

# ART INELIGIBILITY CONFERS HIGH RISK OF POOR RETENTION IN THE PRE-ART PERIOD AMONG PERSONS NEWLY DIAGNOSED WITH HIV INFECTION IN SIERRA LEONE

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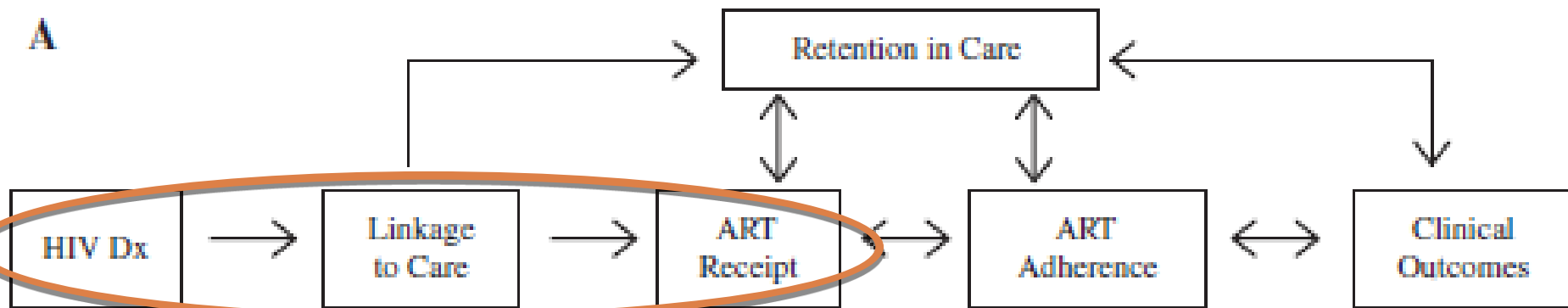
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# Sierra Leone's HIV epidemic

- Low prevalence country, 1.5%
- 2005:
  - ▣ Prevalence peaked
  - ▣ Provision of free antiretroviral therapy (ART) policy
- 2007:
  - ▣ Epidemic stabilized
- 2010:
  - ▣ Millennium Development Goal award for performance in HIV prevention

