Outcomes along the HIV continuum of care for Men who have Sex with Men in Haiti

Willy Dunbar, MD 1,2 §, Yves Coppieters, MD PhD 1
1 Health Systems and Policies - International Health, School of Public Health, Université Libre de Bruxelles (ULB), Brussels, Belgium,
2 Haitian Study Group for Kaposi’s Sarcoma and Opportunistic Infections (Gheskio), Port-au-Prince, Haiti

Background
The HIV epidemic in Haiti continues, with an estimated 160,000 people living with HIV at the end of 2018.

Although HIV prevalence in the general population is estimated to be 2.0%, certain groups are at a higher risk of HIV infection.

The prevalence of HIV among men who have sex with men (MSM) is estimated to be 12.9%.

As previous data have found gaps in HIV care for this population, we explored the steps in the continuum of care to determine outcomes at each step.

Methods
We used an observational retrospective cohort study design to follow up MSM diagnosed with HIV in the largest HIV care clinic in Port-au-Prince, Haiti.

Estimates were calculated of proportions of participants reached, tested, linked to care, commencing treatment, adherent to treatment, and who achieved virologic suppression.

We identified factors associated with loss to follow-up at each step using multivariable analysis.

Results
Data were collected between January 1, 2015, and December 31, 2018.

5009 MSM were reached for prevention services. Of those reached:
- 2499 (49.8%, 95% CI 48.5–51.3) were tested for HIV,
- 222 (8.8%, 95% CI 7.8–10.0) had a positive test result for HIV, and
- 172 (77.47%, 95% CI 71.4–82.8) were linked to HIV care.

Among participants who started care:
- 54 (44.6 95% CI 24.5–38.9) were retained and
- 98 (78.4%, 95% CI 49.2–64.5) achieve a suppressed viral load.
- 59 (44.8%, 95% CI 27.2–41.9) were lost to follow-up.

Participants who had been:
- younger,
- with lower educational and
- Lower economic level were significantly less likely to achieve retention and viral suppression (p=0.001).

Conclusion
HIV cascade data among MSM in Haiti show very poor rates of retention in treatment although those retained had good virologic outcome.

Characteristics associated with LTFU suggest an urgent need to develop and implement effective interventions to support patients in achieving retention and viral suppression among MSM living with HIV.

References