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SUCCESS STORY: ZAMBIA

Community Education Aims for Adherence to HIV/AIDS Treatment

Correct use of antiretroviral drugs and regular follow-up care are crucial as more Zambians with HIV/AIDS begin treatment



International HIV/AIDS Alliance

Community members and project team members in Ndola participate in role-playing to discuss ART and HIV prevention.

The hope is that by the end of 2007, 60,000 to 70,000 people living with AIDS will participate in intensive education and referral activities.

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MORE THAN 900,000 PEOPLE in Zambia have HIV or AIDS. Of these, 200,000 need immediate access to antiretroviral treatment (ART) to stay alive, but in early 2005, fewer than 10,000 Zambians had access to treatment.

The good news is that Zambia's major donors and its government are well on their way to being able to provide antiretroviral (ARV) drugs to most of the people who need them. But just having medicines available will not solve the HIV/AIDS problem.

Throughout the world, regardless of the illness or treatment, many people do not take their medications correctly. A significant proportion of all hospital admissions are due to drug non-adherence. ARV drugs are expensive. Taking them at the wrong time or at the wrong dosage can result in drug resistance and, thus, wasted effort, money, and lives.

A three-year project now aims to ensure that as more Zambians are able to begin lifelong ART, they are supported to take the drugs correctly and seek regular follow-up care. This project is called ARV Community Education and Referral, or ACER, and its goal is to create ART-friendly and HIV-prevention-friendly communities. The ACER project is being implemented by several Zambian organizations with funding from the President's Emergency Plan for AIDS Relief through USAID and its partner, the International HIV/AIDS Alliance.

The hope is that by the end of 2007, 60,000 to 70,000 people living with AIDS will participate in intensive education and referral activities. In Lusaka and Ndola, treatment support workers and mobilizers—many living openly with HIV—demonstrate how to take the drugs correctly, explain the drugs' potential side effects, and work with townspeople to establish the criteria for determining who needs to be enrolled in the treatment programs.

Those involved with the project, as either paid team members or beneficiaries, are helping to dispel many of the myths associated with HIV infection and ARV drugs. This new knowledge has given them and others the confidence to take their first CD4 test, a gauge of the immune system's ability to fight opportunistic infections.

Even in communities hit hardest by HIV/AIDS, people with HIV are often stigmatized. Through their determination and their ability to organize others, ACER project team members are dismantling the barriers to understanding and trust. If people know their HIV status, they will likely take steps to prevent infecting themselves and others, thus breaking the chain of HIV transmission. The ACER project can break at least one link in that chain.