



IAS 2019

10TH IAS CONFERENCE ON HIV SCIENCE
Mexico City, Mexico 21-24 July 2019

Community-based antiretroviral therapy (ART) to improve ART initiation and retention among female sex workers in Tanzania

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“Sticky linkage”: Latest evidence and new strategies satellite
21 July 2019



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Study objectives

- **Improve** antiretroviral treatment (ART) outcomes **among female sex workers (FSWs)** by designing and evaluating a community-based model of ART delivery, whereby HIV care and treatment services are integrated into existing mobile and home-based HIV testing platforms.
 - Three key outcomes: ART initiation, retention, and viral suppression.

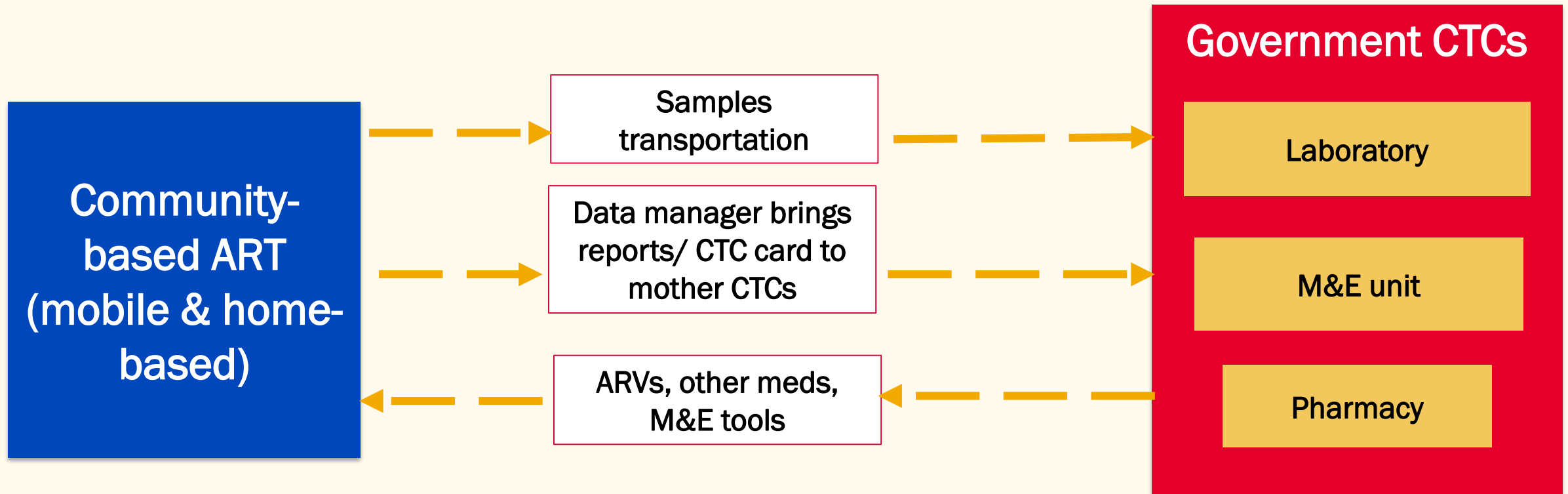


Study design

- Implementation science research using mixed-method, quasi-experimental, prospective design
 - Intervention site: Njombe
 - Comparison site: Mbeya
- Eligibility:
 - 18 years and older
 - HIV+ FSWs **not** on ART last 3 months
 - Intention to reside in the catchment area in next 12 months
- Intended sample size: 300 HIV+ FSWs per arm
- Baseline data collection: July – Sept 2017
- Follow-up: 6 (midline) and 12 months (endline)
- Dried Blood Spot sample for viral load testing taken at midline and endline



Linking between comm-ART and government care and treatment clinics (CTCs)



Intervention building blocks (Njombe)

	Testing	Linkage to ART	ART refill & clinical exam
WHEN	Daily/moonlight, walk-ins	Same day ART start if client ready	M0, M1, M3, thereafter every 4 months
WHERE	Community locations – mobile tents, rented rooms, or FSWs homes	Same community locations as testing	Same community locations as testing
WHO	Nurses & clinicians Peer educator mobilization	Nurses & clinicians Peer educators	Nurses & clinicians
WHAT	HIV testing services, STI testing and treatment, condoms and health promotion messages, referral to GBV/FP	Offer same day community ART start in post-test counselling	ART refills Adherence and risk counselling OI, TB screening Referrals Laboratory services



The main differences between the two arms are: 1) service locations, 2) refill schedules, and 3) ART providers

Intervention Arm

- Same day ART was offered
- FSWs received 1-month ART supply at enrollment at mobile tents and homes
- 2nd appointment: 2 months ART supply in community
- 3rd and subsequent visits: 3 months ART supply in community
- Service providers: clinicians & nurses

