1. Background

- The worldwide financial crisis has resulted in decreased donations to The Global Fund.
- As a result, The Global Fund has scaled down funding for HIV programming in many developing nations.
- There are few documented reports of patient outcomes when scale-down leads to disruptions in HIV care and treatment.
- This cross-sectional study sought to assess transfusion behavior, care satisfaction, ART treatment and adherence, and disease progression among 3,100 patients experiencing a disruption in care in Lubumbashi, Democratic Republic of Congo (DRC), one year after the disruption.
- This study was part of the International Epidemiological Databases to Evaluate AIDS in Central Africa (IeDEA).

2. Methods

- About 3,100 patients had been enrolled in HIV care and treatment in two AMO-Congo sites in sum (43%).
- We randomly selected 1,000 patients from this population who had both a baseline visit and at least one follow-up visit in the six months prior to a clinic closure in 2010.
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3. Key Results (continued)

Table 1. Changes in outcomes after disruption in care among 380 patients, compared to last follow up visit before disruption.

<table>
<thead>
<tr>
<th>Variable</th>
<th>Those Who Completed the Survey (n=380)</th>
<th>Those Who Did Not Complete the Survey (n=628)</th>
<th>Odds Ratio</th>
</tr>
</thead>
<tbody>
<tr>
<td>50–29 years</td>
<td>48 (12.8)</td>
<td>100 (15.9)</td>
<td>1</td>
</tr>
<tr>
<td>30–39 years</td>
<td>529 (13.2)</td>
<td>247 (31.4)</td>
<td>1.81</td>
</tr>
<tr>
<td>40–49 years</td>
<td>200 (13.1)</td>
<td>203 (13.1)</td>
<td>1.40</td>
</tr>
<tr>
<td>50–59 years</td>
<td>315 (13.0)</td>
<td>735 (11.0)</td>
<td>1.56</td>
</tr>
<tr>
<td>60–69 years</td>
<td>2 (0.7)</td>
<td>5 (0.8)</td>
<td>1.37</td>
</tr>
<tr>
<td>70 years and over</td>
<td>4 (0.8)</td>
<td>13 (0.8)</td>
<td>1.07</td>
</tr>
<tr>
<td>Travel Time to Clinic 1–2 hr</td>
<td>56 (11.5)</td>
<td>121 (19.7)</td>
<td>0.72</td>
</tr>
<tr>
<td>&gt;2 hrs</td>
<td>5 (1.3)</td>
<td>41 (6.6)</td>
<td>0.79</td>
</tr>
<tr>
<td>ART Use before Disruption*</td>
<td>No</td>
<td>75 (20.1)</td>
<td>189 (29.0)</td>
</tr>
<tr>
<td>WHO Clinical Stage before Disruption</td>
<td>I</td>
<td>22 (5.9)</td>
<td>42 (6.7)</td>
</tr>
<tr>
<td>II</td>
<td>19 (3.8)</td>
<td>144 (23.0)</td>
<td>0.13</td>
</tr>
<tr>
<td>III</td>
<td>282 (78.0)</td>
<td>46 (25.4)</td>
<td>0.31</td>
</tr>
<tr>
<td>IV</td>
<td>18 (4.7)</td>
<td>351 (5.6)</td>
<td>0.86</td>
</tr>
</tbody>
</table>

4. Conclusions

- When faced with disruption in care, patient retention is jeopardized.
- Weight, support group participation, ART and medication adherence, and patient satisfaction were negatively affected by the disruption in care.
- WHO Stage was not negatively affected by the disruption after one year, but long-term follow-up is needed to assess the impact of disruption on HIV and other indicators.
- Many countries with grave HIV epidemics have experienced reductions in Global Fund appropriations. This study provides insight into some of the consequences of these reductions. Further research is needed on the effects of reduced funding so that measures can be taken to mitigate the impact of scaling down care and treatment services.

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For more information about this study, please refer to:
- w2oA (International Epidemiological Databases to Evaluate AIDS, found at www.i بدا.org)

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