

12th International  
Conference on  
HIV TREATMENT  
AND PREVENTION  
ADHERENCE



# Adherence 2017

JUNE 4-6, 2017 • MIAMI

Jointly sponsored by



Postgraduate Institute  
for Medicine

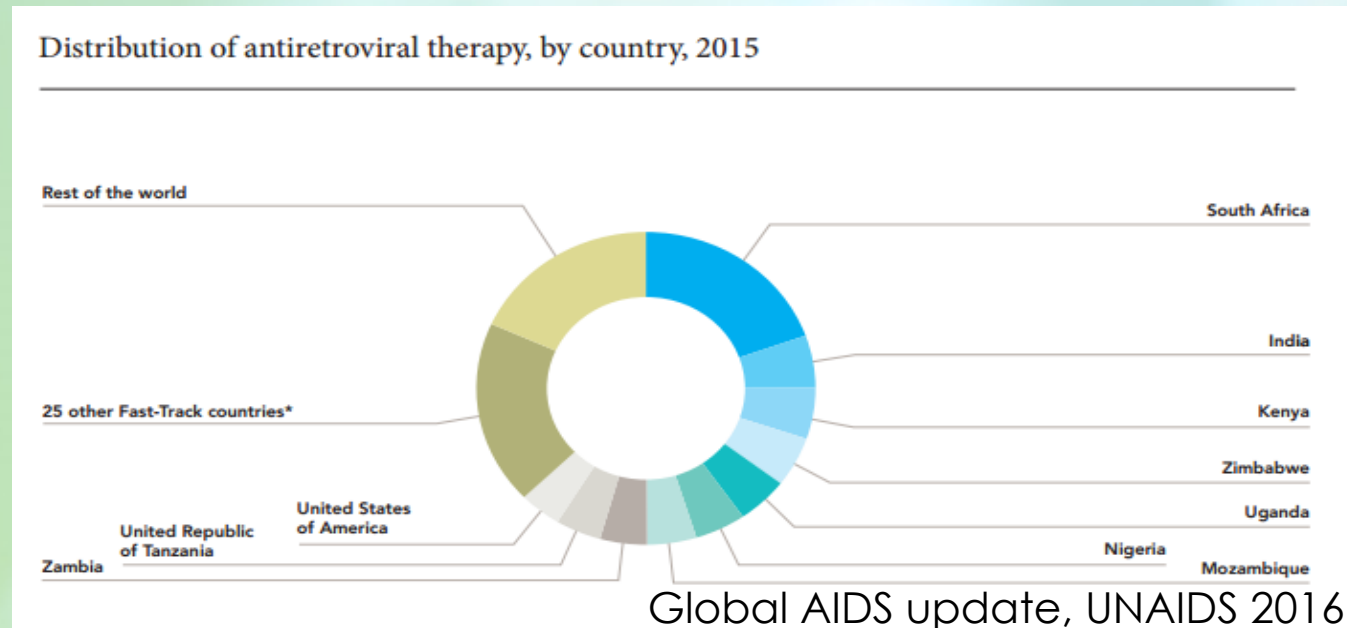


# Retention in care in the South African setting...

Catherine Orrell, Desmond Tutu HIV Centre, University of Cape Town



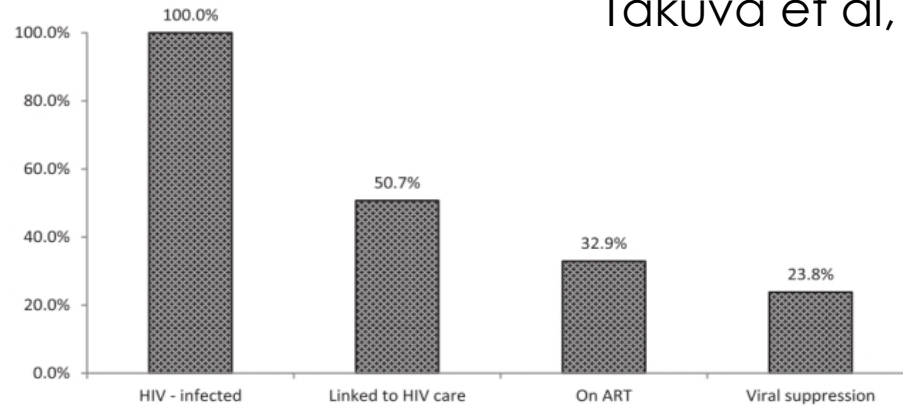
## Numbers in sub-Saharan Africa in 2015:



