



Saharan Africa is higher than that in North America.³ However, maintaining adherence is complex, and several factors affect patient ability to access and adhere to ARVs: patient characteristics and context, ARV regimen, clinical situation and the patient/health staff relationship.⁴

In October 2008, the new Minister of Health announced that 550 000 PLWHs – the highest number in the world – were on ARVs in South Africa.⁵ This achievement was recently tarnished by increasing alarm over Free State province's public sector ARV programme. The Free State has the third-highest HIV prevalence (of 31%) in the country.⁶ Since December 2008, the province's Department of Health stopped initiating new patients on ARVs⁷ because of out-of-stock drugs and lack of funds. An estimated 30 PLWHs are dying every day in the province while this hiatus continues.⁸ The moratorium will increase morbidity and mortality, but the loss of trust in the health system and the potential impact of the ARV crisis on existing patient adherence also need to be considered.

Campero *et al.* reported that patients already on ARVs share their medication with neighbours, relatives or friends who experience delays in receiving ARVs.⁹ This practice could lead to the development of drug resistance in people sharing medication if they consequently have differential exposure to ARVs,¹⁰⁻¹³ and raises serious public health concerns about drug failure, subsequent and more expensive drug regimens, and the spread of drug-resistant strains of HIV.

Patients' perceptions of staff attitudes and waiting times were reported to be key factors for patients' ARV adherence.¹⁴ Conceivably, PLWHs will seek care in other provinces, and would consequently be required to return monthly to outlying clinics to pick up their ARVs. Transport costs and the time needed to reach clinics are risk factors to adherence and retention in care.^{15,16} Patients currently on treatment – in the Free State and elsewhere – are understandably anxious about the health system's ability to guarantee lifelong access to ARVs.

An estimated 300 000 people might not have died of AIDS if the South African government had responded to the AIDS crisis quickly and in a coherent manner.¹⁷ How the government proceeds to contain and repair the damage being done in the Free State will be a litmus test for the long-term success of South Africa's ARV programme.

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(ARV-) Free State? The moratorium's threat to patients' adherence and the development of drug-resistant HIV

To the Editor: Despite early fears that people living with HIV (PLWHs) in Africa would not be able to adhere to antiretrovirals (ARVs),^{1,2} research has shown that the proportion of PLWHs reporting ≥95% adherence in sub-



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