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PEER COUNSELORS AS A STRATEGY TO EDUCATE AND MAINTAIN ADHERENCE LEVELS IN COMMUNITY ANTIRETROVIRAL CLINICS IN SOUTH AFRICA

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INTRODUCTION: The very high adherence levels required for viral suppression are a challenge to the successful implementation of antiretrovirals in South Africa. How young adults living with HIV from the relevant communities can be employed as therapeutic counselors and can collect field data using a cell phone messaging system are described here.

METHODS: 24 therapeutic counselors have been recruited, trained and employed at the Hannan-Crusaid Treatment Centre, Guguletu, Cape Town. Each counselor is assigned patients at screening, perform a home visit and treatment education before initiation of treatment four weeks later, followed by ongoing treatment support and mentorship. Each counselor is given a pre-programmed cell phone linked to a central database and web site. Daily instructions are sent to the counselors via this system and information such as patient visits, well being and pill counts are relayed back.

RESULTS: More than 800 patients have been screened and 550 commenced on treatment. Each counselor has been assigned 30-40 patients, all of whom have agreed. Each counselor reports every contact with a patient via cell phone sms. More than 500 messages are sent via the website monthly. Counselors carry the bulk of the scheduled visits (40 compared with the 8 doctor visits per annum). According to home pill counts performed by counselors, patients take 98% of all doses at 48 weeks. Those patients who have viral loads above 400 copies (6% of the cohort) are commenced on a more intensive visitation program resulting often in a return to full suppression.

CONCLUSIONS: This program shows that untrained HIV-infected individuals can facilitate education and adherence in antiretroviral programs. This may reduce the number of medical visits required whilst rapid personalized intervention may reverse increasing viral loads. The cell phone messaging strategy enhances their work, increasing communication and allowing effective data collection.

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Models of treatment and care in diverse settings

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