

THE CONSTRUCTION OF THE SINGULAR THERAPEUTIC PROJECT IN THE RETENTION PROCESS OF PATIENTS LIVING WITH HIV

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BACKGROUND



Demonstrate the importance of the Singular Therapeutic Project (STP) in the process of retaining people living with HIV (PLHIV). The STP is a care organization and systematization device built between health team and patient, considering subject singularities and case complexity.

Singular Therapeutic Project (STP)

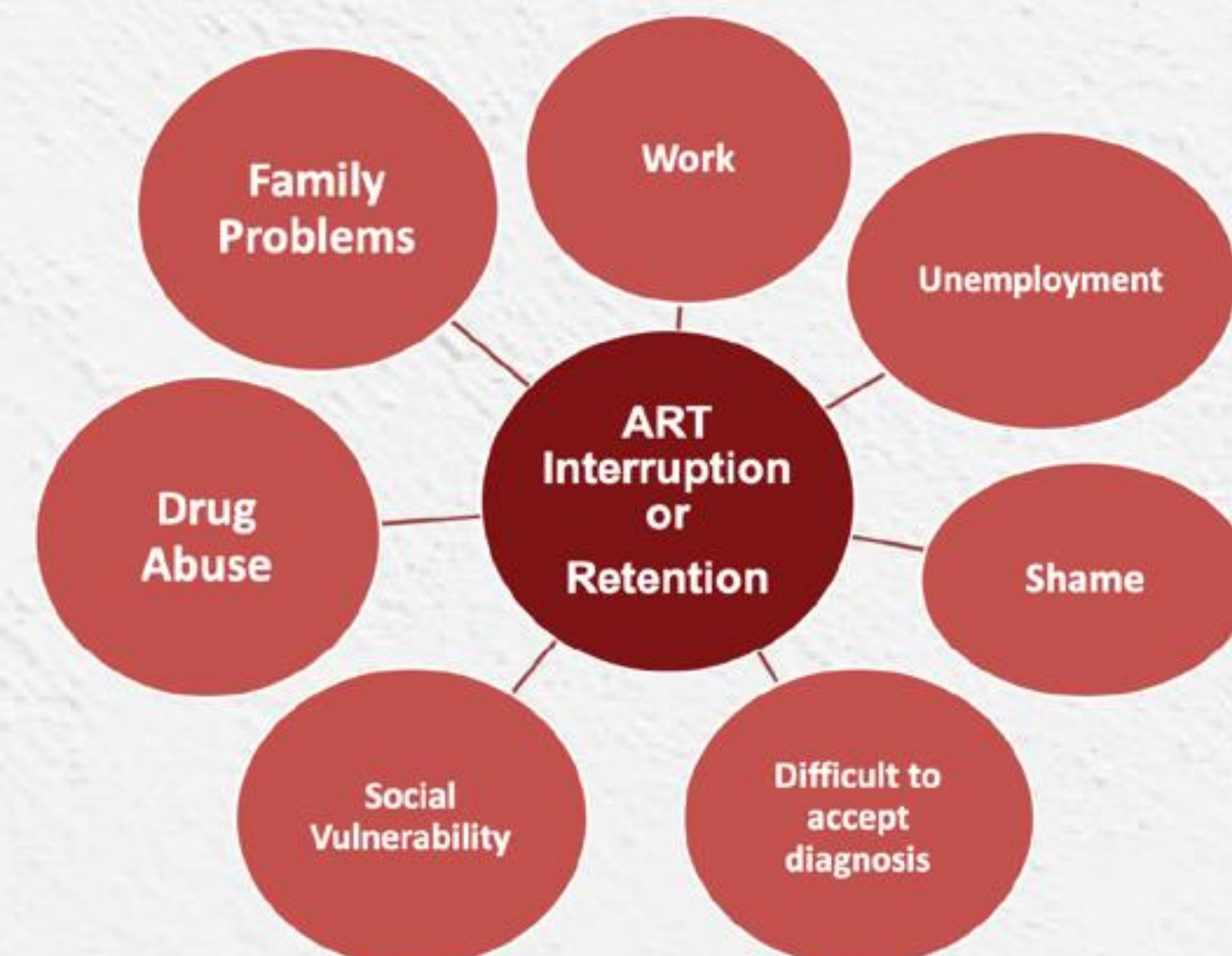


DESCRIPTION

Intervention research in HIV care services in the city of São Paulo / Brazil, from 2017 to 2022, considering the linkage to care of newly diagnosed cases and retention to antiretroviral treatment (ART). It was observed that the motivations of PLHIV for interruption to treatment are multifactorial and issues such as work, unemployment, shame, difficulties in accepting

the diagnosis, social vulnerability, drug abuse, family problems, among others, require articulations that go beyond care centered on medical consultation and / or antiretroviral (ARV) withdrawal. Retention to HIV treatment requires health teams to monitor PLHIV who has vulnerabilities that can take them to interrupt their follow up, by providing regular and continuous medical follow-up to ensure clinical follow-up with low bureaucratic demands.

