Self-formed patient groups successfully manage antiretroviral treatment

CAROLE LEACH-LEMENS

Self-forming groups of patients, that distribute antiretroviral drugs to those on treatment, have proved highly successful in retaining patients in care in Mozambique, and drastically reduced the need for patients to travel to health facilities, according to Tom Decroo and colleagues in a study reported in the advance online edition of the *Journal of Acquired Immune Deficiency Syndromes.*

Responding to patient-identified barriers to care Médecins sans Frontières (MSF) together with patients created a community antiretroviral group (CAG) model. For patients who were stable on antiretroviral treatment this model reduced transport costs and provided an incentive for them to take greater responsibility for their own health and be active partners in health care delivery. It helped to build and strengthen social networks and peer support – important factors in ensuring adherence to treatment.

A four-fold decrease in consultations among patients in CAGs was reported by staff at health care facilities.

The authors note that the initial findings suggest a viable approach to supporting long-term antiretroviral management.

As the numbers of people on treatment and awaiting treatment in low-income countries continue to increase, there is growing concern about how to get and keep people on treatment and in care. Reports show that as many as one-third are lost to follow-up within 2 years of starting antiretroviral treatment.

In Mozambique, as in other high-prevalence countries, the needs outstrip available resources, and an estimated seven-fold increase in health personnel is needed to meet the health needs of the population, note the authors.

They highlight that the long-term success of antiretroviral delivery requires models of care that separate those functions needing trained health care workers from those that do not (giving out medicines). New models also need to address barriers to access and retention in care. HIV, as a chronic disease and not an acute one, must focus on self-management of the disease outside of the clinic setting, they add.

The authors cite the example of many Western countries where self-management is the norm for a range of chronic diseases and has been shown to improve patient outcomes and reduce the burden on health care systems.

Tete Province is in central Mozambique, where approximately 85% of the population live in rural areas. Adult HIV prevalence is estimated to be 13%. Since 2002 MSF has been supporting the health authorities in Tete. In spite of progress in increasing access to antiretroviral services through decentralisation and task-shifting, approximately 1 in 5 on antiretroviral therapy is lost to follow-up, note the authors.

Group discussions between patients and counsellors at MSF-supported facilities identified transport costs, perceived stigmatisation at health facilities and time lost waiting in long queues as the main barriers to retention and care. The Ministry of Health guidelines recommend that patients stable on antiretrovirals need a clinical consultation every 6 months, but antiretrovirals can only be given out on a monthly basis.

The community antiretroviral group was developed so that patients using existing social networks and the pooling of resources would reduce their individual need to travel and queue as well as provide mutual support for adherence and social needs.

CAGs were established in 12 health facilities in 6 districts of Tete Province. Those patients stable on antiretrovirals for at least 6 months were told about the model and invited to form groups. The key functions of the group members included:

- facilitating monthly antiretroviral distribution to other group members in the community
- providing adherence and social support
- monitoring outcomes
- ensuring each group member has a clinical consultation at least once every 6 months.

Group members visit the health centre on a rotational basis so that each member has contact with the health service every 6 months.

Of the 1 384 members enrolled in 291 groups from February 2008 to 31 May 2010, 83 (6%) transferred to another conventional care or another treatment centre because of a change in residence. Of the remaining 1 301 patients in community groups 1 269 (97.5%) were still in care, 30 (3%) had died and 2 (0.2%) were lost to follow-up. The latter two were due to change of residence or social reasons and not related to CAGs or their care.

Future challenges for this model, according to the authors, include supporting health services across the treatment spectrum and among vulnerable sub-groups (children, adolescents, pregnant women, sex workers and HIV/TB co-infected patients).

The authors conclude that these initial findings support the establishment of community-based out-of-clinic solutions, notably for patients stable on antiretroviral therapy, as key in the long-term management of antiretroviral treatment in resource-poor settings.

Decroo T, *et al.* Distribution of antiretroviral treatment through self-forming groups of patients in Tete Province, Mozambique. *J Acquir Immune Defic Syndr.* Advance online edition, January 2011, doi:10.1097/QAI.0b013e3182055138.

Article courtesy of www.aidsmap.com