continued on page 2)

FHI's CEO visits Rwanda

In November, Dr. Albert J. Siemens, PhD, FHI chairman and CEO, visited Rwanda to see first hand how FHI and its partners are contributing to improved health in the country. Dr. Siemens toured the facilities of Biryogo and Kivumu Health Centers during his stay, and had the opportunity to meet the health workers and patients. With funding from the U.S. Agency for International Development, FHI is providing financial and technical support to both centers for a comprehensive package of HIV services, including counseling and testing, prevention of mother-to-child transmission, preventive therapy and antiretroviral therapy. FHI has been working with Biryogo Health Center since 2001 and Kivumu Health Center since 2003.

Dr. Siemens was impressed with the achievement of both centers and all their hard work. In his speech at Kivumu Health Center he thanked the Rwandan Government for allowing FHI to work in Rwanda, noting that it has been an especially constructive partnership and one of FHI's most successful HIV/AIDS country programs.

With the FHI/Rwanda staff, Dr. Siemens also visited Gisozi Genocide Memorial Site. Extending his sympathy to the survivors and victims of the genocide, Dr. Siemens also acknowledged with admiration the impressive effort by Rwandans to secure peace and to rebuild their country.



Dr. Siemens meets an orphan child cared for by Biryogo Health Center



PLWHA

Receiving an HIV positive test result can be both overwhelming and life shattering. Most people, when they are first diagnosed with the virus, do not know where to turn. They often hesitate to tell friends or family for fear of stigma and discrimination. Counselors and health care workers encourage people living with HIV to join associations with others who are also HIV-positive. Associations can offer HIV-infected people companionship and support to live positively, particularly in the period immediately following their diagnosis. Members of Urukundo Association in Remera Rukoma and Amizero Association in Gitwe explained that being in associations has helped them integrate into society. They also report that they have noticed a reduction in stigma and discrimination.

Membership in these associations provides a place to find much needed emotional support, motivation and offers opportunities for members to assist and learn from one another. They meet regularly to discuss problems and concerns. Often they will take a pledge to each other to adopt behaviors for good health and without risks. For example, the members of Amizero must all have a vegetable garden at their house.

In addition to moral support, many associations also offer income generating activities such as making and selling crafts, commerce, agriculture or livestock projects. These activities help members pay for things that they otherwise could not afford, such as health insurance “mutuelles”, school fees for their children, and food.



Photo FHI/Rwanda

Amizero Association during a discussion group



Photo FHI/Rwanda

Rwandan crafts made by Urukundo Association

continued from page 1

treatment, as prescribed by the physician. Managing a lifelong treatment program such as ART presents significant challenges for both patients and their health care providers. However, between 2003 and 2006, patients' adherence at FHI-supported sites has remained high. This is evident in patients' overall progress as well as their increasing average CD4 counts. In fact, of the 5,376 ART patients who began treatment at FHI-supported sites, only 396 (7%) have died and 90 (2%) have stopped treatment.

Combining diverse efforts for good ART adherence

Close and regular communication between the patient and the person administering the treatment lies at the heart of these remarkably high adherence levels. FHI worked with health centers to develop and produce effective educational materials and clinician job aids. Those administering ART use these materials to help patients understand and accept their treatment plan, recognize the importance of adherence, and adopt less risky behavior. These materials are also used for educational sessions attended by patients prior to starting treatment.

Other strategies adopted by health personnel to support patients' ability to manage their treatment regimens include: the “buddy” system, regular home visits organized for eligible ART patients and good communication between health workers and their patients. Refresher training sessions are also organized to update the knowledge and skills of those caring for people living with HIV, ensuring the pro-vision of high-quality ART services. All of these strategies combined with the commendable efforts of health care workers, the determination of people living with HIV, their families and communities, and the financial and technical support of FHI, have played a considerable role in helping patients adhere to their ARV regimen.



Photo FHI/Rwanda

Antiretroviral treatments available in Rwanda

Maintaining strong adherence to antiretroviral treatment

The partnership between FHI and these 19 health centers has achieved enormous successes, including the administration of ARVs and impressively high adherence levels. FHI and its local partners now aim to maintain, or even improve, this adherence. The health centers and dedicated staff who have worked so hard will continue to fight the epidemic. Their efforts will be further supported by grass-roots programs, which will help increase awareness and encourage more of the community to learn their HIV status. This is expected to reinforce prevention messages for those who are not infected, as well as those who can access clinical services and, if necessary, ART.

The Psychosocial Impact of Antiretroviral Therapy for People Living with HIV/AIDS

People living with HIV/AIDS (PLHA) endure many hardships from social discrimination to psychological stress. As their health deteriorates often their relationships and self image follow. The oncoming of opportunistic infections and stress from stigma can drive them to isolation and emotional trauma. With the introduction of antiretroviral therapy (ART) many PLHAs have found hope and self confidence.

Ms. Theonille Mukabarasi, Senior Technical Officer & Team Leader for VCT/Community-Based Care at FHI Rwanda, as part of her dissertation, evaluated the psychosocial impact of antiretroviral treatment for PLHA at Biryogo Medical Center from 2003 to 2006.

Data confirmed that having HIV profoundly affects the lives of PLHA, both psychologically and socially. For example, 45.5% of discordant couples separated after learning their status, and 46.4% of respondents no longer had a strong sexual desire, which was perceived as the cause of their infection. As many as 78.8% experienced rejection and isolation from their families and friends, while 75.6% reported some form of discrimination, such as being referred to as “damned people with AIDS” or “ghosts”.

