Background and objectives

ART scaling up in Mali began in 2003, promoted by the Sectorial Committee against AIDS (CSLCS), with technical support from NGO Solthis in the Segou region.

At the beginning of 2008, up to 1700 patients were receiving ART in the Segou region of Mali.

A centralized database (Fuchsia®) shows a significant rate of patients lost to follow-up (> 3 months after the last visit).

=> to quantify and understand the causes of losing patient to follow-up in the cohort

Results

1. Analyzing the database

Patients included in the cohort: 1061 patients, of which 493 (46.5%) were lost to follow-up.

Identifying patients lost to follow-up

- Lost to follow-up: > 90 days after the last visit: 168 (34%)
- Still on treatment (without regular follow up): 124 (25%)
- Discontinued follow-up: 136 (28%)

Transferred within the Segou Region: 14
Left the Segou Region: 57
Stopped ARV: 16
Died: 49

- Incomplete information: 63 (13%)

Mean time under ART before loss to follow-up: > 3 months.

2. Active research of true lost to follow-up patients

Outcome of the active research program

64 searches performed

Research limited to Segou town

<table>
<thead>
<tr>
<th>Outcome</th>
<th>n</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Not found</td>
<td>14</td>
<td>22%</td>
</tr>
<tr>
<td>Died</td>
<td>23</td>
<td>36%</td>
</tr>
<tr>
<td>Out the Segou region</td>
<td>8</td>
<td>12%</td>
</tr>
<tr>
<td>Transferred</td>
<td>1</td>
<td>2%</td>
</tr>
<tr>
<td>Didn’t answer questions</td>
<td>5</td>
<td>8%</td>
</tr>
<tr>
<td>ART ongoing</td>
<td>6</td>
<td>9%</td>
</tr>
<tr>
<td>Back to cohort</td>
<td>7</td>
<td>11%</td>
</tr>
</tbody>
</table>

Determinants of being lost to follow-up

| Variable                | Coef  | Std.error | t    | Pr (>|t|) |
|-------------------------|-------|-----------|------|-------|
| Intercept               | 0.105 | 0.380     | 0.012|
| Distance from hospital  | 0.118 | 0.047     | 0.253|
| Late to scheduled visit| 0.002 | 0.001     | 0.253|
| Age                     | 2.011 | 0.089     | 2.247|
| BMI                     | 0.003 | 0.003     | 1.095|
| Treated at Regional hospital | -0.034 | 0.086 | -0.400|
| Treated at Wale NGO     | -0.236| 0.073     | -3.247|

Methods

Patients initiated to ART from January 2006 to December 2007

Three main hospitals in Segou town:
- Regional hospital Nianankoro Fomba (Wale NGO)
- District hospital Famory Dounia

1. Analyzing of the database

2. Active search of patients living in the Segou region

- Diagnosis of the loss to follow-up
- Team discussion of the case (social workers / members of PLVHA associations)
- Active research by members of the team
- Questionnaire
- Debriefing and experience sharing

Conclusions (1)

Main determinants of loss to follow-up identified in this study:
- distance from treatment site
- type of treatment site (public health care system or NGO)
- good health (normal or high BMI)
- age and family status => integration in society (stigmatisation)

Conclusions (2)

- Need to improve quality of data collection using various sources of information on pharmacy files, PLVHA associations, social services, etc.
- Need for early active search of lost to follow-up patients in order to increase the probability of finding them and allowing them to restart ART