Promoting Retention in Care: An Effective Model in an Antiretroviral Treatment Service in South Africa

To the Editor—We read with interest the article by Giordano and colleagues [1] regarding the difficulties of retaining HIV-infected patients within care during antiretroviral therapy (ART) in US veterans affairs hospitals and clinics. Despite few financial barriers to treatment, retention in care was poor among a substantial portion of patients, compromising survival probability. The authors highlighted the critical need to develop and implement strategies to improve retention, thereby maximizing the benefits of ART [1]. In the accompanying editorial [2], Cheever described strategies that have been used successfully in other programs in the United States, whereby use of support services resulted in greater engagement of patients in their medical care and enhanced retention.

Retention in care is also a major issue for ART programs in sub-Saharan Africa, where an estimated 1.3 million people were receiving ART by the end of 2006 and a further 3.5 million people were in need of treatment [3]. Although early responses to ART have been found to be generally good in the region [4], rates of loss to follow-up are extremely variable, with reported rates of up to 59% [5]. Many ART clinics are straining under the sheer number of patients. In South Africa, for example, community-based ART clinics with case loads of several thousand patients are increasingly common. As patient numbers grow, clinics become overcrowded and staff are over-stretched, increasing the challenge of patient retention. Lack of human resources greatly amplifies the problem.

We have previously reported on a community-based ART service in a poor peri-urban township in Cape Town, South Africa [6, 7]. In the past 4.5 years, >3000 patients have enrolled for treatment, requiring rapid expansion of clinic space and manpower. Despite the major logistical challenges, patient retention and outcomes to date have not been significantly compromised [6]. Rates of plasma viral load suppression (defined as an HIV RNA level <400 copies/mL) have remained >90% at each follow-up time point (follow-up, once every 4 months) [6], and the rate of loss to follow-up is <5% per year [7].

Many variables are likely to affect the patient retention rate, the most important being provision of medication free of charge. However, we believe that the peer therapeutic counselor system in place as part of this ART service is also critical. Each new patient who enrolls at the clinic is allocated to a peer counselor who lives in the same area. Most counselors are themselves living with HIV infection or AIDS and receiving ART. Through group sessions and individual home visits, the counselors educate the patients, provide ongoing counselling support, address psychosocial issues, and reinforce the need for high levels of treatment adherence.

Although it is difficult to objectively quantify the effects of this peer counselor system or to measure its cost-effectiveness, the benefits to patients appear to be substantial. Furthermore, the counselors earn a small salary from funds generated in part through charitable means. When patients train as counselors, they thereby acquire gainful employment, as well as dignity, self respect, and a great sense of pride as they serve their own community. Similar to the effect of support services described by Cheever [2], this system provides an extremely effective means of engaging patients, leading to high rates of retention in care and off-setting the need to recruit further qualified health care personnel. This is a win-win solution for patient retention in the face of a human resources crisis in Africa.

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References


Lack of Cross-Hepatotoxicity between Voriconazole and Posaconazole

To the Editor—A patient with intracr-