Comparison Arm

- FSWs were referred to the government facility-based ART services
- Facility-based monthly visits for the first six months for evaluation and ART refills
- Subsequent facility-based visits: variable but often monthly
- Service providers: doctors



Summary of recruitment & follow-ups

	Intervention (Njombe)	Comparison (Mbeya)
Sample size	N=309	N=308
Interviewed at 6 months (midline)	256 (83%)	253 (82%)
Interviewed at 12 months (endline)	265 (86%)	262 (85%)
Interviewed at both midline and endline	246 (80%)	234 (76%)



Comm-ART improved ART initiation

Adjusted analysis at endline (N=523)

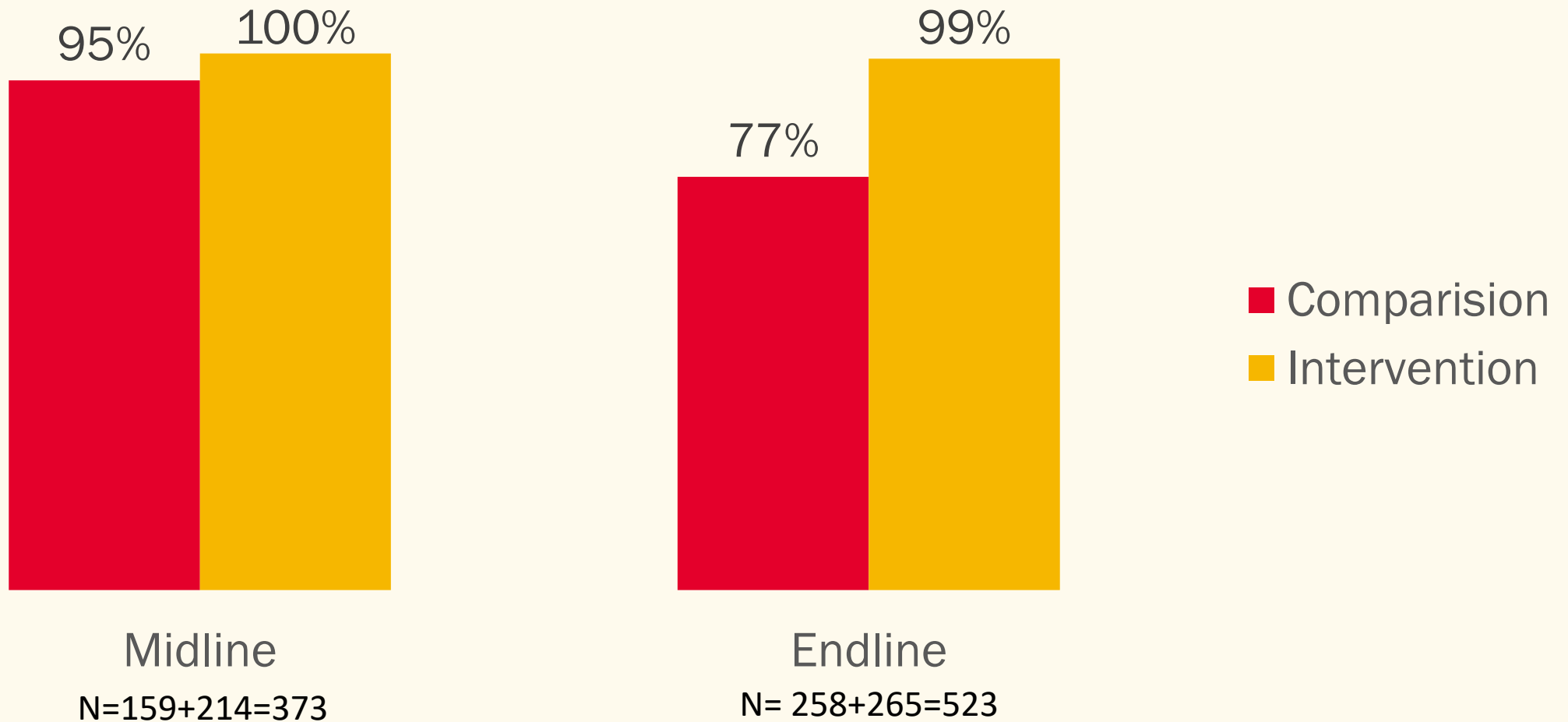
		Initiated ART	
		OR (95% CI)	aOR (95% CI)
Received community-based ART			
No (Mbeya)		1.0 (ref)	1.0 (ref)
Yes (Njombe)		19.9 (4.7–84.0)	19.0 (4.4–81.6)
Internalized HIV-related stigma			
High		1.0 (ref)	1.0 (ref)
Low		2.2 (1.2–4.5)	2.1 (1.03–4.2)

aOR (adjusted odds ratio): adjusted for age, education, marital status, mobility, HIV status disclosure



