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Background

- Disengagement from HIV care in the early treatment period (first 6 months after initiation or re-initiation) is a critical obstacle to achieving HIV epidemic treatment targets.
- Clear procedures for clients returning to care are outlined in South Africa's Service Delivery Guideline on Fast Track Initiation and Counseling.
- The effect of guideline implementation and the underlying drivers of early disengagement remain unclear.

The clients most at risk for disengagement during the first 6 months on ART were:

- Youth aged 18-25 years
- Those attending their ART initiation visit (starting treatment today or re-engaging in care)
- Those who feel clinic queues are too long

Methods

- PREFER surveyed adult clients from 18 public health facilities in 3 provinces in South Africa from Aug 2022 – June 2023.
- At enrollment, participants were starting or restarting ART or had been on ART ≤6 months.
- We collected baseline data on HIV testing, treatment history, and service delivery preferences and followed up using routinely-collected EMR data for 7 months after initiation.
- We estimated risk ratios for predictors of disengagement identified in the survey
- Disengagement = no clinic visit observed between month 5 and month 7 after initiating ART.

Results

1,098 participants enrolled in the PREFER survey:



73% female;
median age 33 years



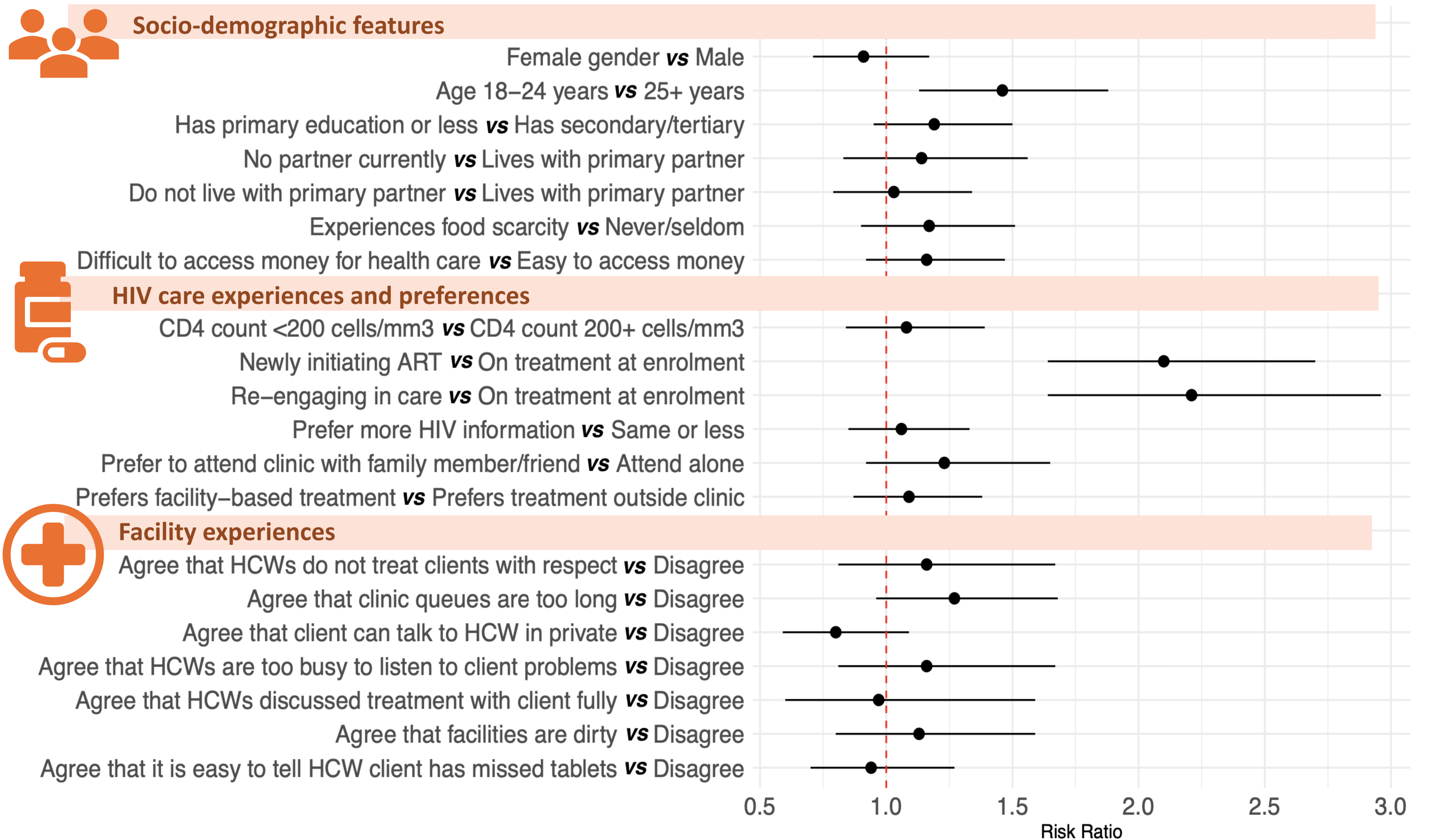
Median CD4 count
316 cells/mm³



At 6 months, 24% of participants had disengaged from care

Potential drivers of disengagement from HIV care during the first 6 months on treatment

Decreased risk of disengagement ← | → Increased risk of disengagement



At study enrolment:



28% self-reported newly initiating ART that day

15% self-reported re-initiating after prior disengagement

56% Had been on ART ≥1month post-initiation visit

Conclusions

- Among adults newly initiating or re-initiating ART in South Africa, those who are starting treatment today are at higher risk of disengagement by 6 months than are those who have returned for at least one post-initiation visit.
- Youth aged 18-25 years and those who report economic barriers such as food scarcity or difficulty accessing money for health care remain more vulnerable to disengagement and should be prioritized for support in establishing care during the early treatment period.
- Clients who do not wish to access care outside of the facility should be assured that this is not a requirement of the HIV treatment program.
- Several drivers of disengagement such as addressing long queues, providing confidential spaces, and improving facility cleanliness may offer easily-modifiable opportunities to improve client experiences.
- Strengthening implementation of SA's Service Delivery Guidelines may also improve retention during the early treatment period.

Further information about the study sites and populations can be found at sites.bu.edu/ambit