Barriers to Retention to Care

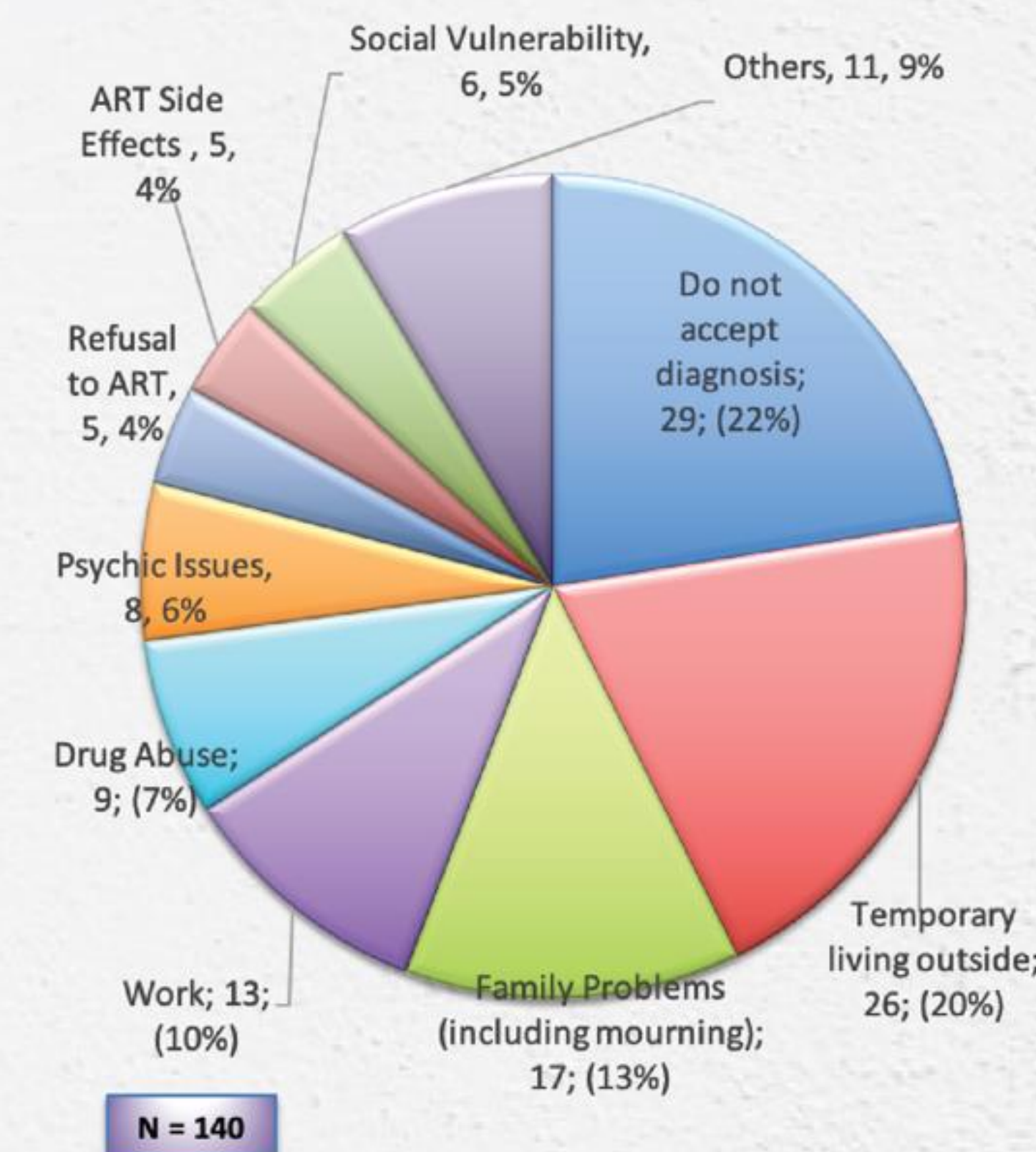


However, the singularities of each case must be considered. There were cases of patients treated by the project team who, for successful retention, demanded articulation with specific program networks such as: Social Assistance, Judiciary, Guardianship Council, Basic Health Unit, Family Health Program, once medical scheduling and ARV withdrawal were not sufficient for "good" treatment adherence.

