

## Comparing the Male Attrition Rate for Differentiated Care versus Facility ART Patients in Sub-district F, City of Johannesburg.

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### Background

South Africa has made significant progress in improving the provision of care for HIV-positive patients. However, retention of patients in care is still a challenge in South Africa, with males accounting for only 29.8% when compared to females 70.2% of ART patients that were retained in care in the Johannesburg Health District (JHD) in 2017. Research suggests that offering differentiated care to stable ART patients does improve adherence to treatment and retention in care when compared to facility based ART services. Differentiated care (DC) is offered to eligible patients based on the following criteria: Above 18 years of age and stable on ART with two consecutive viral loads suppressed, no opportunistic infections and on the same regimen for 12+ months. DC patients are rewarded with an opportunity to choose a convenient collect point for medication without seeing a clinician for six months. Facility care (FC) is defined as ART services offered at a facility to patients also eligible for differentiated care but who have not yet been offered DC. We sought to analyse confirmed loss to follow-up (cLTFU) between the two groups (DC and FC) and compare the difference in attrition between the two groups for both males and females to better understand if DC offered to patients lowered the attrition rate particularly for males at 13 primary healthcare clinics at Sub-district F in JHD

### Method

For a 3 year period from January 2015-December 2017, data from TIER.Net was extracted to compare a) total number of DC and FC patients across 13 clinics in JHD; b) total cLTFU for DC versus FC; c) total number of male versus female cLTFU; and d) cLTFU for males offered DC versus FC and for female offered DC versus FC. cLTFU was compared between males and females to determine the highest attrition rate per age and gender for DC and FC patients.

### Results Cont.

In January 2015-December 2017, a total of 13 clinics in JHD Sub-district F had a 22% attrition rate. A total of 21,782 patients were offered DC and a total of 48,611 were FC (Fig.1). Of these, 7011 (32%) males were offered DC versus 16,020 (33%) receiving FC. For female patients, 14,771 (68%) were offered DC and 32,591(67%) received FC. cLTFU was lower for patients offered DC: 774 (3%) compared to 10,599 (22%) for FC patients. Of males offered DC, fewer: 198 (3%) were cLTFU compared to males receiving FC treatment: 3179 (30%). Similarly, there were fewer females offered DC LTFU: 576 (4%) compared to those receiving FC: 7420 (70%). The highest attrition rate for males was 54%: amongst the age group of 36-49 years: DC = 106 (54%) and FC = 1425 (45%). In comparison, females between the age group 25-35 years old had the highest attrition rate: DC= 226 (46%) and FC = 4328 (58%).

The results revealed there was only a 1% difference between DC males and females indicating that providing DC improved male retention.

### Conclusion

Through comparing the cLTFU for males versus females in both groups of DC versus FC patients, there was a higher attrition rate amongst FCs for both males and females when compared to DC. FC patients require more attention to strengthen their retention in care by offering DC to all patients, especially males in accessing care. Further research is needed to analyse the reasons why the age group of 36-49 year old men are primarily defaulters from ART at the Sub-district level.

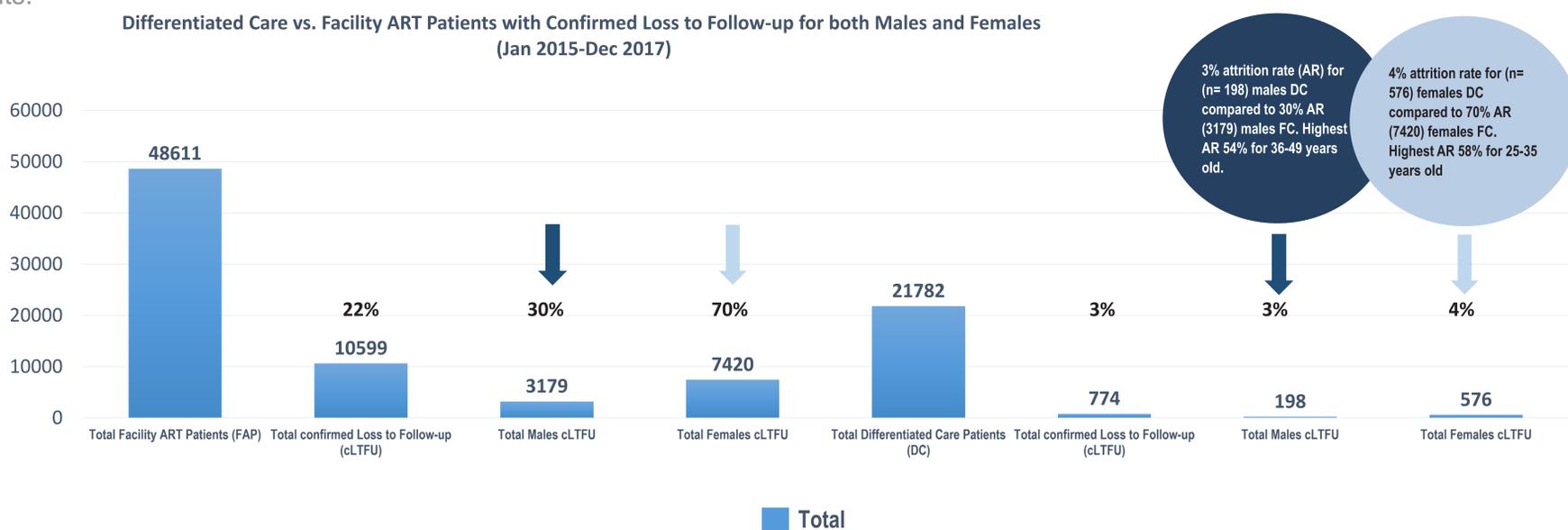


Figure 1. Differentiated Care vs. Facility ART Patients with Confirmed Loss to Follow-up for both Males and Females (Jan 2015-Dec 2017)

#### References

1. Ramela, C. (2018) District Implementation Plan Progress Report [Powerpoint Slides, Sub-district F DIP Dashboard (2)]. National Department of Health, Gauteng, South Africa.

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