

# Improving Adherence To Antiretroviral Therapy In Namibia

BY WONDWOSSEN ASEFA, DAWIT TSEGAYE, SANDRA DALEBOUT, AND EMAN AHMED

Countries around the world are striving to end the HIV/AIDS pandemic by focusing on the “90-90-90 targets” of the Joint United Nations Program on HIV/AIDS. By 2020, 90 percent of people living with HIV will know their HIV status, 90 percent of those diagnosed with HIV will be on treatment, and 90 percent of those treated will have effective viral suppression.

Namibia had a 14 percent HIV prevalence rate as of June 2013, making HIV one of its greatest public health challenges. Treatment adherence among those diagnosed with HIV has been sub-optimal: Only two-thirds of those who began antiretroviral therapy (ART) in 2012 were still on treatment twelve months later, and of those who received ART in 2012, only 7.3 percent were adhering at least 95 percent of the time.

Project HOPE and its partners began implementing the five-year Namibia Adherence and Retention Program (NARP) in June 2013, funded by the President's Emergency Plan for AIDS Relief (PEPFAR) through the US Agency for International Development (USAID)—Namibia, to help the Ministry of Health and Social Services improve adherence to ART. Increasing adherence induces viral suppression, resulting in higher survival rates, decreased risk of transmission, and improved quality of life.

The Ministry of Health and Social Services had been using an electronic dispensing tool at pharmacies to dispense antiretroviral medicines and monitor adherence. However, the ministry



Lucia Shilyaambeleni and George Ngesheya, two Project HOPE Namibia community health workers, follow up with patients who missed their last clinic appointment.

lacked the resources to track patients who missed appointments and bring them back to care. This gap was filled by NARP, with more than 10,500 patients (96 percent of those identified as “defaulters”) successfully traced over two years. The achievement represents the project's strong contribution toward achievement of the third 90: improving adherence to ensure viral suppression.

In 2014 NARP trained community health workers to use the electronic dispensing tool to rapidly trace patients who missed appointments or were late picking up their medication. The workers also took steps to improve adherence to medication—for example, through appointment reminders. Community-based volunteers also help, following up as needed with patients to encourage them to return to care, educating them on the importance of medication adher-

ence, and referring them to other services to address barriers to adherence. Patient information from NARP is shared with health facilities and the ministry to aid in decision making.

Over half (5,600) of the patients traced using NARP have resumed treatment. An additional 1,454 patients were being treated in a hospital or other facility in a different location. Thus, 67 percent of patients were still receiving care in the health system as of June 2016. Health workers continue to reach out to patients who refused medication (3 percent) or were unable to return to care (4 percent) by offering referrals to alternative treatment locations and other services. The most recent data available for patients who initiated ART in early 2015 show that 75.5 percent of them were alive and on treatment after twelve months—a 13 percent improvement in patient retention since 2010.

Improving the quality of data on appointment “defaulters” and institutionalizing the rapid use of data to return them to care were key to improving adherence to HIV treatment and will continue to serve Namibia in its efforts to achieve an AIDS-free generation. ■

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*Project HOPE, an international nonprofit health organization, has published Health Affairs since 1981. Project HOPE brings “health opportunities to people everywhere” through community education, building capacity of health care providers, strengthening health systems, and delivering humanitarian assistance.*