

Strategies to reduce HIV treatment dropout rates: cost-effective and improve survival chances

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In a study published this week in *PLoS Medicine*, Elena Losina (of Massachusetts General Hospital, Boston) and colleagues predict that strategies to reduce dropout rates from HIV treatment programs in resource-poor settings would substantially improve patients' chances of survival and would be cost-effective.

Combining a computer simulation model with data from a program of antiretroviral delivery in Abidjan, Cote d'Ivoire, the researchers assessed the potential benefits of several interventions, including reducing the cost to patients of getting treatment (by eliminating co-payments for treatment and by paying for transport) and increasing the services available to patients at their visits to clinics (such as improving staff training in [HIV](#) care, and providing meals at clinic times).

The researchers conclude that these strategies to reduce dropout rates from HIV treatment should form part of the commitment to start antiretroviral treatment and treat HIV in resource-poor settings.

In a related Perspective, Gregory Bisson (of the University of Pennsylvania School of Medicine) and Jeffrey Stringer (of the University of Alabama School of Medicine), both uninvolved with the research, agree that improving retention in HIV/[AIDS](#) care makes programmatic and economic sense. They stress that "the major AIDS donors, such as the US President's Emergency Plan For AIDS Relief

(PEPFAR) and the Global Fund, should be keenly interested in this issue, and willing to invest in strategies to improve retention."

More information: Losina E, Toure H, Uhler LM, Anglaret X, Paltiel AD, et al. (2009) Cost-Effectiveness of Preventing Loss to Follow-up in HIV Treatment Programs: A Cote d'Ivoire Appraisal. *PLoS Med* 5(10): e1000173. [doi:10.1371/journal.pmed.1000173](https://doi.org/10.1371/journal.pmed.1000173)

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