

Improving cascade of care in challenging conditions: experience from Eastern Siberia

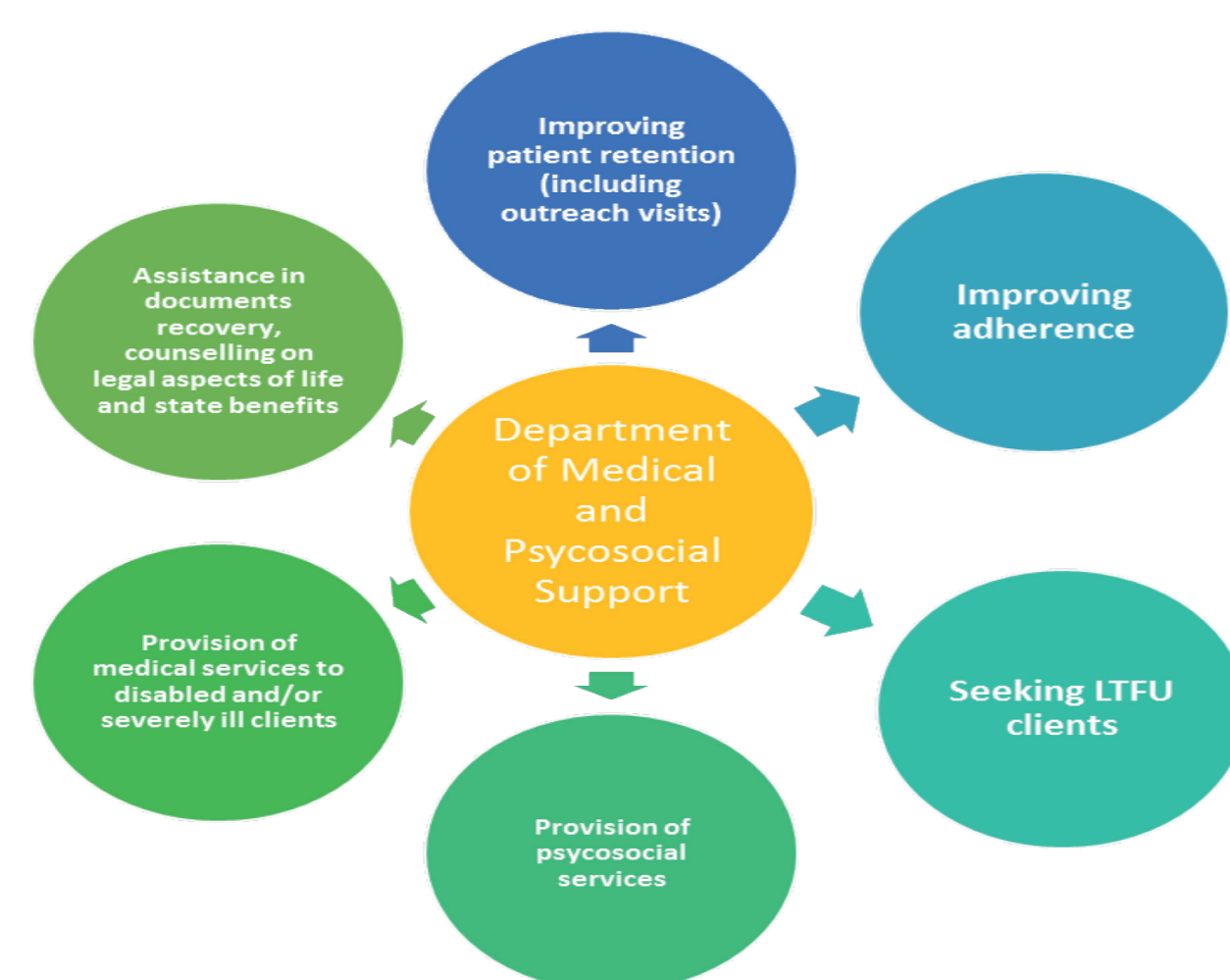
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Background

Krasnoyarsk is one of the leading cities in Russia in terms of the growing HIV epidemic. Currently there are 6196 active patients. Almost 60% of PLWH acquired HIV through intravenous drug use. In such conditions it is crucial to maintain patients in HIV care. According to Russian national clinical guidelines antiretroviral therapy should be prescribed to a patient if CD4 count is less than 350 cell/mcl or if the patient has clinical symptoms of opportunistic diseases.



Methods

In 2013 the Krasnoyarsk Regional AIDS Center started collaboration with AHF, establishing an outreach HIV care model to bring medical and psychosocial closer to those clients who could not attend the clinic or needed additional assistance, e.g. patients with low adherence, pregnant women, disabled and severely ill patients. The model utilised task shifting, increased involvement of nurses and social workers to scale up access to care. The main activities included outreach visits, HIV care (medical, psychosocial), seeking patients lost to follow up, assistance in documents recovery and intensive adherence counselling.