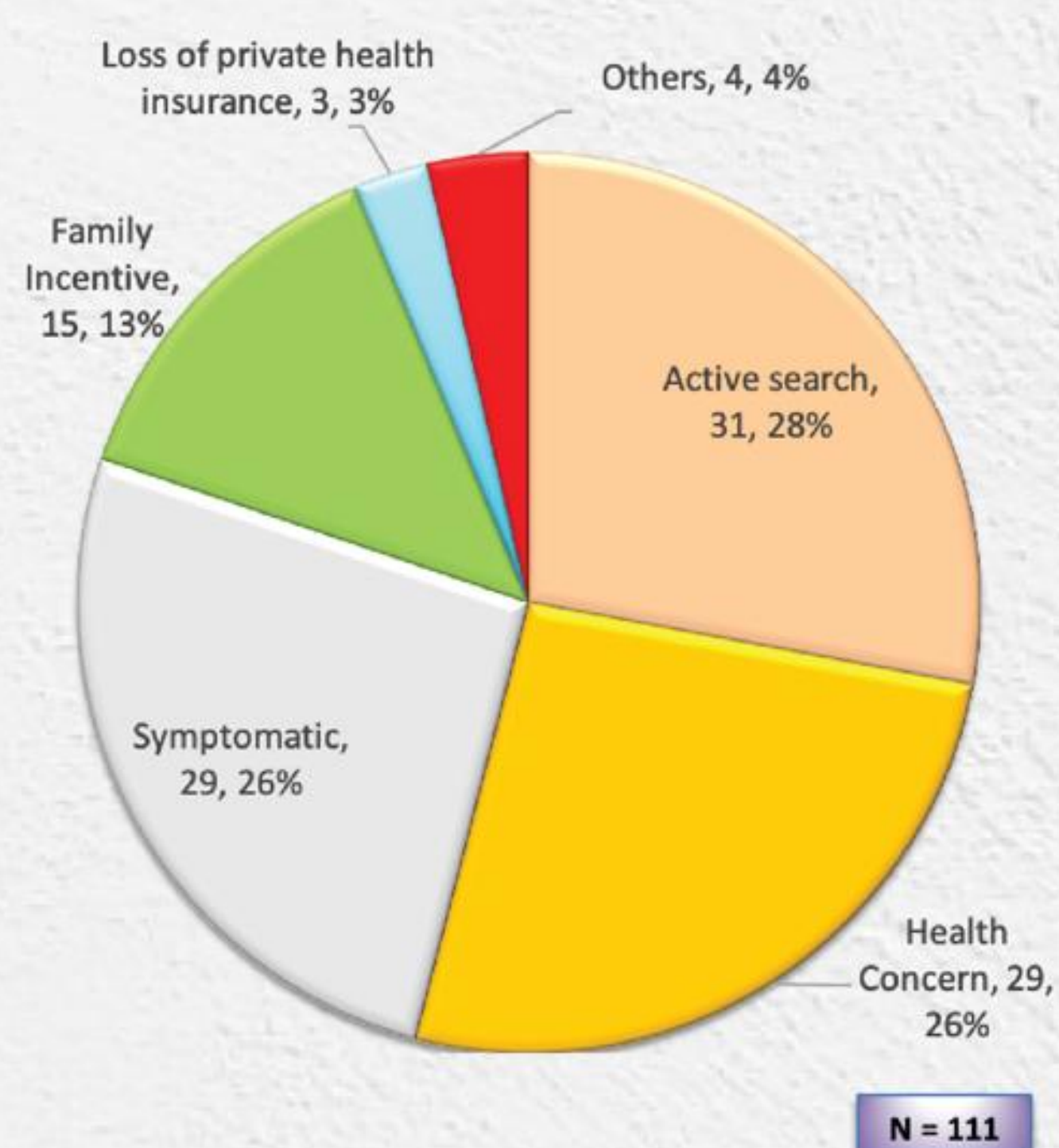
Improving Retention to Care



Reasons to interrupt follow up



Reasons to return to follow up



LESSONS

Construction of STP involving articulation with care networks and continuous care, enables the approach of the patient to the health service, favoring the construction of joint "goals" for treatment; some cases without STP showed retention failure, contributing to unproductive repetition of appointment scheduling, non-use

of ARVs and transmission chain; Qualified listening, on a case-by-case basis, enables better assessment and sharing with health teams and other networks, contributing to the process of retention to HIV treatment.

CONCLUSIONS

Construction of STP involving articulation with care networks and continuous care, enables the approach of the patient to the health service, favoring the construction of joint "goals" for treatment; some cases without STP showed retention failure, contributing to unproductive repetition of appointment scheduling, non-use of ARVs and transmission chain; Qualified listening, on a case-by-case basis, enables better assessment and sharing with health teams and other networks, contributing to the process of retention to HIV treatment.

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