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

Tetiana Kiriazova, PhD
Ukrainian Institute on Public Health Policy



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+

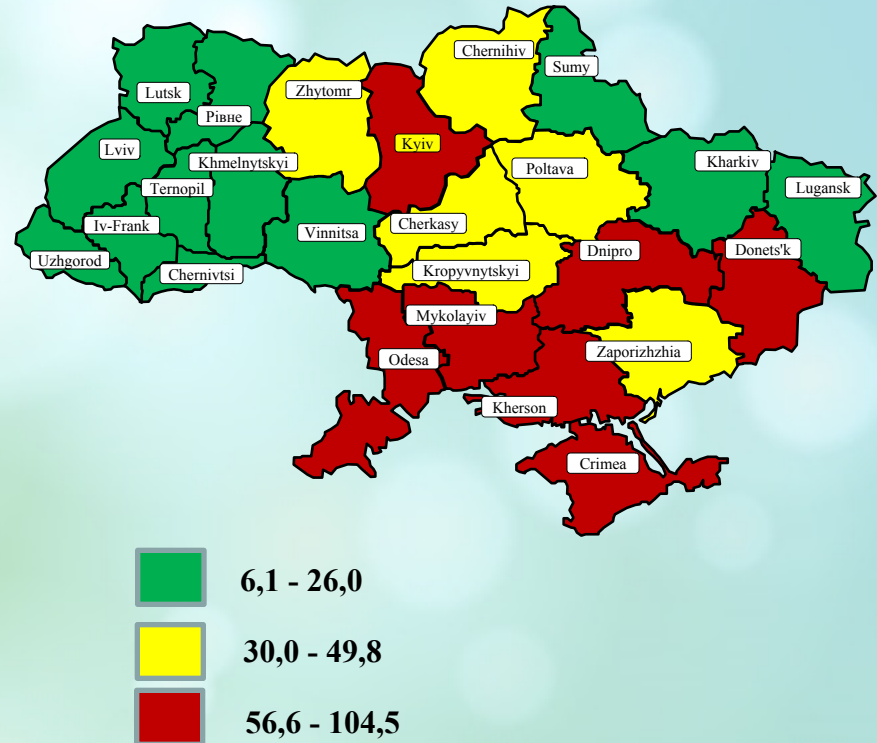
132 714 (312,4 per 100,000)

Diagnosed with AIDS

37 912 (89,2 per 100,000)

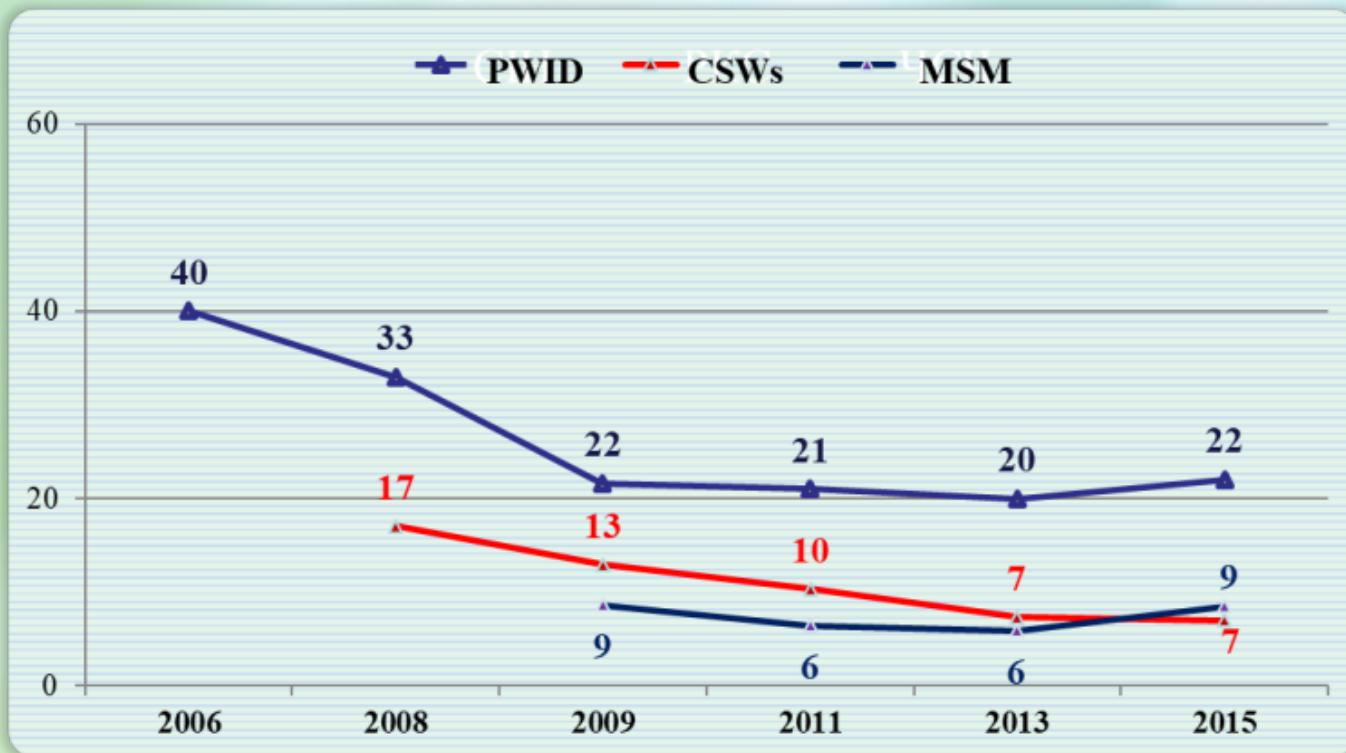
*Not including data for temporarily occupied territories
(Crimea and zone of ATO in Eastern Ukraine)*

