P6.040 HEALTH SYSTEM RELATED FACTORS ASSOCIATED WITH ADHERENCE TO ANTIRETROVIRAL THERAPY AMONGST ADULTS LIVING WITH HIV/AIDS IN DEVELOPING COUNTRIES: A SYSTEMATIC REVIEW

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Background Although ART is one of the most celebrated treatment advances in the recent medical history, a large proportion of eligible people were not receiving ART and one fifth of patients who started ART were no longer in care/treatment after one year due to various reasons in low and middle-income countries. The objective of this study is to systematically review to identify the health system related factors associated to ART treatment adherence among adults living with HIV/AIDS in developing countries.
Methods Reviewer systematically searched MEDLINE and EMBASE databases (1996 to August 2011) and web-based information. The reference lists of included papers were also checked, with citation searching on key papers. The studies examining health system factors associated with ART treatment adherence were considered for inclusion. Quality assessment and data extraction were performed.
Results A total of 622 articles were identified, and 14 studies met the inclusion criteria, representing in 9 qualitative, 3 quantitative and 2 mixed methods and 11 countries out of 152 developing countries. Twenty-four health system themes were found associated to ART non adherence and 18 themes were found as facilitator for adherence.

Author's conclusion: The identified health system factors, service providers including clinical team can use this information to engage in open discussion with patients and PLWHAs to promote ART treatment adherence and identify issues within their own health centres. Indeed, HIV patients from developing are found very sensitive in utilisation of health services not only on the amount/numbers of services they received, but also on time, cost, place, information and quality. Thus the responsibility of adherence shifts to the health service provider leaving patients with different choices and options.

P6.041 COST ANALYSIS OF RECRUITMENT STRATEGIES USED IN THE PARTNERS PRE-EXPOSURE PROPHYLAXIS (PREP) CLINICAL TRIAL AT KISUMU SITE, KENYA

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Background Recruitment of participants into large clinical trials may be challenging and costly. Utilization of limited resources to maximise the yield is crucial. We sought to compare costs of different recruitment strategies.
Methods To recruit 600–800 HIV discordant couples, we explored different recruitment strategies: referrals from voluntary HIV counselling and testing (VCT) centres and Home based counselling and testing (HBCT) and referrals from participants involved in a previous clinical trial. In the three strategies, we implemented accelerated mobilisation through public address system, radio talk shows and the couples ambassador model (where influential peers encourage couples HIV counselling and testing). Direct cost computation was the total amount of money spent per strategy. VCT and HBCT costs included counsellors training, cost of communication and transport reimbursement for participants' visits. The previous study participants' recruitment costs included communication and transport.
Results Between August 2008 and October 2010, 2060 HIV discordant couples were referred for screening. VCT, 1666(80.9%) from VCT; HBCT, 345(16.7%); and 49(2.4%) by participants from earlier trial. The cost per strategy for VCT was $81,973, HBCT $ 2,300 and Previous study participants recruitment$327; the yield per strategy was VCT 440/1666(26.4%), HBCT 161/345(46.7%) and previous study participant recruitment 28/49 (57.1%). However, VCT and HBCT contributed the most to enrollment at the study site 440/629(70%) and 161/629(26%) respectively. The average cost per couple referred from VCT was $49, HBCT was $7 and previous study participant recruitment was $7. This translates to average cost of couples enrolled to $63.
Conclusion VCT strategy was most costly compared to those from previous clinical trial and HBCT; however, it yielded the highest enrolment. Multiple strategies are recommended for successful recruitment. This computation does not take into account staff time for each of the strategies listed.

P6.042 ART UPTAKE AND CD4 RECOVERY RATES POST ART INITIATION IN A COHORT OF HIV-1 INFECTED INDIVIDUALS REFERRED FOR ART AT JINJA PARTNERS PREP SITE

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Background The current WHO recommendation for ART initiation at CD4 cell count ≤ 350 is premised on the need for achieving better immune recovery. However, not every HIV infected person meeting this threshold is able to start ART in a timely manner.
Methods We retrospectively analysed ART initiation trends and CD4 responses of HIV-1 infected participants enrolled from the Jinja, Uganda site of the Partners PrEP Study. The Partners PrEP study was a phase III, randomised, placebo-controlled trial of daily oral tenofovir and emtricitabine/tenofovir PrEP among HIV-uninfected members of HIV-1 serodiscordant relationships.
Results Between June 2009 and September 2012, 37.7% (116/308) of HIV-1 infected participants met national threshold for ART initiation and were referred for ART initiation. Over this 39 month period, 64.7% (75/116) of referred participants initiated ART while 35.3% (41/116) never started ART for various reasons. 84% (63/75) of those initiated on ART had at least two consecutive 6 monthly CD4 test results available. 79.4% (50/63) were on zidovudine based regimens while 20.6% (13/63) were on tenofovir based regimens. Median pre-ART CD4 baseline was 231 Cells/ul. After 6 months of ART initiation, 54% (34/63) of participants noted > 50% increase in CD4 while 33.3% (21/63) noted < 50% increase in CD4. After 12 months of ART initiation, 66.7% (42/63) of participants registered > 50% increase in CD4 while 27% (17/63) registered < 50% increase in CD4. 12.7% (8/63) and 6% (4/63) of participants initiated on ART showed a decline from pre-ART CD4 baseline at 6 and 12months respectively. Tenofovir & zidovudine based regimens were equivalent in achieving CD4 recovery.
Conclusion Our findings highlight the need for addressing potential structural and individual barriers to ART care (only 64.7% of cases referred for ART initiated treatment). Two-thirds of those initiated on ART more than doubled their CD4 counts at 12 months post-ART initiation.

P6.043 SCALING UP CERVICAL CANCER SCREENING IN HIV/AIDS RESOURCE LIMITED SETTINGS: TASO JINJA EXPERIENCE

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