

Comprehensive retention to care model: results of the pilot in Krasnoyarsk, Russia 2016-2019

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Objectives

Low adherence and ART discontinuation is one of the main reasons of opportunistic infections and fatal conditions among PLHIV. Retention interventions are an important way to increase adherence, return people to healthcare and reduce HIV transmission by increasing proportion of virally suppressed patients, and reduce mortality.



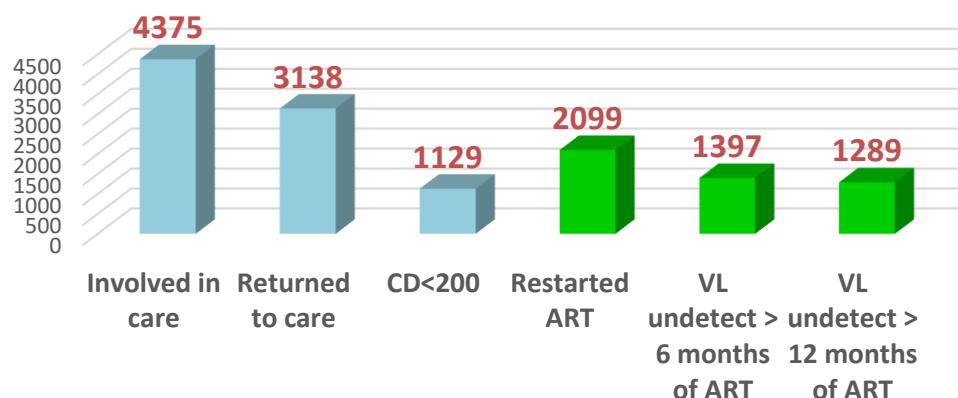
Methods

Krasnoyarsk NGO "We against AIDS" with support of AIDS Healthcare Foundation (AHF) Russia has initiated the programme in 2016. Programme targets PLHIV on ART who missed their appointments more than 3 months, patients not on ART who missed appointment for 6 months, all pregnant women and newborns who missed their regular appointment. Programme includes: follow-up calls, appointment reminder and home visits. Additional available services: assistance with receiving new passport, peer and psychological support at the AIDS clinic, home-based support for the clients not visiting the clinic and monitoring after return to medical care.

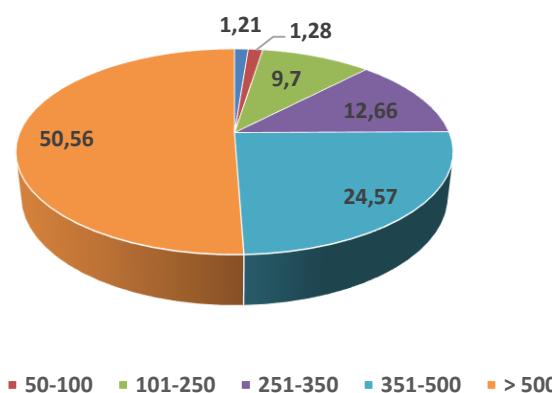
Results

Between the years 2016 and 2019 4375 patients were involved into retention activities. The Programme performed approximately 4000 home visits and 9000 calls each year. Three thousand, one hundred and thirty-eight patients were returned to HIV care (72%), 36% out of the returned patients had CD4 less than 200 cells. Forty-three percent of the patients were females, 54% of them reported sexual transmission as a possible way to acquire HIV. Sixty-seven percent males were reporting IVDU. Age median was 38.4 years. Main reason (79%) for patients to stop ART and miss their visits was active IVDU. Two thousand and ninety-nine (67%) patients initiated and continue ART. One thousand, six hundred and twelve receive ART >12 months and 1815 >6 months. Eighty percent of receiving ART >12 months and 77% of receiving ART >6 months have undetectable VL. Median CD4 increase in 48 weeks was 81.

Results of comprehensive care model,
Krasnoyarsk, Russia, 2016 - 2019



Level of CD4 in returned patients (%)



Conclusions

Comprehensive retention to care model which includes home visits, peer counselling, psycho-social support, documents restoration and continuous monitoring after re-linkage to care shows to be effective in reaching both females and males, including the men who have experience of IDUs. The approach is efficient in reaching undetectable VL in the population and epidemic control. This model has a potential to be replicated in other regions.