



AIDSLink #67 – Treatment and care

As we have opportunity, let us do good to all people, especially to those who belong to the family of believers. Gal 6:10
February 2008

This AIDSLink looks at treatment especially focusing on issues of antiretroviral therapy (ART) and care. How are you responding to any related ethical concerns and the growing need to address income generation for those now living healthier and longer lives? Let's learn from one another.

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1. Formulas for healing and care

Christianity has a long tradition of sacrificial caring for those rejected by the world, modelled largely on the ministry of Jesus. When challenged by the religious leaders of his day for associating with the marginalized and 'sinners,' Jesus responded, 'It is not the healthy who need a doctor, but the sick' (Lk 5:29-32; 7:36-50; 16:19-25; 19:5-10). However nowhere does he give us a "one size fits all" formula for healing the sick. No details are given of how Jesus healed Peter's mother-in-law of her fever (Lk 4:38-39), the paralyzed man was made to walk and had his sins forgiven, and the blind man was healed in two stages with spit and the laying of hands (Mk 8:22). Sometimes the early believers used local applications including wine and oil and other times they brought healing only through words. Note how James recommends prayer together with anointing. Anointing is a medicinal term that can also refer to massage suggesting that people were encouraged and expected to use the means available to them.

Followers of Jesus have always had a mandate to care for others in the context of community and to be instruments of healing - physical, emotional, social and spiritual. Healing of the individual extends to incorporation into the body of Christ - HIV positive yet totally accepted: an immune system decaying yet the assurance of eternal life; a sinner saved by grace and perfectly accepted by God irrespective of the cause of HIV infection. God equips his church for this role, and blesses his people when the church is acting as Christ's agent of healing and hope. Over the centuries the church has used whatever means available in order to bring healing

For discussion:

1. How are you experiencing "God as healer" at work in your community?
2. How has the growing accessibility of antiretroviral drugs impacted approaches to care over the past two years? What are the implications of this for maximizing effectiveness in ministry? How are these changes being recognized in your review process and future plans?
3. Henri Nouwen reminds us that to care means to be present for the other person, and cautions that "cure without care makes us preoccupied with quick changes, impatient and unwilling to share each others burdens." What other warning signs of 'cure without care' should we heed at a) a personal level, b) a project level, and c) an institutional level?

2. When should antiretroviral therapy start?

This much debated issue is addressed in: *When should antiretroviral therapy for HIV be started?* (2007) Phillips. A.N., Gazzard. B.G., Clumeck. N., Losso. M.H., and Lundgren. J.D. British Medical Journal 334:76-74 (229kb) is available at www.bmj.com/cgi/reprint/334/7584/76

“Policy on when to start antiretroviral therapy for HIV has been based on inference from observational studies rather than randomized trials. Treatment has generally been delayed until counts reach 200 because the low risk of AIDS was outweighed by the toxicity and inconvenience of drugs, fear of rapid resistance accumulation, and likelihood of further improvements in antiretroviral drugs. Recent evidence indicates that the reasons for delaying therapy have weakened considerably. Evidence suggests patients would benefit from treatment at CD4 counts of no lower than 350. The authors conclude that randomized trials are needed to evaluate the risks and benefits of treatment at counts above 500.”

3. Guidelines for ART and chronic care

The World Health Organization’s *“Integrated Management of Adolescent and Adult Illness/Integrated Management of Childhood Illness”* (IMAI/IMCI) guidelines are generic guidelines for country adaptation and use to help with the scale-up of HIV prevention, care and antiretroviral therapy in resource-limited settings using a public health approach. They are revised periodically to reflect implementation experience and new data and are aimed at first-level facility health workers and lay providers in low-resource settings - nurses, clinical aids, and other multi-purpose health workers. The adherence, education and psychosocial support guidelines are aimed at delivery by lay providers and health workers after training in counselling skills.

Given the widespread changes in accessibility to drug treatment, *“Chronic HIV Care with ARV Therapy and Prevention”* (2.2MB 126 pages) and *“Tuberculosis Care with TB-HIV Co-Management”* (2.70MB,104 pages) are a useful reference. They can be downloaded from: www.who.int/hiv/universalaccess2010/en/index.html

Other related IMAI/IMCI guideline modules relevant for HIV care include: acute care; general principles of good chronic care; palliative care; and symptom management and end-of-life care. They are all available at: www.who.int/pub/imail/en/index.htm

4. Adherence counselling

“Adherence Support Worker Training Materials” (2007) is produced by Family Health International. It includes a facilitator’s guide (5 MB), participant’s guide (PDF, 2 MB) and support materials.

