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**ART ADHERENCE: challenges and
successes**

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Results of Consultant Report by CAFOD

The CAFOD consultation was carried out by CAFOD with partners and other organizations in March 2008. The information is from the CAFOD Report of that consultation.

- Cambodian Partners: HACC, SCC, Caritas, CHEC, Maryknoll Sisters (Cambodia), Seedling of Hope and Bridges of Hope project (Cambodia), Catholic Relief Services (CRS)
- Other countries: Uganda) Kenya, Zambia, Mozambique, Nigeria, Ethiopia, Brazil, Malawi, Bangladesh, Bolivia, Senegal
- Contributions from other organizations: TROCAIRE, CORDAID, Trocaire C.A.S.S (Cameroon) with Secours Catholique, Misereor,

1. Impact of ART

http://www.aidsportal.org/Article_Details.aspx?ID=8045

2. Adherence report

http://www.aidsportal.org/Article_Details.aspx?ID=8082

1. Adherence : What is it?

Taking doses of drugs and sticking to the treatment plan:.

- the correct dose of drugs
- at the correct time
- in the correct way
- looking after drugs to make sure they are safe and effective to use.

What it does if used correctly

- Allows immune system to recover so illness is reduced and health and quality of life can be regained.
- Required >95% adherence for ARVs to be effective and,
- To prevent the emergence of resistant viral strains.
- This means missing no more than three doses a month for a twice daily regime, and maintaining that level of adherence year after year.

Results of Poor Adherence

- More OIs
- Higher risk of drug resistance
- Need for second line drug treatment.
 - More difficult to administer,
 - Can be ten times more expensive than first line drugs.
- Problem for sustainability of ART in resource poor countries.

Objectives

- To find out more partners' experience at community level both urban and rural locations.
- To learn from how partners they are trying to address adherence within their programs.

Methodology

- An initial questionnaire: 30 respondents partners.
- Three in-depth telephone interviews with partners in Nigeria, Tanzania and Malawi.
- Face to face interviews with parnters in Cambodia.

Factors supporting adherence

The three most commonly identified factors supporting adherence were:

- Ability to disclose within the family linked to a supportive family and community environment
- A strong support groups of PLHIV, both as self-help and as counselors.
- Food security and nutrition

Other Factors Supporting Adherence

- Humanized care in health services
- Giving adherence talks at each visit
- Early detection a poor adherence
- Be pro-active in targeting the dropped at earlier stage.

Supporting Factors (cont)

- Initial rigorous 'adherence screening'.
- Decentralization of services.
- More targeted and focused approach for specific vulnerable groups.
- Income generating activities.

Key Challenges to Adherence

- Stigma & Discrimination is main barrier for all regions.
- Feeling better is the challenging time.
- Fear of disruptive nature of the ART supply and its sustainability.
- Mental health issues: depression and hopelessness.

Other Challenges

- Distance to the drug collection centers.
- Difficulty of transportation and lack of funds for transportation (particularly an issue in rural areas).
- Long waits for treatment.
- New centers causing clients to have to switch treatment providers

Challenges (cont)

- Migration
- The side effects of treatment
- A lack of availability of a single dose treatment.
- No availability of second line drugs
- Misinformation

Gender Differences

- Unclear picture about the differences experienced by men and women and adherence to treatment as data not always disaggregated.
- The main program experience from the majority of organizations is:
 - ❖ Women are seen to be much better at adhering to treatment
 - ❖ Men are generally less likely to want to be open about their status.
 - ❖ In some countries women are excluded from obtaining treatment for cultural reasons.

Children and Young People

- Lack of disclosure to children of their status and therefore the difficulty of explaining to children the use of medication.
- Inadequate skills for counseling children
- Difficulty of working with guardians or other relatives.
- Lack of pediatric formulation

Adolescents

- The issue of sexuality for adolescents
- Difficulty of taking medication in school/institutional settings
- Not wanting to be different from their peers
- Less willing to disclose their status
- Violence

5. Suggested Approaches

PLHIV can play a key role:

- Strong support groups
- Adherence counselors and monitors
- Buddies
- Advocacy work
- Valuable change agents

Approaches (cont)

- Need to address both hunger and nutrition.
- Moving from individual to family-centred care
- Detecting early defaulters
- Developing child-focused services.

Approaches (cont)

- Promote good monitoring systems, early detection of defaulters and better targeting of services, disaggregated by sex.
- Promote provision of skilled, decentralized services, affordable and easily accessed by women, men and children.
- Support initiatives that tackle stigma and promote disclosure within family and local community

Approaches (cont)

- Provide for the specific needs of children and of adolescents, and also of the guardians of both
- Support short- and long-term initiatives that pursue food security and improved nutrition
- Identify how economic empowerment can be pursued in specific circumstances
- Coordination between different services