



Predictors of favorable tracing outcomes after interruption in treatment of people living with HIV in Ethiopia



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Poster Number: TUPEE001

Abstract Track: E4 – ICASA-2023-1092

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Sub-track: E4. Community system strengthening for health care delivery

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1. Issues

- Interruption in treatment (IIT) is a major threat to the long-term success of antiretroviral therapy (ART) across the HIV care continuum.
- We describe the predictors of favorable tracing outcomes among IIT cases after re-engaged clients who had developed ART related side effect, high viral load and treatment failure in the USAID-funded Community HIV Care and Treatment program in Ethiopia.

2. Program Description

- Tracing of IIT clients has been operational in Addis Ababa, Amhara, Oromia, Sidama, Southwest Ethiopia Peoples', and Gambella regions since 2018.
- IIT occurs when clients discontinue taking antiretroviral drugs for >30 consecutive days. Community health workers and volunteers received line lists of IIT cases from public health facilities and traced them through home visits and phone calls. Favorable outcomes included re-engagement back to care, self-transfers out, and active ART use, whereas refusals, death, hospitalizations, and others were considered unfavorable outcomes.
- Program data were collected using the Comm Care application and a binary logistic regression model was fitted to identify the predictors of favorable tracing outcomes using STATA v-17 software.

3. Results

Figure 1-#of clients traced with known outcome by region
n=26246

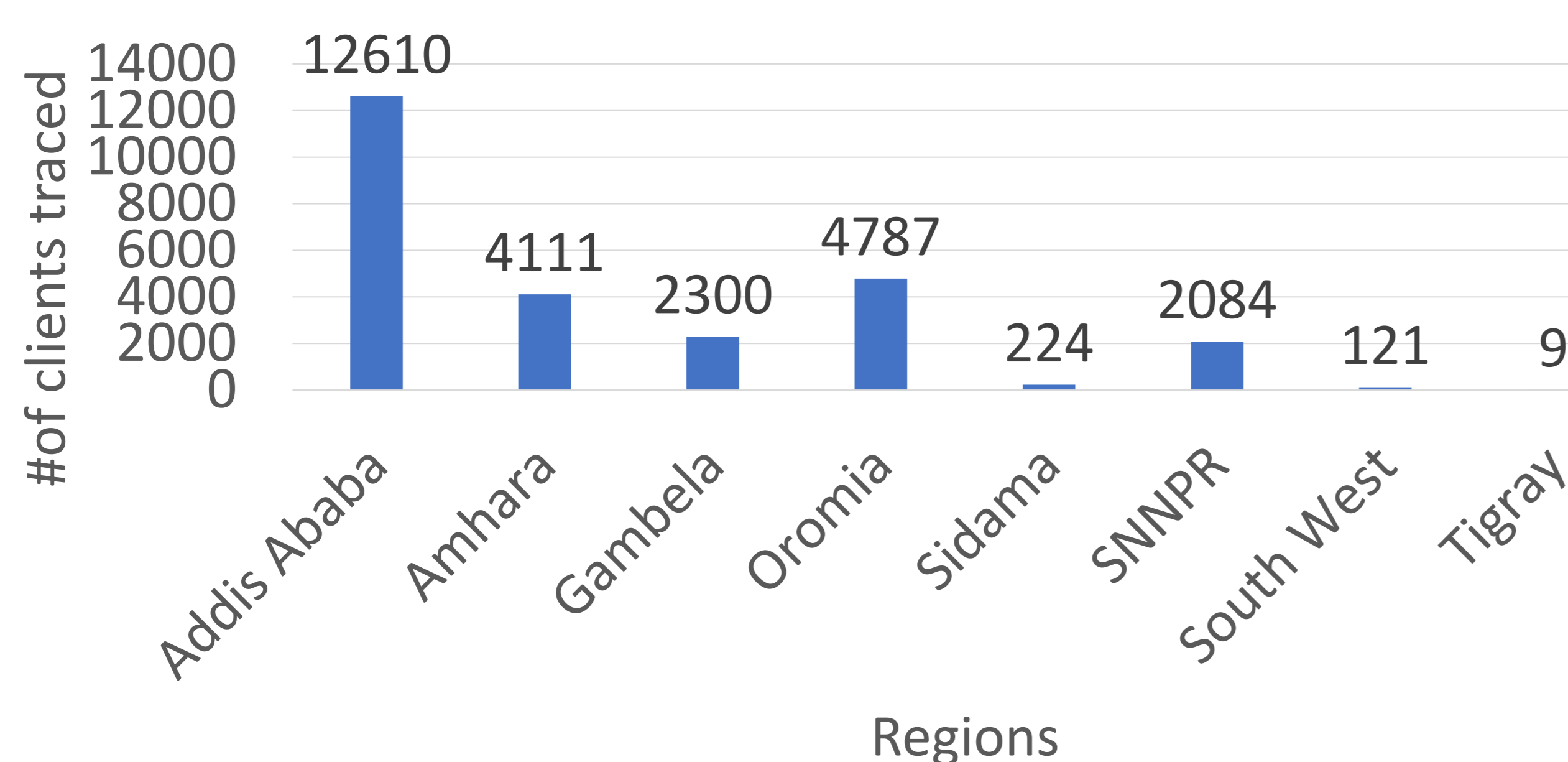
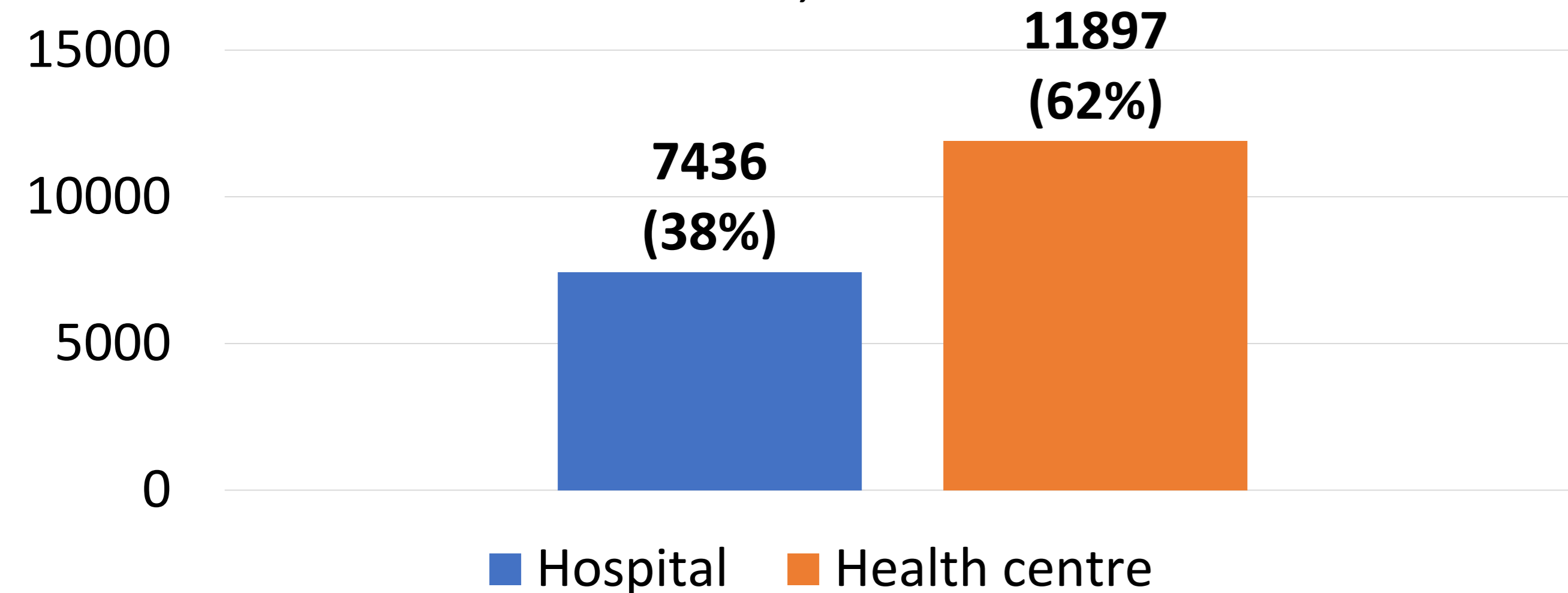