“Adherence support workers (ASW) are important members of the ART clinical team. They help improve patient adherence, knowledge, and understanding; provide education and counselling in the patient’s own language; and free nurses and doctors to focus on other clinical needs. This two-week intensive course teaches community volunteers to work alongside nurses and doctors. ASWs learn to interact with patients in clinical, community, and home settings where they provide HIV education, treatment support, and ART adherence counselling. They also are trained to participate in the referral network and to reengage treatment defaulters. The material includes technical information and techniques for relationship building and counseling. Modules include didactic sessions, role plays, and group exercises. A CD with PowerPoint presentations is included in the facilitator’s guide.”

For more information and downloading go to: www.fhi.org/en/HIVAIDS/pub/res_ASW_CD.htm

5. ARVs in our lives

“ARVs in our lives” is a handbook produced by Treatment Action Campaign, written in the South African context for people living with HIV and treatment advocates in support groups, clinics and communities, as well as those involved in the support of people with HIV. This booklet filled with accessible, easy to read, scientific information as well as anecdotes and personal stories – very helpful for those with a good level of HIV literacy and education.

For more information see: www.tac.org.za/literacy.html

6. Hunger and HIV: from food crisis to care

During my recent time in Malawi I became even more aware of the stark reality of hunger in people’s lives. It is not just for the “right” sort of food but for any food. This is often in rural areas where people face a “hunger season”, or in cities where those on monthly wages have used up their money. If you work with those who face such pressures, let’s brainstorm together on practical measures to move forward. Write to me at international.aids-consultant@sim.org

The authors Menezes, Fergusson, Nutma and Thurstans of “HIV and Hunger: From Food Crisis to Integrated Care” produced by Action Against Hunger (5MB) write from their experience in Southern Africa.

“Food of course is a fundamental need for everyone, but HIV positive children and adults have special nutritional needs. They need more energy to cope with extra losses during episodes of infection and high viral replication, and must ensure a balanced diet to cover for common micronutrient deficiencies associated with HIV infection. For those on ART, a balanced diet is essential to aid the absorption, distribution and excretion of the drugs to maintain optimal levels for successful therapy. Surprisingly, having enough food and the right kind of food has been a long overlooked remedy in the fight against HIV&AIDS but is now thankfully rising on the international and public agenda. Many initiatives are now in place at community and regional level. In May 2007, the second Eastern and Southern Africa Regional Workshop for Nutrition and HIV was held in Nairobi to support national governments to integrate nutrition and HIV in one holistic package of care. It is now internationally recognized that as important as drugs and education are to combating HIV/AIDS, food is a primary defence that enables people to maintain healthier and more positive lives and must be included as an essential component of HIV services.”

This publication is available at: <http://www.aahuk.org/publications.htm>

7. Making it known – Integral mission

Latin America regional consultation on Integral Mission” 22-26 April 2008. This Latin America consultation will be a strategic and crucial event for the Latin American evangelical community that will orientate new commitments for strengthening integral mission in the region. It will cover: approaches to integral mission in Latin America; working with vulnerable sectors; peace and justice approaches; community development; collaboration between churches and faith-based organizations.

For further information see: http://en.micahnetwork.org/events/peru_consultation or contact: encuentromisionintegral@gmail.com or coordinatoria@redmiqueas.com

8. Tip of the Month – Using Stories with a gap

“Stories with a gap” is a participatory technique which gives insight into:

- knowledge and perceptions of people in the community on different issues including HIV&AIDS
- how a particular situation might be changed
- planning - how do we go from a ‘before’ situation to an ‘after’ situation

Materials required: Two drawings, pictures or photographs, one picturing the ‘before’ situation and the

other picturing an 'after' situation.

Method:

- Divide the participants into groups of 5 to 8
- Present the 'before' picture (for instance a field full of maize, a healthy person, a functioning water pump) and discuss what it depicts
- Present the 'after' picture (an empty field, a sick person, a non-functioning pump) and discuss what it depicts.
- Participants brainstorm in their groups on what happened during the 'gap' of the story. What are the reasons and/or what has been done between the 'before' and the 'after' picture. For example, the maize field did not get planted because of illness or death in the family; the pump is in disrepair because the trained caretaker died
- Each group presents their story on what took place in the gap
- Discuss what steps could be taken to improve the situation

Hints:

- Make this exercise fun. A mix of serious and less serious issues may be presented which facilitates discussing sensitive issues.
- The pictures and story have to depict a reality in the community in order for people to identify with the story. For example, a person sick with AIDS in a community with many AIDS patients (to start a discussion on how to stay healthy longer); a child with parents and a child living in the street in a community with many orphans and vulnerable children (to start a discussion on what the community can do to care for OVCs).
- The sequence can be from bad to good, or from good to bad. This may even be done at the same time. For example: 1. child sick – child healthy. Story: take the child to the health post, give the child medicines, take the child to the traditional healer, go to pharmacy etc.; 2. Child healthy – child sick. Story: the child ate something wrong, the child has AIDS, the child went swimming in a polluted water hole etc.

Techniques and practices for local responses to HIV&AIDS: Part 1 Techniques 2004. UNAIDS & The Royal Tropical Institute (KIT)



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