

Community ART group system on clinical outcomes of HIV/AIDS care

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Abstract

Statement of the Problem: The number of patients receiving ART therapy seems to be increasing daily. This imposes a burden on both the patients and the health care workers. The patients travel long distances to the health facilities (Decroo *et al.*, 2013:179). This becomes more of a challenge in rainy seasons when they have to cross rivers to get their refills. More transport costs are incurred as they visit the health Centre every month. Patients wait in long queues at the health facility, thus discouraging them to visit the health care facility more often. Health workers have to deal with large volumes of patients and this reduces quality of care. The purpose of the study was to assess the effectiveness of community ART groups on the clinical outcomes of stable patients on ART. **Methodology & Theoretical Orientation:** An observational, retrospective and cross-sectional study was conducted on 512 adults patients served at two primary health care centers in the peri-urban areas of Maseru capital city, Lesotho. The sample consisted of two groups namely those who were on CAGs and those not on CAGs. **Findings:** The majority of people on CAG were found to be virally suppressed and well retained in care. The plasma viral loads for most CAG participants were undetectable and viral suppression was maintained; while those not in CAGs, most of them still had detectable viral loads. Health care professionals reported reduced work load and reduced congestion of patients at the health facilities. **Conclusion & Significance:** Community ART Groups improved clinical outcomes of HIV infection. These patient-led groups provide support to members; assisting them to adhere to medication, thereby enhancing viral load suppression and improving retention in HIV care. Recommendations are that CAGs is an effective system to implement and hence healthcare workers are advised to encourage their patients to join CAGs.

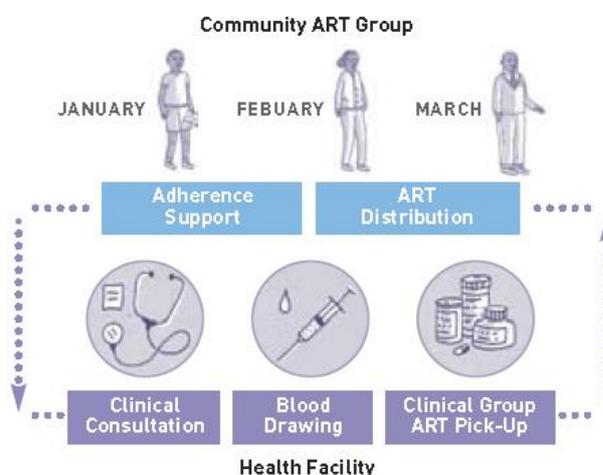


Figure 1: How CAGs work in a CAG group of 3 people



Biography:

Mr. Molungoa Sello is registered with the Lesotho Medical, Dental and Pharmacy Council as a Pharmacist. I am currently the head of pharmacy department; and a pharmacology and therapeutics lecturer for Pharmacy and Nursing students at the National University of Lesotho. My research interests are the clinical management of chronic Infectious diseases (HIV/AIDS and TB); and Non-Communicable diseases prevalent in southern Africa (Hypertension, Diabetes mellitus, Asthma, COPD, Cancers). The research team composed of final year B.Pharmacy honours final years for the academic year 2018-2019 at the National University of Lesotho (NUL), faculty of Health Sciences (FoHS) in the Department of Pharmacy.

Speaker Publications:

1. Bataganya MH, Amanyeiwe U, Roxo U, Dong M (2015) Impact of support groups on people living with HIV

review of literature. Journal of acquired immune deficiency syndrome.68:368-374.

2. Decroo B, Koole O, Remartinez D, Dezembro, S, Biot, M, Laga M (2014) Four-year retention and risk factors for attrition among members of community ART groups in Tete, Mozambique. Journal of Tropical Medicine & International Health, 19:514.

3. Hagey JM, Li X, Barr-walker J, Penner J, Kadima J, Oyaro P, Cohen CR (2018) Differentiated HIV care in sub-Saharan Africa: a scoping review to inform antiretroviral therapy provision for stable HIV infected individuals in Kenya. Journal of AIDS care, 30(12)1477-1487.

4. Mutasa-Apollo T, Ford, N, Wiens, ., Socias, ME, Negussie E, Wu P, Popoff E, Park J, Millis EJ, Kanters S (2017) Effect of frequency of clinic visits and medication pick up on antiretroviral treatment outcomes: a systematic literature review and Meta -analysis. Journal of the International AIDS Society, 20(4).

5. Mwamba D, Thulani R, Hecce M, Roy M, Smith H, Mwenechanya M, Sikazwe I (2018) Community Adherence Groups for Virological Unsuppressed ART- treated patients. Center for Infectious Disease Research in Zambia.

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