Comm-ART improved ART retention

Proportion retained in ART at midline and endline



Comm-ART improved ART retention

Adjusted analysis at endline (N=523)

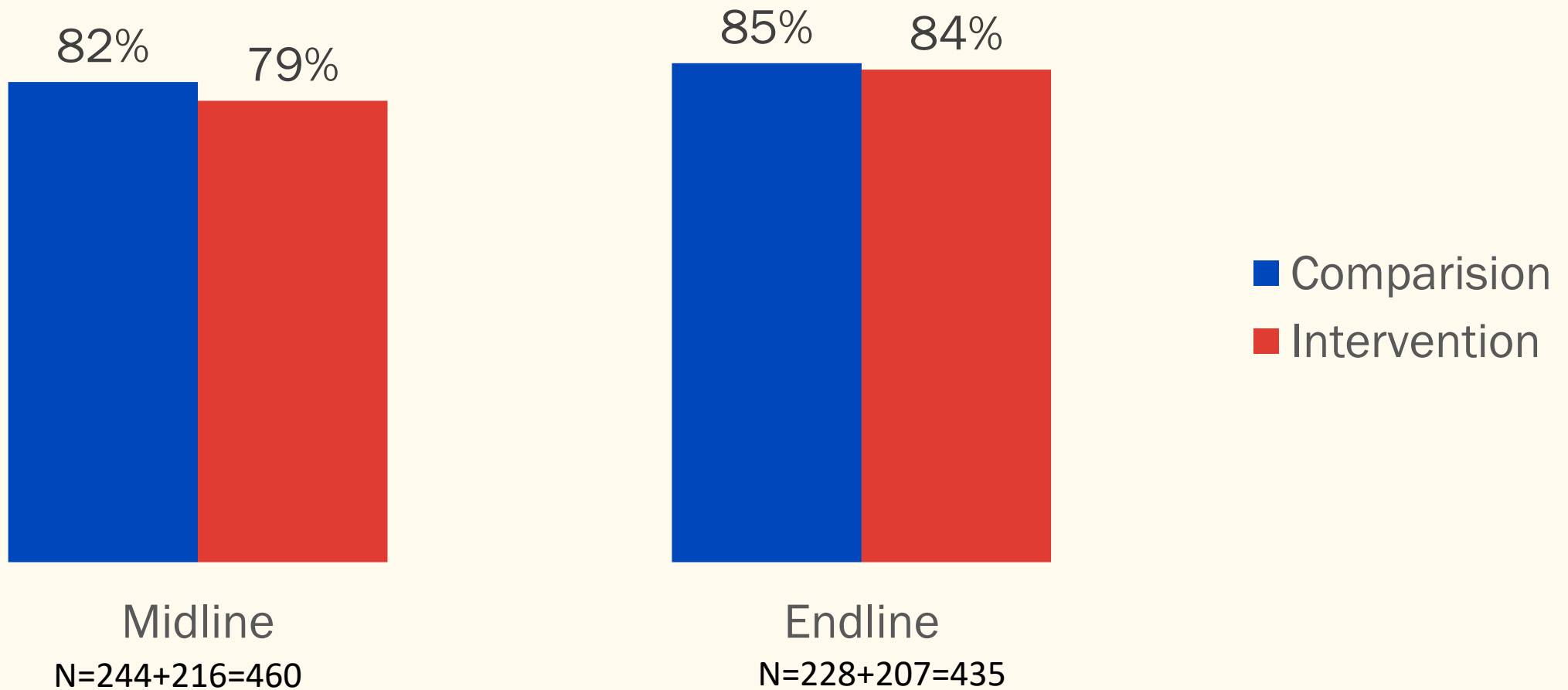
	Initiated ART	
	OR (95% CI)	aOR (95% CI)
Received community-based ART		
No (Mbeya)	1.0 (ref)	1.0 (ref)
Yes (Njombe)	14.4 (4.3–47.8)	16.0 (4.6–55.7)

aOR (adjusted odds ratio): adjusted for age, education, marital status, mobility, internalized stigma, HIV status disclosure

