

PH: 042425 : MAJOR HEALTH SYSTEMS DEVELOPMENT PROGRAMME

KEY WORDS : HIV/ ARV/ NON-DAART/ DAART/ WELL BEING/ NEPAL

SUSHIL YADAV: DESCRIPTION OF HIV/AIDS PATIENTS IN NEPAL:
COMPARISON OF THOSE TREATED WITH THOSE NOT TREATED,
AND COMPARISON OF THOSE WHOSE TREATMENT IS OBSERVED
AND NOT OBSERVED. THESIS ADVISOR: ROBERT SEDGWICK
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To date, relatively few studies have assessed outcomes of antiretroviral therapy in developing countries. In Nepal, currently the Ministry of Health is implementing Highly Active Anti-retroviral Therapy (HAART or non-DAART) in a government hospital. This treatment is self-administered by the patient, and 25 patients (11 females and 14 males) are taking it. At the same time Directly Observed Antiretroviral Therapy (DAART) is implemented in 17 HIV-positive females by a non-governmental organization, Maiti Nepal. This study compared time trends in CD4+ T cell counts, and current quality of life, between these 42 treated patients and a control group of 42 untreated HIV-positive females who also lived at Maiti Nepal. The study also compared CD4+ trends, accessibility of and adherence to treatment, and current quality of life between treated patients on DAART and non-DAART.

After one year of treatment, mean CD4+ count had increased from baseline in the DAART and non-DAART groups. Over this year, mean CD4+ cell count decreased in subjects without treatment. This difference was statistically significant ($\alpha=.05$, $p<.001$). In treated patients, CD4+ counts increased significantly more with DAART than non-DAART ($p<.001$). The DAART patients had better access and adherence to treatment than the non-DAART patients. Respondents on DAART had a statistically significantly lower rate of side effects (47%) than respondents on Non-DAART (84.4%) ($p<.05$). Also, 88.2% of patients on DAART never missed their dosage in the last 2 weeks, in comparison to only 28% of non-DAART patients ($p<.001$). Patients on DAART had more knowledge about treatment adherence and side effects, and about drug resistance, than did non-DAART patients. The self-rated overall quality of life was significantly higher among patients without treatment than with treatment. Among treated patients, scores for specific aspects of quality of life were generally higher in the DAART group than the non-DAART group. Results were generally similar when males were included in, and excluded from, analysis. In conclusion, the results suggest that accessibility is an important predictor of treatment adherence in Nepal. More broadly, results suggest that DAART would be the most useful method to maximize effectiveness of ARV treatment in Nepal.

Field of study Health Systems Development Student's signature _____

Academic year 2004 Advisor's signature _____