

“Prevention, care, support and treatment for those infected and affected by HIV/AIDS are mutually reinforcing elements of an effective response and must be integrated in a comprehensive approach to combat the epidemic.”

Declaration of Commitment, United Nations General Assembly Special Session on HIV/AIDS, June 2001

HIV/AIDS Care and Treatment in Resource-Poor Countries

Sub-Saharan Africa is home to 30 million HIV-infected people, more than 70 percent of HIV infections worldwide. Tragically, few people with HIV/AIDS in Africa have access to the full range of HIV/AIDS services. Health systems are finding it difficult to cope.

Of the more than four million HIV-infected people in Africa who require treatment, only *one percent* has access to life-saving antiretroviral therapy (ART). But there are positive developments, including a drop in the price of antiretroviral drugs and increasing global support to make treatment accessible.

Joining the move to expand access to treatment, the U.S. Agency for International Development (USAID) is supporting Family Health International’s Institute for HIV/AIDS in implementing the *Treatment and Care Initiative*. This program is based on the principle that health is a human right -- and that providing treatment reinforces HIV prevention.

The Treatment and Care Initiative

The Treatment and Care Initiative is a unique effort to introduce ART into settings that offer HIV/AIDS prevention and care services. This initiative builds on FHI’s solid foundation in prevention and care programming.

The first ART learning sites, supported by local USAID missions under the IMPACT Project, are in Ghana, Kenya and Rwanda. The learning site approach is necessary now because of limited resources for treatment and the need to gather lessons quickly before scaling-up.

The programs in Ghana, Kenya and Rwanda are geographic in focus, allowing multiple entry points to care and treatment. Each fosters a close collaboration between national, district and private sector entities and coordinates activities among clinical care facilities, community support systems, and NGOs.

Ghana. The program is pursuing two approaches: a district comprehensive program model and modified component model for a teaching hospital. The first model is being introduced in Manya Krobo and Yilo Krobo, districts in the Eastern Region of Ghana, as learning sites. The latter model will begin at Korle Bu and Komfo Anokye Teaching Hospitals in Accra and Kumasi, respectively.

Rwanda. The initial sites for introducing ART include Kabgayi District Hospital, eight health centers in the rural district of Kabgayi, and the Biryogo Medical and Social Center, which is in one of the poorest sections of Kigali. Patients began treatment in February 2003.



Biryogo Medical and Social Center, Kigali, Rwanda

Kenya. The ART program in Kenya is being implemented in the city of Mombasa through Coast General Provincial Hospital, Mkomani Bomu Clinic and Changamwe Clinic, in partnership with Management Sciences for Health (MSH) and the HORIZONS Project.

As of January 2003, the sites in Ghana, Kenya and Rwanda offer voluntary counseling and testing (VCT) and services for preventing mother-to-child transmission (PMTCT), as well as clinical care. The programs have trained clinical staff in managing HIV disease and ART. National treatment guidelines are in place, and the governments are committed to continue funding ART for enrolled patients after the Treatment and Care Initiative ends at the learning sites.

The ART programs are beginning with modest treatment goals, which can be expanded with increased resources. By the end of 2003, approximately 500 patients are expected to be receiving ART in the three countries.

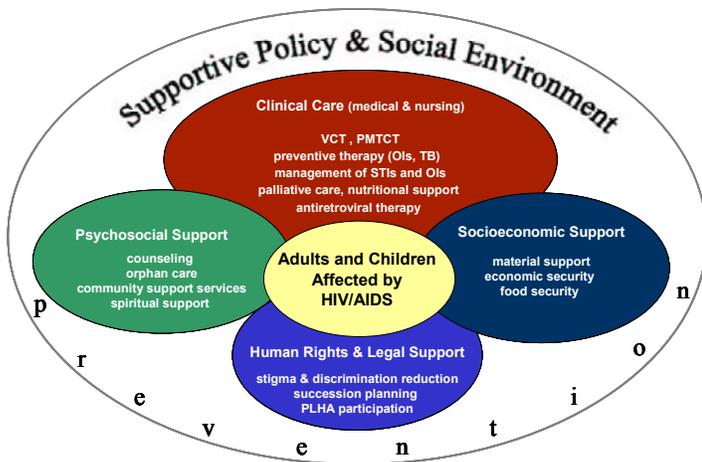
These programs are applying several HIV/AIDS care and treatment concepts:

- **There is a prevention and care synergy.** An environment of affordable access to comprehensive HIV care and support, including treatment, can enhance prevention efforts.

Care and treatment programs relieve the sense of despair that pervades communities facing HIV/AIDS epidemics. These programs provide hope and dignity for persons living with HIV/AIDS (PLHAs), demonstrating to the community that these are people they should also care about. When AIDS is seen more as a chronic, manageable disease rather than a hopeless illness, attitudes towards PLHAs change. The atmosphere is then better for community dialogue on HIV/AIDS prevention and care, and opportunities in clinical care settings are maximized to promote prevention.

- ❑ **Treatment belongs in a context of comprehensive care.** Comprehensive care ensures that the medical, psychological, socioeconomic and legal needs of people and families living with HIV/AIDS are met in a mutually reinforcing way. Linkages between services are actively used to meet patient's needs in these four domains.

Comprehensive HIV/AIDS Care and Support



- ❑ Also guiding programs is the recognition that services should be provided along a continuum of care, requiring that referral systems be established between institutional and community-based services.

Treatment and Care Initiative Tools

FHI can provide technical assistance (TA) and tools to governments and NGOs developing HIV/AIDS care and treatment programs. Examples include:

- ❑ Instruments for formative research;
- ❑ Strategies for reducing stigma;
- ❑ Strategies in behavior change communication (BCC) and treatment preparedness at the community level;
- ❑ TA in assessing and strengthening health care systems;
- ❑ Development of services related to VCT, PMTCT and clinical care;
- ❑ Training curricula and materials for diagnosis and management of opportunistic infections (OIs);
- ❑ ART guidelines for adults and children based on principles of chronic disease management;
- ❑ Home-based care and other psychosocial support services; and
- ❑ Guidelines for monitoring and evaluation.

Major Challenges and Lessons to Date

A few of the many challenges faced and lessons learned in implementing these ART programs include:

- ❑ Introducing care and treatment programs in resource-constrained countries requires collaboration and coordination between NGOs and public agencies.
- ❑ Critical areas to address include: community preparedness; systems to ensure drug security; proper drug administration by clinicians; and strategies to facilitate patient adherence.
- ❑ Drug selection and procurement is a process that must start early in program planning since it requires data, coordination and approvals from government and private sources, both locally and internationally.
- ❑ Programs must address health care workers' concerns about workload and pay, as well as their fears about HIV/AIDS.
- ❑ With proper preparation, it is possible to avoid overwhelming sites with demands for treatment.
- ❑ Creativity is required to establish referral linkages and to respond to PLHAs' long-term needs for diverse services, such as home-based care and psychosocial support.
- ❑ Once a site has been established, countries can move more quickly to set up multiple sites. An important contribution to the program is developing locally feasible standards to efficiently replicate programs and scale-up access to care.
- ❑ Financially strained governments must be convinced that treatment is a worthy investment.

Future Directions

Ghana, Kenya and Rwanda are "learning sites" for exploring issues around the introduction of ART. FHI will distill lessons learned and expand introduction of ART to other settings.

USAID and FHI aim to develop sustainable implementation and training sites with well-tested, practical guides for introducing and expanding comprehensive care and support programs for PLHA and their families.

The Treatment and Care Initiative needs continued support for scaling-up, replication, sharing tools and extracting and disseminating lessons learned. We would be pleased to collaborate with new partners in the future.

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