- Still 470 000 AIDS-related deaths in 2015.

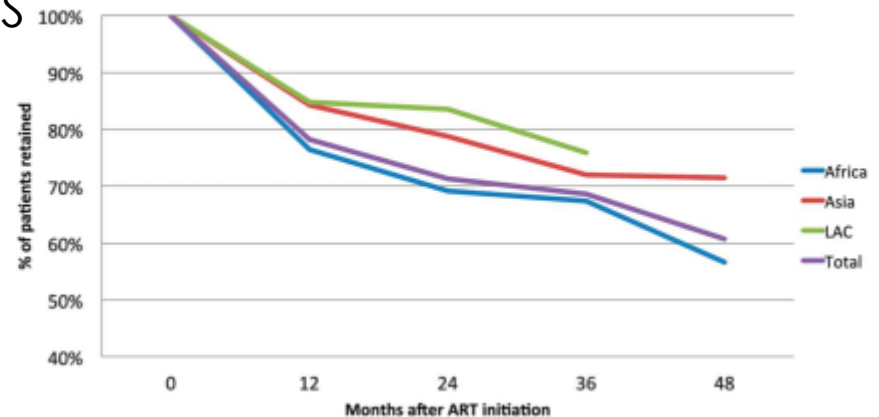


# Losses on ART programmes are high:



**Fig. 1. Estimated HIV continuum of care in 2012 in South Africa.** HIV-infected,  $n = 6511\ 000$ ; linked to HIV care,  $n = 3300\ 000$ ; on ART,  $n = 2140\ 000$  and viral suppression (viral load  $<400$  copies/ml),  $n = 1550\ 000$ . All numbers are rounded off to the nearest 1000.

