

# Aid for AIDS – 10 years of experience in providing a private sector HIV disease management program in Sub-Saharan Africa.

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## Introduction:

Scale up programs in Africa have allowed two million people to access ART, but there is limited long term follow up data as most commenced within the last five years. *Aid for AIDS* (AfA) is a private sector disease management program (DMP) operating since 1998 in South Africa and five other Sub-Saharan countries. We outline the outcomes of the program and the challenges that have arisen in the past decade.

## Results:

45,973 individuals are currently enrolled on AfA, about 33% of the total estimated HIV+ individuals in the covered population. Adjusted for underlying population size, 59% are females (Figure 1). 71% are aged 30 to 49 at entry. 5744 (8%) of previously enrolled individuals are deceased, and 22387 (30%) have left the programme (Table 1). Baseline viral load was log 4.5 copies/ml and percentage undetectable after eight years on HAART is 62% (Figure 2). Baseline CD4 count was 198 cells/ $\mu$ l, plateauing after seven years at 500 cells/ $\mu$ l (Figure 3). 32% of those enrolled more than eight years ago are still currently registered. Overall treatment costs have remained stable at \$168 per month mainly due to stable hospital expenditure and a fall in average ART costs (Figure 4). Of those on HAART (75%), 82% are currently on first line therapy with a NNRTI. Challenges include; 39% of patients have < 70% adherence, and 48% of patients have accessed care late (CD4 < 200 cells/ $\mu$ l) (Figure 5).

## Methods:

Data was extracted from the AfA database for the past ten years and outcomes for those authorised on ART were reviewed. Estimated HIV prevalence in the covered population was derived using demographic modelling techniques.

Figure 3: CD4 response to ART.

