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Partners In Health Services Improve Retention of HIV Patients in Rwanda

Background

When HIV-positive patients receive antiretroviral therapy (ART)—another term for lifesaving HIV medications—it is essential that they take the drugs exactly as prescribed. If patients fail to do so, they risk developing resistance to the medications, and their health may suffer as a result. In settings of extreme poverty, it is difficult to keep patients actively engaged in HIV care. The conditions of poverty often serve to isolate HIV patients and make it difficult for them to travel to medical appointments and get medical attention when needed. Providing community health workers, social supports, and comprehensive health care keeps HIV-positive patients engaged in care and improves their health outcomes.

Examining the Status Quo in HIV Care

Many HIV programs in poor countries provide medical care at health centers, but do not provide care in the community to support patients during the time between medical visits. HIV care is only delivered at medical facilities, so patients must travel long distances for check-ups, blood tests, and medication refills. If patients experience medical complications at home, they must travel to the hospital for follow-up care—a difficult proposition for the rural poor, for whom travel is costly and burdensome. These patients may fall out of medical care and be at risk for poor health outcomes.

Innovating at Partners In Health: Community-Based Services Achieve Positive Results

Partnering with the Rwandan Ministry of Health

Rwanda's Ministry of Health (MOH) conducts a National HIV Program that has achieved some of the best patient outcomes ever reported globally. During the past 10 years, mortality associated with HIV fell by 78 percent in Rwanda—the highest reduction in the world over the past decade.¹

1. Farmer et al. BMJ. 2013.

About the Center for Global Studies

The Center for Global Studies globalizes the research, teaching, and outreach missions of the University of Illinois at Urbana-Champaign. Since 2003, the Center has been designated as a National Resource Center in Global Studies under the Title VI grant program of the U.S. Department of Education.

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About Partners In Health



Partners In Health (PIH) was founded in 1987 in Boston by Jim Kim, Ophelia Dahl, Paul Farmer, Todd McCormack, and Thomas J. White to support activities started in Haiti.

The PIH mission is to provide a preferential option for the poor in health care. By establishing long-term relationships with sister organizations based in settings of poverty, Partners In Health strives to achieve two overarching goals: to bring the benefits of modern medical science to those most in need of them and to serve as an antidote to despair.

PIH draws on the resources of the world's leading medical and academic institutions and on the lived experience of the world's poorest and sickest communities. At its root, the PIH mission is both medical and moral. It is based on solidarity, rather than charity alone.

When PIH patients are ill and have no access to care, the organization's team of health professionals, scholars, and activists will do whatever it takes to make them well—just as they would do if a member of their own families were ill.

For more information about Partners In Health, visit: <http://www.pih.org/>

Partners In Health (PIH) works with its Rwandan sister organization, Inshuti Mu Buzima (IMB), to support the MOH's National HIV Program in three rural districts. PIH/IMB's community-based services are designed to complement the facility-based care provided by the MOH. PIH/IMB delivers community-based care in two rural districts, where many HIV patients live far from their nearest health center.

Delivering the PIH/IMB Model of HIV Care

PIH/IMB's services are built on a strong foundation of community-based care delivered by community health workers. During daily home visits to HIV patients, community health workers provide social support, monitor health problems, and directly observe the patients taking their HIV medications. If patients need socioeconomic support, PIH/IMB offers transportation assistance, payment of school or health insurance fees, employment assistance, microloans to start a small business, and funding for essential home repairs.

Measuring the Outcomes of PIH/IMB Patients

Two recent studies by the MOH and PIH/IMB researchers examined outcomes among ART patients who received community-based care at PIH/IMB facilities and found that patients in these programs do exceptionally well. The first study described how HIV patients who received PIH/IMB services in addition to facility-based care fared two years after they began treatment.² The study found:

-92.3% of PIH/IMB ART patients were retained in care after two years (across Africa, 78% were retained³)

-5.0% of PIH/IMB ART patients died after two years (across Africa, 9% died)

-2.7% of PIH/IMB ART patients were lost after two years (across Africa, 13% were lost)



A PIH/IMB community health worker visits a patient in his home, ensuring that he takes his medications as prescribed.

2. Rich et al. JAIDS. 2012.

3. Fox MP, Rosen S. Trop Med Intl Health. 2010.

A second study compared ART patients who received community-based care at PIH/IMB facilities to patients who received only facility-based care (as part of the National HIV Program) at other locations.⁴ After one year, ART patients who received community-based services from PIH/IMB were 85% less likely to have fallen out of care and 15% more likely to be on treatment with a suppressed HIV viral load, compared to patients who received only facility-based care. These results suggest that PIH/IMB's community health workers and social services provide an added benefit, helping to keep ART patients actively engaged in care and healthy.

This study also found that PIH/IMB serves a population with a great need for health services, and where many people live far from their local health center:

- 68% of PIH/IMB patients experienced depression (compared to 27% of patients enrolled in facility care only)

- 89% of PIH/IMB patients experienced moderate or severe food insecurity (compared to 85% of patients enrolled in facility-based care only)

- 79% of PIH/IMB patients had to travel more than an hour to access care (compared to 30% of patients enrolled in facility-based care only).

By reaching these rural patients, PIH/IMB ensures that the Rwanda National HIV Program can achieve its goal of universal access to HIV care. These studies demonstrate that the community-based services developed by PIH/IMB and the MOH produce excellent patient outcomes compared to facility-based care alone—even in an already highly successful National HIV Program.

Changing the Practice of Global Health

The PIH/IMB community-based model has played a key role in Rwanda's successful National HIV Program by keeping ART patients alive and in care better than medical treatment alone. As access to HIV treatment expands across the globe, care providers will look to the PIH/IMB partnership with Rwanda's MOH to learn how to integrate community health workers and social support services into HIV care programs. These innovations will improve care for the most poor and vulnerable people living with HIV.

4. Franke MF et al. *Clinical Infectious Diseases*. 2012.

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<http://www.library.illinois.edu/cgs/>

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Lynne Rudasill, for information or
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About the Global Health Initiative at Illinois

The Global Health Initiative at the University of Illinois at Urbana-Champaign is a campus-wide coalition of students and faculty which aims to:

- Coalesce a research community around global health issues on the Urbana- Champaign campus
- Create capacity for future interdisciplinary research on global health issues
- Promote first-hand exposure to global health issues for graduate students and faculty
- Promote progress toward a Global Health Center on the Urbana-Champaign campus

The Initiative pursues these goals through programs that foster interdisciplinary discussion and awareness of global health issues. This includes seminars on campus delivered by global health experts in academia, industry and government. Additionally, we organized an international global health experience with 19 graduate students, MD/PhD students and faculty in January 2012 travelling to Cape Coast, Ghana to observe in health care facilities, discover public health challenges, learn about Ghanaian culture and network with Ghana's research universities. The Initiative strives toward establishing future programs that will provide more international exposure to students and faculty and new curricula in global health issues.

For more information visit: <http://globalhealth.illinois.edu/>

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