Fox and Rosen, JAIDS  
2015



**FIGURE 1.** Average retention at specified time points, by region. Note: y axis starts at 40%.





## Losses on ART programmes are high:

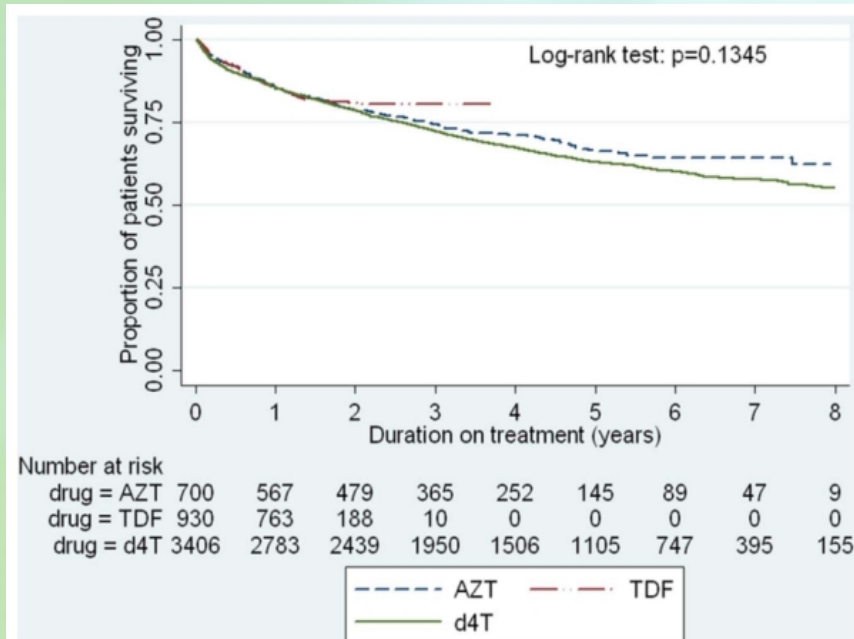
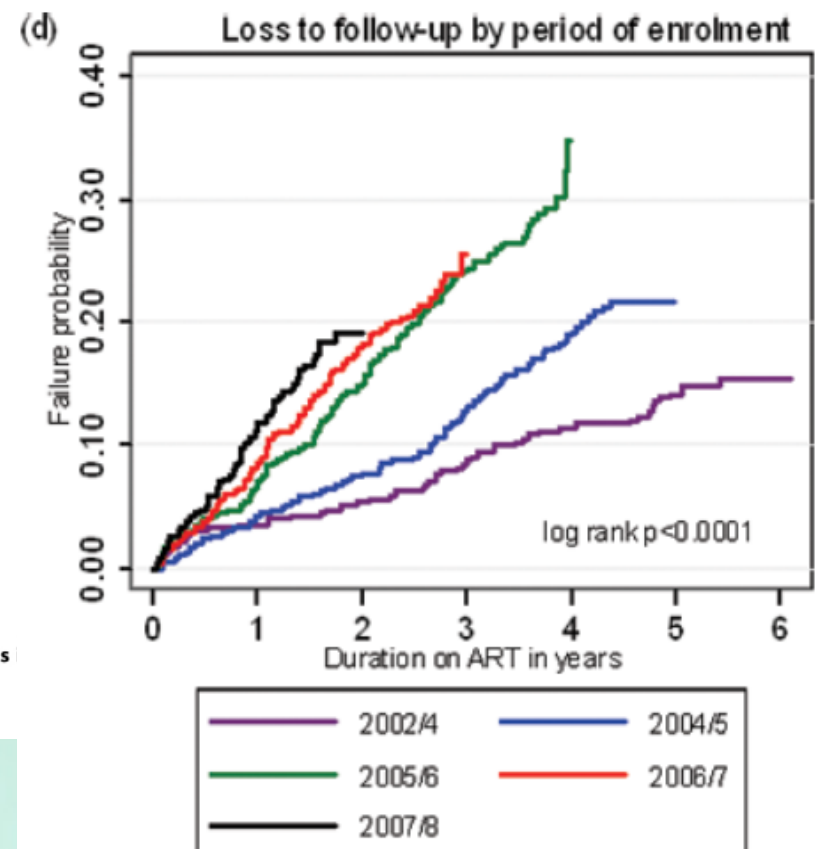


Figure 2. Kaplan-Meier estimates of time to programme losses (loss to follow-up/death) in adults

Njunguna et al, Plos One 2013.

17.7% had discontinuation of treatment before 16 weeks.

Katz et al, CROI 2015



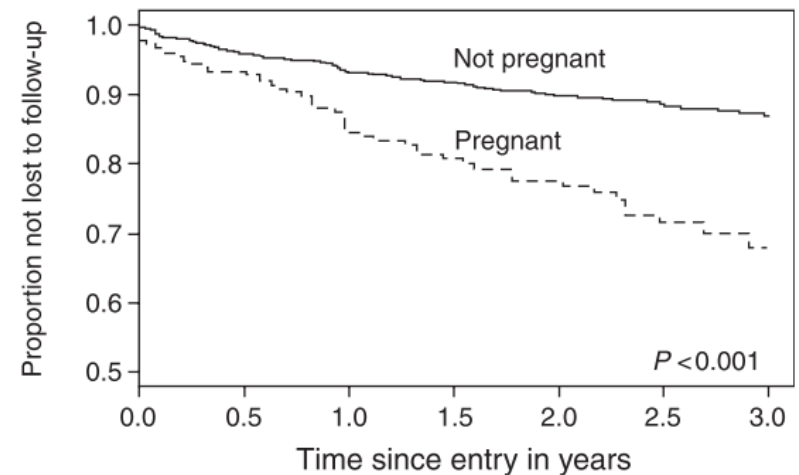
Nglazi et al, JAIDS 2011.



