HIV/AIDS care and follow-up on a national scale on low resource settings: experience of the Niger Initiative on Antiretroviral Access (INAARV), Niger

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Background

Scaling up of HAART in Niger began in 2004 at a national level through the Niger Initiative on Antiretroviral Access (INAARV), with technical support from the NGO SOLTHIS. INAARV provides free ARV access, biological and immunological monitoring, and centralized data collection.

All HIV/AIDS patients:
- are followed-up in public health systems: 5 ARV centers in Niamey, 8 in the regions
- receive standardized care following national guidelines.
- are transferred in the regions

Methods

The Nigerien national database is made of five local databases (Diffa, Maradi, Niamey, Tahoua, Zinder).

Patients’ clinical files data, as recorded by physicians at each follow-up visit, are recorded in the software Fuchia® (Epicentre).

Whole national cohort: 3668 patients; adults who initiated ART 2995

Results

Whole national cohort: 3668 patients; adults who initiated ART 2995

Deaths and losses to follow-up: 1707 (57.5%)
- Lost to follow-up (707) 23.8%
- Deads (700) 23.6% (59.6% of all deaths)

Deads: causes:
- Pulmonary TB (30%)
- Extra-pulmonary TB (11%)
- Kaposi (9%) 3%
- Tuberculosis meningitis (2%)
- Pneumonia (2%)
- Extra-pulmonary TB (1%)
- Malaria (1%)
- Syphilis (1%)
- Other (1%)

Deads + lost to follow-up: 2429 (81.6%)

Median follow-up time: 12,9 months (4.3 - 22.5)

Patients’ outcome:       1. by year
Under AR

Follow-up outcomes, Kaplan-Meyer model

Immunological recovery by year of follow-up

Opportunistic infections during follow-up

Opportunistic infections by year of follow-up

Conclusion(s)

Implementation of HAART with nationally standardized criteria in a public health approach is achievable in low income countries. Many efforts needs to be done in the areas of clinical and immunological follow-up.