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 CID, Faculty of Health Sciences, Tygerberg, Stellenbosch University

News!!!

Training Opportunity

The CID as part of SACORE

Southern Africa Consortium for Research Excellence wishes to announce an MSc and PhD training opportunity. SACORE is an initiative for encouraging development in research capacity in Southern Africa, focused on Zambia, Zimbabwe and Malawi, with participation of institutions in Botswana, South Africa and the United Kingdom. This initiative is funded by the Wellcome Trust in London, one of the world's largest medical research charities. Interested MSc and PhD candidates can start working on their CV's, publication lists and motivation letters. **More information regarding this training opportunity will follow soon.....**

Important Publication:

Association of ARV Therapy Adherence and Health Care Cost

Nachega, Leisegang, Bishai, Nguyen, Hislop, Cleary, Regensberg, Maartens. 2010. *Ann Intern Med* 152:18-25

ART adherence predicts HIV disease progression and survival, but its effect on direct health care cost is unclear. In South African HIV cohort, high ART adherence was associated with lower mean direct health care cost, particularly reduced hospitalization cost.

Lectures "HIV as a Family Health Problem" available on the web: www.sun.ac.za/cid

Lectures of the DAAD sponsored international summer school with the title "HIV as a Family Health Problem" hosted by the CID during December 2009 is available on the CID website. The main themes were 1) Co-infection 2) Pharmacokinetics 3) Public Health 4) Reproductive health and PMTCT 5) Prevention and Control.

The 2010 summer school as part of the collaboration with Germany and Lesotho will be hosted by the Lesotho partner during September 2010. Medical Registrars can start working on their CV's, publication lists, a motivation letter and a letter of support from their Head of Department to apply for sponsorship to attend this 10-day training in Lesotho. More information will follow soon.

Spending More to Save More: Interventions to Promote Adherence

Editorial: Bangsberg & Deeks. *Ann Intern Med*, 2010. 152:54-56

Medicine often balances patient and population interest. Resource-rich areas, such as the US, often focus on maximizing benefit for the individual patient, whereas resource-limited settings, such as sub-Saharan Africa, often focus on maximizing population benefit. Adherence to ARV therapy among persons in resource limited settings is at least as good as in resource-rich regions. Successful Adherence in poor regions is particular striking, considering the additional structural and economical barriers e.g. transport cost and opportunity cost being away from income or food production.

Nachega *et al.* demonstrated that adherence behaviour, disease outcomes, and health care use do not necessarily conflict and provide convincing data indicating that increasing resources to enhancing HIV-infected patients' ARV adherence is associated with substantial cost savings for the entire public health system. It is estimated that improving adherence, decreases the mean total cost of medical by \$85(interquartile range, \$41 to \$116) per month. This is an underestimation, because these calculations did not include the social benefits of restoring health and economic productivity.

The next step is to determine how best to allocate resources to promote adherence and realize these benefits. Bangsberg and Deeks suggested the following approaches:

1. Community-level interventions to reduce structural, economic and stigma-related barriers:
 - a. Increase local access within villages to free ARV therapy will lessen the structural and economic barriers.
 - b. Stigma leads to depression and isolation. Overcoming stigma is one of the most powerful determinants of adherence
2. Patient-level interventions delivered to all persons receiving HIV treatment
 - a. Education and counseling
 - b. Telephone calls and electronic reminders
 - c. Nursing home visits and community-based treatment partners
3. Patient-level interventions that target persons with objectively defined suboptimal adherence is probably the most justified to best use resources, because many patients in resource limited setting have good adherence without intervention. Novel real-time approaches that can detect adherence problems before irreversible harm has occurred, is required.

