

**Bristol-Myers Squibb's *SECURE THE FUTURE*[®]
Care and Support for Women and Children with HIV/AIDS**

FOCUS ON: COMMUNITY-BASED TREATMENT SUPPORT PROGRAM

Overview

Preliminary results of a pilot program in sub-Saharan Africa show for the first time that comprehensive medical treatment and care combined with broad-based community support can be successful in fighting HIV/AIDS in remote, poverty-stricken areas where healthcare and other resources are extremely limited.

The program, part of Bristol-Myers Squibb's *SECURE THE FUTURE*[®] initiative, has been in operation for less than two years and has reached thousands of HIV-infected people and their families. By one standard of measurement, compliance with prescribed treatment regimens, preliminary results are at least as good as comparable results in the United States. As a consequence, clinical success rates have been high. For example, there is an 87% CD4 count response rate, and improvement in immune status confers quality of life and survival benefits. Other successes are in the levels of HIV education and testing -- including a 10-fold increase since program inception in the number of clients receiving voluntary testing and counseling -- and in community mobilization to fight the disease and overcome its associated stigma.

Program Summary

The Community-Based Treatment Support Program, part of the Bristol-Myers Squibb and Bristol-Myers Squibb Foundation *SECURE THE FUTURE* initiative in sub-Saharan Africa, is an innovative concept in providing comprehensive treatment and support for HIV-infected people, their families and communities. It was initiated in December 2003, after *SECURE THE FUTURE* had been in operation for more than four years.

At that point, Ministries of Health, Technical Advisory Committee members and other leaders recommended combining the best program learnings into models to provide effective, comprehensive care, increase access to medicines and medical monitoring and establish broad-based community support in resource-limited areas. The idea was to partner with local governments and others and use existing facilities to fight the disease through this program.

Thus, pilot sites are in operation at:

- Ladysmith Provincial Hospital, KwaZulu Natal, South Africa
- Senkatana Clinic, Maseru, Lesotho
- Mbabane Referral Hospital, Mbabane, Swaziland
- Bobonong Primary Hospital, Bobirwa Sub-District, Botswana
- Katima Mulilo Hospital, Caprivi Region, Namibia

- Koulikoro Reference Health Center, Koulikoro District, Mali

In addition, because the number of patients served by these sites is large and growing, the initiative has started to use satellite clinics for initially testing patients.

Funded through a *SECURE THE FUTURE* commitment of \$30 million, this collaborative approach to public health combines the strengths of the private and public health sectors with those of nongovernmental, community-based and faith based organizations to provide models of integrated medical care and community support. The goal is to demonstrate the impact of community support on clinical outcomes and quality of life.

Treatment Support Services

Services available at the six sites – in addition to medical care and treatment with antiretroviral medications (ARVs) – include:

- Community mobilization efforts to reduce stigma and lack of knowledge about HIV transmission and to help at-risk people get tested
- Health status monitoring
- Volunteers who travel from home to home to provide home-based care and support
- Volunteer Support Groups that meet regularly to offer mutual support, including groups staffed by people living with HIV/AIDS (PLWA)
- A “Buddy System” to provide support and education on a one-to-one basis to people living with HIV/AIDS
- Food security and income-generating activities

Summary of Results

Preliminary program results, based on a May 2005 report (the most current available), have exceeded expectations. The following numbers are from the five centers in southern Africa combined and reflect approximately 18 months of operation. The Mali center is not included because patient enrollment there started only recently. All numbers are approximate. Studies of the program are ongoing.

- Patients enrolled – more than 5,000 (three times higher than anticipated)
 - Patients on antiretroviral therapy – 1,665
 - Patients in pre-treatment education programs – 800
 - Patients needing services other than ARVs – 2,350
 - Patients discontinued or deaths – 234
 - Patients on ARVs range in age from 16 to 78; 1,100 are women and 536 are men
- Among patients receiving ARVs, there has been a significant increase in CD4 counts – the response rate is 87% (recovery of immune function confers quality of life and survival benefits)
- The compliance numbers (people who take their medications as prescribed) are high; between 80% and 85% of the patients on ARVs are more than 95% compliant

- Community mobilization, education and testing results have been strong. Since the start of the program, for example, there has been a 10-fold increase in the number of clients receiving voluntary counseling and testing, from approximately 100 per month in 2003 to approximately 1,000 per month in 2005
 - Trained community mobilizers/educators – 221 (145 active)
 - People reached through community mobilization – 71,000, a number that does not include the reach of radio and television
 - Schools reached through community mobilization – 312; also 22 workplaces reached
 - Volunteer Support Groups – 33 serving 378 clients; also 63 PLWA Support Groups are serving 787 clients
 - Buddies – these lay people provide support and education to approximately 600 clients
 - Home-based care volunteers – More than 2,000 supporting more than 2,000 clients
 - Clients receiving food parcels – 1,342
 - Clients participating in food security – 191
 - Clients trained in income-generating projects – 250 (also 355 community gardens, 1,564 door-sized gardens, 110 beadwork projects and 84 poultry projects)
 - Also, 28,723 information, education and communications materials distributed; 72 traditional birth attendants trained; and 191 traditional leaders, 47 church leaders, and 80 tradition healers sensitized

Ongoing Evaluation

As part of the pilot program evaluation, the initiative will focus on the relative success of medical treatment when combined with support programs. *SECURE THE FUTURE* leaders will attempt to learn, for example, which community support programs have the greatest impact on medical outcomes.

About *SECURE THE FUTURE*[®]

In 1999, Bristol-Myers Squibb Company and its Foundation launched *SECURE THE FUTURE*, an unprecedented public/private collaboration to help alleviate the HIV/AIDS crisis among women and children in sub-Saharan Africa. To date, the company has committed \$150 million to the initiative through some 200 grants. This is the first and largest corporate commitment of its kind to fight HIV/AIDS in Africa. The goal is to build a range of innovative, cost-effective model programs where medical, educational and community social-support needs are great and resources limited.

For more information, visit www.securethefuture.com on the World Wide Web.

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