Loss-to-follow-up (LTFU) among patients on antiretroviral treatment is a major programmatic challenge in both rich and resource-constrained settings.

Tracing Patients Lost To Follow-up In An Urban Slum: Cooperation Between A Clinic And An NGO Network In Mumbai, India

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LESSONS LEARNED

The low LTFU rate cannot be attributed to the network tracing activities.

Phoning before appointments may result in less patients LTFU.

Home visits should be a last resort method of patient tracing because of the risk HIV-status disclosure and experience of lasting discrimination from family and neighbors.

PROJECT

• Médecins Sans Frontières (MSF) has been operating an HIV clinic in Khar(W), Mumbai since 2006, which provides care and treatment free of charge to patients referred by public and public-private ART Centers and by a network of community NGOs.

• A model of cooperation between the HIV-clinic and a non-government community network providing LTFU-tracing was tried in a Mumbai slum. Low LTFU rates were observed over 5-years.

• A mixed-method study to examine potential reasons for these rates was performed.

• A retrospective quantitative analysis of patient data was undertaken and 22 semi-structured interviews and 4 focus-groups were thematically analyzed to explore patients’ and providers’ perceptions of tracing activities.

RESULTS

• Overall 38 out of 819 (4.6%) patients registered in the clinic were LTFU.

• Most patients were lost during the first year of the project while the rates were <2% during the last 2 years.

• Few respondents reported experience of NGO tracing.

• Phoning the day before an appointment was perceived the most useful intervention to avoid missed appointments.

• Fear of forced disclosure of HIV arising from home visits was revealed.

Figure 1a: Delayed consultations over time

Figure 1b: LTFU rate over time