



 **IAS 2021**



# Community ART initiation: implementation experience from Lesotho

What's new in DSD for HIV treatment: from  
WHO recommendations to reality

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**SOLIDAR  
MED**  
Partnerships  
for Health



 University  
of Basel

Swiss TPH



# Policy changes over time Lesotho

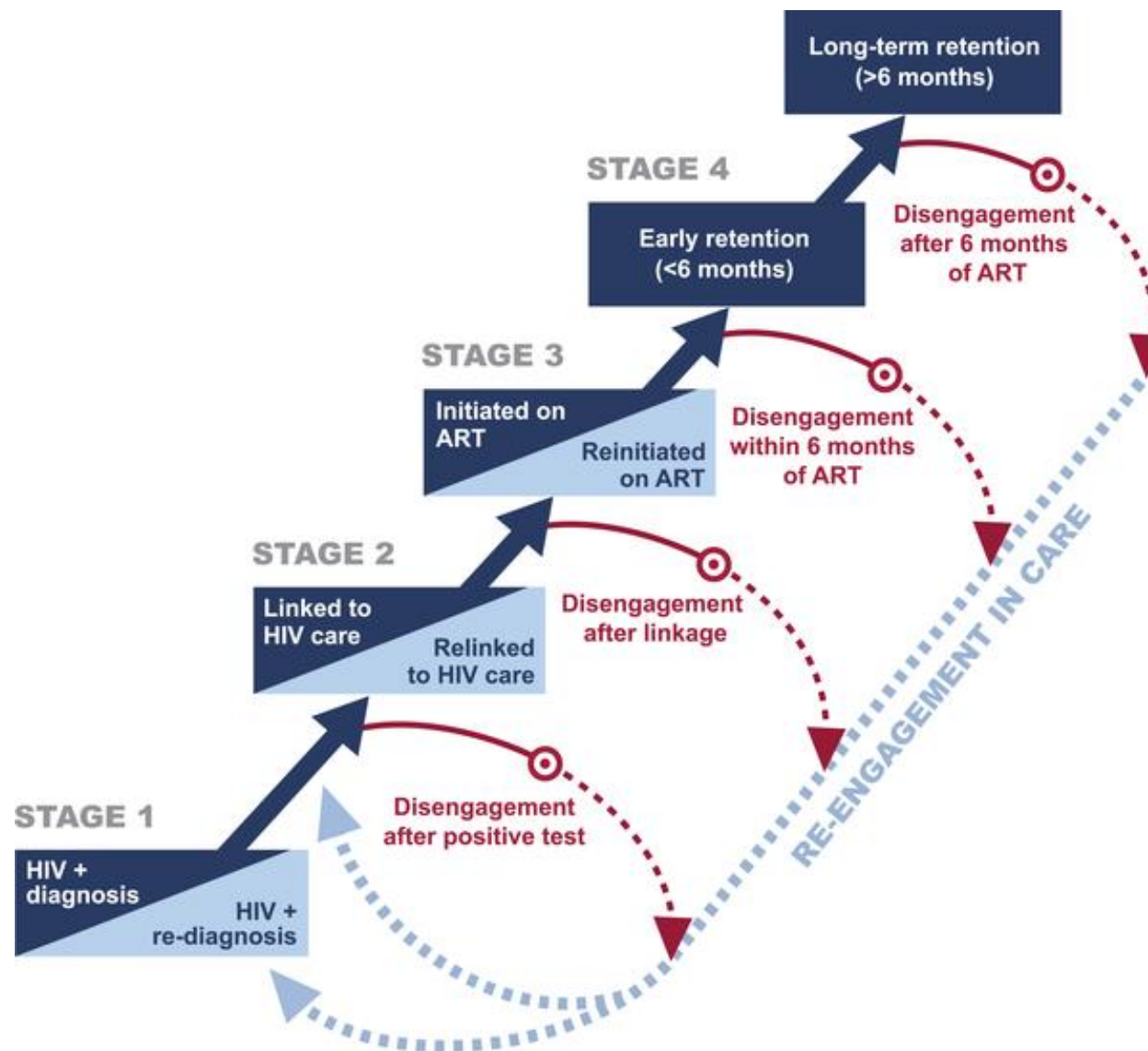
- **ART guidelines 2014:** No same day-ART and no community ART initiation
- **ART guidelines 2016:** Same-day ART initiation, no community ART initiation

