

Five-year of antiretroviral therapy in a resource-constraint area – lessons from South Africa

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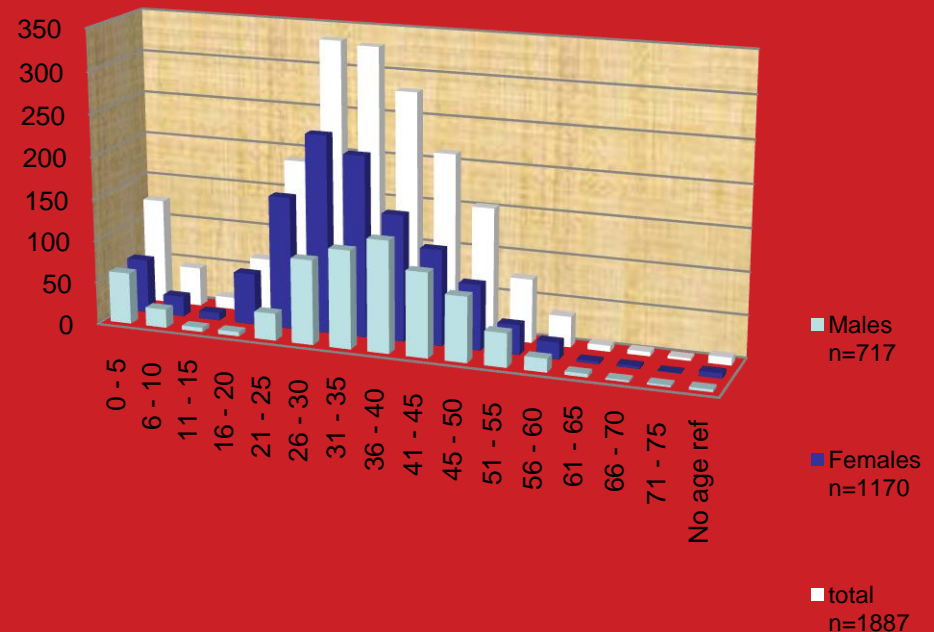
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Background

- After 5 years of anti-retroviral (ART) roll-out in South Africa, the Minister of Health decided that TB/HIV integration needs to be effective at all levels of care. Provision of ART is mainly a hospital-based activity while TB treatment is a primary health care (PHC) function.
- The HIV and AIDS Prevention Group (HAPG) was first to start ART roll-out and integrated TB/HIV care at PHC level in Limpopo Province as from October 2004.

Wellness CLinic Population by age group 2004 - 2009



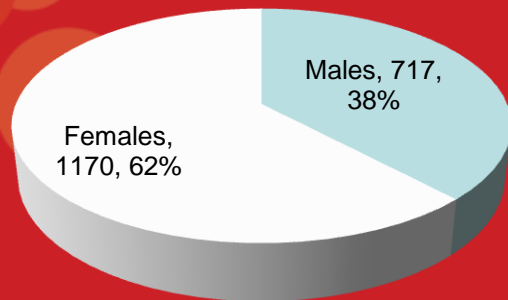
Methods

- The HAPG was funded by multiple donors interested in various aspects of the programme. National ART guidelines were adhered to. Patients on ART participated in support groups. Various medical specialists were involved.



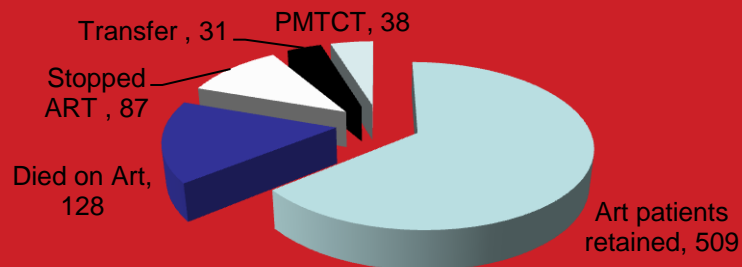
Results

**Registrations 2004 – 2009 by gender
total patients 1887**



- Registrations on the wellness programme: 1887 (1170 females) till December 2009.