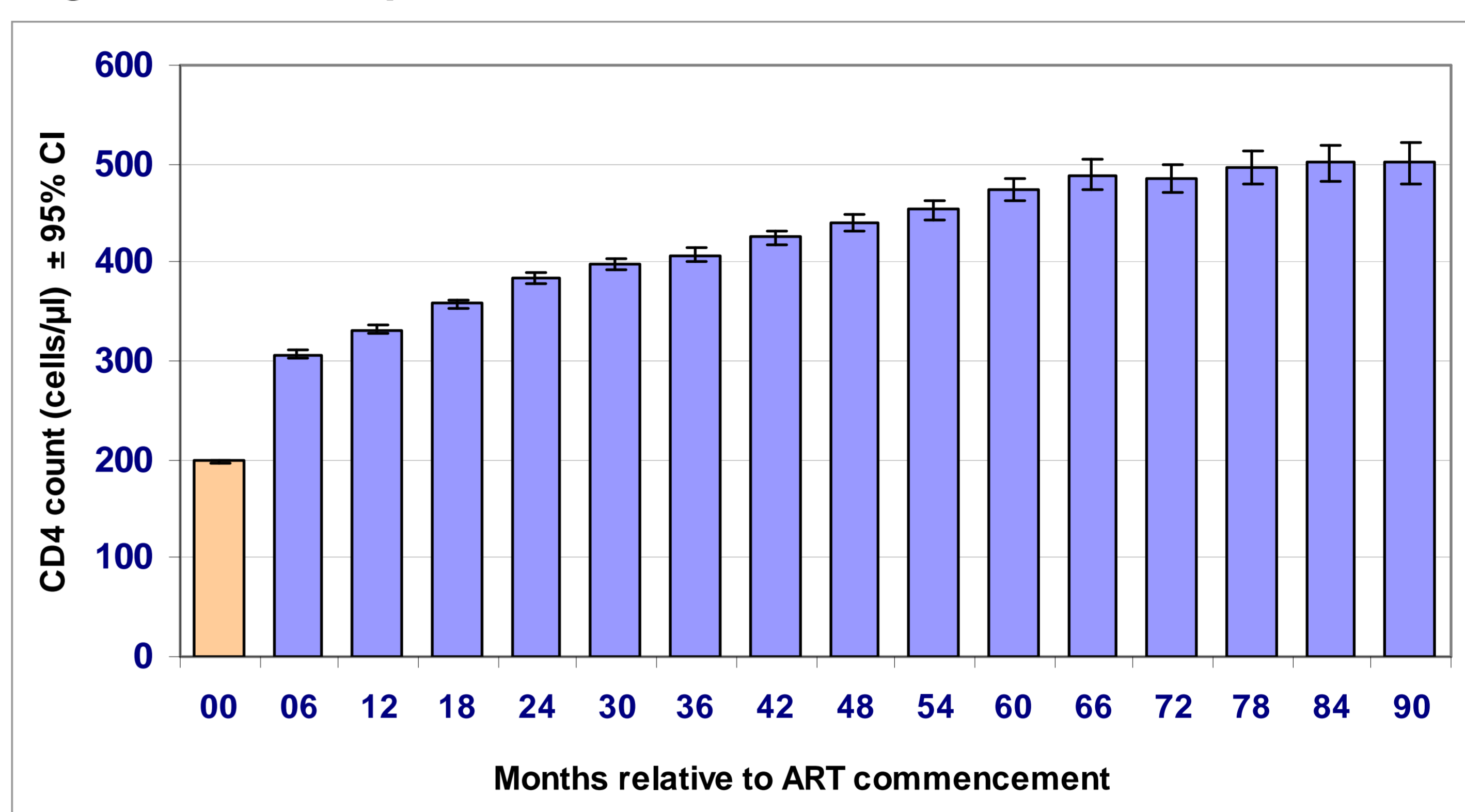


Figure 4: Costs relative to registration.

