Improving Retention in Care: What Do We Know and What Can We Do Now? Implications for Ukraine

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HIV epidemic in Ukraine as of 12.01.2016

Cumulative:
- Detected HIV+ persons – 293,739
- Diagnosed with AIDS – 90,833
- AIDS-related deaths – 40,816

Estimated number of PLWH:
- 234,000

Currently in HIV care:
- HIV+ 132,714 (312.4 per 100,000)
- Diagnosed with AIDS 37,912 (89.2 per 100,000)

Not including data for temporarily occupied territories (Crimea and zone of ATO in Eastern Ukraine)
HIV prevalence among key populations

Source of information: Biobehavioral survey among KP 2006-2015, Alliance-Ukraine
HIV transmission routes for newly registered HIV cases

Not including data for temporarily occupied territories (Crimea and zone of ATO in Eastern Ukraine)
HIV treatment cascade in Ukraine, 2016

- **PLWH aware of their HIV status**: 90%
- **Receive ART**: 90%
- **Have undetectable VL**: 90%

- **PLWH (estimated number)**: 220,000
  - Diagnosed with HIV: 71,396 (58%)
  - Active D-group (currently in HIV care): 99,675 (45%)
  - On ART: 109,745 (31%)
  - Undetectable viral load: 107,190 (24%)
HIV prevention, care and treatment cascade: PWID, 2015

Data sources: *estimated size of KPs, 2014; **Alliance program monitoring data, 2015,
IBBS – 2015, calculated among HIV+ based on the results of rapid tests and respondents who agreed to answer questions about HIV status, experience of treatment at the AIDS center and ART
• Active D-group – at least 1 visit every 6 months
• 81% patients continue ART after 12 months; 86% timely come for ARV medicines (every 1-3 months)*
• Of those who interrupted ART, 85% did that within 1st year of ART, 62% within 1st 6 months; no system of following drop-outs; no specific data for PWID
• ART adherence needs improvement in all 26 regions
• Indicator 6b (timely supplies of ARV medicines) - not reached in any region within past 3 years

*Nizova NM et al., 2014*
With support of PEPFAR and GF, Ukraine aims at:

- Rapidly expand ART through: (1) scale-up with PEPFAR-supported ART to 15,000 new patients; (2) implementation of comprehensive national protocol for providing HIV services; and (3) decentralization of HIV services, multi-month ART prescription, regimen optimization, and “Test and Treat” approach.
- Ensure rapid uptake of ART through:
  - Expansion of new HTC modalities among KPs (self-testing, outreach, home-based)
  - Expansion of integrated services and ART decentralization
  - Promoting ART among KPs
  - Improve linkage and retention through targeted interventions
  - Ensure VL suppression through improved retention and adherence
Interventions for improving retention in HIV care

• MAT as known intervention for improving retention in care for PWID; limited coverage (9600 (3%) of estimated 335,000 PWID); slow expansion; high-threshold program; barriers, myths, misconceptions;

• mARTAS intervention (RCT; 3 regions; STI, addiction, ID clinics); 300 participants; intensive clinic-based intervention; intervention group – better linkage, worse retention;

• HPTN 074 study – “Test and Treat” intervention; low-threshold initiation of ART for all participants; free examinations; intensive case-management by navigators/counselors. Of 47 participants, 41 started ART; of them, 35 continue ART; 11 are on MAT; 33 reached undetectable VL.
Future implications

- Implement electronic HIV reporting system
- Decentralization of HIV services (ART, MAT in primary care)
- Optimal ART schemes (easy regimen, less side effects)
- Integrated services for KPs (MAT, ART, hep C treatment, mental health services); multidisciplinary teams
- Paired health care and social support services; long-term case management
- Increase HIV knowledge, decrease HIV stigma
- Implement policies in real life