

Experiences with ART Adherence Counseling at Muhimbili National Hospital in Dar Es Salaam, Tanzania
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Background: In July 2004, the Tanzanian Ministry of Health initiated a pilot care and treatment program at the Muhimbili National Hospital (MNH). The pilot program was designed to inform the national scale-up of antiretroviral therapy (ART). The goal of the pilot program was to initiate 1,300 patients on ART over a period of three months. We report our initial experience in offering adherence counseling to these clients.

Methods: Clients were seen at the MNH HIV/AIDS clinic from July 2004 to October 2004. All eligible patients were offered ART adherence counseling prior to therapy initiation and thereafter at every re-fill appointment. ART was initiated only after both the counselor and client having been satisfied with the readiness of the client to start therapy.

Assessment of degree of adherence was by self-report as well as pharmacy re-fill performed quantitatively, while patient's attitudes to the exercise and problems associated with offering adherence counseling were ascertained using qualitative methods.

Results: By 30th September 2004, 1,286 patients were enrolled in care and 881 patients were put on ART having undergone adherence counseling. More than 65% of the enrollment occurred in the first eight weeks of the pilot program, indicating strong demand for HIV care and treatment services among people living with HIV/AIDS (PLWHA) in Dar es Salaam. By the end of October 2004, a total of 1655 patients were in care and 1,172 (70.82 %) on ART. Patients on ART included 59% women, 31% men, and 10% children. The loss to follow-up rate was 11%.

Overall, clients reported good satisfaction with the quality of care offered at the clinic, and 85% of clients demonstrated good understanding on issues pertaining adherence to ART. At follow-up, it was noted clients achieved 95% adherence with ART. However, long client waiting-times emerged as a significant problem when the clinic caseload exceeded 100 visits per day.

Conclusions: The achievements and experiences of the MNH ART clinic showed that good adherence is possible in a resource poor setting with extreme staff shortages and should be started early before initiation of ARV therapy. However, as such programmes scale-up, they should be prepared to face up huge practical challenges.