



# XVII INTERNATIONAL AIDS CONFERENCE

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## Poster Exhibition

### Track B - Health Systems and Delivery of ART I

#### MOPE0039 - Quality-of-care indicators for international HIV/AIDS care: scaling up beyond the numbers

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**Issues:** Many obstacles have been overcome to improve access to lifesaving antiretroviral therapy (ART) in resource-limited settings, where nearly 2 million people have started on ART to date. However, benefits of ART are realized only by remaining under long-term, uninterrupted treatment. Current success in ART implementation has been largely confined to total numbers of patients started on therapy.

**Description:** Médecins Sans Frontières (MSF) has provided ART for >100,000 patients in 32 countries, often in partnership with national Ministries of Health (MOH). Ensuring long-term, uninterrupted treatment of patients in resource-limited settings is a challenge. To this end, MSF has employed a variety of strategies, including adherence counseling; patient and outcome tracking; stockout prevention; and task-shifting and treatment simplification to enhance the likelihood of patients remaining under long-term ART. In referral areas for our programs, MSF has worked with nascent international donor-supported MOH ART clinics to facilitate coherence and cooperation. In doing so, MSF teams have observed significant challenges that impact on the quality of ART programs and thus the potential health benefits for patients. As one example, in 2006 MSF reviewed 10 national ART clinics, 4 of which were directly supported by MSF, and observed antiretroviral supply interruptions, absent or overworked healthcare providers, and early patient dropout from therapy.

**Lessons learned:** Based on these field-level observations, more needs to be done to identify and act on ART quality-of-care issues in developing countries to ensure patients maximize benefits from ART scale-up efforts.

**Next steps:** Systematic and standardized means of assessing ART programs using core quality indicators beyond total number of patients started on therapy should be established, including survival, retention, frequency and extent of treatment interruption, and measures of adherence. These indicators must drive methodical efforts to improve the quality of care in donor-funded scale-up of ART programs.

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