**Specific populations:**  
Pregnant women –  
Losses were high  
before B+

### Loss to follow-up and mortality among pregnant women referred to a community clinic for antiretroviral treatment

Richard Kaplan<sup>a</sup>, Catherine Orrell<sup>a</sup>, Eugene Zwane<sup>b</sup>,  
Linda-Gail Bekker<sup>a,c</sup> and Robin Wood<sup>a,c</sup>



Not pregnant: 1431 1098 883 671 493 308 207  
Pregnant: 246 183 142 115 88 57 31

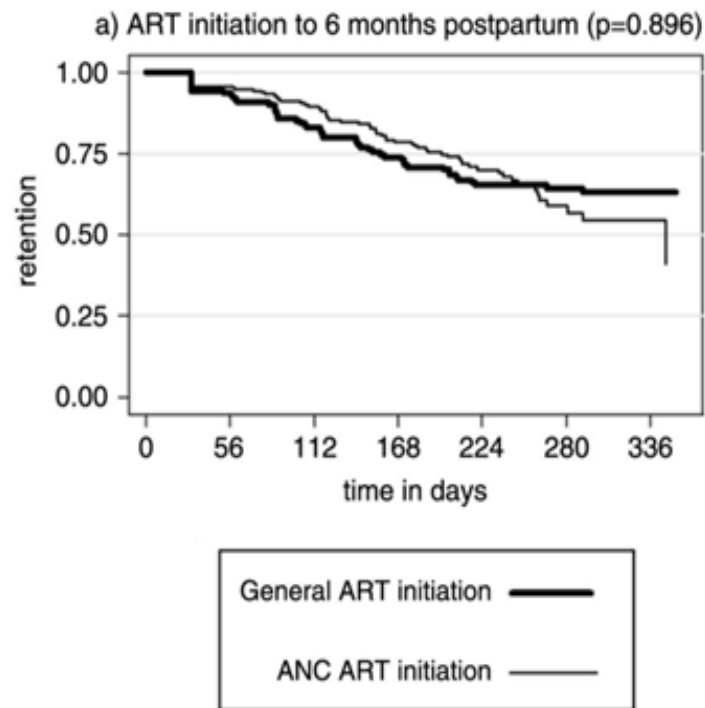
**Fig. 1. Survival from date of starting antiretroviral treatment for pregnant and nonpregnant women.** (a) The Kaplan–Meier