**HAPG patients introduced to ART
between
2004 - 2009 (n=793)**

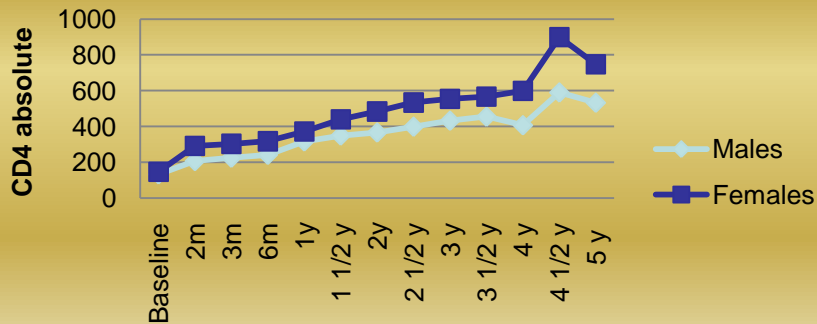


- After completion of adherence counselling 793 patients started ART (517 females) as by end of December 2009. Of patients who received ART: 509 were doing well on ART, 128 died, 31 transferred out, 87 stopped ART and 38 were PMTCT.

Patient outcomes for the adult population in the programme

Period 2004-2009 - CD4 Absolute Adults

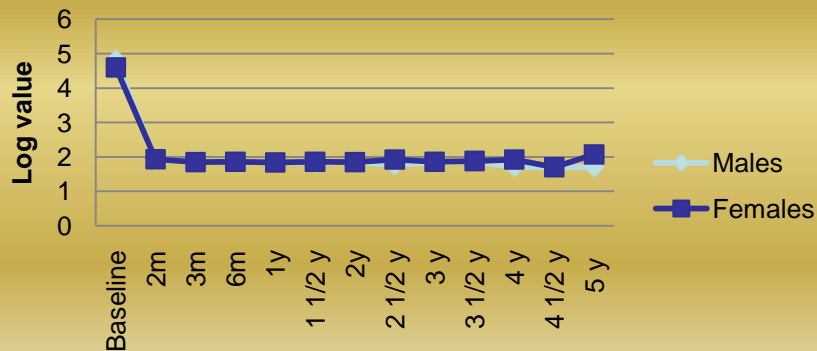
M n=147, F n=304



- Patients responded well to ART as evidenced by their CD4 count, viral Load and weight.

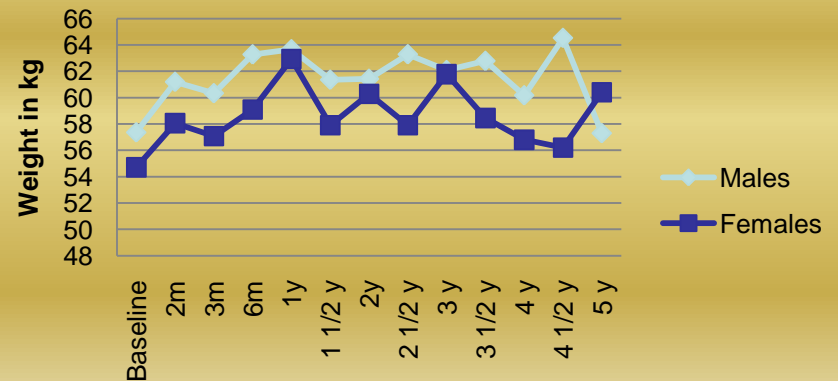
Period 2004-2009 - Log Viral Load Adults

(M n=147, F n=304)



Period 2004-2009 - Weight Adults

M n=147, F n = 304)

