Risk factors associated with late presentation to HIV care in the "treat all " era in sub-Saharan Africa: A systematic literature review.

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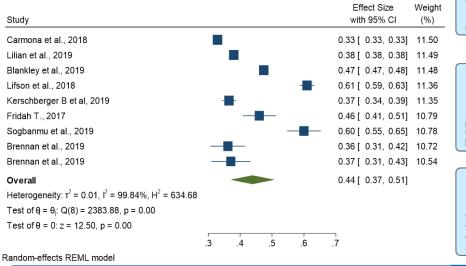
Background

Late presentation to HIV care (with CD4 count < 350cells or WHO clinical stage 3 or 4) remains a norm in sub-Saharan Africa. This is despite the 2016 World Health Organization HIV guidelines recommending the initiation of antiretroviral therapy (ART) in all people living with HIV regardless of clinical and immunological status.

The aim of this systematic review was to describe the prevalence and demographics of adults aged >15 years who are late to present to HIV care in sub—Saharan Africa in the "treat all" era.

Results

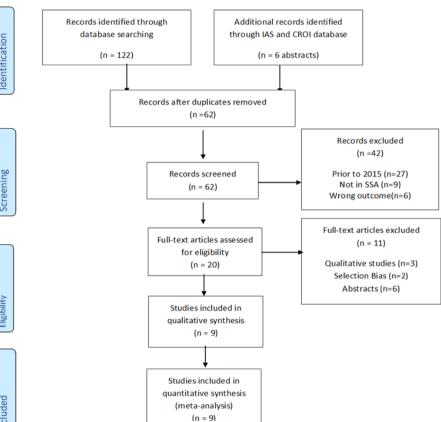
9 studies were included in the review. Males represented 58% of the total 714 929 participants aged >15. The prevalence of late presentation to care was 44%, (95% CI: 37–51). The odds of late presentation to care for males was 1.54 (95% CI: 1.05 - 2.36); aged > 36 was 1.55 (95% CI: 0.98 - 2.69); not being married was 1.065 (95% CI: 0.99 - 1.15).



Methods

A systematic literature review of late presentation to HIV care in the treat all era in sub – Saharan Africa was conducted. PubMed, Embase, ISI web of knowledge, Health System Evidence Global Index Medicus databases, web engines and conference websites were searched for relevant studies, grey literature and abstracts. Studies that meet the following criteria were included: cohort, case series, trials and quasi-experimental studies conducted in sub–Saharan Africa between January 2015 and July 2020.

Figure 1. PRISMA Flow Diagram



Conclusions

Late presentation to HIV care remains high among adults living with HIV in sub—Saharan Africa. Being male, not married, and being above 35 years of age were found to be associated with higher odds of late presentation to care. Strategies that allow early HIV detection and treatment and innovative approaches targeting population at risk are needed to achieve expected HIV program outcome of the treat all policy.

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