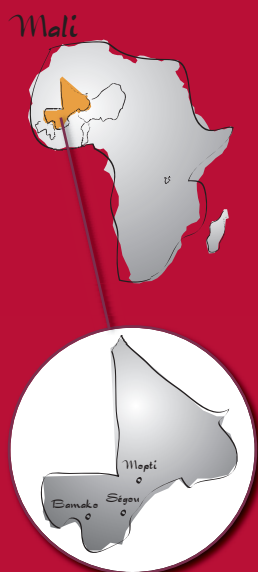




# A method of HAART decentralization in rural areas: Solthis' experience in Segou, Mali

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## Background

Scaling up of HAART began in 2003 at the initiative of the Sectorial Committee against AIDS (CSLS) and the Regional Health Department (DRS) of Mali, supported by the international NGO Solthis in the Segou region.

The results of this 5 years partnership are described below.

## Methods

The opening of new HAART prescription centers focused on two axes: HIV care and PMTCT.

Solthis, in partnership with CSLS and DRS, provided training courses for more health agents: medical staff, nurses, midwives, laboratory technicians and pharmacists.

Health centers progressively got involved in patients' care, after health agents' capacities on HAART prescription, PMTCT, laboratory procedures and equipment (CD4 and VL) were strengthened.

In order to improve the quality of health services, continuous training (initiation, refresher and high-level courses) was implemented in situ on a monthly basis.

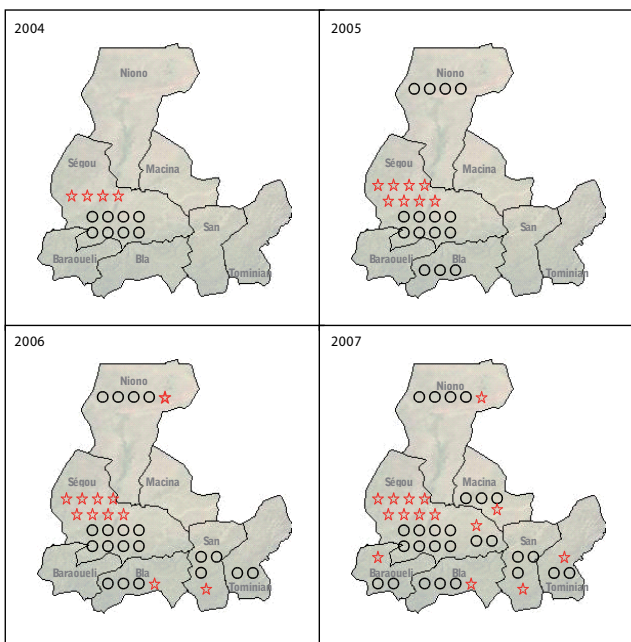
## Results

From January 2003 to March 2008, in partnership with the Malian AIDS program :

- 28 health centers became operational and their personnel trained
- the 8 health districts of Segou were covered
- 1.768 patients initiated HAART (312 patients were lost to follow-up and 324 died)
- the monthly average inclusion of patients increased from 20 to 50
- 71% of HIV-positive women delivering in a health center received PMTCT prophylaxis

The quality of care for AIDS patients in rural areas is comparable to that offered in urban areas.

The greatest challenges lie in procurement and supply chain issues, due to the long distance between the regional capital town and Bamako, and within the region. Pediatric care still needs to be strengthened, as well as TB/HIV or HBV/HIV co-infections.



★ HIV care operational center  
○ PMTCT center: training completed  
○ PMTCT operational center

End 2007:  
28 PMTCT centers  
15 HIV care centers



## Conclusion(s)

This HAART access program has demonstrated the feasibility of scaling up treatment and monitoring in decentralized settings: wide geographical reach is thus conceivable for HIV/AIDS treatment programs.

Responding to the HIV/AIDS epidemic in low resource countries can be achieved using this decentralized approach, which involves a wide range of stakeholders.

The next step will be to improve the quality of monitoring by expanding the availability of viral load.

[www.solthis.org](http://www.solthis.org)



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