

In February 2003, HIV-positive patients at the Biryogo Medical and Social Center in Kigali began antiretroviral therapy (ART) through a project sponsored jointly by the U.S. Agency for International Development (USAID) and the Family Health International (FHI) Institute for HIV/AIDS. The Center—one of two “learning sites” in Rwanda for introducing ART—was selected based on several criteria, including presence of seropositive staff and a program to prevent mother-to-child transmission of HIV. The Center and project staff identified nine patients as candidates for ART based on clinical staging (CD4 count below 200) and evidence of adherence to prophylaxis medication for opportunistic infections. Four patients began treatment in February; it is expected that two to four additional patients will begin ART at the Center each week until 130 patients are undergoing treatment.



Photo: FHI

Rwandan clinical staff trained in Kigali to provide antiretroviral therapy (ART)

Before beginning treatment, the first four ART patients met with project staff to share their thoughts. With permission, project staff developed profiles to introduce each of these remarkable individuals. The profiles describe the health status of the patients, but also the impact of HIV on their lives and the meaning of ART to them and their families. Project staff will update the profiles on a regular basis to follow the effect of ART on the lives of these patients.

Note: The names of the patients have been changed to ensure confidentiality.

Profile: Drocelle, 51

Since testing HIV-positive in 1995, Drocelle has remained in close contact with Center staff for social services and medical care. She and her husband live in Gitega, a neighborhood in Kigali, with their four children and 12 orphans. A fifth child, a son named Didace, died of AIDS-related complications in December 1999 at age 10. Six of the children Drocelle cares for are attending school. Drocelle’s husband, who has had multiple partners, refused to take an HIV test until February 2003. He has been reluctant to return to the testing site for the result, and his status is unknown.

A dynamic woman until recent health changes drained her energy, Drocelle used to run a small business preparing daily meals for workers at construction sites. Several times a week, she would travel outside the Kigali region to purchase meat, vegetables and other cooking items at the best prices she could find. Over the past seven years, the Center has assisted Drocelle and her family financially through occasional small loans for her business, as well as the construction of a house and coverage of school fees for the children. The Center continues to assist with school fees for the youngest child. The Center also paid the burial costs for Didace. In mid-2002, Drocelle’s health began to decline. She experienced an outbreak of herpes zoster and received treatment for oral thrush. She has started Isoniazid for tuberculosis (TB)

prophylaxis, which she receives at the Rwamagana Hospital. Her weight, which is eight pounds less than her baseline of 154, is being monitored closely. Drocelle was recently hospitalized for hypertension, which is currently under control.

With her baseline CD4 count at 104, Drocelle laments the loss of vitality and the ability to work. She has shared her concerns with members of *Ihumure*, an association of people living with HIV/AIDS that is active in her area and of which she is a member. She attends the association's bimonthly meetings and values *Ihumure*'s emotional support, as well as the opportunity to assist others, such as by providing meals to homebound members. Drocelle discusses HIV/AIDS frequently with her children at home, stressing that she does this "not to make them fearful, but to encourage them to be careful." She adds that she is eager to be on antiretroviral drugs because "I, with great hope, think that they will be beneficial, because I have seen others who take them and they are doing well."

Profile: Elisa, 42

Elisa tested HIV-positive in February 2002. Elisa has been widowed twice; her second husband died in 1993, leaving her responsible for their four children. Currently, Elisa has three children living at home in the Nyakabanda neighborhood of Kigali, including her oldest daughter, Zabibu, who is 20, a second daughter of 16, and a 15-year-old son. Another son died in an electrical accident in 2001. Zabibu used to live with her aunt and uncle but recently returned to be with her mother when her relatives became unable to pay her school fees. She would like to continue her education at the Islamic Education Center in Kigali, and the Biryogo Medical and Social Center is helping to arrange financial support for her. Elisa's son is in the fifth level of the secondary Islamic school, and his mother proudly states he is at the top of his class.

Elisa used to support herself and her family selling tomatoes through an income-generating venture. But her health started to deteriorate in September 2001 and she can no longer work. According to Elisa, the primary help she receives is from the Biryogo Medical and Social Center: "At the end of the month, they give me corn, sorghum meal and oil. This is what I need. And for my medical care, I receive the services from the Center without charge."

"I will have fewer periods of illness. I believe that I will live longer also. Recently I have had no appetite. I think that with these medicines (ART), I will regain my strength and will be able to eat again."

— Elisa, ART patient

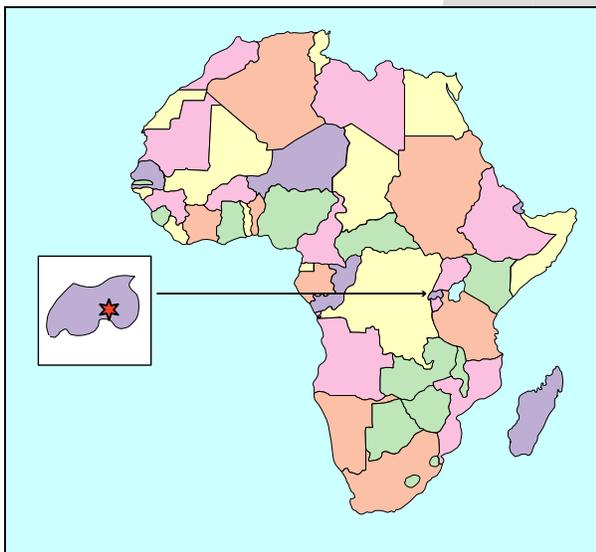
During the past year, Elisa was diagnosed with and treated for TB. In addition to a herpes zoster outbreak and chronic prurigo, Elisa has begun to lose weight. She has been on Bactrim prophylaxis for the past five months. With a CD4 count of 45, she started ART on Feb. 27, 2003. Elisa says that with this treatment, "I will have fewer periods of illness. I believe that I will live longer also. Recently I have had no appetite. I think that with these medicines, I will regain my strength and will be able to eat again."

