

Category: **(Track A) Monitoring and Evaluation for Impact Improvement - A8**

Title: **Patient Retention in a Large Faith-Based Southern African Antiretroviral Treatment Program.**

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Location of Project/Program: **South Africa**

Key Words: **Faith-based, Retention and ART**

Implementation Area: **Care, Treatment and Support**

Abstract Option: **2**

### **Background**

The programs of Catholic Relief Services, the Southern African Catholic Bishops Conference and Institute for Youth Development SA provided antiretroviral treatment (ART) to 17,010 individuals in 29 rural and peri-urban clinics in 6 provinces of South Africa in 2007. While immunological and viral responses to therapy are impacted by adherence, losses to program are also obstacles to optimal care. This study identified treatment response and reported causes for failed retention within the program.

### **Methods**

Standardized instruments were used for the collection of demographic, clinical and laboratory and loss to program data for all patients starting ART at each community care sites. Loss to

program was characterized as due to death, loss to follow up, transfer out, medical decision to discontinue ART, and unspecified loss to program.

## **Results**

After 2 years on ART, 87.5% of individuals had viral suppression <400 viral and 81.9% <50copies/ml, and the median CD4 count of the cohort had increased from 115 (IQR 49-185) to 406 (IQR 283-550) cells/ul. Reported causes of loss to program were deaths 46%, loss to follow-up (LTFU) 25%, transfer out of program 14%, doctor stopped ART 6% and unrecorded causes 10%. The Kaplan Meier time dependent losses to program due to death, death and LTFU and all cause loss to program were determined. 50% of the deaths occurred within the first 6 months of ART. The total loss to program was 15%, 22% and 30 % @ 1, 2 and 3 years respectively. Transfers out of the program were primarily to public sector facilities – 2 sites transferred all of its HIV and ART patients to public sector facilities that were more conveniently located for patients. The reasons for doctors stopping ART are mainly related to poor adherence to scheduled visits and / or ART.

## **Conclusions**

Despite excellent on-ART virological and immunological responses which reflect good adherence to therapy of those retained in the program, 30% of patients were reported to be lost to the program within 3 years. While deaths were predominantly reported in the first 4 months of ART, other program losses continued at an approximate rate of 10% per annum. Adherence support strategies are required that encourage both adherence to long term ART medication together with active case follow up in order to ensure long term retention within programs.