

EMBARGOED FOR RELEASE:

October 26, 2009; 8 PM EST

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Better Retention in Care is a Cost-Effective Way to Improve Outcomes in HIV Disease

Boston, MA – For more than 20 million people infected with the human immunodeficiency virus (HIV) in Africa, treatment with antiretroviral therapy (ART) can suppress the virus and stop progression of the disease, leading to substantial reduction in suffering and rates of death. However, the effectiveness of ART is undermined by the large number of individuals who initiate treatment but do not continue regular clinic visits and taking medication. Strategies to improve retention in care may improve long-term outcomes, but concerns of prohibitive costs serve as barriers to implementing such programs. In an article published in the October 26, 2009 issue of *PLoS Medicine*, researchers from the US, France and Côte-d’Ivoire, West Africa collaborated using a validated computer simulation model of HIV disease (CEPAC-International) to evaluate the cost-effectiveness of potential strategies designed to prevent loss from HIV care.

Major international efforts have increased ART availability, but it is critical to ensure that HIV-infected patients in African countries, like Côte d’Ivoire, who initiate ART, receive regular follow-up and continue taking these life-saving medicines. “Starting ART without appropriate long-term care is not enough to ensure the full benefit of treatment,” explains Elena Losina, PhD, co-director of Orthopedics and Arthritis Center for Outcomes Research at Brigham and Women’s Hospital (BWH), and lead author of the study. Loss to follow-up creates a challenge for the success of expanding ART programs.

To address the issue of preventing loss-to-follow-up, the researchers used a model to assess the cost-effectiveness of interventions addressing this issue. The interventions considered included reducing costs to patients by eliminating medication co-payments, paying for transportation, increasing services to patients by improving staff training, and providing meals. The researchers found that at a per person cost of \$22 to \$77 per year, if these strategies were even modestly effective, they would be highly cost-effective by World Health Organization (WHO) standards.

“These results demonstrate that in resource-limited settings, loss to follow-up prevention strategies would improve survival, be cost-effective, and should be incorporated into HIV treatment programs to improve patient outcomes,” said Dr. Xavier Anglaret, director of the PAC-CI HIV program in Abidjan, Côte d’Ivoire, and co-investigator on the study. “The next step is to test these different interventions, and determine which are the most effective.”

The study was funded by the National Institute of Allergy and Infectious Diseases and the French Agence Nationale de Recherche sur le SIDA et les Hépatites Virales (ANRS).

Brigham and Women's Hospital (BWH) is a 777-bed nonprofit teaching affiliate of Harvard Medical School and a founding member of Partners HealthCare, an integrated health care delivery network. In July of 2008, the hospital opened the Carl J. and Ruth Shapiro Cardiovascular Center, the most advanced center of its kind. BWH is committed to excellence in patient care with expertise in virtually every specialty of medicine and surgery. The BWH medical preeminence dates back to 1832, and today that rich history in clinical care is coupled with its national leadership in quality improvement and patient safety initiatives and its dedication to educating and training the next generation of health care professionals. Through investigation and discovery conducted at its Biomedical Research Institute (BRI), BWH is an international leader in basic, clinical and translational research on human diseases, involving more than 860 physician-investigators and renowned biomedical

scientists and faculty supported by more than \$416 M in funding. BWH is also home to major landmark epidemiologic population studies, including the Nurses' and Physicians' Health Studies and the Women's Health Initiative. For more information about BWH, please visit www.brighamandwomens.org.