Retention in care is an essential component of meeting the third “90” of the UNAIDS 90-90-90 HIV treatment targets - viral suppression. Patients who disengage from care have an increased risk of poor health outcomes, transmitting HIV to others, and developing drug resistance; thereby undermining overall program impact and the public health goal of ending the HIV epidemic.

Methods

We considered a retrospective cohort study of all patients ≥15 years of age who initiated one of the 13 Khayelitsha ART clinics from 1 Jun 2013 - 31 Jun 2014 regardless of the date they initiated ART.

Definitions:

Disengagement: not being seen at a Khayelitsha ART clinic >180 days. The database was closed on 30 June 2015.

Analysis 1: Cumulative incidence of first disengagement is the study window by time on ART, using flexible parametric survival models (frailty-PHAR) and risk factors for disengagement based on a Cox proportional hazards model. Multiple imputation was conducted to account for missing data.

Analysis 2: For those patients who disengaged, description of outcomes after disengagement using Western Cape Province-wide health databases and the National Death Registry through 30 June 2015.

Results

156,929 patients started ART in Khayelitsha from 1 Jun 2013 to 31 May 2015, of which 118,619 (76%) were seen at least once after ART start and 38,310 (24%) were not seen nor were they found to be dead. Therefore, "alive" is the only outcome we could ascertain. *Note: “Alive as of 30 June 2015” refers to patients who had valid national identification numbers but were not found in care anywhere in the Western Cape nor were they found to be dead. Therefore, “alive” is the only outcome we could ascertain.


Conclusions and Next Steps

Although the majority of the large proportion of patients who disengaged either subsequently returned to care or remained after withholding hospitalization, a challenge to meeting the 90-90-90 HIV treatment targets is developing, testing, and implementing program designs to target mobile populations and retain them in lifelong care. This should be guided by risk factors for disengagement as observed in this and other studies.

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UK site link: www.unaids.org