Factors Influencing Loss To Follow-up (LTFU) of ART Clients at Kapata Clinic of Chipata District in Zambia

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Introduction

Zambia has adopted a policy of 90-90-90 for management of HIV infected individuals. Currently, statistics indicate a 20% drop-out rate after one year of commencing treatment.

Therefore, it was important to determine factors contributing to loss of follow-up in order to ensure adherence to treatment. The magnitude of the problem is not very clear at the provincial and District level, much less at the health facility level at Kapata clinic in Eastern Zambia. Therefore, the study was undertaken to determine the factors that influence LTFU among HIV patients on ART at Kapata clinic and to estimate the proportion of clients classified as actual LTFU in 2014.

Objectives

General Objective

To determine the factors that influence LTFU among HIV patients on ART at Kapata Clinic.

Specific Objectives

To determine the factors that influence LTFU among HIV patients on ART at Kapata Clinic.

To estimate the proportion of clients classified as actual LTFU in 2014.

To determine the proportion of patients classified as LTFU that died within the year 2014.

Methods

Study Design

A cross-sectional study was used to conduct the research.

Sampling

A sample of 145 patients meeting the criteria of less to follow up was generated from a random sample from a cohort of patients initiated on ART between January 1 and December 31, 2014.

The enrolled patients were contacted through phone calls and invited to participate in the study.

Patients that were reached via phone calls were traced using their physical addresses or their treatment supporter as captured in the facility databases.

Those reported dead by their treatment supporter were recorded as dead and more information was sought regarding whether or not they were still taking ARVs at the time of death.

For those that agreed to participate in the study, an appointment date for a visit at home or any preferred location was set and were visited by 2 trained data collectors.

A 14 questions and above on ART meeting the criteria included in the study.

Analysis was conducted using SPSS statistical package and logistic regression analysis to determine factors of loss to follow up.

Results

Out of a total 145 clients eligible for the study, there were three major categories of clients originally classified as LTFU.

- 66 (46.2%) were in cases
- 16 (11.2%) were confirmed LTFU
- 63 (44.3%) were unreachable

Among the personal reasons reported for stopping ARTs were feeling better after taking ARVs and non-compliance of status, each at 62.5% (Table 1). Among family and social reasons for stopping ART were lack of transport money (53.3%) and lack of family support (25%). Program related reasons included drug side effects, refusal by staff to issue a transfer letter upon request, unhealthy language by staff taking too long to be attended at the clinic and discrimination from healthcare workers, each at 6.25%

Among the people originally classified as LTFU:

- 20.7% were actually dead
- The actual LTFU (23.8%) was a combination of the confirmed LTFU (7.2%) and the unreachable (22.6%)

Proportion of loss from care by duration on ART among confirmed LTFU

- 12.5% were confirmed LTFU
- 20.7% were dead
- 6.3% were no information from rural health facility

General determinants of stopping ART among the confirmed LTFU

Conclusions

From this study, the high proportion of potential study participants that were unreachable (22.6%) provides a clear indication of the gaps in the MCH system design of data capturing and adherence counselling. MOH needs to strengthen its data capturing system.

Further study is needed to explore other related factors influencing LTFU. Limitations in view of sample population size exist for this research. A research could be extended to more health clinics, the results could be more easily generalised for the Chipata District. Further study is needed to explore other related factors influencing LTFU.

Recommendations

- Strengthen the linkage of PMTCT to community support groups.
- Encourage mapping and conducting domiciliary visits to vulnerable ART clients.
- There is need to convert more mobile ART sites to static ones to reduce distances covered by ART clients as a long term plan.
- Monthly stop-work adherence counselling at each refill visit for the first three to four months, and then at three month intervals thereafter.
- There is need to follow up line to improve flow of information between community structures and Kapata ART site.