**AIDS** 2008, Vol 22 No 13



## Specific populations:

Pregnant women – losses are still high with B+



Phillips et al, JIAS 2014

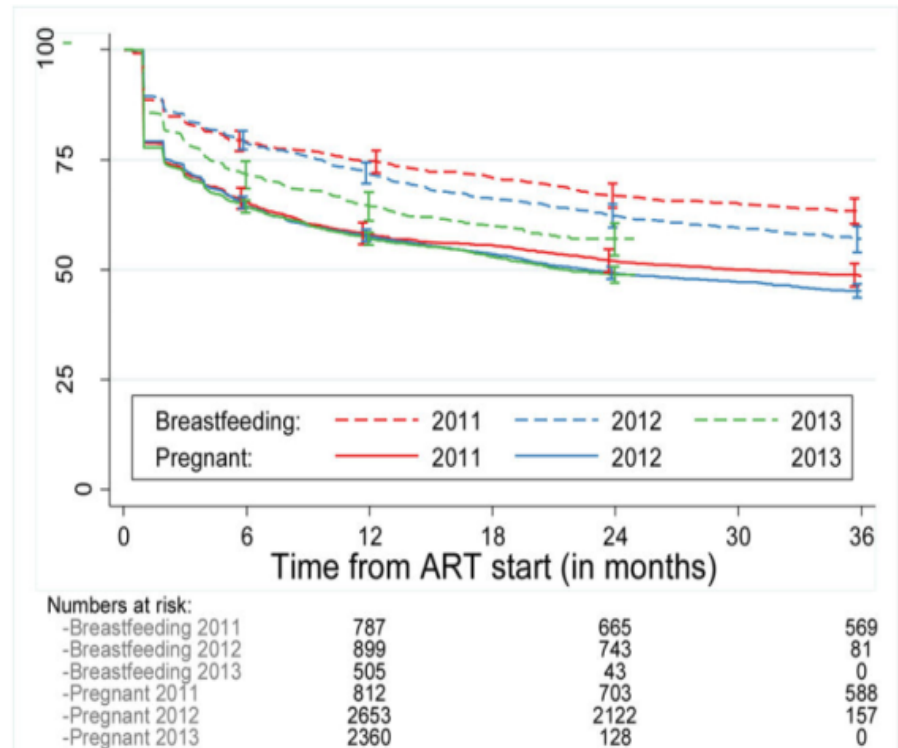


Figure 2. Retention in care by indication for Option B+ and year of ART initiation

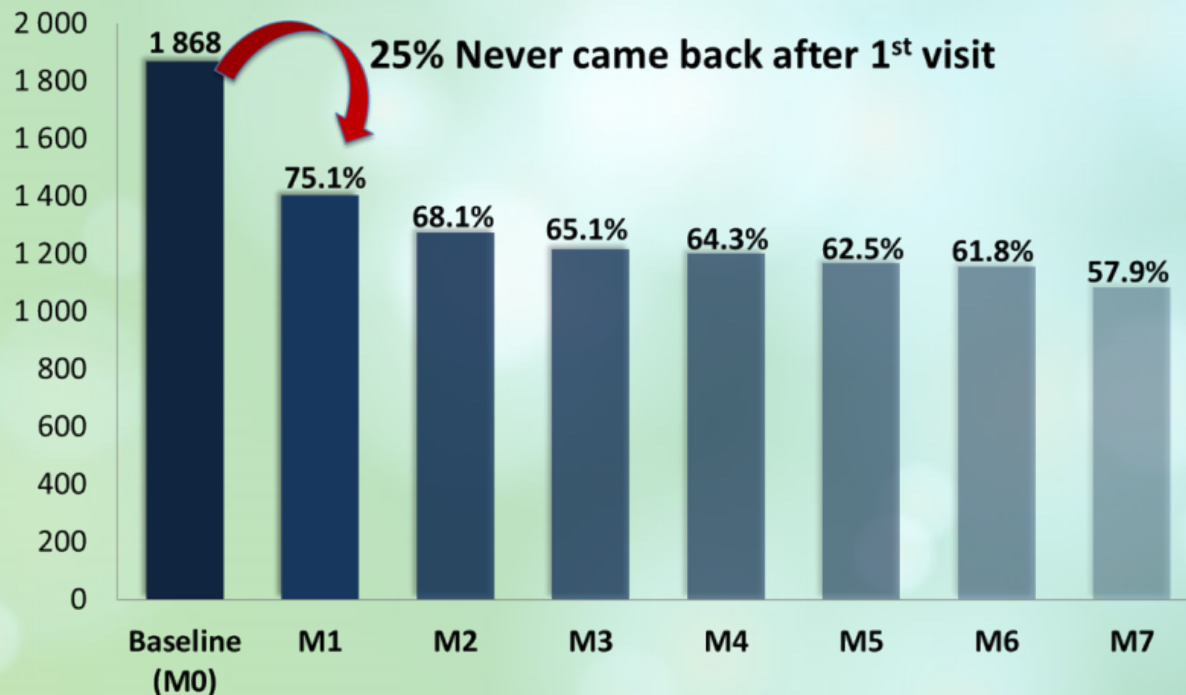
Haas et al, Lancet HIV 2016



## Specific populations:

Pregnant women – losses are still high with B+

### 6 Month Retention Cascade, 186 health facilities, Uganda, OHTA, 2014







## Specific populations:

Youth:  
Increased rates of viral  
failure.

