



STRENGTHENING ART ADHERENCE AND RETENTION IN CARE

ART Adherence in Ethiopia

The Government of Ethiopia (GOE) has prioritized the scale-up of antiretroviral treatment (ART) services since 2005. This has greatly expanded the provision of ART at health centers and clinics at the community level, increasing the number of people living with HIV (PLHIV) who have access to treatment. However, PLHIV continue to default from treatment: attrition rates of more than 25% have been observed at both national and regional levels. In response to the ART adherence challenges, NASTAD has collaborated with the Ministry of Health (MoH) and the Federal HIV/AIDS Prevention and Control Office (FHAPCO) to strengthen the ART provision and care and treatment processes and systems at the community level.

NASTAD Approach

NASTAD began engaging in ART adherence initiatives as early as 2005, when it participated in Community Conversations and Community Planning to promote and advocate ART adherence. In 2008, NASTAD convened its first regional Harmonization Meeting at which regional health bureau/HAPCO directors identified the need and requested assistance for more extensive research and intervention in order to improve ART adherence and retention in care at the community level.

Formative Assessment

In January of 2010, NASTAD conducted a baseline assessment of ART retention and adherence in the city and surrounding areas of Arba Minch, in SNNPR. The results of this assessment demonstrated that a number of barriers were contributing to this problem, including:

- Poor treatment literacy
- Large distances between patients and health facilities
- Lack of money for transportation
- Stigma
- Food shortages
- Competing social and household priorities

The research also indicated that the link between the health facilities providing ART and the care and support services was very weak, leading many patients to not seek care and treatment services. In addition, few structures were in place to support patients to overcome the barriers listed above in order to comply with their treatment.

Lastly, the research demonstrated that health bureaus at the woreda, zonal, and regional levels were not regularly investigating and analyzing available data on ART retention and adherence, and therefore did not realize the magnitude of the problem and were not taking steps to address it.

NASTAD

The National Alliance of State and Territorial AIDS Directors (NASTAD) represents the United States' chief state and territorial health directors with programmatic responsibility for HIV/AIDS, viral hepatitis, and associated public health programs. NASTAD's Global Program works to build the organizational and human resource capacity of its HIV/AIDS program counterparts across the world. The Global Program uses a peer-to-peer capacity building framework to enhance local leadership to gather and use data to plan, manage, and evaluate HIV programs.

Evidence-Based Intervention

After the completion of this baseline assessment, NASTAD collaborated with the University of Minnesota to conduct an operational research study in Arba Minch from 2011-2012. An evidence-based intervention was designed, implemented, and evaluated for efficacy, with a view to future replication and scale up.

The intervention utilized *Community Adherence Support Workers*. The Community Adherence Support Workers were recruited by a study manager located at the Arba Minch hospital from the nearby kebeles where the PLHIV's lived, and were trained to:

- Provide education, counseling, and social support to PLHIV
- Refer PLHIV to care, treatment, and support services
- Seek out patients who had been lost-to follow-up
- Identify and work closely with patients who were more likely to be lost to follow-up
- Identify additional barriers to ART adherence and retention

Results

The study in Arba Minch was found to be highly successful. During a follow-up period of 12-15 months, 3 (2%) patients transferred to clinics outside the project area, and 7 (5%) patients died. Of the remaining **132 patients, all 132 (100%)** remained in contact with the CHSW and none were lost to follow-up by the project. This intervention not only increased ART adherence and retention, but it also strengthened the relationships between health facilities and the greater community. It also fostered community involvement in deconstructing the many structural barriers faced by PLHIV.

Scaling-Up in Other Regions

In 2012, NASTAD leveraged its success and lessons learned in Arba Minch to partner with local health offices and scale-up the evidence-based intervention in five additional cities:

- Bahir Dar in Amhara
- Yirgalen in SNNPR
- Jimma in Oromiya
- Fiche in Oromia
- Addis Ababa

NASTAD works with local health offices and other implementing to identify gaps in and barriers in existing treatment adherence support services, and provides support for program implementation, and to monitor for program successes and possible emerging trends or barriers.

Continuing ART Adherence and Retention Research

NASTAD continues to pursue research opportunities on ART adherence and retention throughout the country. In 2012 NASTAD began a comprehensive research project on ART adherence and retention in Fiche, in Oromiya region. The University of Minnesota and NASTAD are also conducting a longitudinal study funded by the National Institutes of Health (NIH) on the effect of Khat consumption on ART retention in two hospitals in Dire Dawa and Harar, where Khat chewing is common.

NASTAD hopes that these studies and research projects will support the GOE's efforts to improve ART adherence and patient retention in care throughout the country.



Fig.1. Community Adherence Support Workers in Arba Minch.

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