

An Evidence-Based Model using a comprehensive approach to continuity of care: AIDSRelief Programs

Promising Findings that Promote Patient Retention in Care

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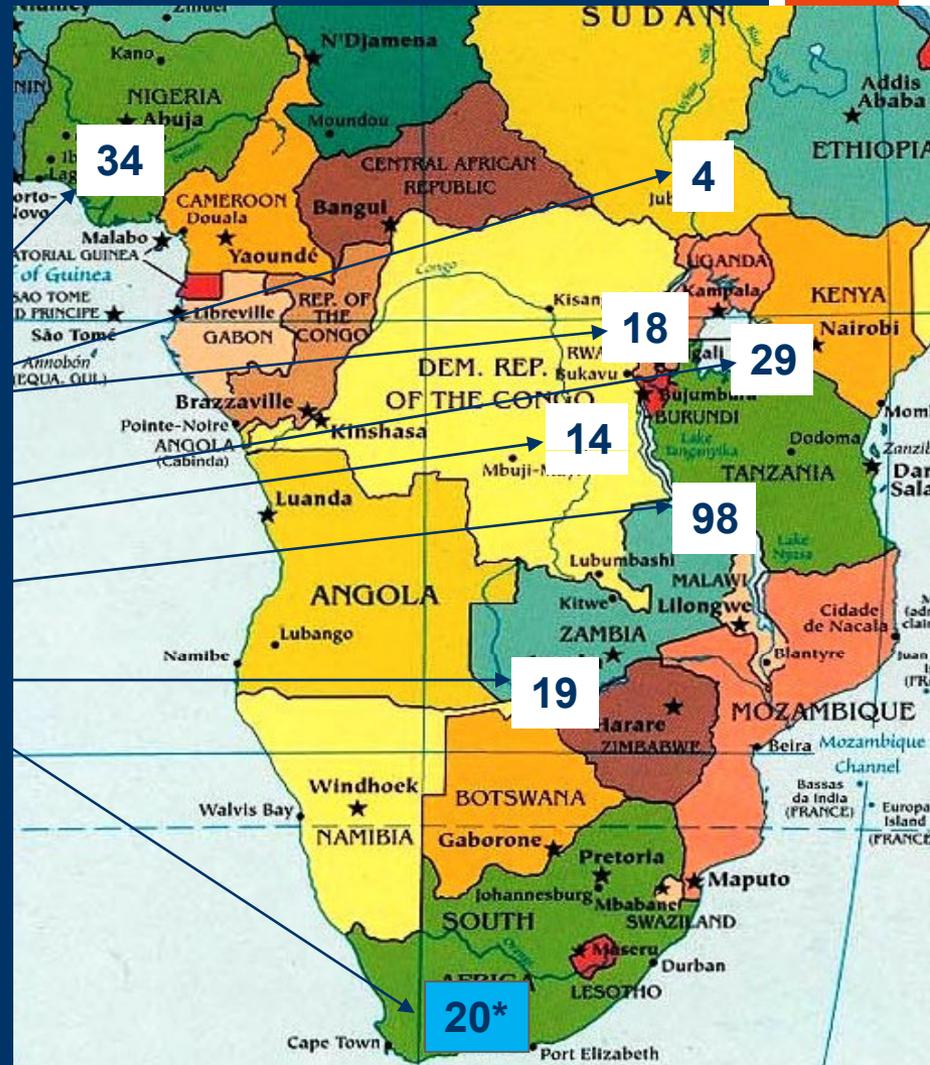
Who is AIDSRelief?

- A consortium of five members:
 - Catholic Relief Services (CRS)
 - Catholic Medical Mission Board (CMMB)
 - Interchurch Medical Assistance World Health (IMA)
 - Futures Group
 - Institute of Human Virology *of the* University of Maryland School of Medicine
- PEPFAR funded through HRSA

Where Do We Work?



**226
Local
Partner
Treatment
Facilities
(LPTF)+ 250
satellite sites**



* The 20 sites in South Africa have transitioned to local leadership.

