



# **Accompaniment**

## **The Missing Piece of the Funding Puzzle**

**Paul Farmer, MD, PhD**

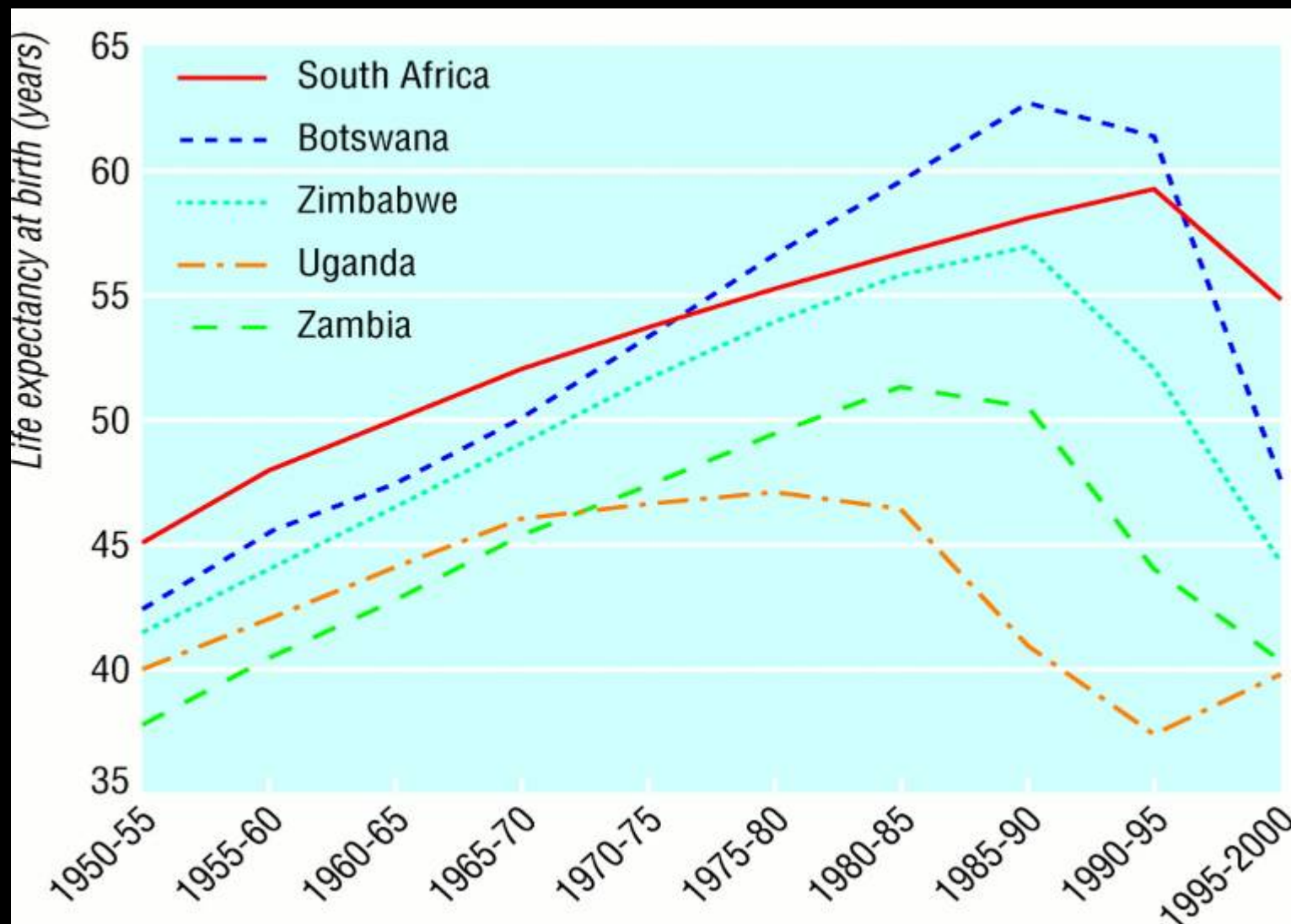
Partners In Health  
Harvard Medical School  
Brigham and Women's Hospital

