Health Communication Makes an Impact on
The HIV Continuum of Care
Community Support and Enhanced Counseling Saves Lives

In Rwanda, a community-based antiretroviral therapy (ART) program achieved a 92.3% retention in care after 24 months by enrolling patients in education and support groups that met the same day as clinic visits, and included community health workers who directly observed them taking their medication and offered psychosocial support.¹

Those who received enhanced post-test counseling in Uganda, coupled with home visits and continued counseling support, were 80% more likely to return for pre-ART care as those in the standard counseling group.²

Also in Uganda, involving community-based peer health workers decreased the amount of people lost to follow-up by 44% compared with no peer health workers.³

Receiving a visit from a person living with HIV (PLHIV) significantly improved HIV care enrollment rates among participants in a Kenya study. Of those consenting to follow-up, 63.2% enrolled in HIV care within 3 months.⁴

Home visits to supervise ART in a Peru program greatly increased the number remaining on treatment after 12 months from 65% to 90%, when compared with a control group.⁵

Weekly SMS messages to patients in a Kenya study inquiring about their health and requesting a response within 24 hours improved rates of self-reported adherence to HIV treatment and increased the likelihood of viral suppression.⁶