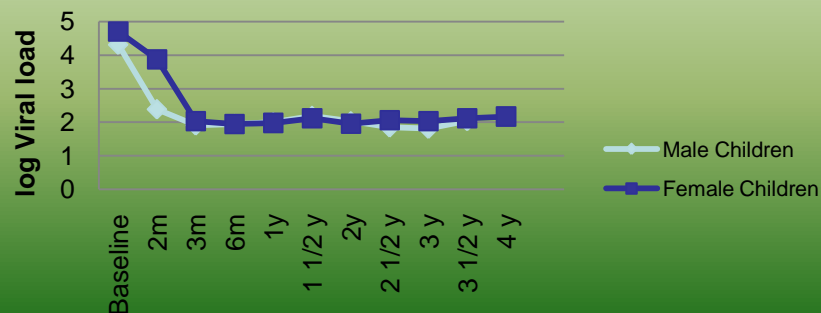


Treatment outcomes children

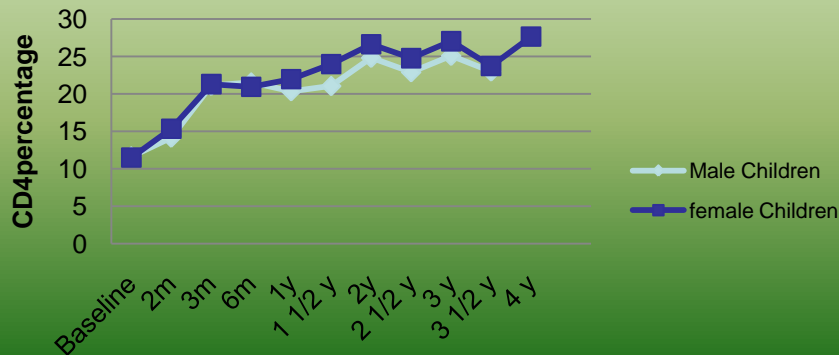
Children on ART were 74 (39 males).

As several children had reached the age level(16y) they had to move to the adult group by the end of 2009. Their results have been removed from the children's group and are included with the adults.

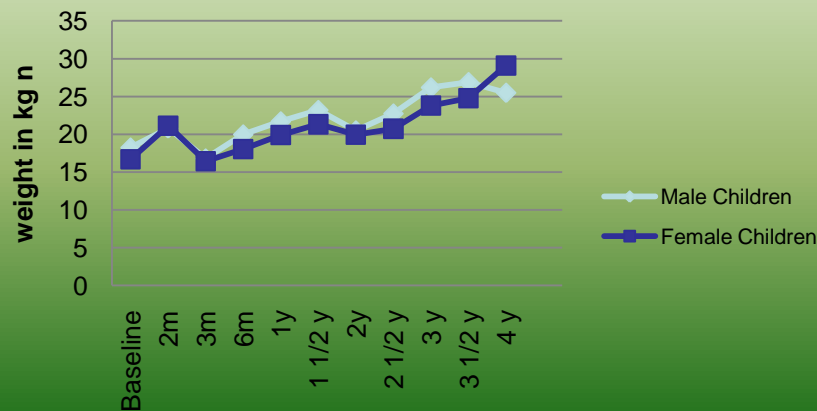
Period 2004-2009 Log Viral Load - Children
(M n=25, F n=28)



Period 2004-2009 CD4 Percentage - Children
(M n=25, F n =28)



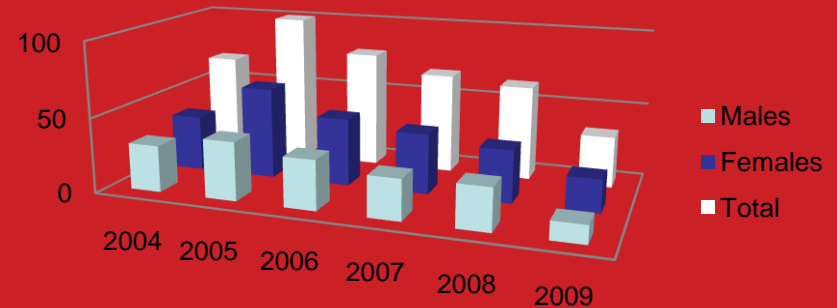
Period 2004-2009 Weight Children
(M n=25, F n=28)



