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## **THE ACCEPTABILITY AND FEASIBILITY OF COMMUNITY HEALTH WORKER-LED HOME-DELIVERY OF ANTIRETROVIRAL THERAPY: EARLY FINDINGS FROM A HEALTH SYSTEMS TRIAL IN DAR ES SALAAM, TANZANIA**

# Background

- Delivering antiretroviral therapy (ART) to patients' homes using community health workers (CHWs)
  - Could reduce patient volumes at healthcare facilities
  - Improve ART adherence and retention
  - Decrease patients' out-of-pocket health expenditures
- This study uses baseline data from a randomized health systems trial in Dar es Salaam to ascertain the acceptability and logistical feasibility of CHW-led ART home-delivery in Dar es Salaam

# Methods

- We randomized 48 healthcare facilities in Dar es Salaam to either the standard of care (facility-based ART care) or CHW-led ART home-delivery
- The CHW cadre is a long-standing public sector cadre in Dar es Salaam, called home-based carers
- Patients had to be clinically stable on ART to be eligible for ART home-deliver
- We present data from three questionnaires administered between March 1<sup>st</sup> 2016 and January 15<sup>th</sup> 2017:
  - Enrolment questionnaire (n=1,572)
  - Patient exit questionnaire administered to a random sample of patients at the end of a HIV care visit (n=718)
  - Healthcare provider questionnaire administered to clinical personnel at the study healthcare facilities (n=102)
- In addition, we conducted semi-structured qualitative interviews with eight participants who were offered ART home-delivery but refused

# Results

- Regarding acceptability, 14% (46/334) of participants who were offered ART home-delivery opted for standard facility-based care instead
  - Due to confidentiality concerns, as suggested by both questionnaire and qualitative data
- Regarding logistical feasibility, CHWs had conducted a total of 533 ART home-delivery visits by September 30<sup>th</sup> 2016
  - No any reports of a CHW being unable to locate a participant
  - Only 8 participants complained to the study team that their ART had not been delivered on time

# Conclusion

- The home-delivery of ART by CHWs appears to be
  - logistically feasible in Dar es Salaam
  - Socially acceptable to a majority of patients who are stable on ART
- In general, programs that deliver ART to patients' homes while minimizing the perceived risk of unintentional HIV-status disclosure would likely achieve the highest social acceptability in urban sub-Saharan Africa