Grantmakers In Health • 23 February 2006

**“Of all the forms of inequality,  
injustice in health  
is the most shocking  
and the most inhumane.”**

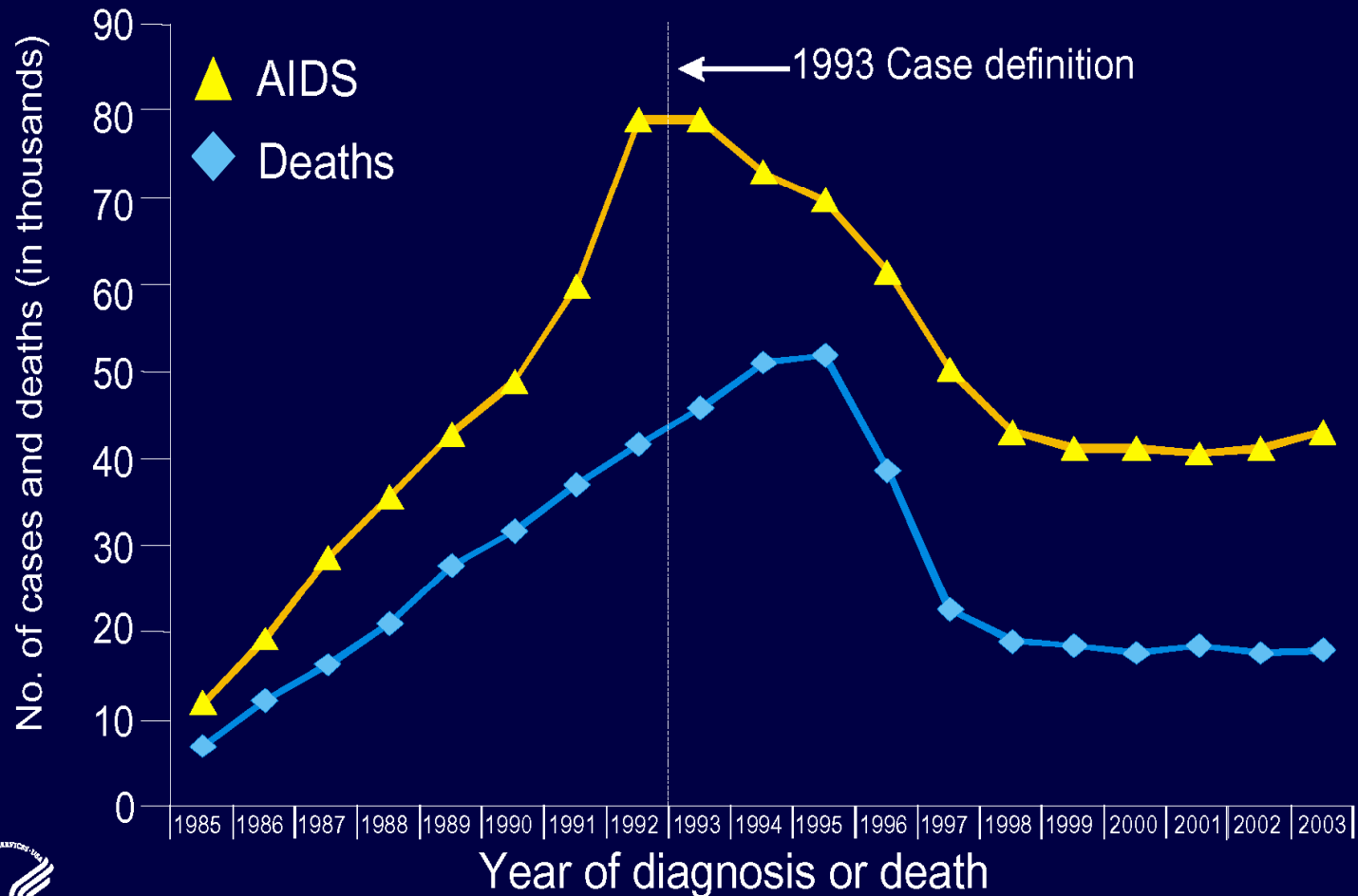
Dr. Martin Luther King, Jr.

# Life expectancy in some countries in sub-Saharan Africa with a high prevalence of HIV



# Meanwhile, in the United States...

Estimated Number of AIDS Cases and Deaths among Adults and Adolescents with AIDS, 1985–2003—United States



Note. Adjusted for reporting delays.



