

The need for comprehensive care in People Living with HIV/AIDS

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The rising number of People Living with HIV/AIDS (PLHIV) worldwide has made health care professionals and policy makers search for accessible health care that will meet the needs of people who are suffering from the disease and enhance their quality of life. Since 1999, the year in which it is thought that the epidemic peaked globally, the number of new infections has fallen by 19%. Of the estimated 15 million people living with HIV in low and middle income countries who need treatment today, 5.2 million have access (translating into fewer AIDS-related deaths) (1).

People with HIV/AIDS can live healthy lives longer if proper care and support is provided. Among the care and support, the introduction of Anti Retroviral Therapy (ART) linked to the different chronic care contributed a lot in decreasing the AIDS related mortality and improving the lives of PLHIV and their affected families in the past decade. The paper by Tsegaye and Worku from SNNP clearly demonstrated the improvement in survival through the use of antiretroviral treatment (2). The relatively high level of adverse drug reaction reported with antiretroviral drugs compared to the overall low level of adverse drug reactions reporting in the paper by Ermias and et al. calls for the need in proper counseling of patients and training of providers in sustaining the improvement in survival through the use of these drugs (3).

The care and support activities for PLHIV need to be a multi-sector response. Among the different sectors, the involvement of the private sector in the provision of ART is also an important aspect in addressing the needs of PLHIV. As indicated by Omar and et al. a number of private hospitals in Addis Ababa are involved in the program and there is a need for better monitoring and follow up to increase the relatively low patient retention compared to the national average (4).

Promotion and expansion of routine provider initiated HIV counseling and testing and

subsequent follow up for patients presenting with symptoms of sexually transmitted infections and other health services has a great impact in risk reduction for HIV transmission. This can only be achieved with a quality counseling and care provision by a well trained and competent provider with good counseling and interpersonal skills. Two of the articles in this issue tried to indicate the need for concerted efforts in improving the counseling services in order to provide high quality care and avert the transmission of HIV (5, 6).

The care and support for PLWHA should also consider their families who are affected in one way or another. Children orphaned due to AIDS are suffering from inadequate support for their social life, resulting in profound lifelong psychological and economic impacts. The existence of higher self-esteem and strong perception of social support has been shown to decrease the psychological problems of orphaned children in the article by Getachew et al (7).

For the estimated 33.3 million people living with HIV globally after nearly 30 years into a very complex epidemic, the gains are real but still fragile. In sustaining existing achievements and increasing more gains, the need for comprehensive care has a paramount importance as indicated in the findings of the different articles. With an improvement in the lives of PLHIV and their affected families the need for comprehensive care is very essential. The existence of a comprehensive care is a cost effective way of responding to the needs, delivering the different services and should be a multi-sector response. Future progress will depend heavily on the joint efforts of everyone involved in the HIV response.

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