



# PARIS

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## Analysis of ARV Treatment Outcomes of 12 Months After Re-engagement in Jakarta, Indonesia

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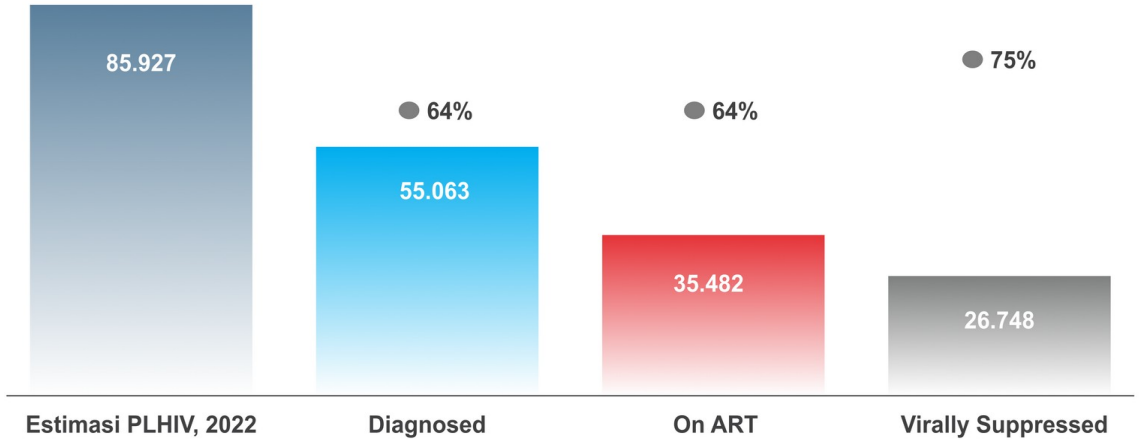
FHI 360 Indonesia



## Background: Jakarta is the Capital City of Indonesia



95-95-95 Cascade - Jakarta - As end of June 2024



### Profile of Jakarta:

- ❑ Populations: 10-11 Millions in 2023\*
- ❑ Estimated PLHIV in 2022: 86K ; HIV Prevalence: < 1%
- ❑ PLHIV on ARV Therapy as of June 2024: 35.5K
- ❑ Quarterly average number of IIT\*\* patients: 900

\*Central Bureau of Statistics, Indonesia

\*\*IIT: Interruption in Treatment

## Background

1

**Re-engaging IIT PLHIV in HIV care and treatment improves health, reduces HIV transmission risk, and optimizes the HIV care cascade.**

*\*IIT: Interruption in Treatment*

2

**Re-engaged patients are more likely to stop treatment (\*\*42 times higher than other patients, 95% CI:30.87-57.01).**

*\*\*Source: EpiC Indonesia Study in Jakarta, 2023*

3

**PLHIV retention and treatment outcome analysis are few.**

4

**EPIC USAID and the Provincial Health Office analyzed Jakarta's re-engaged PLHIV's annual retention and treatment outcomes.**

# Research Questions



Becoming lost to follow-up, then re-engaging to care and treatment. After 12 months...

1

Virological outcomes?

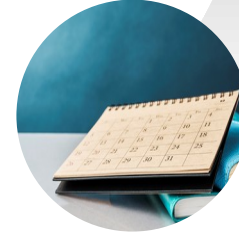
2

What factors matter?

## Methods



### Retrospective Cohort Study



### Data Period and Source

- October – December 2022
- National HIV AIDS Information System



### Location and Samples

- 109 health facilities in Jakarta
- 1,738 IIT\* PLHIV re-engaged with HIV care and treatment