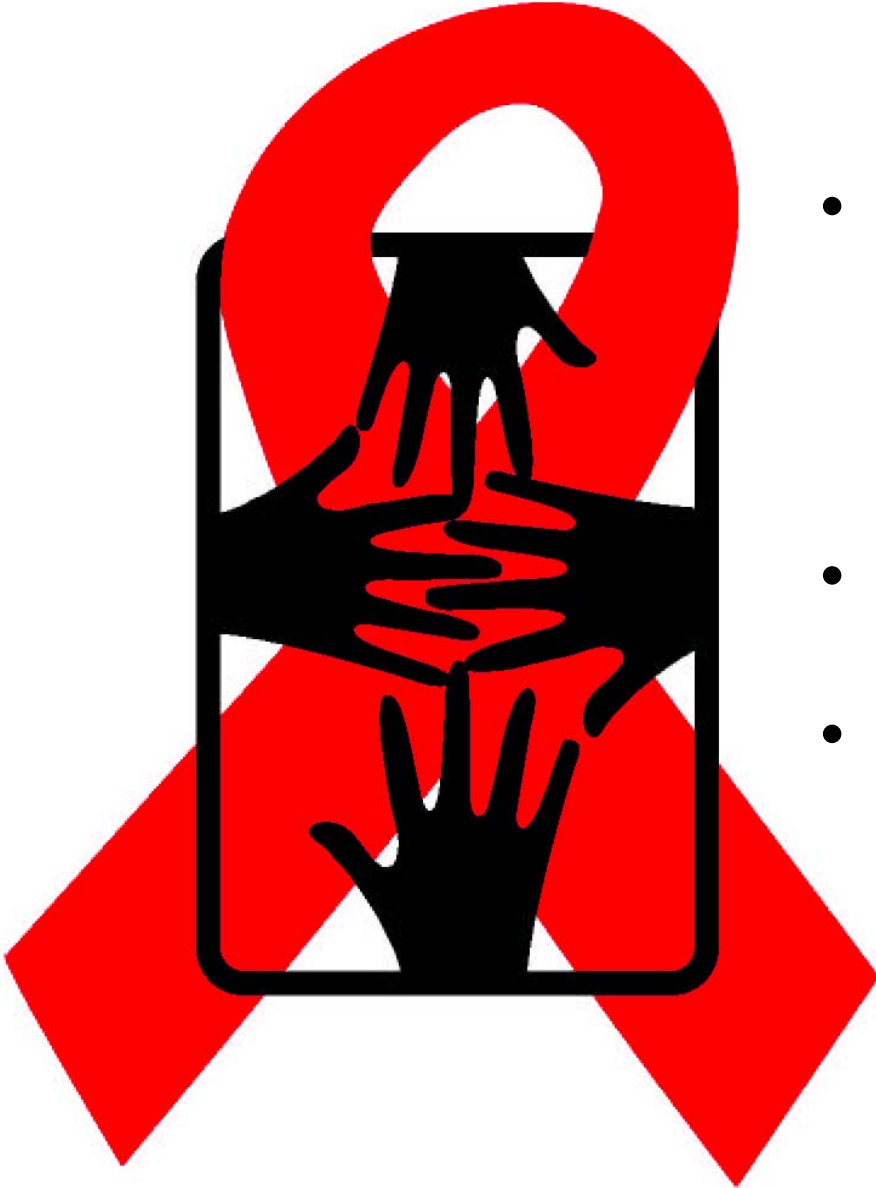
# Recent sound bites from the published literature

Two 2002 papers from *The Lancet*:

- “Data on the cost-effectiveness of HIV prevention in sub-Saharan Africa and on highly active antiretroviral therapy indicate that prevention is at least 28 times more cost effective than HAART.”
- “The most cost-effective interventions are for prevention of HIV/AIDS and treatment of tuberculosis, whereas HAART for adults, and home based care organised from health facilities, are the least cost effective.”



# The HIV Equity Initiative



- Provides directly observed antiretroviral therapy and social support free of charge to >2,030 HIV-infected patients in the Zanmi Lasante catchment area
- Programmatic approach based on successful TB control efforts
- Funding from Global Fund, PEPFAR, AFD, foundations, private donors, etc.

