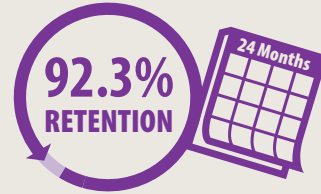


Health Communication Makes an Impact on

The HIV Continuum of Care

Community Support and Enhanced Counseling Saves Lives

In Rwanda, a community-based antiretroviral therapy (ART) program **achieved a 92.3% retention in care after 24 months** by enrolling patients in education and support groups that met the same day as clinic visits, and included community health workers who directly observed them taking their medication and offered psychosocial support.¹

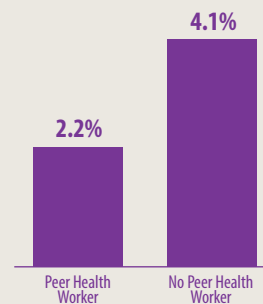


Those who received enhanced post-test counseling in Uganda, coupled with home visits and continued counseling support, were **80% more likely to return for pre-ART care** as those in the standard counseling group.²



Also in Uganda, involving community-based peer health workers decreased the amount of people lost to follow-up by **44%** compared with no peer health workers.³

Percentage of People Lost to Follow-up



Receiving a visit from a person living with HIV (PLHIV) significantly improved HIV care enrollment rates among participants in a Kenya study. Of those consenting to follow-up, **63.2% enrolled in HIV care** within 3 months.⁴



Home visits to supervise ART in a Peru program greatly increased the number remaining on treatment after 12 months **from 65% to 90%**, when compared with a control group.⁵



Weekly SMS messages to patients in a Kenya study inquiring about their health and requesting a response within 24 hours **improved** rates of self-reported **adherence** to HIV treatment and **increased** the likelihood of viral suppression.⁶

¹ Rich, M. L., Miller, A. C., Niyigena, P., Franke, M. F., Niyonzima, J. B., Socci, A., ... & Binagwaho, A. (2012). Excellent Clinical Outcomes and High Retention in Care Among Adults in a Community-Based HIV Treatment Program in Rural Rwanda. *JAIDS Journal of Acquired Immune Deficiency Syndromes*, 59(3), e35-e42.

² Muhamadi, L., Tumwesigye, N. M., Kadobera, D., Marrone, G., Wabwire-Mangen, F., Pariyo, G., ... & Ekström, A. M. (2011). A single-blind randomized controlled trial to evaluate the effect of extended counseling on uptake of pre-antiretroviral care in Eastern Uganda. *Trials*, 12(1), 184.

³ Chang, L. W., Kagaayi, J., Nakigozi, G., Ssempijja, V., Packer, A. H., Serwadda, D., ... & Reynolds, S. J. (2010). Effect of peer health workers on AIDS care in Rakai, Uganda: a cluster-randomized trial. *PloS One*, 5(6), e10923.

⁴ Hatcher, A. M., Turan, J. M., Leslie, H. H., Kanya, L. W., Kwena, Z., Johnson, M. O., ... & Cohen, C. R. (2012). Predictors of linkage to care following community-based HIV counseling and testing in rural Kenya. *AIDS and Behavior*, 16(5), 1295-1307.

⁵ Muñoz, M., Finnegan, K., Zeladita, J., Caldas, A., Sanchez, E., Callacna, M., ... & Shin, S. (2010). Community-based DOT-HAART accompaniment in an urban resource-poor setting. *AIDS and Behavior*, 14(3), 721-730.

⁶ Lester, R. T., Ritvo, P., Mills, E. J., Kariri, A., Karanja, S., Chung, M. H., ... & Plummer, F. A. (2010). Effects of a mobile phone short message service on antiretroviral treatment adherence in Kenya (WelTel Kenya1): a randomised trial. *The Lancet*, 376(9755), 1838-1845.