

Time to antiretroviral therapy among people living with HIV enrolled into care in Myanmar: How prepared are we for 'test and treat'?

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Abstract

Among people living with HIV (PLHIV) enrolled into care, time to antiretroviral therapy (ART) has not been studied in Myanmar. To inform progress, we conducted this operational research among treatment naive PLHIV (≥ 18 years) enrolled during a period of three years (2014-16) at Pyin Oo Lwin, Myanmar. This study was to determine the i) time from HIV diagnosis to ART initiation (time to ART) and associated factors and ii) association between time to ART and attrition (loss to follow up and death) from ART care. This was a retrospective cohort study involving record review of secondary programme data. The PLHIV were followed up to 5th December 2017 for ART initiation and up to 31st March 2018 (date of censoring) for attrition during ART. Of 543 enrolled, 373 (69%) were found to be eligible and initiated on ART. Of 373, 245 (67%) were initiated within six weeks of enrolment. The median enrolment delay (from diagnosis) was four (IQR: 1, 14) days and median ART initiation delay (from ART eligibility) was 20 (IQR: 13, 36) days. The median time to ART (excluding the time interval in pre-ART care) was 29 (IQR: 18, 55) days and was significantly long in those with prevalent TB and CD4 count $\geq 500/\text{mm}^3$ at enrolment. Among 373, the annual incidence density of attrition was 12.8% (0.95 CI: 10.2, 15.7). Attrition was common in first 100 days. Time to ART (after excluding time interval in pre-ART care) was not significantly associated with attrition. The programme appears to be on track to initiate ART as soon as possible in a 'test and treat' scenario (implemented since September 2017) subject to interventions to reduce ART initiation delay.