March 2003





**September 2003,  
six months later**





## The World Health Report 2004 **changing** history



David Nathan/Partners in Health

## Joseph's story

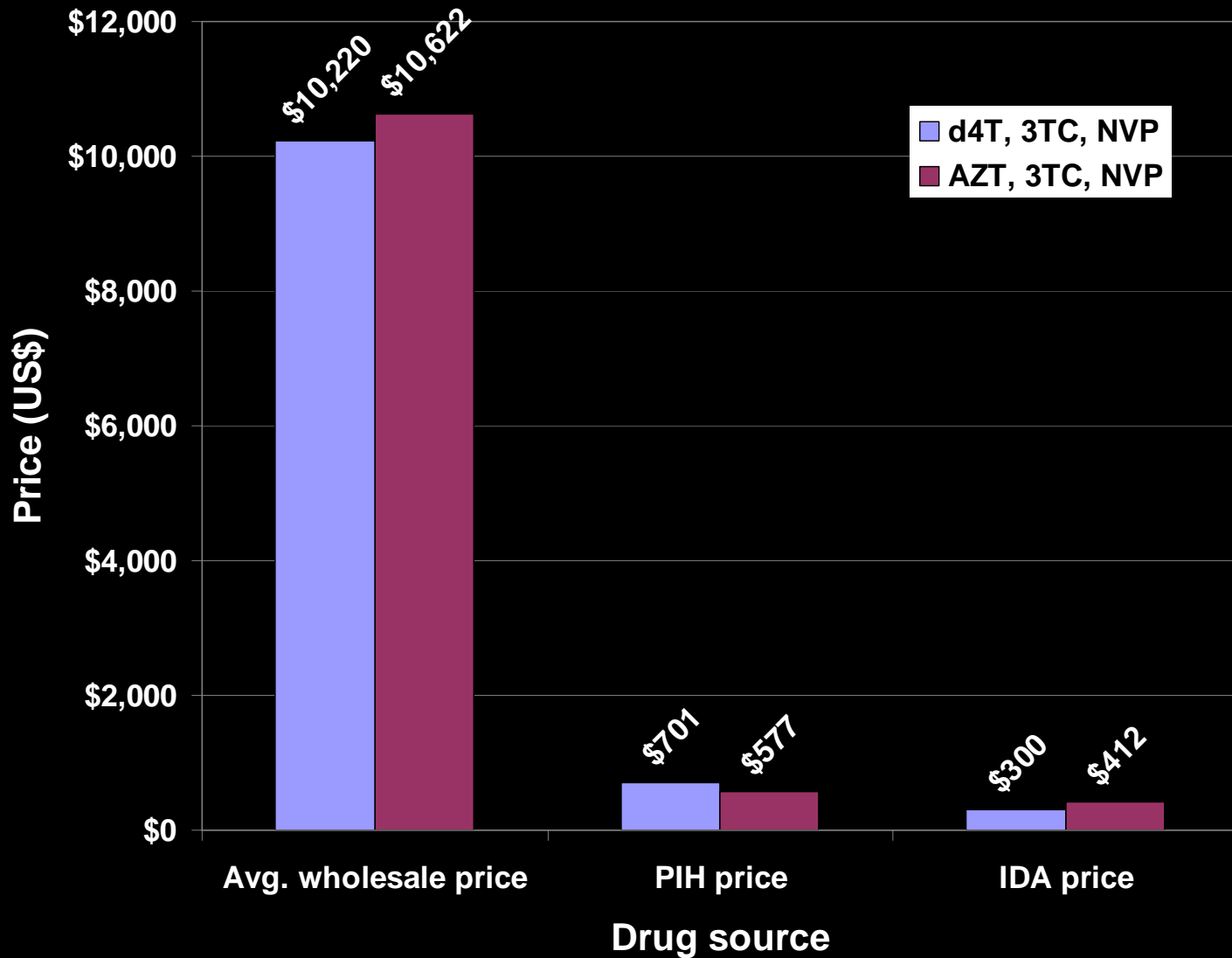
Joseph Jeune is a 26-year-old peasant farmer from the town of Lascahobas, in Haiti's lower Central Plateau. Joseph felt well until August 2002 when he started to lose weight and experience fevers. With the help of his family he travelled to several clinics seeking help, but his health deteriorated rapidly, and he eventually became bedridden with a gastrointestinal opportunistic infection. By this time Joseph had given up all hope of recovery and his parents, resigned to losing him, had already bought his coffin.

Emaciated and close to death, Joseph was admitted to the Lascahobas clinic in March 2003 after being referred there by a community health worker. Doctors at the clinic diagnosed HIV and tuberculosis coinfection and started him on antiretroviral therapy for HIV/AIDS and treatment for tuberculosis. He remained at the clinic for almost two months, gradually fighting off the infections. Overall, Joseph's recovery has been remarkable, and his weight has increased by over 16 kg. He is now strong enough to have resumed farming, and he earns an additional income by shining shoes at the local market.

Speaking about antiretroviral therapy, Joseph says:

"These medications have brought me back from the brink of death. Everyone except my mother had given up hope for me until I started treatment, but now nobody would know I am sick unless I told them. I feel as good now as I have in years. This treatment has been miraculous for me, and for others. To think that my family had already bought my coffin when I started treatment – and now look at me!"

