

Poster presentation

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## The clinic-biological progress of patients on ARV under D.O.T

O Lyli\*, V Bithe, A Nanga, V Sembong, I Krauss Sr, I Saar Sr, Fr Faisandier, ARC Solofo et ses and C Bayiha

Address: Bertoua, Cameroon

\* Corresponding author

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### Context and justification

- Cameroon is a Central African country of limited resources with about 16 M inhabitants in 10 administrative regions
- Surface area: 475 000 km<sup>2</sup>
- Prevalence: 5,5% EDSIII 2004
- PNLS .... Decentralisation (CTA, CTAFF, UPEC)
- Representing about 1/4 of the total surface area of Cameroon, the East Region is under populated, with a total population of about 945 000 h. This gives a population density of about 3 per km<sup>2</sup>. It has one CTA and 8 UPECS of which only 5 are functional. At 8,6% it has the second highest national prevalence rate of HIV in the Country.
- There are 14 landlocked health districts having as a distance unit, 100 km to undertake in about 4 to 6 hours depending on the season, which leads to the most recurrent reason given by patients to justify their poor observance of treatment.
- Resolution: D.O.T initiative

### Objectives

- Ameliorate the observance of patients on ARV who live far from the care units and whom distance leads to poor appointment observance and follow up of ARV and O.I.D

### Methods

#### A - Role of sites

- Massive sensibilisation and screening for the recruitment of HIV+ patients
- Choosing patients belonging to associations
- Collection of samples to be analyzed at the appropriate CTA
- Transportation of patients eligible for ARVT to the CTA for evaluation and inclusion in the study
- Weekly sharing of ARV and O.I.D

#### B - Role of the tutor CTA

- Receiving and analyzing samples for PTW
- Clinical evaluation of patients for eligibility and treatment of ARV according to the national directives.
- Making available Hospital Unit of ARV and MIO
- Clinical and biological follow up every 6 months
- Collection and analysis of data
- Networking the CTA and these Hospital Unit for eventual problems

## Results

- All the peripheral patients on D.O.T did their two bi-annual workups expected during the period of study.
- No patient on D.O.T missed his appointment for supplies of ARV or drugs for prophylaxis of O.I
- No patient on D.O.T on ARVT had an O.I during the period of the study
- Total weight gain of patient on D.O.T was between 5 to 15 kg.

## Conclusion

- The global management of PLHIV is a team and harmonious problem
- A permanent and active coaching can ameliorate the success of ARVT for the PLHIV by reducing the multiple difficulties they face, be they linked to:
  - The patient himself and his surroundings
  - The drugs,
  - To the health personnel

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