(Nglazi et al, BMC Infect Dis 2012)

Increased risk of poor  
adherence, treatment  
interruptions and lost  
to follow up.

(Orrell, JAIDS 2015)

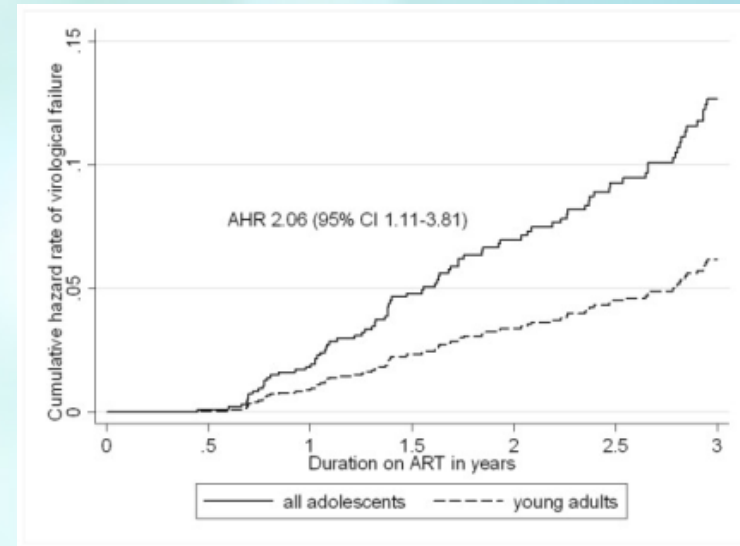
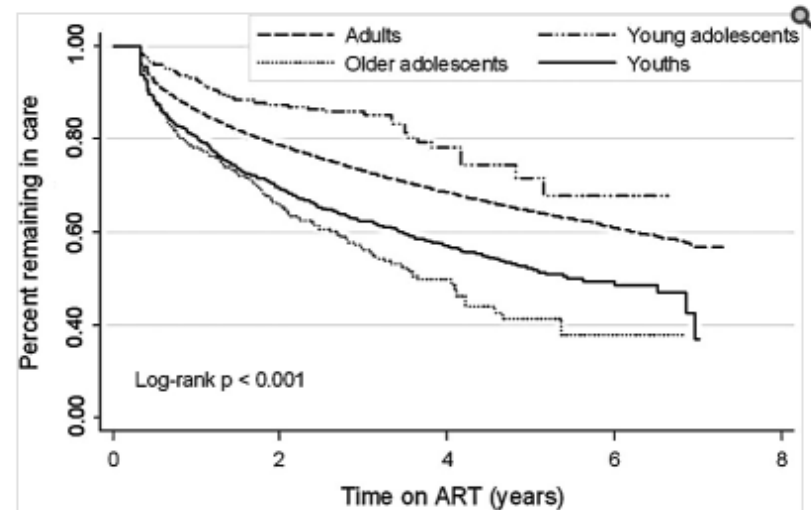


FIG. 1.



(Evans et al, AIDS Hum Retroviruses 2013)



## Specific populations:

Previous raised viral load –  
implementation and discontinuation  
go hand in hand