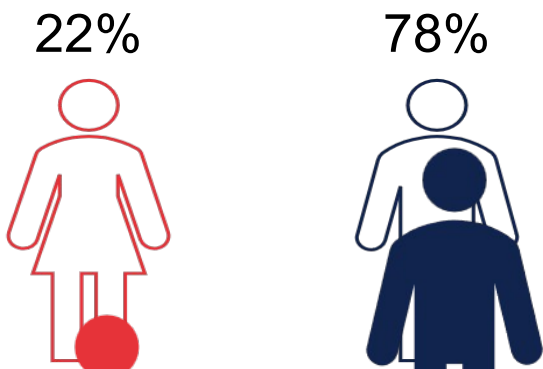
### Data Analysis

- Descriptive
- Multivariate
- Survival (Cox Proportional Hazards Model)
- Logistic regression

*\*IIT: Interruption in Treatment*

## Results

1

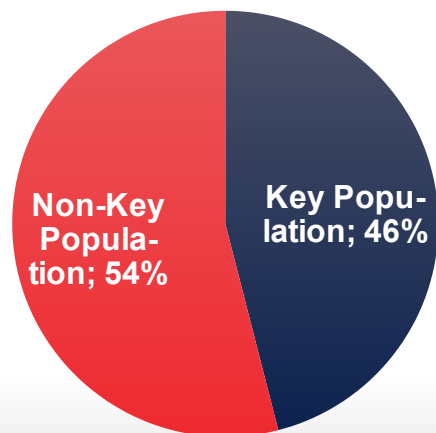


Age

2

Median: 31 years old  
IQR: 26-37

3

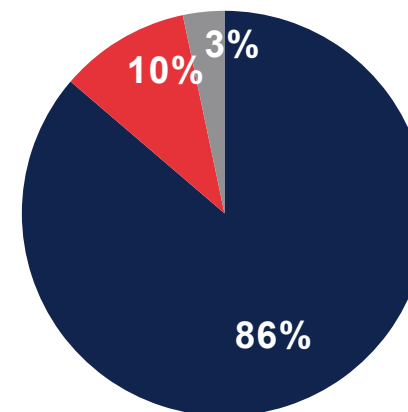


*Key population: men sex with men (MSM), transgender (TG), people who inject drugs (PWID), female sex workers (FSW)*

4

Duration of Loss to Follow-up

■ 2 months ■ 3-5 months ■ 6+ months



5

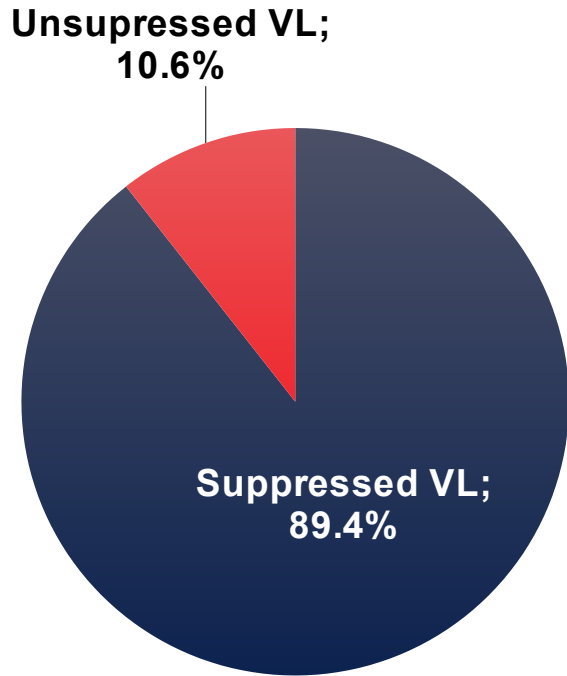
12 Months After Re-engagement

☐ 48% (834/1,738) of re-engaged PLHIV were retained in care.