Profile: Juliette, 20

Juliette, an unmarried student, responds shyly when asked about her medical history. She explains that as long as she can remember, she has had one illness or another. Her mother, a nurse who is also HIV-positive, confirms that from birth her daughter has struggled with illness. Juliette tested HIV-positive in July 2002, but her mother believes her daughter was infected at birth. Juliette's father is deceased. Her older brother is a university student. He is aware of his mother's seropositive status, but he does not know his sister is also infected.

Juliette finished her fourth year of secondary school and is training to be a laboratory technician. Because she enjoys all of her classes, she hopes to continue her education at the university level. Although reserved, she smiles when she talks about visiting with her friends, exclaiming, "I have a lot of friends. We talk with one another, about funny things, about music."

With her slight build, Juliette appears fragile, but says with determination that she has never allowed her frequent bouts of illness to bother her or interfere with her activities. Food, she states, does not interest her and she has never had a good appetite. She currently weighs 81 pounds and her CD4 count is 72. Prurigo and herpes simplex have been prominent among her recurrent health problems, and she has also reported intermittent fever. Because of ongoing respiratory problems, including cough and shortness of breath, her sputum has been tested for TB several times, always with a negative result. A recent chest X-ray showed infection in both sides of the lungs, for which treatment with a broad spectrum antibiotic was prescribed. By the time Juliette started ART at the Biryogo Medical and Social Center, her respiratory status had not changed markedly. Her allergic response precludes Bactrim as a treatment option. As she begins ART, this young woman says simply but with conviction that what she hopes for is to regain her good health.



Profile: Godelive, 41

Godelive tested HIV-positive in 1999. She speaks very little about her husband except to say that he is no longer alive. In addition to her 10-year-old son, Godelive cares for two children of her deceased sister, as well as the four-year-old daughter of another sister who lives and works in another province. With a smile, she discusses how the four-year-old helps her at home with simple daily chores and describes how attentive she is when Godelive is too weak to get out of bed. Godelive notes her astonishment that at four years of age, her niece knows what she needs and brings it to her.

Godelive completed three years of secondary school and received training as a catechism teacher for the Catholic Church. In a lay capacity, she instructs members of her church about the sacraments and prepares them for baptism. Godelive worked until very recently, when a recurrence of TB deprived her of energy and the ability to continue daily activities.

In late January 2003, Godelive went to the Biryogo Medical and Social Center with persistent cough, fever, vomiting, dizziness and generalized weakness. She was diagnosed with TB in 1999 but could not complete treatment because she did not have funds to pay for the medications. Although the chest X-ray taken in January was inconclusive, her sputum tests returned positive and TB treatment was initiated. Godelive has just finished the initial phase and is continuing the treatment protocol. In addition to the symptoms noted, she has lost 13 pounds from her baseline weight; at 86 pounds, she shows evidence of wasting. She has had herpes zoster in the past, as well as recurrent herpes simplex eruptions. More recently, Godelive has been treated for oral thrush, and generalized adenopathy has been evident. She is allergic to Bactrim and therefore not on prophylaxis. In February 2003 her baseline CD4 count was 79.

A friend is providing support to Godelive and, as a “buddy,” has attended ART adherence counseling sessions with her. Godelive expresses gratitude for friends who have offered continued help and encouragement throughout her illnesses. Tearfully, she says in a soft voice that the anguish and frequent discomfort she has experienced have never made her waiver in her faith in God. She prayed that “I would have the chance to have antiretroviral treatment, and now, this chance has arrived to be with the others [who will] take the medications. This will help me in a way that I think I will be able to regain my health.”

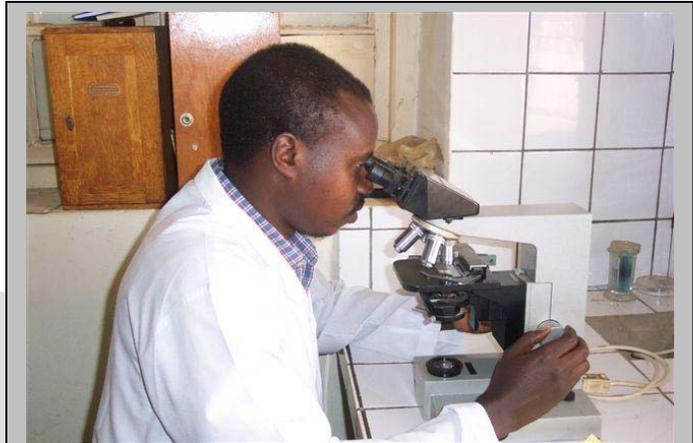


Photo: FHI

Laboratory technician trained by FHI/Rwanda



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