# Annual per-patient ART cost, 2002







# del Rio et al, 2001

- Retrospective chart review of 61 newly diagnosed AIDS patients (as defined by CD4 count and HPI) at an urban hospital in Atlanta
- Only 8 (13%) of the original cohort had an undetectable viral load at one year after the diagnosis
- Fewer than 1 in 7 newly diagnosed patients had a successful ART outcome
- Most patients dropped out of care within a few months of diagnosis









# AFRICA: POSITION AND S



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RWINKWIVU



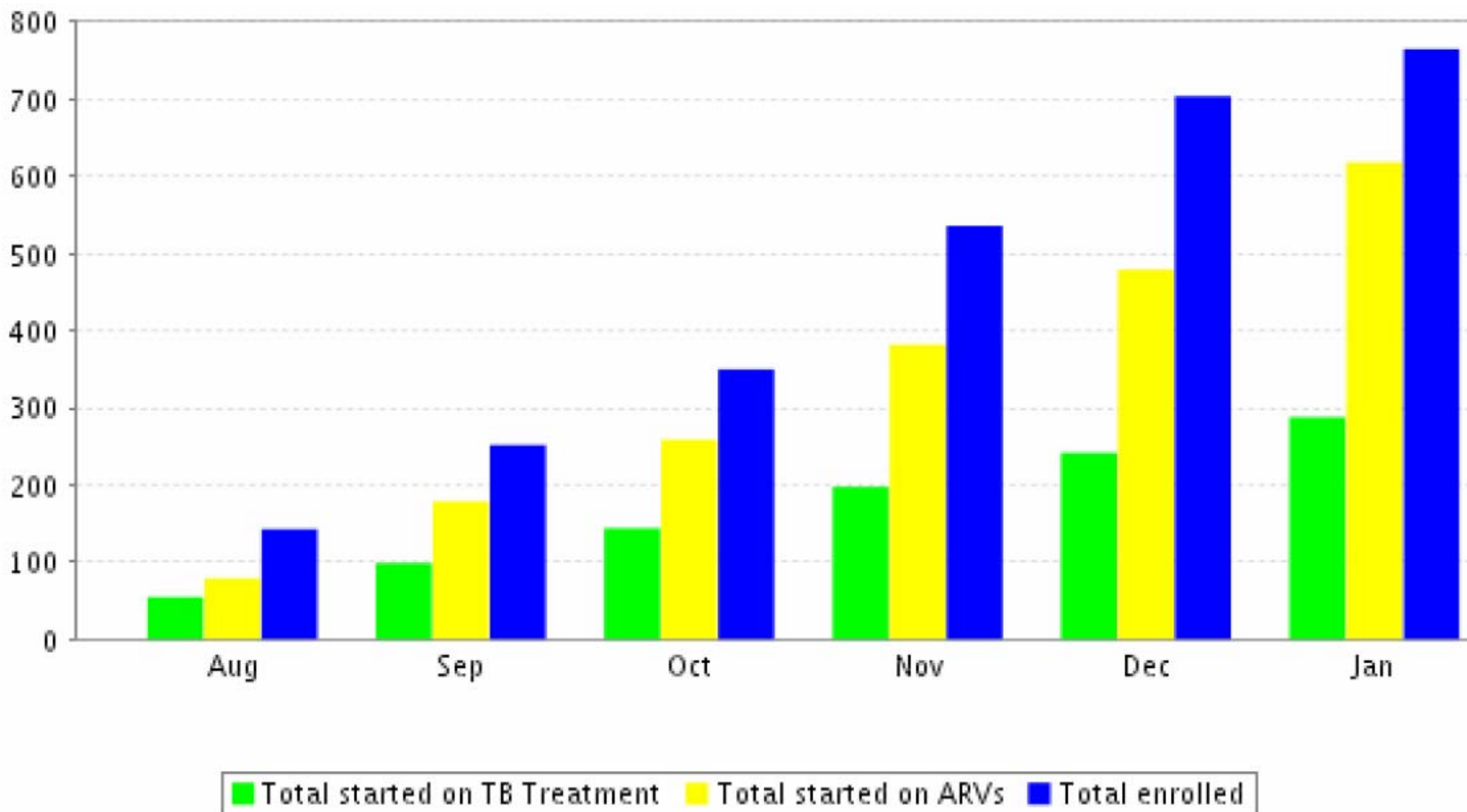


**INSHUTI MU BUZIMA**





# Report on HIV patient enrollment generated by IMB staff from EMR data









RWINKWAVU  
HOSPITAL



**Thank you**

GRANT  
MAKERS  
IN  
HEALTH