Strengthening the Cascade—Current Work and New Ideas on the Cascade of Care for HIV, TB, and HCV

Retention in and Adherence to Care

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Final Step in the Cascade
Retention (With Adequate Adherence) Is Insufficient for All Three Conditions: HIV

Success = Viral suppression or retention on ART lifelong

40% loss from ART care at 36 months

Retention (With Adequate Adherence) is Insufficient for All Three Conditions: TB

Success = Cure or treatment completion by end of regimen

Drug-sensitive TB: 14% died, failed, lost, or outcome unknown (27% if HIV+)

Multi-drug resistant TB: 50% died, failed, lost, or outcome unknown

Retention (With Adequate Adherence) is Insufficient for All Three Conditions: HCV

Success = Sustained virologic response (SVR) by 12 or 24 weeks

Among those starting treatment in the U.S., 45% failure to achieve SVR

When It Comes to Retention, What Do HIV, TB, and HCV Have In Common?

- Co-infection (HIV/TB, HIV/HCV) is common and makes each condition worse
- Regimens require daily dosing and can be complicated to take or difficult to tolerate
- Patient-level barriers to adherence are similar (cost, stigma, social stability, mental health/substance abuse, co-morbidities)
- Access to and delivery of care discourages retention in many settings and systems
When It Comes to Retention, How Do HIV, TB, and HCV Differ?

- Duration of treatment!
- Effectiveness of treatment if patient is adherent
- Consequences of loss to follow up or non-adherence (and timing of consequences)
- Expectation that therapy will be directly observed
Coming Up

• Understanding the roles of informal caregivers of veterans with hepatitis-C
• The impact of real-time feedback on adherence to antiretroviral therapy in China
• The cascade of treatment for HCV at BUMC