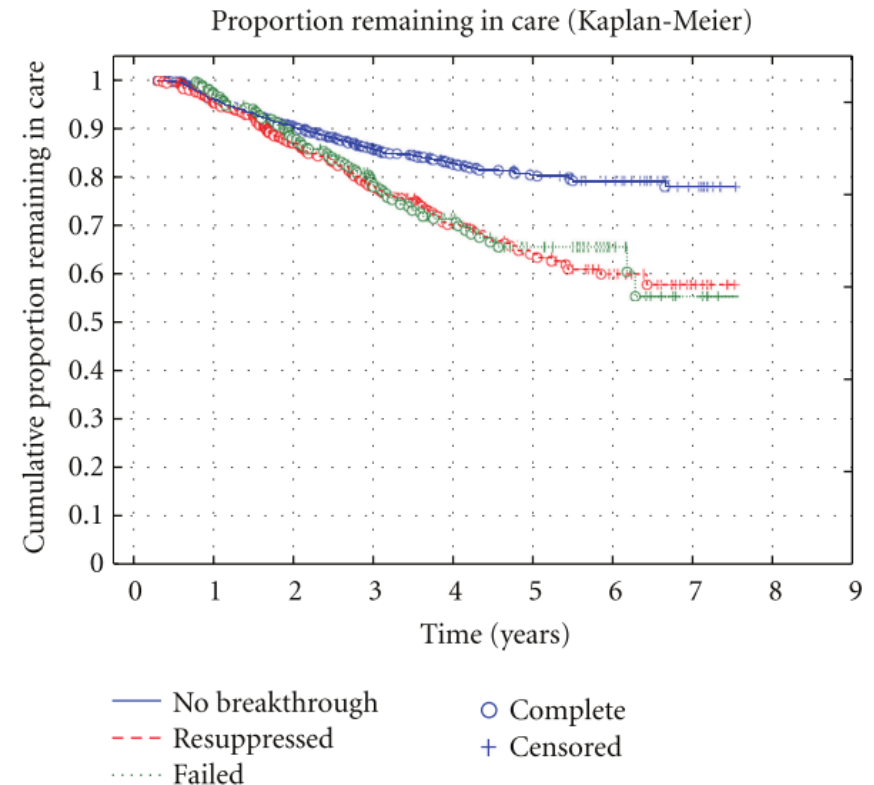
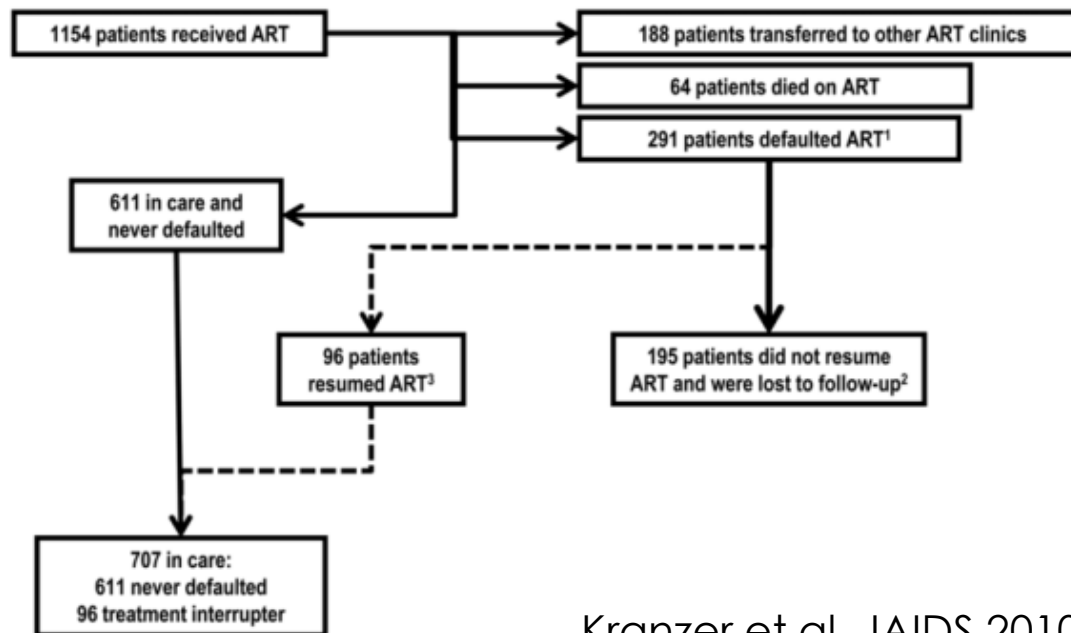


FIGURE 3: A Kaplan-Meier survival curve depicting risk of loss to care overtime. Losses include deaths and those lost to followup. Those who never experience virological breakthrough are more likely to remain in care overtime. Losses to care are greater in those who experience breakthrough and do not differ by future virological outcomes (failed or resuppressed).



