Background
Large-scale, simplified HAART programs in resource-limited countries have recently started documenting promising outcomes and sharing experiences from programmatic settings.

Objective
This study presents treatment outcomes from a large HIV treatment program in Busia District, Western Kenya.

Setting
- Busia District, Western Province, Kenya (pop. 430,000)
- HIV prevalence rate 12.9% (2001) 7.4% (2003), national average 6.4%*
- MSF supported program started in 2000, HAART started in June 2003
- 90% of patients receive the generic, fixed-dose combination of 3TC-d4T-NVP
- Care is free of charge.

* Source: NASCO, 2004

Methods
- Data is collected for each patient visit using specific MSF-developed software (FUCHIA).
- Survival analysis (life table method) was conducted (SPSS, version 10.0.5).
- Data until 31/05/06 was used in this analysis.

Results
- 1,969 patients started on HAART between June 2003 and May 2006
- 68% were women
- Mean/median CD4 on starting HAART was 142 / 119 (x 10^3 cells)
- 80% of patients were in WHO stage III or IV
- CD4 monitoring at 6 month intervals, no viral load testing.

Survival on HAART:
Overall, 89% of patients were still alive after 24 months of HAART. Most of the mortality on HAART is recorded in the first 6 months after HAART initiation.

Conclusion
This program demonstrates the feasibility and efficacy of providing HAART routinely in a resource constrained setting. Survival at 1 and 2 years after treatment initiation remains high. Most mortality occurs in the first 6 months after HAART initiation. To reduce mortality further, there is a need to start patients on treatment before CD4 levels fall to below 50.

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