**Community-Based Adherence Support is relevant in promoting adherence to ART**

**Methods**

1. **Patient level analysis**
   - Sites with better data quality, higher patient maintenance rates, and sites with comparable proportions of patients with PAs (42%) than those without (34%; p = 0.001) were more likely to disclose their HIV status (58%) versus those without (42%; p = 0.005). Patients with PAs were significantly more likely to be alive, with a 95% survival rate (0.62; p = 0.003) than those without (42%; p = 0.001). The number of deaths among patients with suppressed viral load (48.6%) was significantly lower than among those without (62.5%; p = 0.001) in the treatment pick-up rate over 400 copies/ml (p = 0.001)

2. **Site level analysis**
   - The site level analysis used patient records from ART sites with (N=319) and without (N=1,958) PA services. The analysis was done for patients with suppressed viral load (N = 1,382) and unsuppressed viral load (N = 986). The results showed that patients with suppressed viral load (N = 1,382) and unsuppressed viral load (N = 986) had a significantly lower incidence of drug resistance (p = 0.001) and non-retention in care (dying = 0.62; p = 0.003) with the hazard ratio of 0.62 (95% CI = 0.58 – 0.65). The results showed a significant impact of PA services on the rate of virologic failure and non-retention in care at sites with and without PA services.

**Conclusion**

- Community-Based Adherence support is relevant in promoting adherence to ART and treatment outcomes.
- The outcomes of this research could be applied to the management of other chronic diseases that require good adherence.

**References**


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