HIV incidence (2013-2015) per 100,000





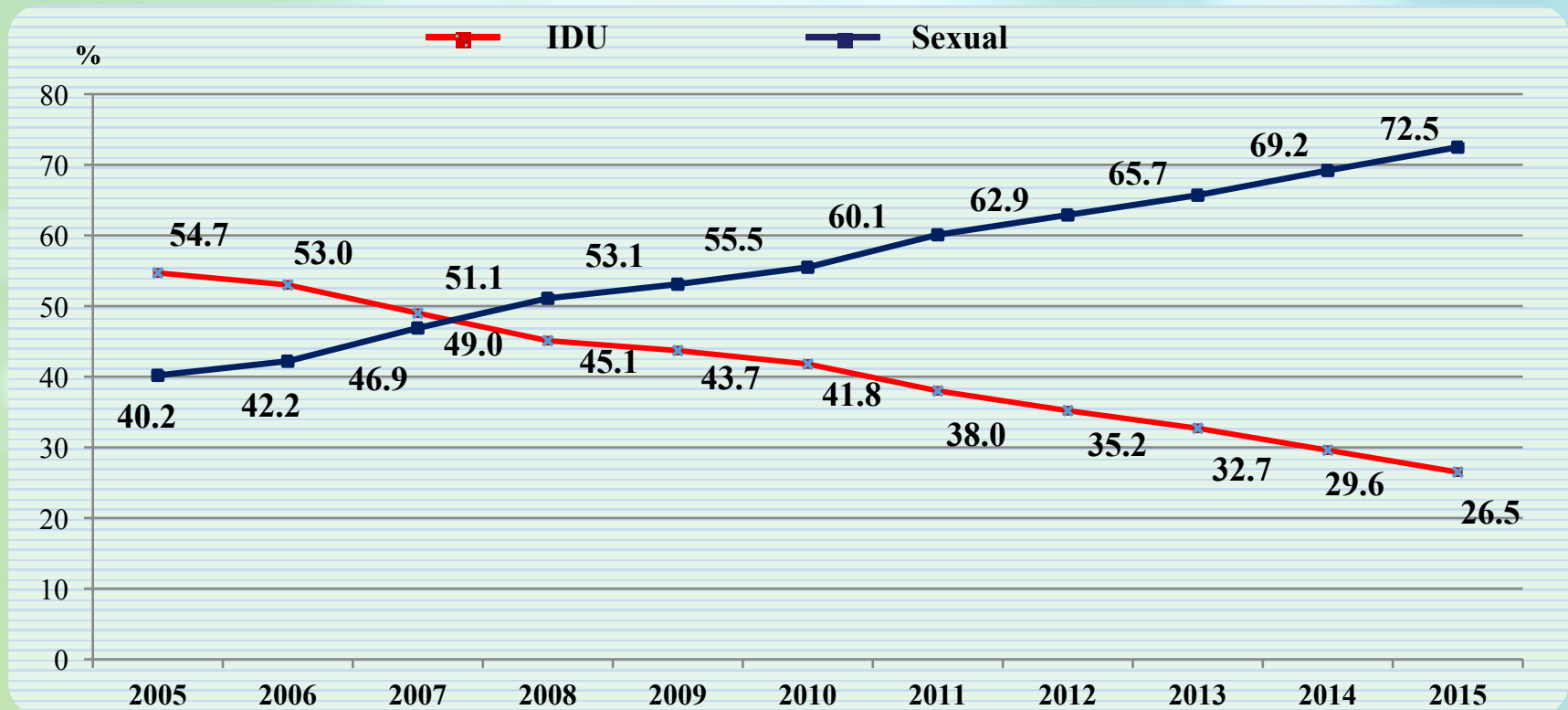
HIV prevalence among key populations



Source of information: Biobehavioral survey among KP 2006-2015, Alliance-Ukraine



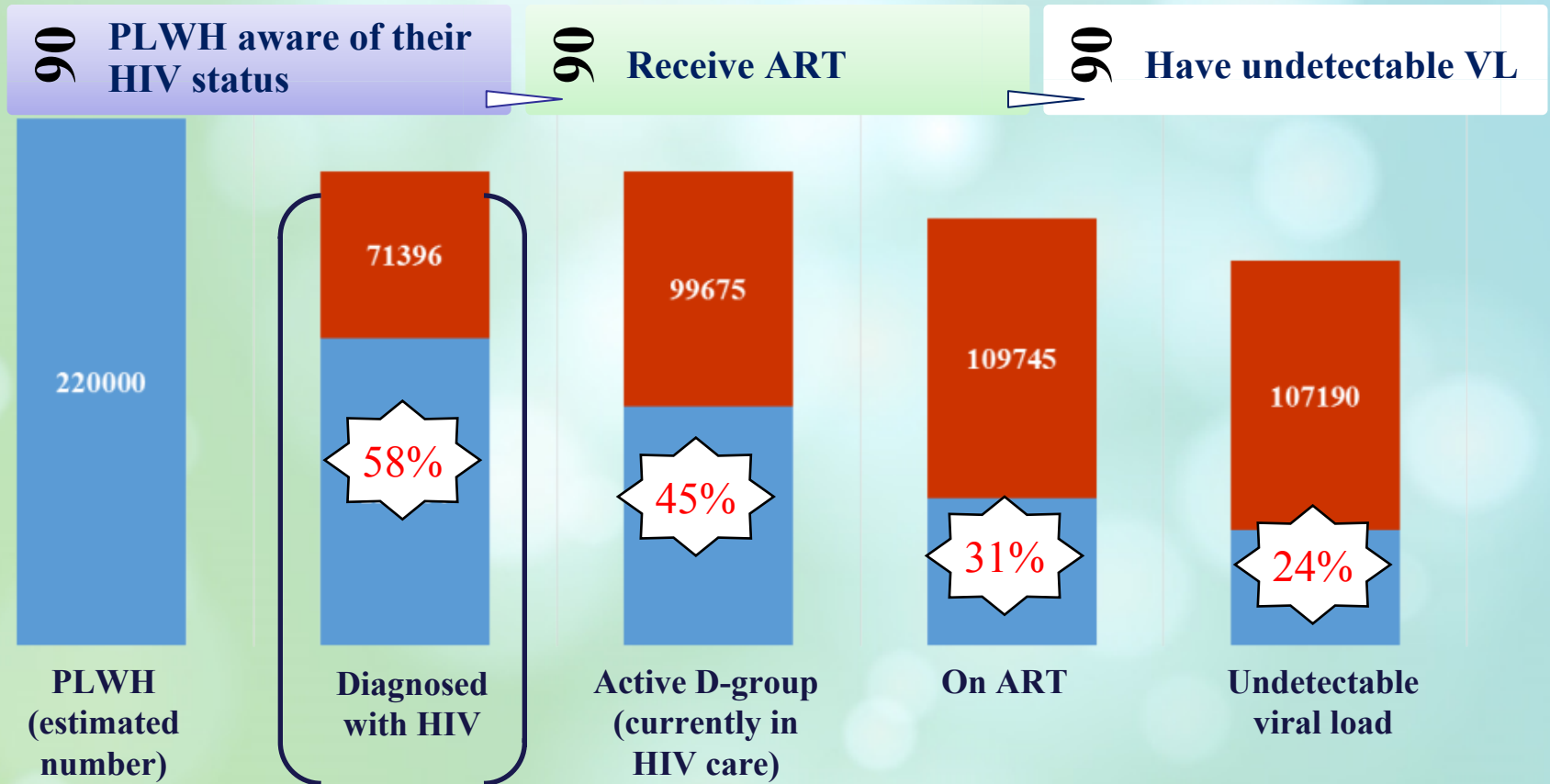
HIV transmission routes for newly registered HIV cases