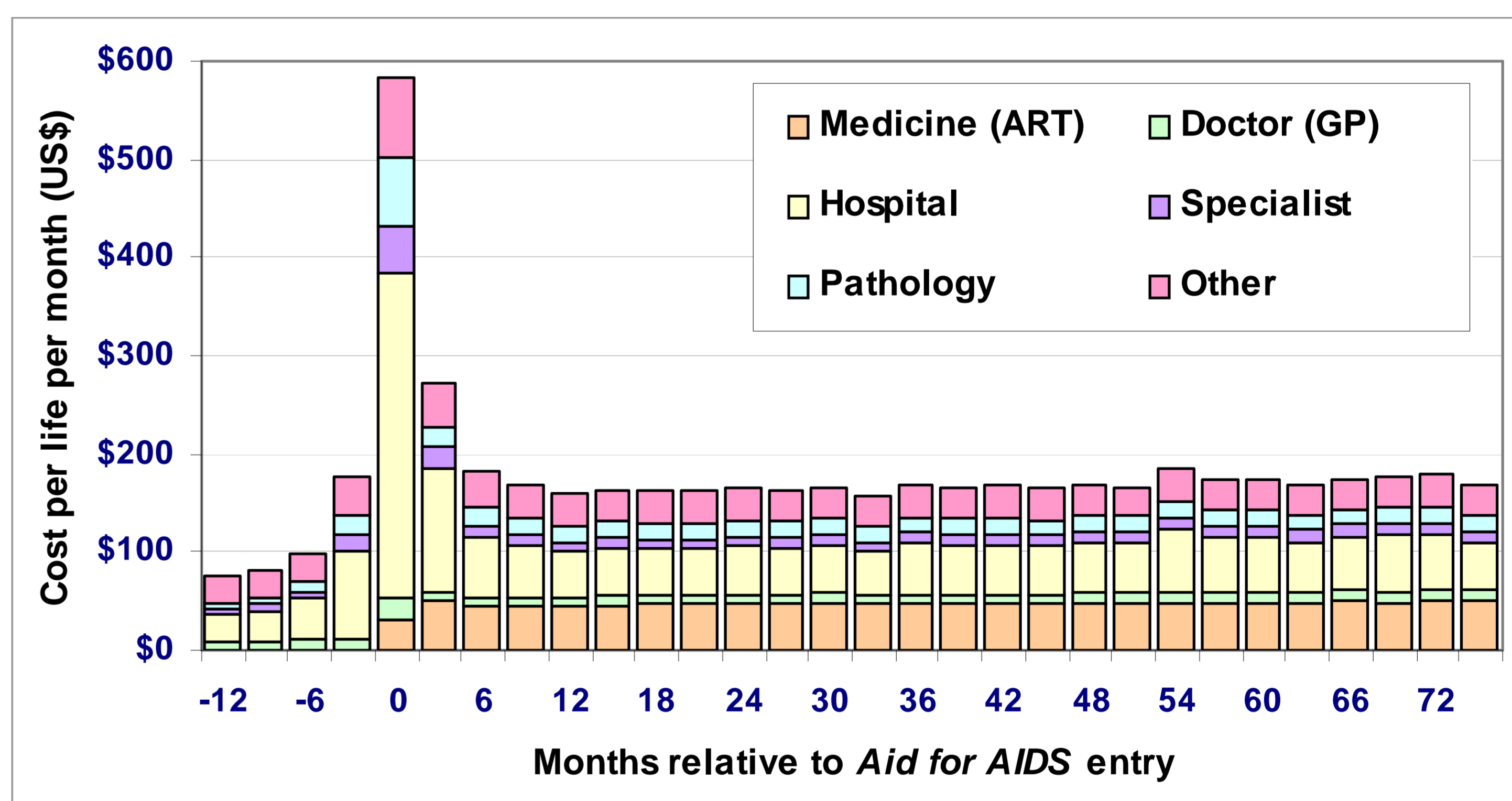
