



THE AIDS SUPPORT ORGANIZATION
TASO



Community ART delivery models for high patient's retention and good adherence- The AIDS Support Organisation(TASO) experience.

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TASO



Introduction:

TASO-Uganda

- 11 service centres
- Over 90000 clients active in care
- About 65000 on ART
- About 70% are receiving ART through the community model(June 2013)



Introduction cont'd



TASO Jinja one of the 11 centres.

- Over 7000 clients active in care
- About 5400 on ART
- 82% in community model

Study background

TASO is implementing 2 ART service delivery models, facility and community models since 2005.

High ART lost to follow up, 1433 (6.4%) and 1498(6.7%) deaths from a cohort of 22315 was noted between 2000 to 2009.

Lost to follow up was defined as not picking ART 90 days from last appointment.

Background cont'd

Community drug distribution points (CDDPs)

- An ART delivery model in a TASO perspective
- Public places chosen by clients , to access ART refills.
- Patients make a choice after counselling and health talks.
- Managed by counsellors and expert clients.
- Supervised by a clinician
- All services are free
- Aim: To improve ART retention in care and treatment adherence

Study objective

To assess the effect of CDDPs on ART retention in care and adherence

Methods

- Analytical retrospective study.
- All patients on ART for the period of two months and above from 31st June 2009 to 31st July 2010 were considered.
- Electronic data base review
- Uni-variates and bi-variates analysis were done.

Methods cont'd

- Retention was measured basing on the number of patients lost to follow up
- Good adherence was $> 95\%$
- P- Value < 0.05 was considered to statistically significant for the study.

Results

June 2009 to July 2010

Table 1

Variable

Gender

Female

2402(69.5%)

Male

1055(30.5%)

Age

41(48-36)

occupation*(employed)

Yes 251(7.3%), No 2814(81.4%)

lost to follow up***

318(9.2%)

CD4

357(528,233)

Venue of ARV delivery

Facility

1302(37.7%)

CDDP

2155(62.3%)

*employed means the client has a formal or informal source of income,

Results cont'd

Loss to follow-up was very high in the facility arm with 215(16.5%) of 1302 patients

compared to 103 (4.28%) of 2155 CDDP based clients, $p < 0.0001$.

Results cont'd

Average adherence 96.8% for CDDP compared to 95.6 of facility based, $p>0.074$ no statistical significance.

Mean CD4 was higher (445) for CDDP compared to 317 for facility clients, $p<0.0001$

Conclusions

Community drug distribution points (CDDPS) model has better patient retention outcomes evidenced by very high reduction in lost to follow up .

Recommendations

Facilities with very high ART patient numbers should start the CDDP approach to supplement on traditional facility based model for improved retention and adherence.

Acknowledgments

- TASO clients
- staff
- partners
- Donors

Thank for you



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In Partnership With;



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