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IMPLEMENTING AN ANTIRETROVIRAL TREATMENT PROGRAM IN A NAIROBI SLUM, KENYA

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BACKGROUND: In 2003, an ARV program was established in Kibera slums, Nairobi, Kenya to develop, implement and evaluate simplified standardized ARV treatment regimens in a community clinic with mid-level providers.

METHODS: We evaluated patients enrolled between 26 February 2003 and 30 September 2004, and analyzed retention in care and response to therapy. Persons were considered to be in care as of 30 September 2004 if they were seen in clinic in the previous 91 days. Person-time was calculated up until the last visit to the clinic, the date they stopped ARVs, or death. Clinical, immunologic and virologic indicators were used to assess response to ARV therapy and adherence determined by 3-day recall.

RESULTS: 186 patients (68% women; median baseline CD4+ cell count, 172 cells/mm³; viral load, 5.16 log copies/ml) initiated ARV therapy with stavudine, lamivudine and nevirapine and were followed for a median of 8.3 months (1,524 patient-months total). The probability of remaining alive and in care at 6 months was 0.89 and at 1 year was 0.84. At one year, the median CD4+ cell count change was +125 cells/mm³ ($n=54$; interquartile range (IQR), 42 - 180), and 49 (67%) of 73 had viral load <400 copies/ml. The proportion of patients reporting 100% adherence over the past 3 days after 1 month of ARV therapy was 95% ($n=148$); 6 months, 98% ($n=111$); and 1 year, 100% ($n=60$). As of 30 September 2004, 159 patients (86%) were still in care, 13 (7%) were lost to follow-up, 9 (5%) were known to have died, 3 (2%) had stopped ARV therapy, and 2 (1%) moved from the area.

CONCLUSIONS: Response to ARV therapy in this slum population was comparable to industrialized settings. With government commitment, donor support and community involvement, it is feasible to implement a successful ARV program in extremely challenging social and environmental conditions.

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