Statistics as of May 31, 2010

Country	LPTFs	Patients on ART	Pediatric Patients on ART	Cumulative in Care & Treatment
Ethiopia	4	614	100	2918
Guyana	3	894	63	1398
Haiti	7	2373	138	7333
Kenya	29	41766	4921	101650
Nigeria	34	36290	1975	87059
Rwanda	14	2274	337	5740
Tanzania	98	33252	2654	114967
Uganda	18	27110	1218	77267
Zambia	19	33837	2406	78624
TOTAL	226	178,410	13,812	476,956

As of November 2009 at Handover to South African Organizations

South Africa	20	22,241	1,493	70,939
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Local concept with a global impact

■ JACQUES Initiative

- designed to overcome the barriers to optimizing HIV treatment in the urban poor of the Baltimore Metropolitan Area
- Integration of treatment preparation, clinical management and treatment support for long term treatment success
- Highly supportive networks at the induction of treatment
 - DOT, WOT
- 88% retention after 2 years

The AIDSRelief Approach

- Modeled after the JACQUES Initiative
- Maintain the 1st line regimen
 - For a natural lifetime
- Ensure durable viral suppression
 - Building program capacity to support optimal adherence
 - Patient follow up and engagement in care
- Enhance the capacity of the community health treatment supporter to adequately support PLHIV
- Reinforce and fund the community health treatment supporter as a vital therapeutic intervention for continuous community health

How do we do this?

- Regimen Choice
- Treatment Strategy
 - Treat early vs. Treat Late
- Care Delivery System

Using evidence to effect care and treatment

Tiered programs

Retrospective review of patients enrolled in the AIDSRelief program treatment sites between Aug 2004-June 2005.
Loss to follow up (lftu) data was aggregated from the quarterly grant reports.

Programs are tiered according to their particular components

Tier I

Adherence Counseling only
Prior to Starting ART

Tier II

Adherence counseling
plus a structured
treatment preparation
plan*

Tier III

Tier I *plus* Tier II *plus*
home visits
conducted by
community health treatment
supporters*

Tier IV

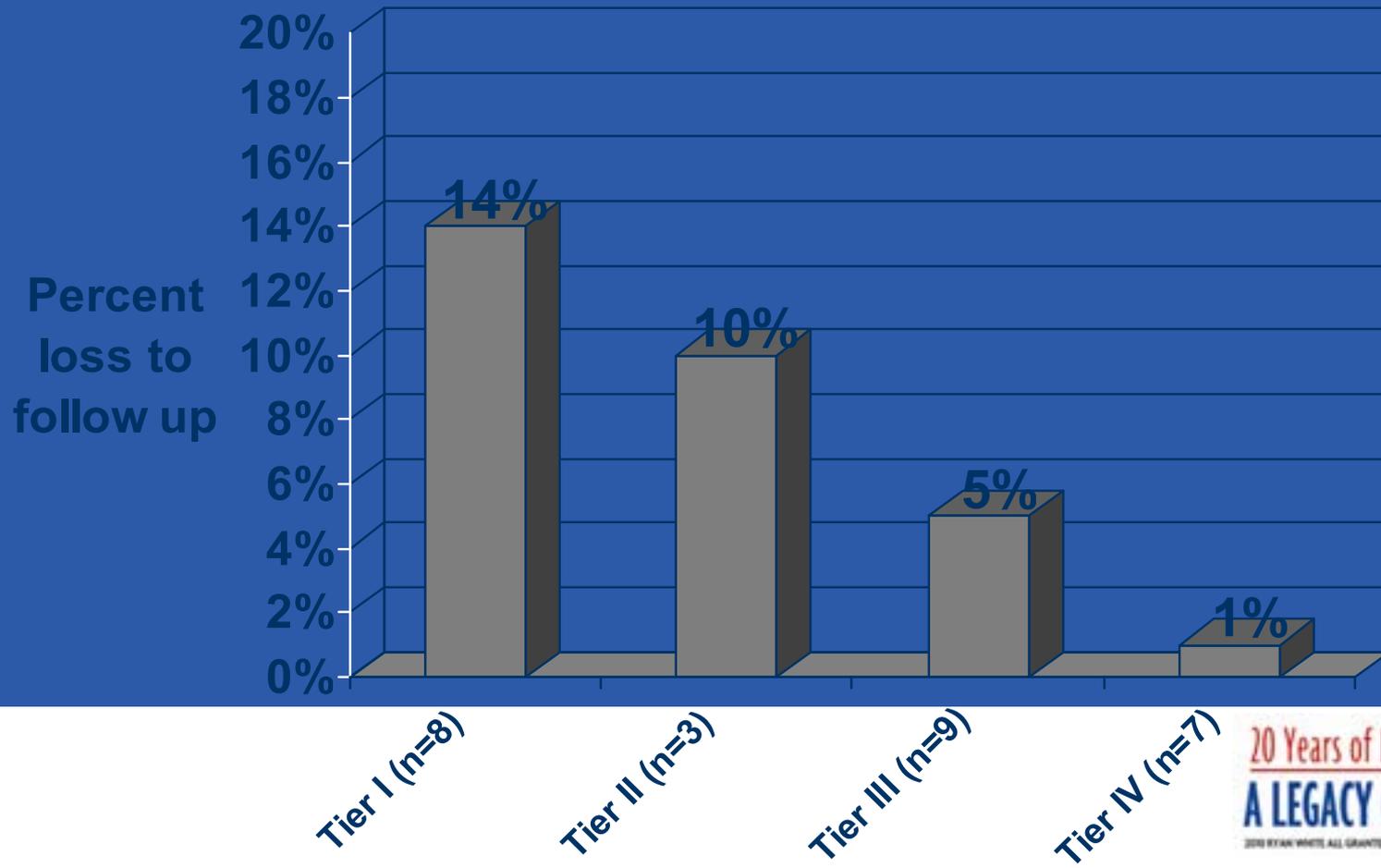
Tier III *plus*
Use of community health
nurses
to provide supportive
supervision
to the Tier III staff
in the field