Figure-2- Re-engaged to care by type of facility
N=19,333



- Between January 2020 and June 2023, line lists of 30,210 IIT cases were obtained, of whom 17,134 (57%) were females. The average time between ART initiation and missed appointment date was 3 years and 5-months, and average time between IIT and tracing outcomes was 90 days.
- Of the total line lists received, 26,246 (86.9%; 95%CI: 86.5-87.3%) were traced with a known outcome status, of whom 19,333 (73.7%; 95%CI: 73-74.2%) had favorable tracing outcomes.
- In the binary logistic regression model, people living with HIV (PLHIV) aged 35-44 years were more likely to be re-engaged compared to clients aged 16-25 years [AOR=1.121; 95%CI: 1.020-1.232]. In addition, PLHIV living in Addis Ababa had more favorable tracing outcomes compared to Oromia [AOR=2.986; 95%CI: 2.677-3.331], or Southern Nations, Nationalities and Peoples' [AOR=2.527; 95%CI: 2.225-2.977] regions, but they had less favorable outcomes compared to IIT cases in Amhara [AOR=0.502; 95%CI: 0.457-0.552] or Gambella [AOR=0.614; 95%CI: 0.539-0.700] regions.
- The regression model also showed that clients from health centers had an increased likelihood of positive tracing outcomes compared to hospitals [AOR=1.078; 95%CI: 1.008-1.152]. Females were more likely to be re-engaged to care compared to males, and younger adults under 35 were less likely to be re-engage to care.

4. Next step

- Results indicated that PLHIV living in urban cities and in health centers had more favorable tracing outcomes when compared to rural areas and hospitals.
- Therefore, health workers in ART clinics should collaborate with community partners and other stakeholders to prevent interruption in treatment, or to trace and re-engage them back to care when they get lost.

5. Acknowledgements

- We would like to thank PEPFAR/USAID for funding and providing technical guidance.
- FMOH and RHBs for their unreserved support, and local implementing partners for tracing IITs.