

Integrating HIV care into primary care in South Africa: effect on survival of patients needing antiretroviral treatment

CITATION

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ABSTRACT

Background: Integration of HIV care into primary care is a potential strategy to improve access to antiretroviral therapy (ART) in high-burden countries. This study was conducted to determine the effect of integration of HIV care on the survival of patients needing ART.

Methods: A questionnaire was used to measure the integration of HIV care into primary care during a randomized controlled trial of task shifting and decentralization of HIV care in South Africa. Cox proportional hazard ratios (HRs) were estimated for the effect of 5 different integration scores (total, pre-ART, ART, mainstreaming HIV, and internal integration) on the survival of patients with CD4 count \leq 350 cells per microlitre and not yet on ART.

Results: A total of 9252 patients were followed up for 12-18 months. Cox proportional HRs adjusted for patient and clinic characteristics showed decreased risk of mortality in clinics with high scores for total integration [HR, 0.97; 95% confidence interval (CI), 0.95 to 0.98; $P < 0.001$], ART integration (HR, 0.94; 95% CI, 0.90 to 0.99; $P = 0.013$), and internal integration (HR, 0.97; 95% CI, 0.95 to 1.00; $P = 0.041$). Analysis of the effect of component scores adjusted for patient characteristics only showed decreased risk of mortality in clinics with high scores for total integration (HR, 0.97; 95% CI, 0.94 to 1.00; $P = 0.032$), pre-ART integration (HR, 0.92; 95% CI, 0.85 to 0.99; $P = 0.027$), ART integration (HR, 0.95; 95% CI, 0.93 to 0.98; $P = 0.001$), and mainstreaming HIV (HR, 0.90; 95% CI, 0.83 to 0.97; $P = 0.007$).

Conclusion: In a context of task shifting and decentralization of care, integration of HIV care into primary care is associated with improved survival of HIV-positive patients needing ART.