*This is developed by the site
with specific guidelines from AIDSRelief

Adherence Support and Percentage Loss to Follow up within first 12 months of AIDSRelief

Guyana, Haiti, Kenya, Nigeria, Rwanda, Tanzania, Uganda, Zambia

Etienne, M., Hossain, B., Burrows, L., Redfield, R., Amoroso, A.; 2010. Situational analysis of varying models of adherence support and loss to follow up rates; findings from 27 treatment facilities in eight resource limited countries. *Tropical Medicine and International Health* vol 15 suppl. 1 pp 76-81



20 Years of Leadership
A LEGACY OF CARE

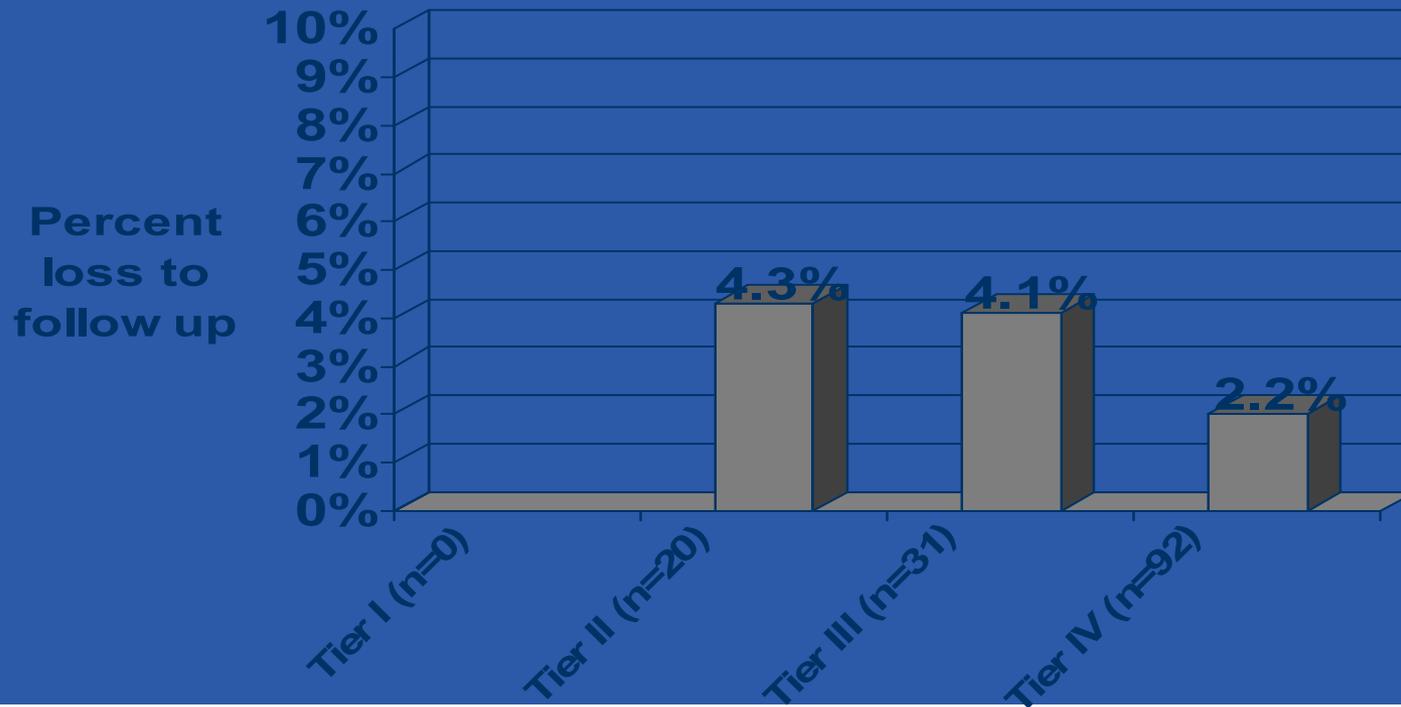


2010 RYAN WHITE ALL GRANTEE MEETING AND 10TH ANNUAL CLINICAL CONFERENCE

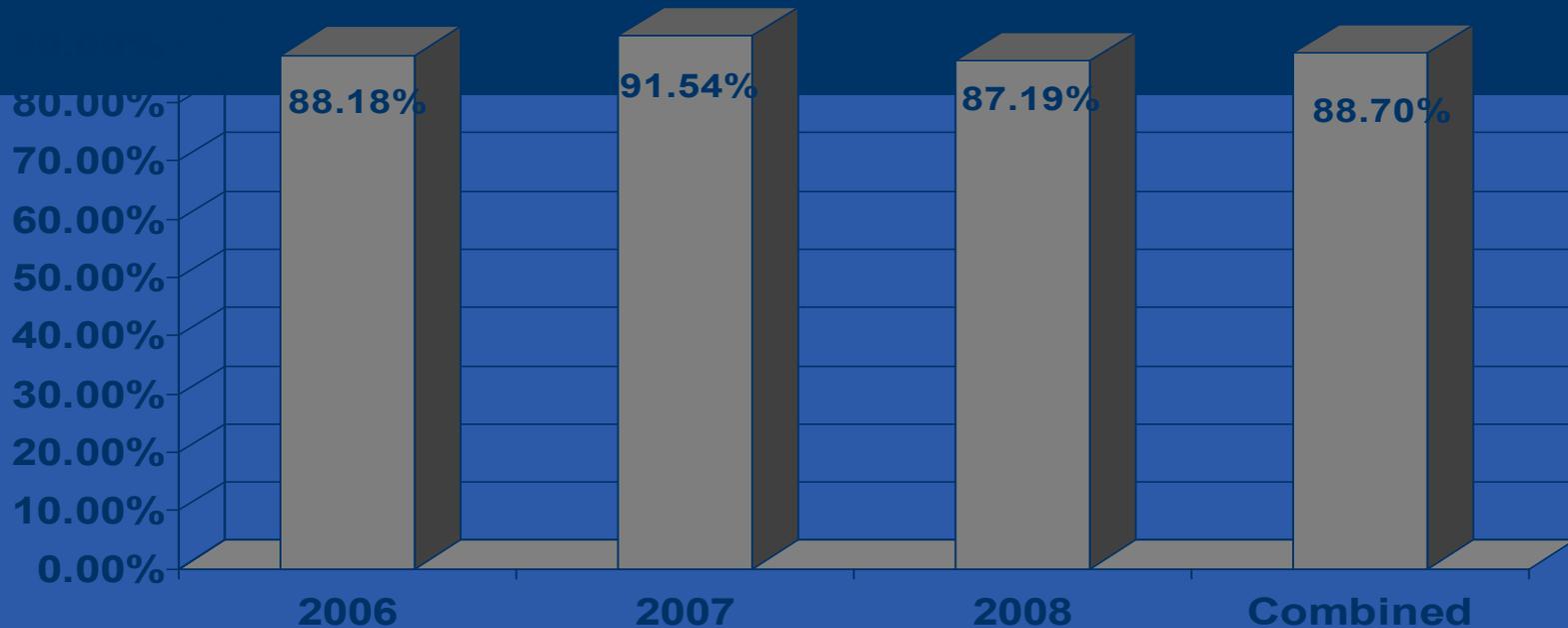
- The use of trained community treatment supporters decreased loss to follow up from 10% to 5%
- Addition of supportive supervision of the community health nurse further decreased ltfu to 1%