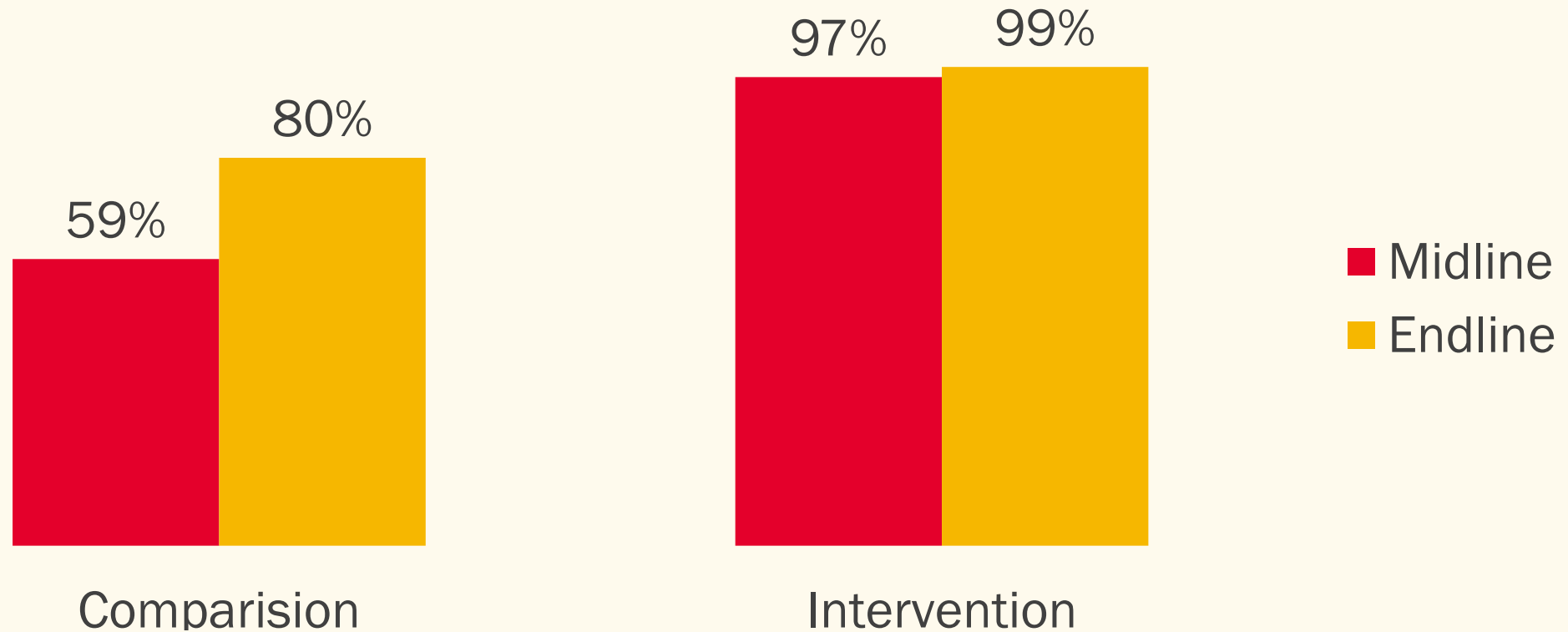


FSWs who retained in ART achieved high levels of viral suppression

No statistically significant difference between intervention and comparison



Comm-ART participants significantly more likely to be “*very satisfied*” with their last ART visit



Conclusions

- Community-based ART was more effective in supporting FSWs to initiate and stay on ART compared to facility-based services.
- Internalized HIV stigma had negative effect on ART initiation (less stigma associated with higher rates of ART initiation).
- FSWs who retained in ART achieved high levels of viral suppression.
- FSWs were more satisfied with the ART services received through the community-based platform.



Recent national policy change: Allow facility-led community ART initiation for key and vulnerable populations



Vulnerable Populations - KVP) through the service provider in the community. People in Special Groups (KVP) when they are diagnosed with HIV infections are initiated on ARVs in the community. This document instruct the delivery of ARV drugs for one month at start, through a mobile services at a different community level and the previous guideline was instructing to deliver 14 days drug for starting, and in that month the KVP will be educated on good adherence of ARV drugs and after that they will continue to get ARV drugs and other services at the nearby health facility for follow up visits on ARV use. This service in the community, will be provided by service providers from the health care facility near the location of the service (Facility Led Community ART)



Thank You



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Study Team

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Project SOAR (Cooperative Agreement AID-OAA-A-14-00060) is made possible by the generous support of the American people through the United States President's Emergency Plan for AIDS Relief (PEPFAR) and United States Agency for International Development (USAID). The contents of this presentation are the sole responsibility of Project SOAR and Population Council and do not necessarily reflect the views of PEPFAR, USAID, or the United States Government.

Through operations research, Project SOAR will determine how best to address challenges and gaps that remain in the delivery of HIV and AIDS care and support, treatment, and prevention services. Project SOAR is producing a large, multifaceted body of high-quality evidence to guide the planning and implementation of HIV and AIDS programs and policies. Led by the Population Council, Project SOAR is implemented in collaboration with Avenir Health, Elizabeth Glaser Pediatric AIDS Foundation, Johns Hopkins University, Palladium, and The University of North Carolina.



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