The success of antiretroviral therapy (ART) relies on life-long, strict adherence to medication regimes to maximize clinical effectiveness and minimize the potential risks associated with the development of drug resistance. Achieving high rates of adherence in resource-poor settings is a serious challenge and performance needs to be monitored closely. The following MSH projects are working toward that:

**The International Network for the Rational Use of Drugs Initiative on Adherence to Antiretrovirals (INRUD-IAA)**

Funded by the Swedish International Development Cooperation Agency (Sida), in collaboration with national AIDS control programs in Kenya, Rwanda, Tanzania, and Uganda, INRUD-IAA [1] made major contributions to measuring and understanding antiretroviral adherence and how patient adherence and retention relates to facility-level operations. They developed and validated reliable facility performance adherence indicators, developed an adherence survey tool using routine facility data, and documented wide variation in how well facilities perform. In each country practical and scalable health system interventions were conceptualized and tested for their ability to improve adherence and retention. Each intervention included the development of an appointment register used to schedule appointments, monitor appointment-keeping, and reach out in a timely way to patients who miss appointments.

**Strengthening Pharmaceutical Services (SPS) and SYSTEMS FOR IMPROVED ACCESS TO PHARMACEUTICALS AND SERVICES (SIAPS)**

SPS developed a clinical algorithm to measure adherence in resource-limited settings, which was incorporated into SPS’s widely-used Electronic Dispensing Tool [2] (EDT). In Namibia, SPS carried out a national ART adherence performance survey and then set up a routine adherence monitoring system using the EDT. The monitoring data will be used to improve facility performance. The upgraded EDT helps ART clinic staff in Kenya monitor patient adherence. Kenya has also adapted the tool so that it can monitor three World Health Organization early warning indicators for the emergence of HIV drug resistance. The EDT has been rolled out to over 380 sites in Kenya, and of the approximately 600,000 patients currently on ART nationwide, over 80% have their records maintained on this electronic tool.

In South Africa SPS developed and implemented a medication adherence assessment tool suitable for ART program management in resource-constrained settings. Swaziland adopted this tool and included its use in its 2010 National ART Treatment Guideline. SIAPS [3] has
been training adherence officers and treatment supporters to monitor adherence with the tool.

**Zambia Prevention Care and Treatment Partnership (ZPCT II) with partners FHI360**

ZPCT II [4] has trained and supported adherence support workers to provide client counseling in clinics and reducing the number of clients who drop out of treatment by tracking clients in the community who missed appointments. At the pharmacy level, staff members also use electronic tools such as the EDT to monitor clinic visit dates and follow-up on missed appointments.

Source URL: [https://www.msh.org/our-work/health-areas/hiv-aids/msh-adherence-to-antiretroviral-therapy-activities](https://www.msh.org/our-work/health-areas/hiv-aids/msh-adherence-to-antiretroviral-therapy-activities)

Links:
[1] [http://www.inrud.org/ARV-Adherence-Project/index.cfm](http://www.inrud.org/ARV-Adherence-Project/index.cfm)