

The National AIDS Program: Providing Treatment for people living with HIV Part 1

BACKGROUND TO HIV TREATMENT IN TCI

In 2002 one of the questions I still being asked was, why are people still dying of HIV in the Turks and Caicos when drugs were available to keep people alive. Discussions started then to help provide HIV/AIDS antiretrovirals to residents who were eligible for treatment. Before then medication was quite expensive and our alternative was a research program at the University of Miami. While several persons were able to benefit from treatment and a longer life there, any long term plans were not feasible. This was a very expensive program and the client had to be away for weeks or even months at a time. Being away from family and friends was an added stress to most and many could not keep up with treatment.

PROVIDING FINANCIAL SUPPORT:

The possibility of treatment locally became possible as a result of the rapid falling prices of HIV drugs globally. The Clinton Foundation led by former president of the United States William Clinton negotiated

significant price reductions that offered third world countries the opportunity to provide medication to as many that need it. Providing anti-AIDS medication is now a high priority for the government of the TCI and already human and financial resources have been committed to ensuring a high standard of care to those living with HIV.

The government now provides 100% of the funds needed for medication and support services in country. Thankfully it now costs less than \$250 to treat one person, one reason for this drop in prices is the competition between pharmaceutical companies which has been fuelled by the production of generic drugs. A generic drug is a copy of a brand name drug made by another company. They are just as effective but are often less expensive. Fortunately in the TCI treatment of generic brands are afforded to those needing treatment along with the supportive tests that are needed to ensure that the client is being managed adequately.

Apart from this

medication to treat opportunistic infections are also made available without charge to the client in the public sector. In many countries cost is a prohibiting factor and many fail their treatment regimens because they cannot afford the drugs or the cost of the clinical tests.

COUNSELLING AND TESTING

Any treatment program must provide counseling and testing. The National AIDS Program has trained a number of counselors over the years. Apart from that we have recently begun using a counseling and testing protocol which ensures that at all sites where testing is conducted, there are trained providers who will help to have the client gain an understanding of what the HIV test means, the consequences of the results, options for treatment and how to develop a plan to reduce health risk to the client and partners.

SELECTION CRITERIA

Patient selection criteria are used to determine who is most

likely to benefit from antiretroviral treatment. Usually the patient must demonstrate that they are able to attend the treatment centre regularly and to adhere to daily medication. It may be necessary, for example, to arrange transport to help people meet these requirements. Also, the treatment program may need to help people to find the support they need to cope with the demands of treatment, whether it be from friends, family or support groups. To help with this we have trained support persons called "Buddies", to work with clients who need additional support. There is now a local network of People Living With HIV these clients meet occasionally to discuss any issues that may be relevant and also embark on small education programs with the general public and other clients as well. All clients must have a CD4 test, which is a test that determines copies of helper cells present in a client's blood. A person who

receives a result of 300 copies or less is eligible for treatment. Those with results over 300 are followed up on a regular basis and are counseled on how to keep themselves healthy.

One major challenge is recruitment of clients to these services; these are done mostly through public awareness campaigns and one on one counseling sessions. However the difficulty continues because of the related problems of stigma and discrimination. Many are reluctant to know their status and even share their status with their family and friends. To help overcome this we are hoping to provide counseling and testing as a matter of routine and continue raising awareness on the need to know your HIV status.

Next week we will look at other issues related to treatment and care in the TCI including nutrition counseling, the availability of trained staff, universal access and changing mindsets about HIV testing.