Tiered Programs and Five year follow-up



On Treatment Viral Suppression in Randomly Selected Patients 2006 - 2008



Year	2006	2007	2008	Combined
Total Sample	n= 863	n= 2140	n= 3161	n= 6164
Number of Countries	3	5	3	6

CD4 at ART Start and Active Status in Patients Randomly Sampled through the Quality Improvement Program 2006 - 2008

CD4 baseline	Active		LTFU		Dropped Out		Transferred		Deceased		TOTAL
	Count	%	Count	%	Count	%	Count	%	Count	%	
<50	605	71.26%	45	5.30%	36	4.24%	9	1.06%	154	18.14%	849
50 - 100	666	77.17%	47	5.45%	21	2.43%	19	2.20%	110	12.75%	863
101 - 200	1420	86.53%	58	3.53%	31	1.89%	22	1.34%	110	6.70%	1641
201 - 350	1621	89.81%	74	4.10%	26	1.44%	25	1.39%	59	3.27%	1805
>350	880	92.34%	31	3.25%	2	0.21%	14	1.47%	26	2.73%	953
total	5192	84.96%	255	4.17%	116	1.90%	89	1.46%	459	7.51%	6111

Aggregated
LTFU



The framework for successful treatment outcomes includes:

- Integrating the health facility, the patient and the community
- Initial and continuous highly intensive treatment support
 - Patient and family structured treatment preparation and education
 - Engaging the patient's community through C&T, addressing general community health issues that impact patient adherence



The framework for successful treatment outcomes includes:

- Managing loss to follow up
- Early identification and referral of OIs
- Increased capacity of side effect identification and management in the home and community
- Through increased engagement and capacity of the community treatment supporter

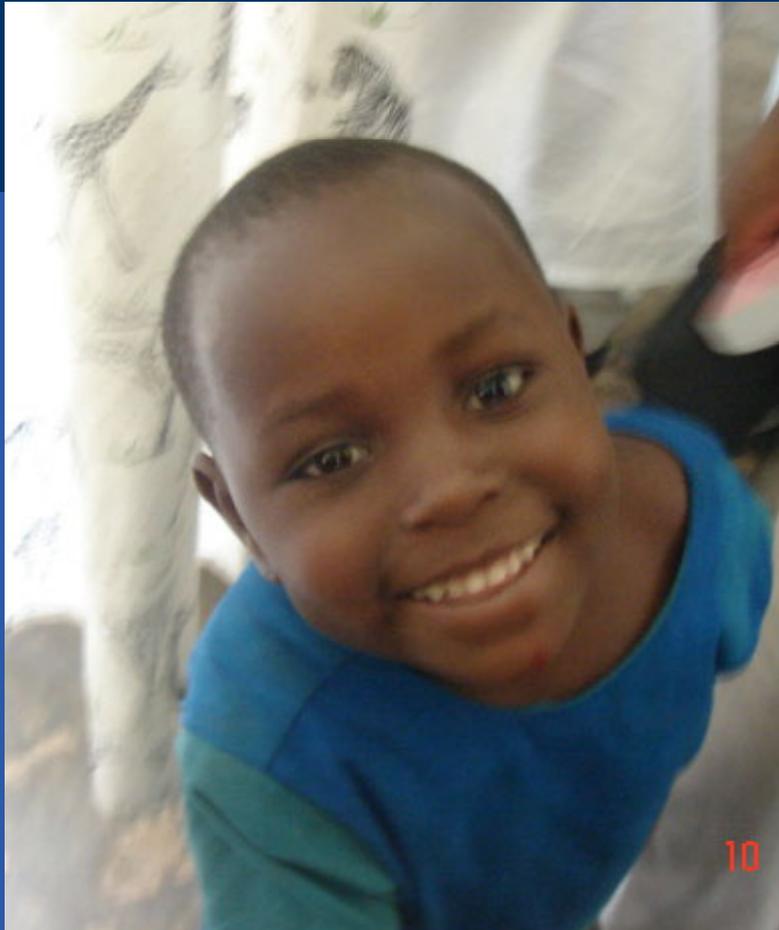
Patient and family Knowledge

Access to trained health care providers

Love and
Community
support



Our goal



Using community
treatment support
workers as a vital
therapeutic
intervention

Thank You

