

Drug Treatment Added to HIV/AIDS Arsenal



A celebratory meal is prepared for patients and guests invited by clinic staff to launch the first HIV treatment program in Rwanda. The Biryogo canteen, run by people living with HIV/AIDS to generate income, prepares and serves lunch to AIDS patients and others referred by the medical center.

KIGALI, Rwanda—The first four patients to receive anti-AIDS drugs contributed by U.S. donors began a course of treatment at the Biryogo Medical and Social Center in Rwanda on February 28 that will last their lifetimes.

In the coming months, up to 250 HIV-positive people in Rwanda and more elsewhere in the developing world will begin to receive treatment, as medical systems to deliver antiretroviral drugs are set up and as USAID expands its efforts under President Bush's five-year \$15 billion Emergency AIDS Plan.

The declining cost of antiretroviral drugs has allowed the Agency to add that therapy into its HIV/AIDS programs, which already include prevention, fighting mother-to-child transmission, and care for those infected and their families. Currently, only 1 percent of HIV-infected people in Africa who need treatment receive antiretroviral drugs.

Treatment sites in Ghana, Kenya, and Rwanda will offer models for antiretroviral therapy to governments and the private sector. Treatment began in Mombassa, Kenya, in May, starting with eight patients, and will scale up to 300 by the end of the year. Ghana secured funds from the Global Fund to Fight AIDS, Tuberculosis, and Malaria to treat additional patients at its sites. USAID will apply the knowledge gained from the pilot projects to introduce antiretroviral treatment in other settings around the world.

In Rwanda, the first of the three countries to dispense drugs, preparations have been under way for a year. The government needed lead time to approve the importation and use of up to six antiretroviral drugs that may be required in a three-drug "cocktail." Rwanda's national medical laboratory staff participated in training, and the Biryogo clinic upgraded

its lab equipment to monitor patients' reactions to the drugs.

Thirty-two Rwandan physicians and nurses learned how to manage all aspects of HIV/AIDS care, including nutrition and treatment of opportunistic infections. French-speaking colleagues taught the fundamentals of antiretroviral therapy, visit periodically for consultations, and remain in contact by email.

The Rwandan medical staff designed an orientation and counseling program for patients, who were asked to choose a "buddy" to help ensure they take their medicine punctually. Clinical experience shows that not taking the drugs as prescribed—either by cutting the dosage or not taking it every day—quickly allows the HIV/AIDS virus to become resistant to the medication.

The staff adopted medical and social criteria for selecting their patients, now numbering 22. The first patients must live close to the clinic and convince the staff they will keep to the strict regimen required. The first four patients who started in February are a 20-year-old student and three widows—who care for their own children as well as several orphans of the 1994 war and genocide.

Thus far, the patients have experienced only minor side effects, such as headaches and nausea. All have been very disciplined about taking their medicine. At first, they checked in with the clinic daily, but now they only need to check in every other week. In a few months, they should feel better and more energetic—more able to cope with their lives and responsibilities.

Treatment will expand rapidly under the President's Emergency AIDS Plan. The plan, signed into law on May 27, could lead to treatment for up to 2 million HIV-infected people. ★