# What are the retention rates and risk factors in the pre-ART period?

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# Methods



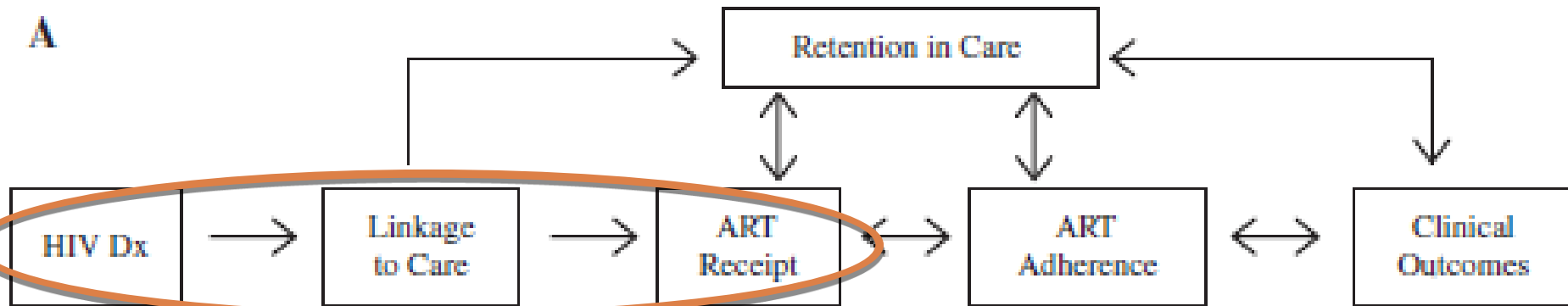
# Determining the gaps and barriers

Surveys at diagnosis

Semi-structured interviews with persons LTFU

Repeat surveys

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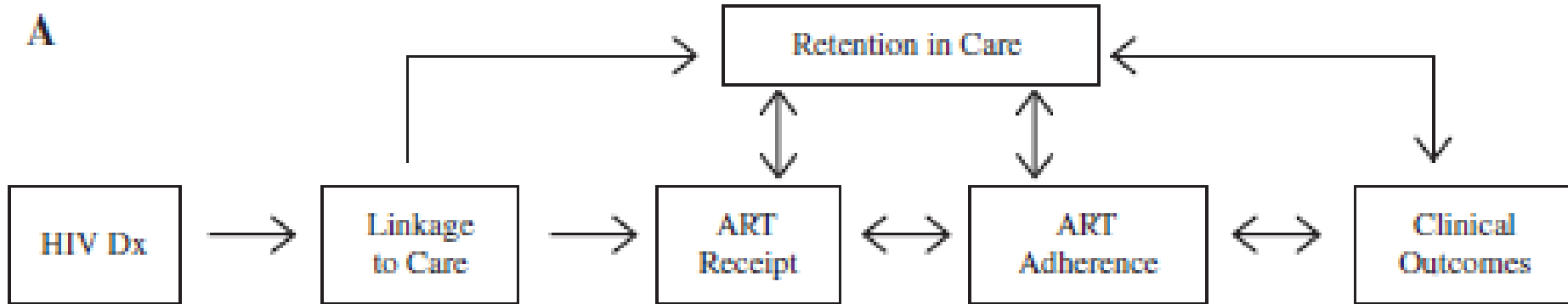
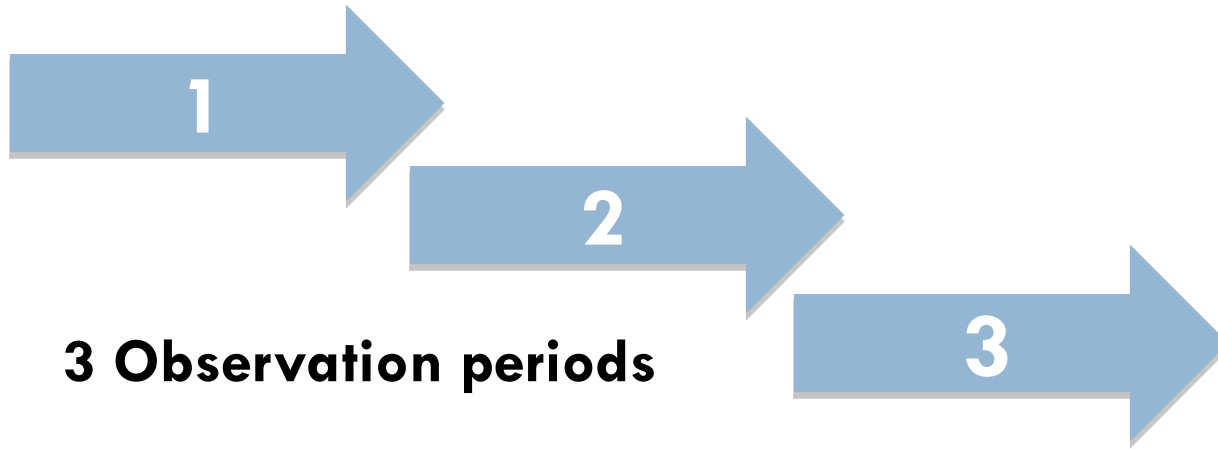
Ongoing study at Connaught Hospital in Freetown  
Enrolled 407 participants from July 2011 to April 2012

Study period: 12 months

# Defining “out of care”

**Standard of care:**

- 1) Co-localization of services,**
- 2) Monthly visits for all, including ART-ineligible,**
- 3) No pre-ART counseling.**

