

Title- Adherence in Faith-Based HIV Treatment Programs in South Africa

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Introduction

South Africa provides antiretroviral treatment (ART) to more people than any other country in the world. Still only one in five South Africans who need treatment receive it. Many of those in need live in poorly resourced rural-based communities.

The Catholic Church in South Africa has a long history of providing health services in needy communities. In response to the HIV epidemic, these services were expanded to include hundreds of care and support programs. Twenty programs now provide ART. The issue is how adherence has been achieved in these settings.

Description

Catholic Relief Services (CRS), the lead agency of the AIDSRelief Consortium, received funds from the President's Emergency Fund for AIDS Relief (PEPFAR) to support the South African Government's rollout of ART in church service programs. Most are church home-based care programs that hire part-time doctors, outsource pharmaceutical and laboratory services, and rely on community-based volunteer carers to provide adherence training, facilitate support groups, and give home-based follow-up care. Laboratory monitoring includes baseline and six-monthly CD4 counts and viral loads. Viral loads at 6-8 weeks provide an early measure of adherence.

Lessons Learned

As of August 2006, there are 8,571 on ART and 21,171 receiving HIV care. Viral suppression, a marker of adherence was 90% at 6 months. Adherence is the result of good patient preparation carried out by dedicated counseling team in church programs with community trust and support. Over 90% of the adults treated were maintained on government's first line regimen—important because there are only two government approved treatment regimes in South Africa and it is critical to “save” first line as long as possible.

Recommendations

Adherence to ART can be achieved in community-based programs with limited medical resources. Key factors include the trust of the communities, personalized services, and home-based care and support groups. Continued follow-up will be required to determine if adherence will be achieved in the longer term.

Keywords- Adherence, South Africa, Church Service Programs