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JOÃO PINA FOR THE NEW YORK TIMES

**Rogério Bernardo, center front, on his way to get anti-retroviral medicines in Mozambique. The government has decided to test the "buddy system" program in every province.**

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## A lifesaving twist on AIDS treatment

NKONDEDZI, MOZAMBIQUE

### Patients in Mozambique organize to divide up the burdens of treatment

BY CELIA W. DUGGER

Rogério Bernardo slung a black satchel over his shoulder and waited by the roadside in the morning mist for a bush taxi. In dusty wingtips, frayed pants and a gray pinstripe suit coat so big it swallowed his slender frame, he looked like any peasant farmer dressed up for a trip to town.

In fact, Mr. Bernardo, who has AIDS, is in the vanguard of a promising new effort to reverse one of the most worri-

some trends in treating the disease: the growing number of patients across Africa who fail to collect their lifesaving anti-retroviral medicines.

The simple solution devised by Dr. Tom Decroo, a Belgian physician working here in Tete Province for the aid group Médecins Sans Frontières, was to organize patients into groups of six. They would then take turns making the monthly trip to pick up refills, reducing the number of times each had to go to town to just 2 a year, from 12.

A two-year test of his brainstorm in Tete, comparing about 300 of these groups with patients who continued going alone, found that almost none of those in the groups had stopped taking their medicines and only 2 percent died, according to results published in *The Journal of Acquired Immune Deficiency*

*Syndromes*. By contrast, 20 percent of the other patients quit treatment or died.

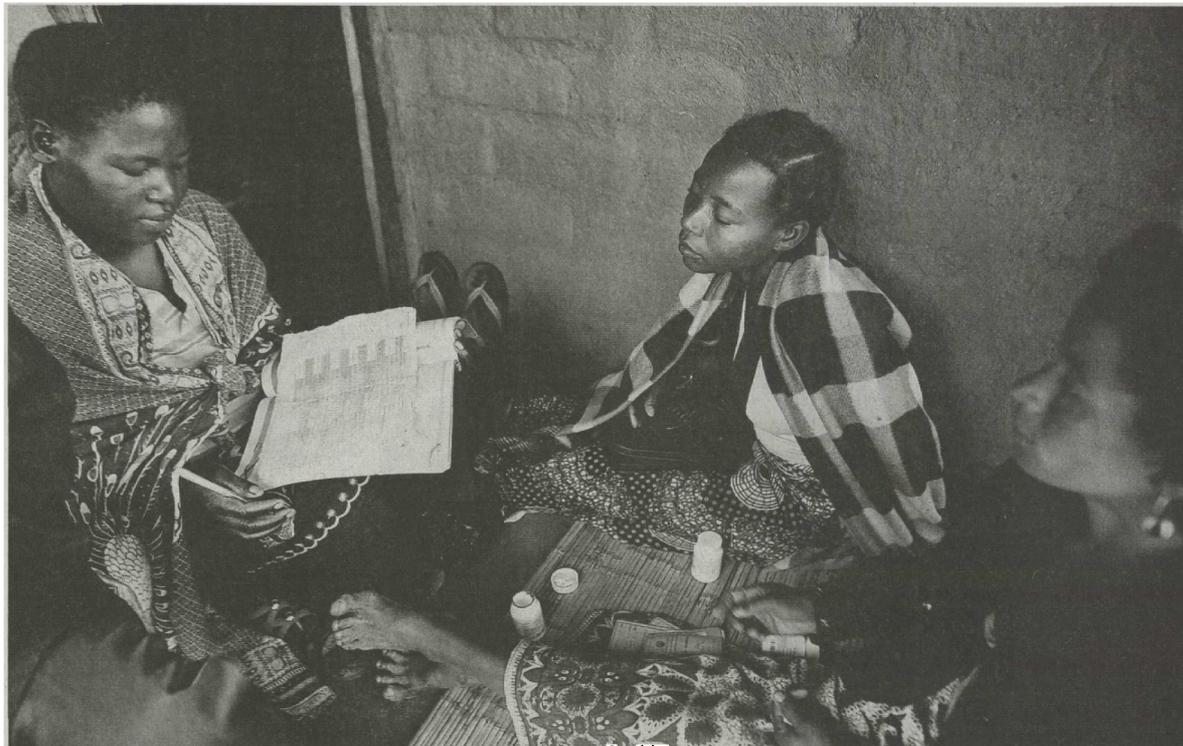
"No one abandons treatment in the group," said Inocencio Alfaca, a talkative, slightly built farmer who has become Nkonedzi's champion for people with AIDS and leads one of the village's four patient groups. "We give each other courage."

On a recent morning, it was Mr. Bernardo's turn to go to town. Before he joined the group, if he was short of cash for taxi fare he needed to hike four hours through the bush to the district hospital in Zobue.

But as his group huddled against the chill, each member contributed 15 meticaís, or about 50 cents, for taxi fare. They also counted out their leftover pills  
*MOZAMBIQUE, PAGE 4*

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Patients at a group meeting counting remaining pills before going to pick up a new allotment. Rates of mortality and abandonment of treatment are lower for those in patient groups. JOSIAH PINA FOR THE NEW YORK TIMES

## A lifesaving twist on AIDS treatment

**MOZAMBIQUE, FROM PAGE 1**

and noted the tally on their medical cards, so a clinician could tell whether they had taken the previous month's pills. Mr. Bernardo tucked the cards into his satchel.