Not including data for temporarily occupied territories (Crimea and zone of ATO in Eastern Ukraine)

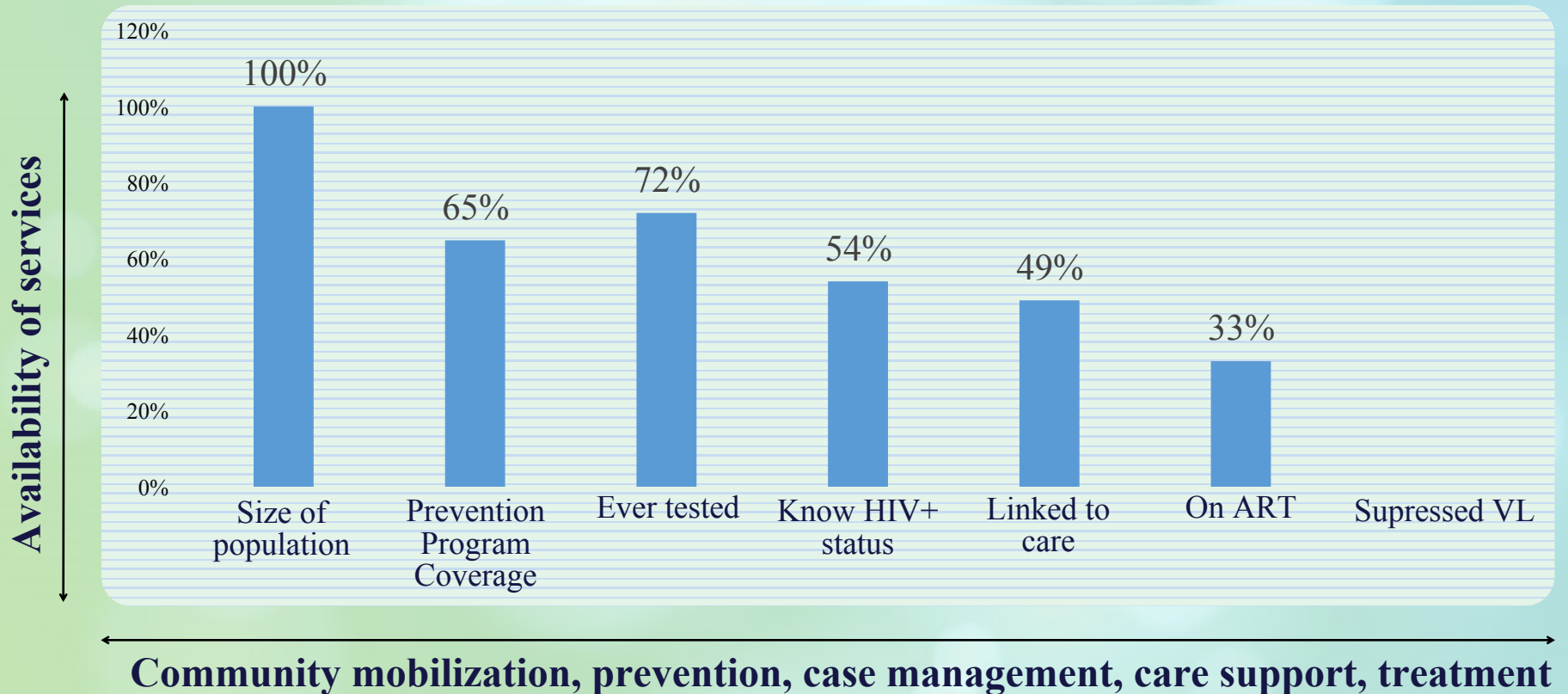


HIV treatment cascade in Ukraine, 2016





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