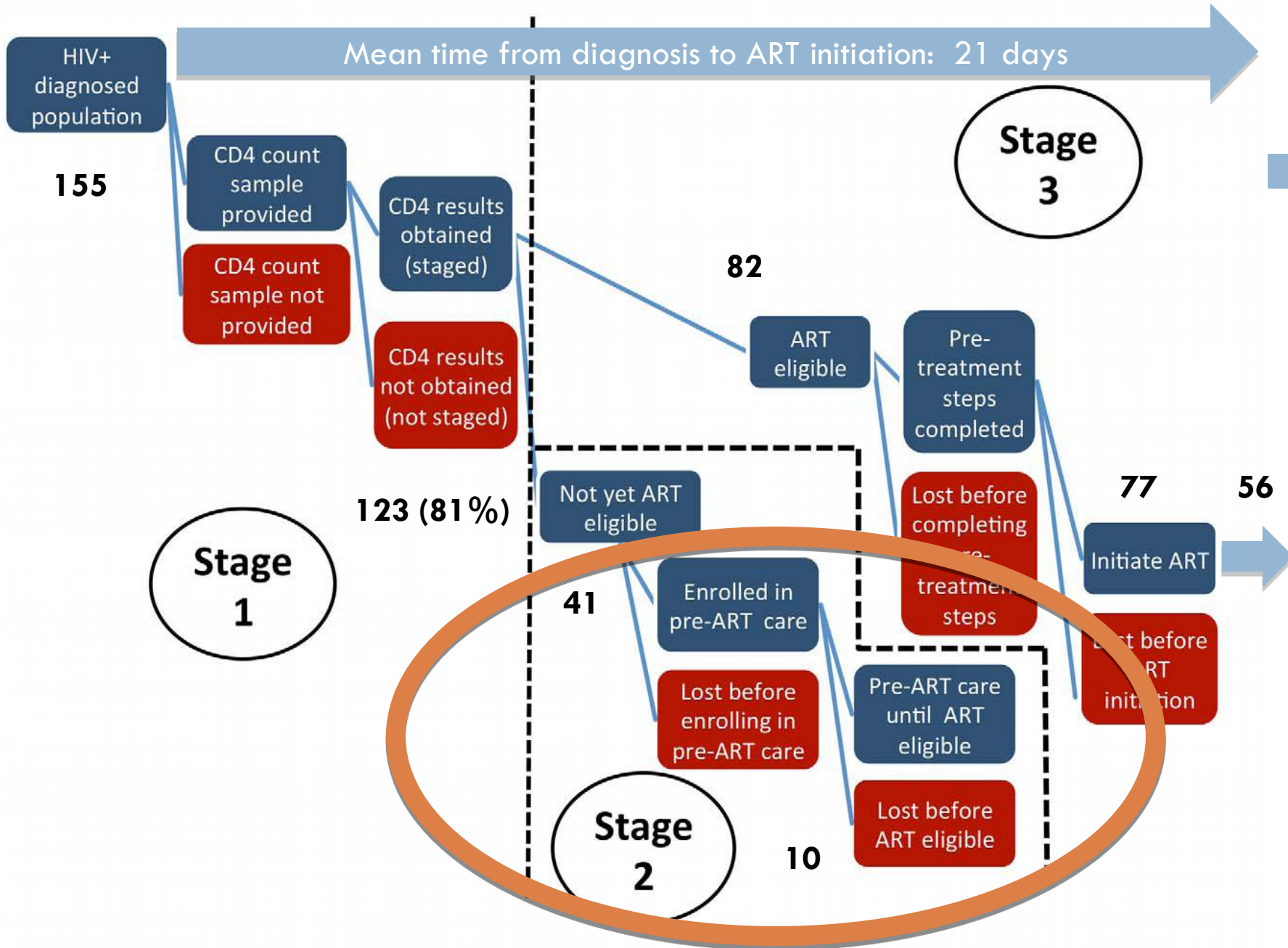


**Attending no subsequent visits during a 90-day period after:  
1) Diagnosis, 2) ART staging, or 3) ART initiation.**



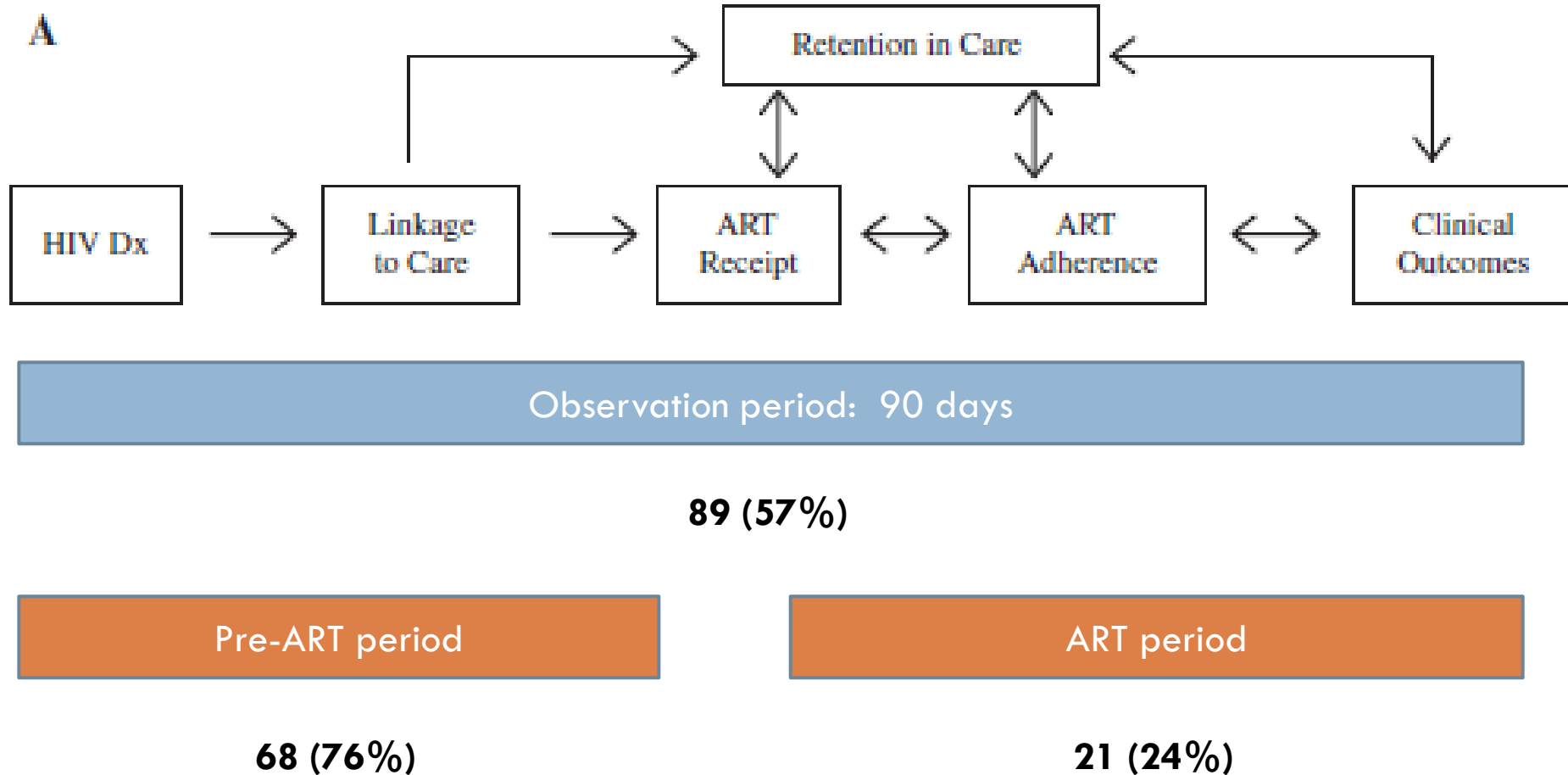
# Results







# Of the 155 participants, how many were “out of care”?



# “Out of care” characteristics

- Risk for being “out of care” was not significantly predicted by survey-related data
  - ▣ Social support, HFIAS, MOS-HIV, distance from clinic, educational level, and income
- People “out of care” were more often:
  - ▣ Male (OR 4.5 [1.4-14.5],  $p=0.01$ ),
  - ▣ Younger (OR 1.1 [1.0-1.2],  $p=0.01$ ),
  - ▣ ART ineligible (OR 5.2 [1.3-19.7],  $p=0.02$ ).