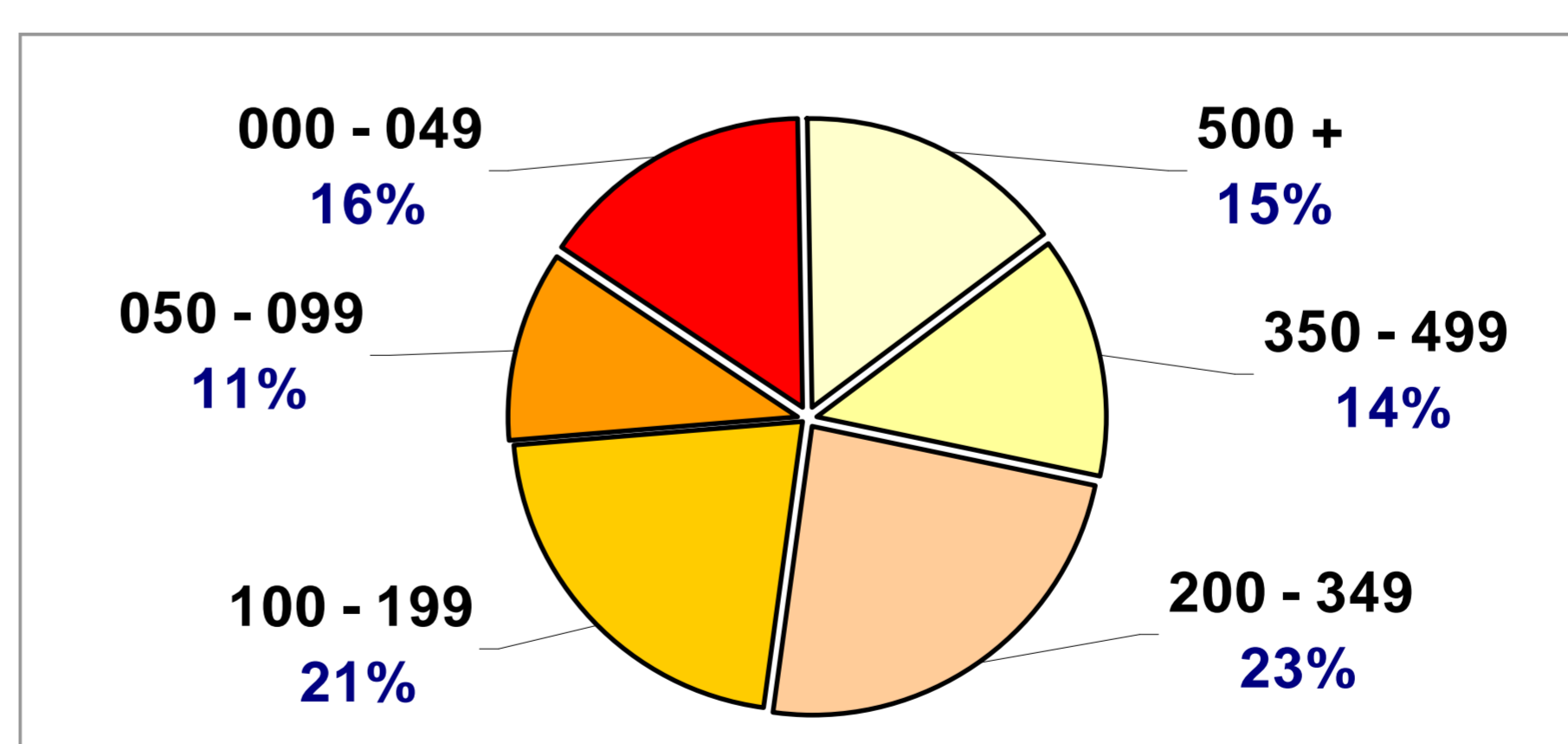


