A for Africa

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Flouting the theory that African poverty would lead to poor HAART adherence, studies in Uganda, South Africa, Botswana and Senegal show African HIVers take 90 percent of their meds—compared to Americans' 70 percent [see "Adherence"]. In the U.S., the major adherence barriers—depression, cocaine and booze—are more common in poverty but no strangers to the wealthy. In Africa, money woes are an incentive: Researcher David Bangsberg, MD, cites the financial sacrifices Africans make for HAART (pooling the family's income, for example) as motivation to pop every pill. "Many of the patients we study [in Africa] are perplexed by the question of how many pills they missed," Bangsberg said. "They've asked, 'Why would someone not take the medicine?'"

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