# Results (Cont.)

6

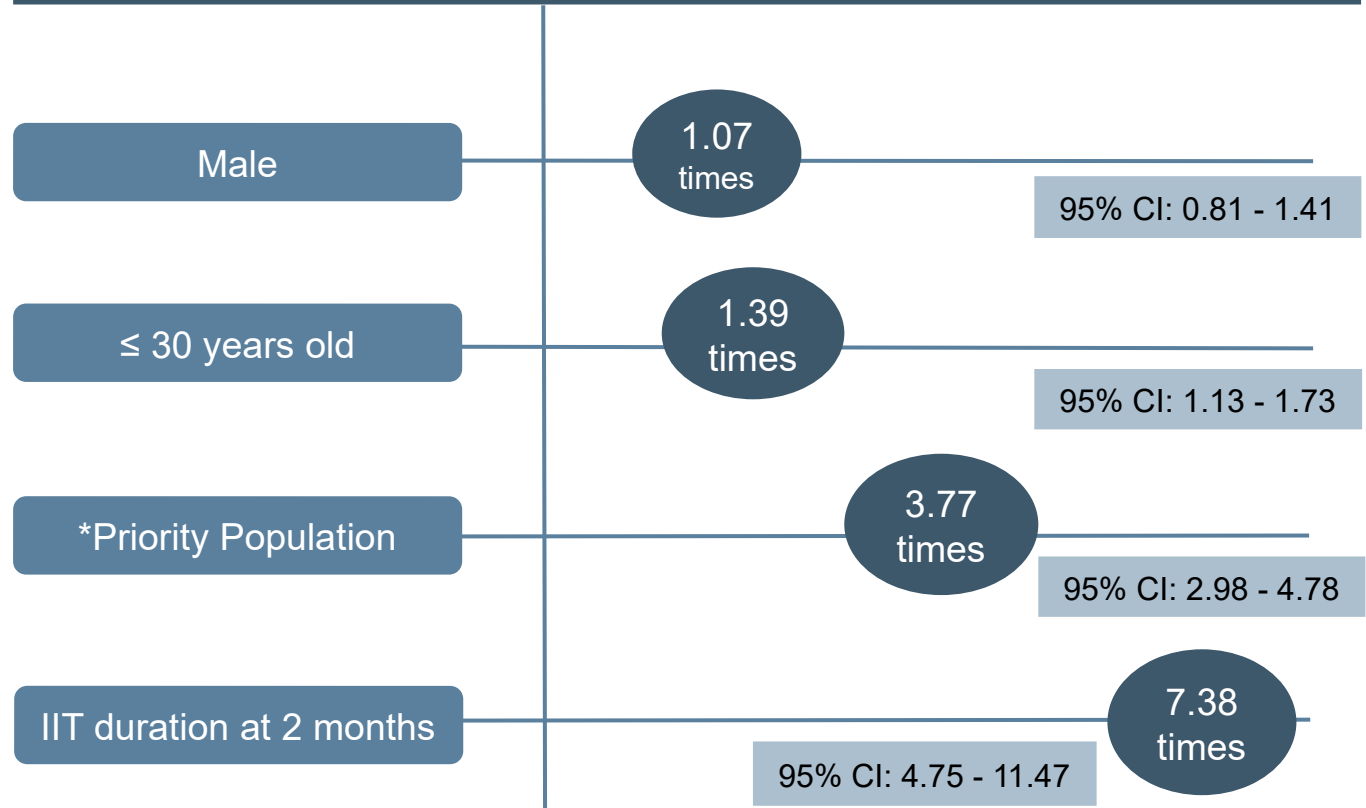
Out of 834 HIV patients remaining in care, 85% received viral load (VL) testing



VL suppression: ≤ 1,000 copies/mL

7

Multivariate Logistic Regression: Adjusted Odds Ratio Factors Associated with Retention (p-value < 0.05)



\*Non-key population

# Lessons Learned

Monitoring the annual retention and treatment outcomes of re-engaged PLHIV is essential for:

1

Assessing re-engagement effectiveness and sustainability,

2

Finding gaps and improving programs,

3

Improving resource allocation, service delivery, and targeted interventions can help this vulnerable retain and gain viral suppression.



# Recommendations

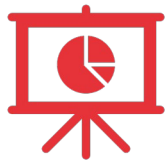
By monitoring the annual retention and treatment outcomes of re-engaged PLHIV, this study will provide:



Key insights about long-term re-engagement strategies



Identification of areas for improvement



Developing evidence-based HIV care and treatment

# Acknowledgment



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