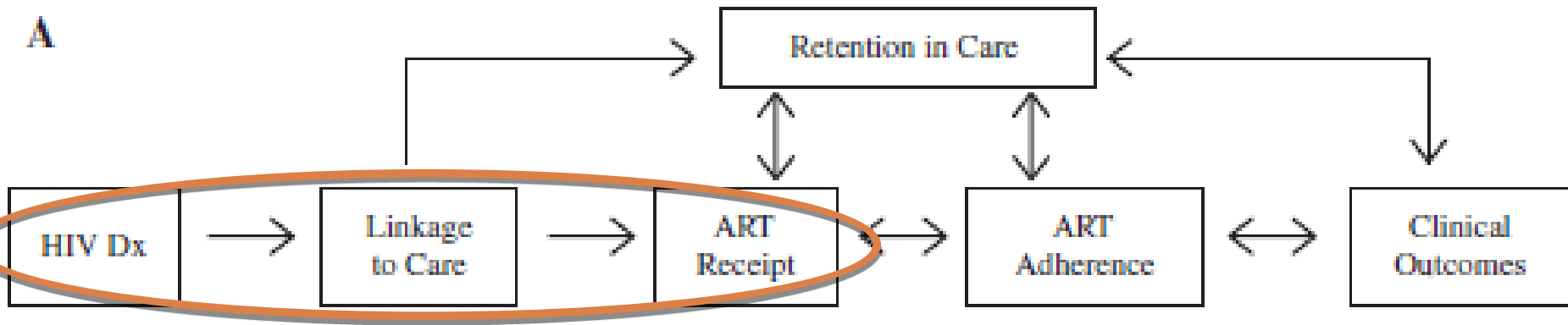
## Conclusion

We learned that most participants went “out of care” during the pre-ART period, especially before staging or after being staged as ART ineligible.

# Qualitative methods

Ongoing study in the communities of Freetown  
Enrolled 20 participants

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Semi-structured interviews with persons  
LTFU

What are the reasons, if any, that  
patients do not come to appointments?



# Results



## Misperceptions about user fees at the HIV clinic

“I was told to get a chest x-ray before I could begin the pills. I went to the x-ray department, and they told me that it would cost Le 50,000. I did not have the money. I was afraid to go back to the clinic without the result...”

## Financial constraints: food insecurity

“I pay for food first because I want to eat first. Then I don't have money to go to the hospital...”

“If I get food, I'll go to clinic. If I don't get, I don't go...”

## Financial constraints: transportation costs

“...I eat, and then I have to get transport. If I can get both, I can go to clinic...”

“Transport is my #1 problem... It is Le 4,000 (about USD 1) each way...”



## Financial constraints: unemployment

“The people forsake me and force me to leave. I do not work, and I lack money. So this month, I was not able to go to the hospital...”

# Preliminary themes

- 1) Misperceptions about user fees at the HIV clinic
  - Vouchers for chest radiographs
- 2) Financial constraints
  - 1) Food insecurity
  - 2) Transportation costs
  - 3) Unemployment

# Lessons learned

- Gap: The pre-ART period is high risk for poor retention in care.
- At risk: Male, younger, and ART ineligible
- Barriers: Those people who were “out of care” tend to have misperceptions about facility-based user fees and/or financial constraints
- Interventions: Need for rigorous evaluations and innovations

# A round of applause

- National HIV/AIDS Secretariat
  - ▣ Dr. Brima Kargbo
  - ▣ Dr. Sulaiman Conteh
  - ▣ Dr. Momodu Sesay
- Baylor College of Medicine
  - ▣ Dr. Tom Giordano
- Wellbody Alliance
  - ▣ Dr. Bailor Barrie
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  - ▣ Cora Nally
- Other collaborators
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  - ▣ Dr. Franck Lamontagne
  - ▣ Gregoire Lurton
  - ▣ Lily Chattopadhyay
  - ▣ Katrina Hann
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  - ▣ U.S. Embassy
  - ▣ Wellbody Alliance
- The patients