## Cycling in and out of care:



Kranzer et al, JAIDS 2010

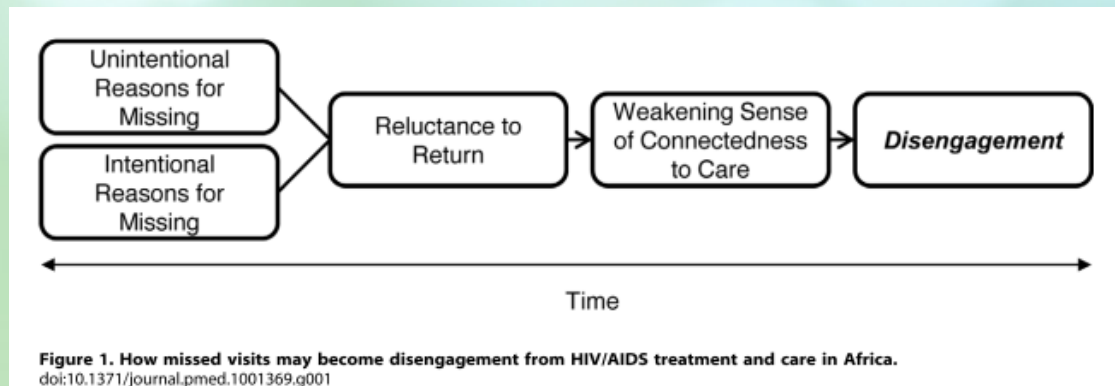


## Why?

**Competing demands** – caring for others, travelling for funerals or work take precedence.

**Unexpected events** – travel delays, accidents, violence.

**Lack of funds** to attend – further clinics







## Why?

**Dissatisfaction with care** - long waiting times;  
rude behaviour of staff.

**Reluctance to come back** – staff behaviour,  
fear of negative interaction



## Summary?

Losses are great, especially in the first few months of care;

Some populations need more support;

We can't prevent every loss, but we can do better with what we have.



## Improving retention in care:

Changes to clinic structure:

- Improve initial engagement: dedicated team, streamlining of care / defining trajectories.
- Improved monitoring: notice EARLY when someone is missing...use available data e.g. pharmacy refills.



## Improving retention in care:

### Changes to clinic structure:

- New models of care: ease of use and access e.g. adherence clubs in the community, nearer peoples homes; dispensing machines or drug delivery.

#### HEALTH

## The Guy Who Delivers HIV Medicine On His Bicycle

November 17, 2014 - 4:18 PM ET  
Heard on All Things Considered

ANDERS KELTO



Sizwe Ndima, right, and one of his six employees deliver medicines to patients in a Cape Town neighborhood.  
Anders Kelto for NPR







## **Improving retention in care:**

### Changes to clinic staffing:

- Appropriate staff for the patient load (over-burdened, under-skilled)
- Encourage good staff interaction, for patients to feel are cared for and belong.
- Embrace when return to care.



## Acknowledgements:

Desmond Tutu HIV Centre / Foundation:  
staff and participants, including Linda-Gail  
Bekker, Robin Wood, Anna Cross.



David Bangsberg, Jessica Haberer, Bosco  
(META team)



Ingrid Katz (Treatment Ambassador team).



Bob Remien, Reuben Robbins, Pat Warne,  
Nadia Nyugen (ADD-ART team).

