BACKGROUND

In North American settings, women are less likely than men to be engaged across the HIV care cascade. Among Canadian women living with HIV (95%CI: 1.1-1.3), the cascade completion rate was highest among those who resided in Metro Vancouver (96% (1.2-1.7)) and lowest among those who resided in the BC Centre for Excellence in HIV/AIDS for data support and analysis; and all the partnering organizations (TSO) who support recruitment and operations.

RESULTS

Table 3: Baseline Survey Data from 1,425 WLWH enrolled in CHIWOS.

Table 2: Participants Characteristics (n=1,425)

RESULTS (CONTINUED)

In this analysis:

We measured the proportion of women engaged in seven nested stages of the care cascade, as self-report (Table 1).

We examined attrition across stages overall (Figure 1) and by age, ethnicity, housing stability, food security, illicit drug use, and violence (Figures 2-4).

Among those currently on ART, multivariable logistic regression identified factors associated with not being suppressed.

Table 1: HIV Cascade Stage of Care Definition

Table 3: Cascade Stage of Care Definition

Table 4: Proportion of women engaged in the HIV cascade of care in Canada and CHIWOS.

Fig. 1. Estimated HIV Cascade of Care Overall Results (n=1,425)

Fig. 2. Cascade of Care Results for Different Age groups

Fig. 3. Ethics

Fig. 4. Food security

Fig. 5. Incarceration

Fig. 6: Ebst drug use history

Multivariable logistic regression results among those currently on ART: Adjusted odds of not being virally suppressed were significantly higher among women who were young (aOR: 1.4 (95% CI: 1.1-1.79) per 10 years younger), food insecure (aOR: 1.77 [95% CI: 1.0-2.97] incorporated in the past year) and currently using Ebst drugs (aOR: 2.15 [1.46-3.15]).

CONCLUSIONS

This Canadian cohort is highly engaged in care and close to meeting the UNAIDS 2020 target of 90% of ART. Older women and African/Caribbean/Black Women in particular have high rates of viral suppression.

Yet gaps in care exist. About one-in-three WLWH were lost after the HIV care cascade, with significant differences by stage, sub-population, and social inequities.

Targeted interventions are needed to improve engagement across the care cascade for a diverse community of WLWH.

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