

Authors: Kokuhabwa Irene Mukurasi (1)(2), Candida Moshiro (2), Rogath Kishimba(1)(3), Ahmed Abade(1), Loveness Urio(1), Diana Faini(2)

Affiliation(s) of each author: (1) Tanzania Field Epidemiology and Laboratory Training Programme, (2) Muhimbili University of Health and Allied Sciences, (3) Ministry of Health Community Development Gender Elderly and Children

Linkage into Care Among Newly Diagnosed HIV Infected Individual in Njombe Region, Tanzania 2017-2018: A prospective cohort

Introduction: HIV continues to be a major public health problem in developing countries, including Tanzania. Early linkage to HIV care forms an essential bridge to the first-and-second 90 of the UNAIDS 90-90-90 goal and remains a key challenge to attaining this goal. This study aimed at identifying factors associated with linkage to HIV care, one-year after the national adoption of the ‘test-treat’ guideline.

Method: The study was conducted in the Njombe region in December 2017-February 2018. Newly HIV-diagnosed individuals aged ≥ 18 years tested at facility and community testing points were enrolled and followed for 30 days. Socio-demographic data and factors associated with linkage information were collected using questionnaires. Time to linkage was estimated using Kaplan–Meier and Cox-proportional hazard regression to evaluate factors associated with linkage to care. Ethical clearance was granted by Muhimbili University of Health and Allied Sciences Institutional Review Board.

Results: Median age of the 382 enrolled HIV clients was 32 years (IQR 26 to 38 years). Female constituted 70% while the majority were married. Of those enrolled, 70% (266/382) were linked to care after one month, with median time to linkage being one day (IQR:1-2 days). Linkage to care for those who tested at a community vs facility testing point was 74% vs 68% ($p=0.1$). In the multivariate analysis, having secondary education or higher was independently associated with a higher rate of linkage (aHR=2.53; 95% CI 1.27-5.02) whereas, transport cost of >1 USD to HIV clinics was associated with a lower linkage rate (aHR =0.37; 95% CI; 0.15-0.90).

Conclusion and Recommendation: The overall linkage at one-month was less than the desired 90%. Community linkage was slightly higher than facility linkage and higher education level was a predictor of linkage. We recommend strengthening interventions for early linkage, bringing HIV services closer to the community, and continual community health education on the importance of early linkage and early initiation treatment.