As he watched the express taxi go by, waiting for a slower one to save 35 cents on the fare, village life floated past him through the mist — women balancing buckets on their heads, men on bicycles with jangling bells, schoolchildren carrying stalks of sugar cane.

When the bush taxi finally arrived at 7:50 — it was just a pickup truck loaded with people and bags of charcoal — Mr. Bernardo clambered in for the 29-kilometer, or 18-mile, ride.

The study of this new approach also found that it profoundly lightened the load on the health professionals who are one of this poor country's scarcest resources, sharply reducing their case-loads at public hospitals and clinics — and, health economists say, trimming the cost of treatment.

"We went up there and were blown away," Dr. Kebba Jobarteh, who heads the H.I.V. care and treatment program in Mozambique for the U.S. Centers for Disease Control and Prevention, said after his visit to Tete. "We met five groups. They were amazing. This is a potential game changer for H.I.V."

Dr. Decroo acknowledged during an interview that the study design for his approach did not produce as high a quality of evidence as a randomized trial would.

And Dr. Tim Farley, an AIDS expert with the World Health Organization who was not involved in the research, cautioned in an e-mail that because the

program was limited to clinically stable patients, the comparison with other patients might be skewed.

But Dr. Farley added, "Reducing the health-system burden from these patients is fantastic and allows the scarce clinical resources to be used for more complicated patients."

The shifting of responsibilities for AIDS treatment from doctors to nurses to community health workers and even patients has been necessitated by Africa's extreme shortage of medical professionals.

Mozambique has only 2.7 doctors per

**"When a person is in a group, he feels, 'I'm sick, but I count.'"**

100,000 people, according to World Health Organization estimates; the United States has 100 times that.

When Médecins Sans Frontières began providing anti-retroviral drug treatment to AIDS patients in Mozambique in 2003, there were fears that illiterate rural Africans would not take their medicines properly. Before the expatriate doctors would even prescribe the complicated combination therapy, patients were required to show up on time for eight appointments. For the sickest, poorest patients, the bar was impossibly high.

"Before the eight consultations were done they would die," Dr. Decroo recalled.

The rules for AIDS care have eased greatly since then, but Dr. Decroo became convinced that they needed to change even more. Though more than six million people are on anti-retrovirals

in developing countries, the United Nations estimates that nine million patients who need them are not getting them.

"If you wait to have enough doctors and nurses to treat everyone, how many generations have to die?" he asked.

Dr. Decroo had his "aha" moment in 2006 while reading a paper co-written by Wim Van Damme, a professor at the Institute of Tropical Medicine in Belgium, who argued for a radical rethinking of how to deliver AIDS treatment in poor countries, shifting some tasks to patients. The professor described how people in rich nations with asthma, diabetes and other chronic diseases had become involved in managing their illnesses, and AIDS patients, too, were a potential resource in Africa, he wrote.

"It was like a thunderbolt from the sky," Dr. Decroo said. The idea of patient groups leapt into his mind.

The government of Mozambique has been so encouraged by Dr. Decroo's approach that it has decided to test it in every province this year.

"When patients are organized in these small groups, they're not ashamed anymore," said Rosa Marlene, a senior official in the medical assistance department that oversees AIDS programs. "People start respecting them because they're stronger."

In Nkonedzi, some groups, including Mr. Bernardo's, do not hide the fact that they are H.I.V.-positive, but neither do they flaunt it. They join for practical reasons: to save money and time.

But the groups have also brought leaders like Mr. Alfaced and his wife, Margarida Isaque, to the fore. At a village meeting, Mr. Alfaced rose to speak.

"I broke the silence," he said. "I told them: 'I'm taking anti-retrovirals. If you see I'm healthy, it's because of that. All those who feel in the same situation, come close to me and we will try to help each other.'"

Many villagers have privately approached him, and about a dozen have joined groups as a result. But Azesta Vasco came too late.

She suspected that her daughter, Cesaltina Pedro, a 27-year-old with two young daughters, was sick. Ms. Pedro confided to Mr. Alfaced that she had AIDS and had quit collecting her medicines because she was too ashamed to tell her mother she was infected or to ask for money for taxi fare.

He got Ms. Pedro to the hospital, but she died a week later. Her two sad-eyed little girls sat with their grandmother recently in front of their hut.

"She lacked money and encouragement," Mr. Alfaced said.

He and his wife are now trying to fight the stigma that drives people with AIDS to hide their disease.

The village chief, Aviso Supinho, said that Mr. Alfaced and Ms. Isaque had raised awareness about AIDS in Nkonedzi and that the groups had improved villagers' lives.

"If I'm sick and isolated, kept at home, I'm considered a dead body, though still breathing," Mr. Supinho said. "But when a person is in a group, he feels, 'I'm sick, but I count.'"

**ONLINE: SHARING THE BURDEN OF AIDS**

■ A slide show of photographs from Mozambique, where the practice of putting patients into small groups is showing promising results. [global.nytimes.com/health](http://global.nytimes.com/health)