



# A Retrospective Cohort Analysis of Survival Among Patients Initiating Antiretroviral Therapy via Index Testing in Kampala's Informal Settlements, 2014

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## Abstract

Index testing is a strategy for identifying people living with HIV, but evidence on the long-term survival of patients who start antiretroviral therapy (ART) via this method in informal urban settlements is limited. This study analysed survival rates and identified factors associated with mortality among patients initiating ART through index testing in Kampala's informal settlements. A retrospective cohort analysis used routine programme data from ART clinics. The study population included all patients aged 18 years and above who initiated ART via index testing. Survival time was calculated from ART initiation to death, loss to follow-up, or study closure. Kaplan-Meier estimates and Cox proportional hazards regression were employed. The overall survival probability was 0.87 at 36 months post-ART initiation. Advanced HIV disease (World Health Organisation clinical stage 3 or 4) at initiation was significantly associated with increased mortality, with a hazard ratio of 2.34. Patients initiating ART via index testing in informal settlements demonstrated relatively high medium-term survival. However, late presentation for care remains a critical risk factor for mortality. Programmes should intensify efforts to promote earlier HIV diagnosis and linkage to ART through index testing. Enhanced clinical and psychosocial support is required for patients presenting with advanced disease to improve survival outcomes. HIV, index testing, antiretroviral therapy, survival analysis, informal settlements, Uganda This study provides evidence on the long-term effectiveness of index testing as an entry point to care, informing public health strategies for HIV care in urban informal settlements in sub-Saharan Africa.

**Keywords:** HIV, antiretroviral therapy, survival analysis, index testing, informal settlements, sub-Saharan Africa, Uganda

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