Figure 5: CD4 stage at entry.



## Conclusions:

Clinical outcomes confirm the benefits of an HIV DMP for individuals, although the numbers joining the program at a late stage, and leaving the programme are concerning. A significant number of HIV+ individuals have not enrolled, despite low barriers to entry. Funding of HIV treatment has proved sustainable, primarily due to stable hospital and reduced ART costs.

Table 1: Patient status.

Status	Patients	% Patients
Current	45,973	62%
Deceased	5,744	8%
Left	22,387	30%
<b>Total</b>	<b>74,104</b>	<b>100%</b>

Figure 1: Gender distribution.

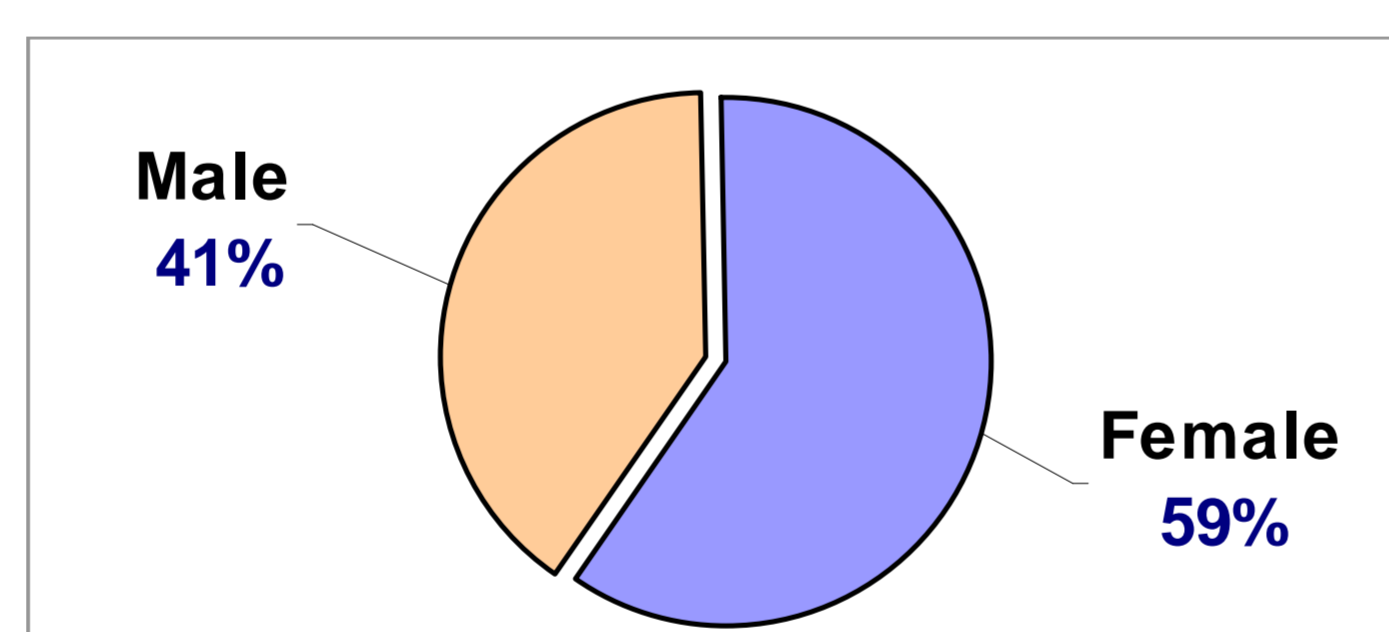
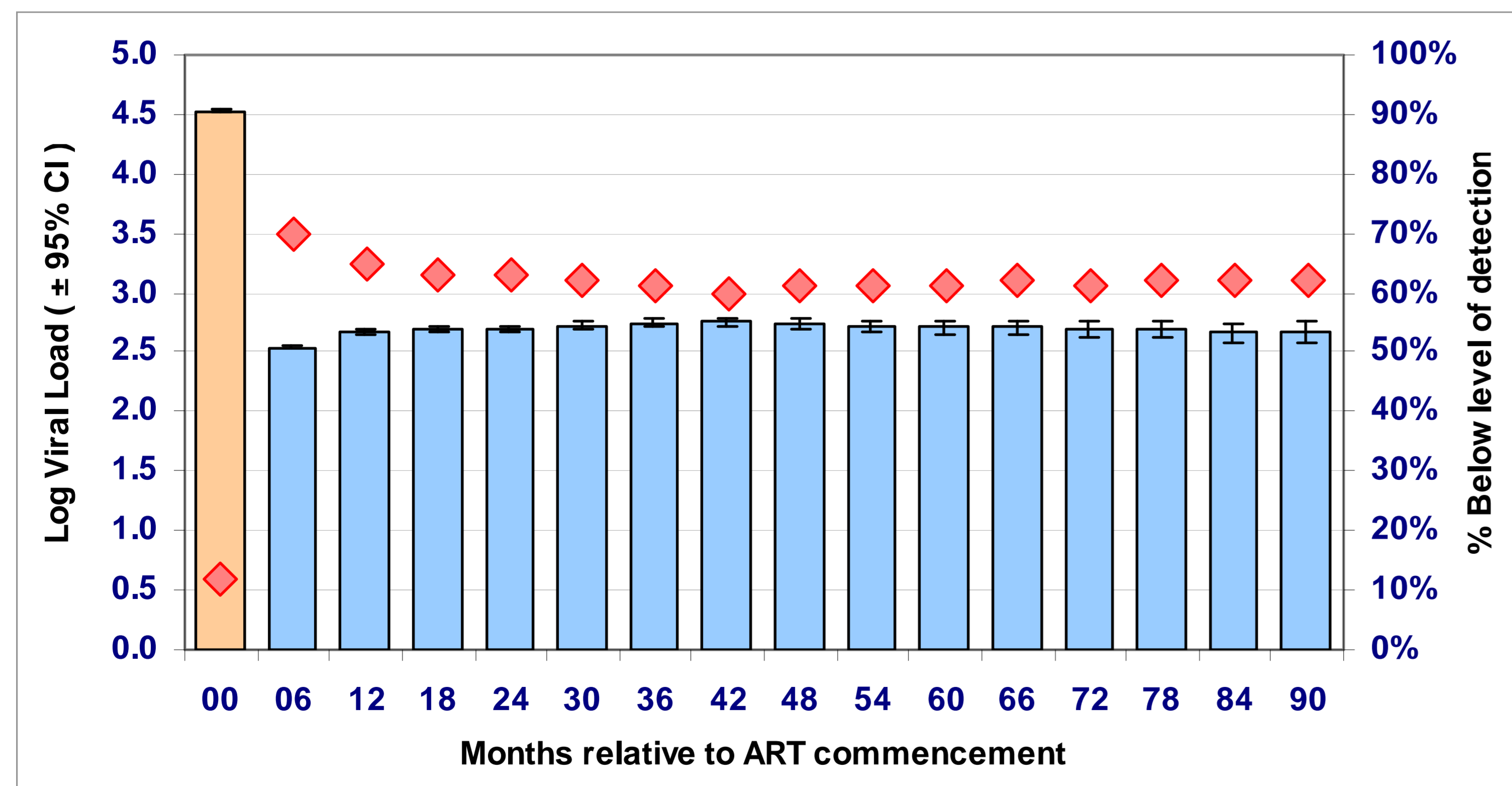


Figure 2: Viral load response to ART.



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