Given the range and intensity of psycho-social problems that come with being HIV-positive, Ms. Mukabarasi was specifically interested in learning if and how antiretroviral treatment reduced this stress and contributed to the reintegration of HIV-infected people into society and normal daily living.

Indeed, ART had a positive effect on psychological and social well being of HIV-infected people. The hope of living longer and an increase in confidence were reported by 64.2% and 41.7% of respondents respectively. The reestablishment of estranged relationships was reported by 40.8%, while 25.8% of respondents reported an increase in self-esteem. Examples of societal reintegration and assumption of normal daily living included participants' increased capacity to work (85%), experiencing respect by fellow community members (39.2%) and the ability to support their own children (31.7%).

By restoring health and the physical signs of health, this study found that HIV-infected people on ART experienced reduced psychological stress and social reintegration and return to normal living.

An ART patient greets a social worker at Kabgayi District Hospital



Photo: FHI/Rwanda



Photo: FHI/Rwanda

Sister Mukamusana, Director of Ruhango Health Center

Ruhango Health Center

Patients at the Ruhango Health Center can access a range of high quality HIV/AIDS services: counseling and testing, prevention of mother-to-child HIV transmission (PMTCT), preventive therapy, and antiretroviral therapy (ART). These prevention, care and treatment services were integrated into the health center in September 2003 with support from FHI and funding from the President's Emergency Plan for AIDS Relief through the U.S. Agency for International Development.

FHI, working hand in hand with health center staff, has played a critical role in ensuring the success of these services. “The quality of partnership with FHI is not equal to others” confirmed Sister Dorthie Mukamusana, the Center's director. “FHI has confidence in our management, and they know we are responsible people.”

FHI's technical leadership and financial support strengthens clinic management and has improved the facilities, laboratory and waste disposal system with the appropriate materials and equipment necessary to offer the new services.

The addition of HIV/AIDS services has had a positive impact on the center's activities. For example, the infrastructure improvements provide a higher quality of care for all patients and better safety standards for the center's employees. With the integration of PMTCT services into antenatal care, there has been an increase in the number of males accompanying their wives for prenatal consultations. In 2006, 69% of the PMTCT male partners agreed to be tested for HIV.

Impact of Introducing HIV Clinical Services on the Delivery of Other non-HIV Care in Primary Health Centers in Rwanda

In recent years thousands of patients in Rwanda have benefited from new clinical services in HIV, which have become available as a result of increased donor funding earmarked to support these services. This has, however, raised concerns that vertical and disproportionate funding favoring HIV may produce a negative effect on the delivery of other, non-HIV primary health care. Specifically, some have speculated that non-HIV services delivery may decline as newly introduced HIV care is afforded more health worker attention and time. To ascertain the impact of inducing basic HIV care on non-HIV service delivery, FHI compared the quantity of non-HIV services delivered before and after the introduction of basic HIV care at 30 health facilities.

The study found that in all non-HIV service areas except hospitalizations, significant increases in the quantity of non-HIV services were observed after the introduction of basic HIV care. In 18 out of 29 non-HIV service delivery indicators measured, the mean number of services delivered/FOSA/month were significantly greater ($p \leq .05$) after HIV services were introduced. In 11 non-HIV service indicators, no significant changes were observed; no decreases in the quantity of non-HIV services were observed. The most consistent increases were observed in antenatal care services, maternity services and family planning uptake. The number of months experience with PBF and *mutuelles* were not important predictors of increases in non-HIV services; the number of months experience offering basic HIV care was the most important predictor of increases in the quantity of non-HIV services delivered.

These data suggest that enhancing health center capacity in HIV increases primary care delivery generally and does not have a negative impact on the quantity of non-HIV services delivered, as some feared.

Prevention for Positives Study

In Rwanda there have been many behavior change program implemented but few messages actually target people living with HIV/AIDS (PLHA). FHI is currently working on a qualitative study that will help develop a prevention approach for PLHA in Rwanda especially those in care and treatment. The study has been approved by the Research Committee on HIV and by the National Ethics Committee and should be completed in June.

About FHI/Rwanda

Family Health International is committed to improving health and access to health care for all people. In Rwanda, our focus has been on HIV and has included a broad range of services in primary prevention as well as care and treatment. Working with national and local government, individual health facilities, and a variety of civil society groups, FHI/Rwanda has supported the launch and expansion of behavior change communication campaigns, community care and support programs, and counseling and testing, prevention of mother-to-child transmission, and HIV patient care services.

Funded by the President's Emergency Plan for AIDS Relief through the U.S. Agency for International Development.

New Partner

Despite tremendous scale-up, many people in Rwanda are still without access to HIV/AIDS services. People living on the hills of Nyabinoni in Muhanga District, for example, must now travel 45 to 90 kilometers to be tested for HIV. This will soon change.

With funding from the President's Emergency Plan for AIDS Relief through USAID, FHI will assist ten additional health centers in the South Province to offer HIV services. Nyabinoni Health Center is one of the ten that will receive financial and technical support to integrate HIV/AIDS services into their current health care programs. The Center is located in the North West part of Muhanga District and serves of population of approximately 15,500 people.

The FHI/Rwanda team has been working with Muhanga District and Nyabinoni Health Center to initiate counseling and testing, prevention of mother-to-child transmission, and preventive therapy services at the center. The laboratory, waiting room, counseling rooms and maternity are just a few of the areas that will be renovated. New furniture, equipment, and materials will be purchased and installed. Health care providers at the Center are confident that the new services will help reduce new infections and improve the quality of services provided to patients. The Center will work with local authorities, other organizations, and health providers to ensure that the population is aware of the new services.



Laboratory at Nyabinoni Health Center before renovations

Photo FHI/Rwanda

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