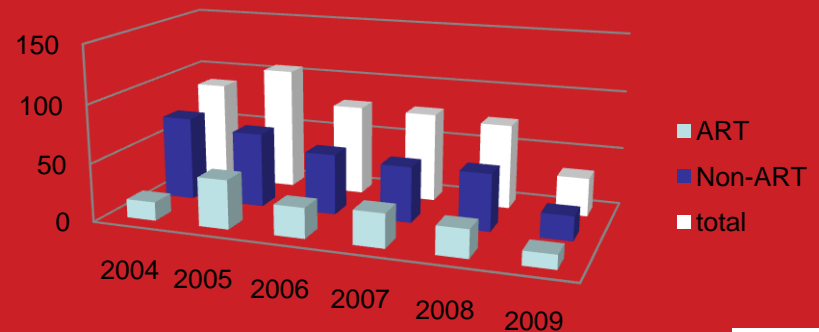
Mortality among registered patients

- Mortality declined during the 5 years.
- TB was the major cause of death.
- Of the patients who did not receive ART: 268 died (154 females).

**Mortality among Registered patients
2004-2009**



**Mortality among Patients on ART
and not on ART - 2004-2009**



Working with support groups

- Patients participated in support groups activities to strengthen adherence and to get a better understanding of the impact of HIV in their body.
- ART patients attended support group meetings for one year at one session a month covering different topics related to HIV and ART.
- Groups were organized for adults, couples and children.
- Sessions for children and their caretakers run concurrently dealing with the same topics at their own level of understanding.

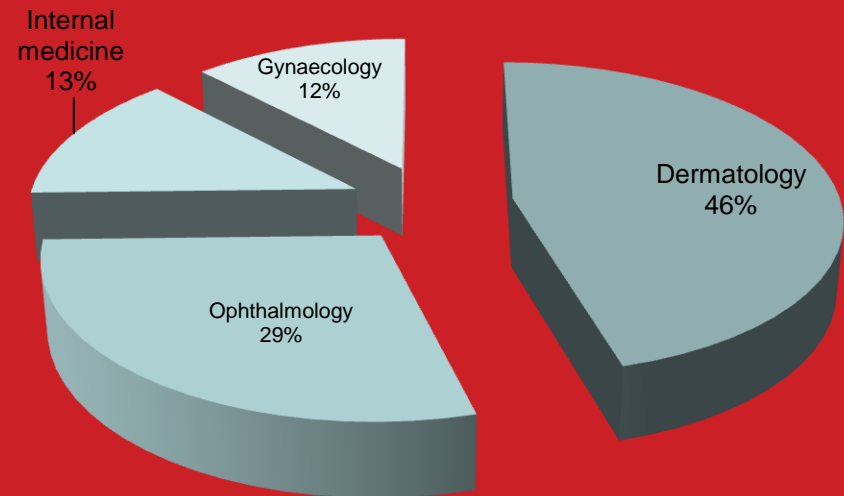


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Preventative aspects and specialized care

- Several preventative aspects such as pap smear, regular eye examination were shown to be beneficial to patients.
- Patients are sent through for specialized medical services by the general practitioners in the program.
Specialists are consulting in the Centre once a month and when necessary on appointment basis.

Patients seen by specialized medical doctors 2006- 2009, n=792



TB and HIV integration

- **Intensified case finding for TB** among HIV patients was practiced: 58% of all patients registered under the programme were diagnosed with TB at some stage.
- As the number of TB patients increased more attention was also given to better **infection control** to prevent further spread of TB in the facility as well as at home during the visits of community care workers.
- Towards the end of 2009 **INH prophylaxis** has been introduced to screened patients.
- The need for integrated TB/HIV services has been observed.

Future planning

- Integration of TB and HIV services in a one-stop service.
- Coverage of all qualifying patients for INH prophylaxis.
- Investigations into the possibility for the provision of Medical Male Circumcision.
- Roll-out of Pap-smear tests to prevent cervical cancer.

Conclusion



- The primary health care level is an ideal place to provide chronic medical care like ART and TB. HIV care needs to be multidisciplinary, comprehensive with a preventative component. Running support groups helped to reinforce adherence. Lessons learned under HAPG may be very useful to other similar settings.