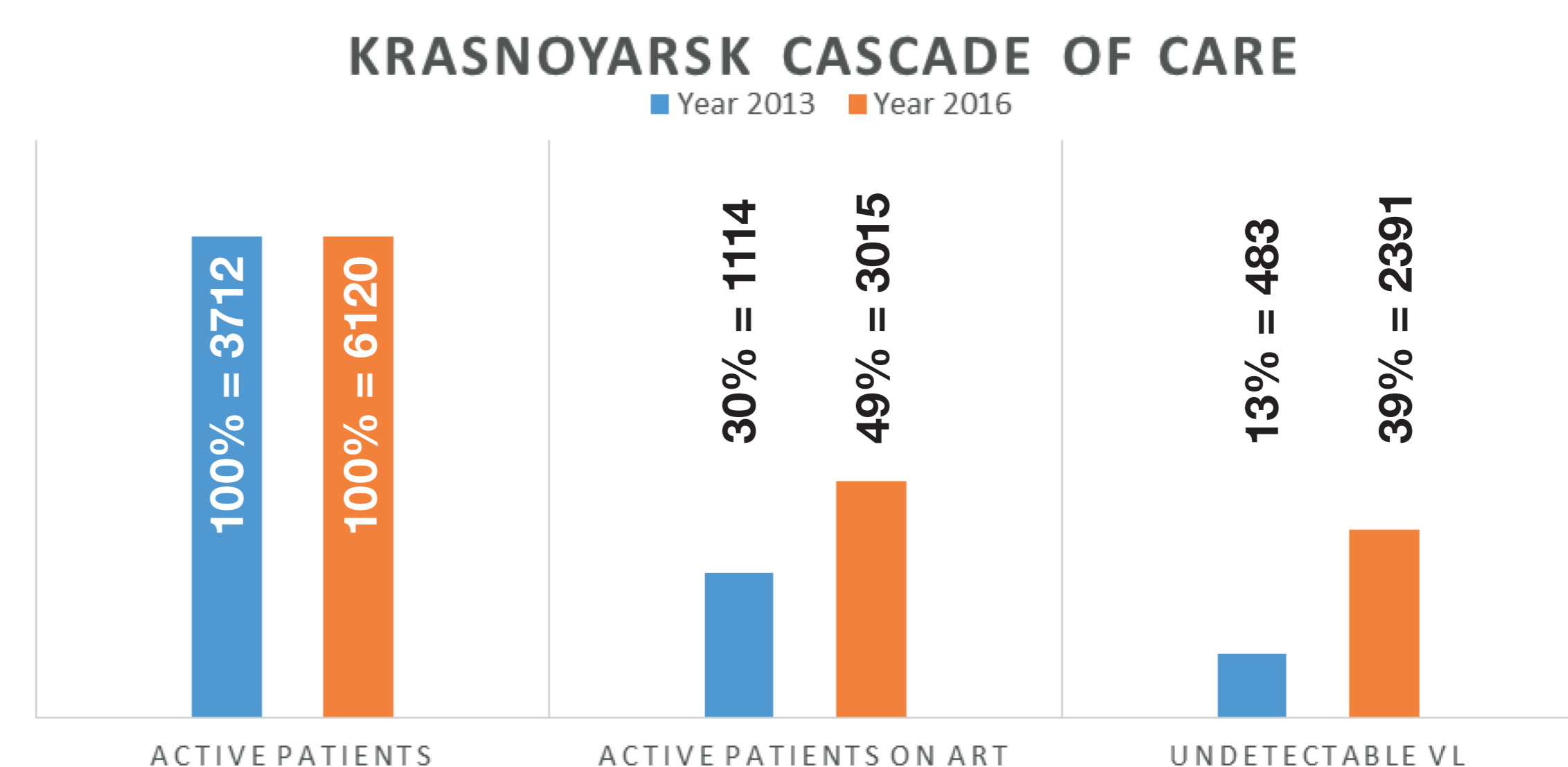
Outreach visits



Results

Since 2013, 3785 patients engaged with the service. The department returned 2066 patients into regular HIV care, who in other circumstances would have been lost-to follow-up. Within this group, 22% had been on ART at one point, compared to 56% of patients on ART once they had been returned into care. The overall proportion of patients on ART increased from 30% in 2013 to 49% in 2016.

At the same time the proportion of patients with suppressed viral load increased from 13% in 2013 to 39% in 2016. Out of those who had been on ART for more than 6 months, viral suppression has reached 80%.



* 2013 data were provided upon request from the Krasnoyarsk AIDS Center
* 2016 data were collected and evaluated by AHF Russia database

Conclusions

The outreach HIV care model implemented in Krasnoyarsk demonstrates the potential to:

- Re-engage patients who had previously been lost to follow up into care
- Successfully initiate or re-initiate HIV treatment
- Increase HIV treatment coverage
- Increase viral suppression

However, to maintain and scale up this demonstrated success, revision of current national guidelines and improving access to ART is necessary.



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