

Partners In Health/Inshuti Mu Buzima
Community Health Worker Accompaniment Improves Retention of HIV Patients
January 2012

Background: When HIV-positive patients receive antiretroviral therapy (ART) for HIV, it is essential that they take their medications as prescribed. If patients fail to adhere to prescribed drug regimens, they risk developing resistance to the medications, and their health may suffer as a result. In settings of extreme poverty, it is very difficult to keep patients actively engaged in HIV follow-up care, though past studies have shown that providing social supports and comprehensive health care can improve patient retention. However, few studies have examined how community health workers can keep people engaged in HIV follow-up care.

The Status Quo in Global Health: Many HIV programs in poor countries provide primarily facility-based care. HIV care is delivered at hospitals and health centers, which requires patients to travel long distances for check-ups, blood tests, and medication refills. In these programs, patients' progress is only monitored during visits to health facilities. Without engaging people in the communities where they live, problems may arise at home that prevent patients from keeping their appointments for HIV follow-up care.

How PIH is Innovating: A recent study by Dr. Molly Franke, Dr. Michael Rich, and colleagues in Rwanda demonstrates that adding community health worker accompaniment as an element of HIV care improves patient retention and health outcomes. The study examined patients who were enrolled in HIV care at PIH/IMB clinics and received community health worker accompaniment in addition to the Rwanda national model for HIV care.

The PIH/IMB model of care is built on a strong foundation of community-based care provided by community health workers. During daily visits, community health workers provide social support to patients, monitor for health problems, identify potential barriers to treatment adherence, and directly observe the patients taking their medications. Community health workers in this study also accompanied patients to clinic visits for the first four months of treatment, and continued as needed after that period. If patients needed socioeconomic support, PIH/IMB offered transportation assistance, payment of school or health insurance fees, employment assistance, microloans to start a small business, and home repairs. For comparison, the study also collected information on patients in Rwanda who received the national model of care at other facilities that did not offer community health worker support or similar social services.

Patients who received PIH/IMB services *in addition to* facility-based care were more likely to be retained in care (92.3%), less likely to die (5.0%), and less likely to be lost to follow-up (2.7%) after 24 months when compared to patients who received facility-based care only. National data for Rwanda shows 86% of patients being retained in care, 4.6% dying, and 4.9% being lost to follow-up after only 12 months. PIH/IMB's model of community-based care and social support increases patient retention while also keeping patients alive and healthy.

How PIH is Impacting Global Health: Dr. Franke and Dr. Rich have demonstrated that the PIH/IMB community-based model keeps patients alive and in care better than medical treatment alone. As the global health community continues to expand access to ART, PIH/IMB will use this evidence to insist that community health workers and social support be integrated within more global ART programs.