***However, from an implementer perspective:*** Many partners are doing community ART initiation (EGPAF & PSI)

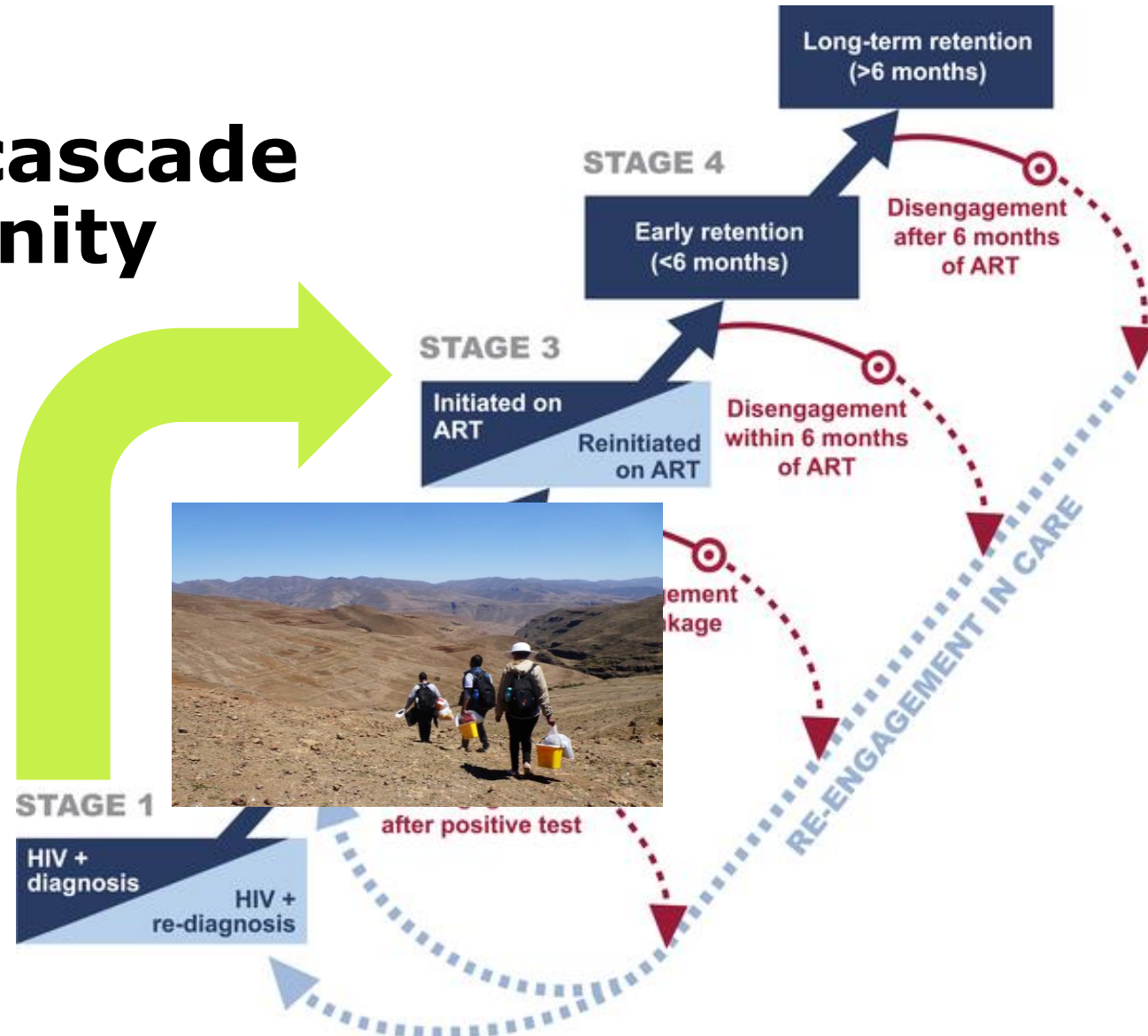
Population: 2.2 M  
Adult HIV prevalence: 23%  
(Lepha 2020)



# The cyclical cascade of HIV care



# Rationale: Collapse the cascade in the community



# Research on community ART initiation in Lesotho

- CASCADE TRIAL

- **Same-day community ART initiation** (Labhardt et al, *JAMA*, 2018)
- **Two-Year Follow-up** (Amstutz A et al, *CID*, 2020)

- VIBRA TRIAL

- **Community care after same-day community ART initiation:** Village-health workers (VHW) offers ART refill following home-based testing & ART initiation (protocol: Amstutz A et al, *Trials*, 2019)

Results to be presented later this week at IAS 2021: **Delivering treatment where people live,**  
20 July, 15:00-15:50, Channel 2



**Eligibility and consent**



**Medical history and physical examination**



**Laboratory tests**



**Readiness assessment and adherence counselling**



**Same-day ART initiation and 1-month ART supply**



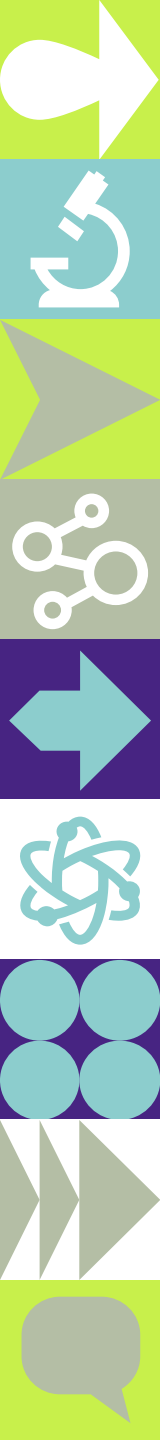
**Refill by clinic (CASCADE) or VHW (VIBRA)**



**Viral load and clinic visit at 6 and 12 months**







CD4 POC  
(PIMA)

Haemoglobin  
POC  
(Hemocue)

HIV POC 1  
(Determine®  
HIV1/2)

HIV POC 2  
(UniGold®  
HIV1/2)

HIV testing  
consent form

Patient health  
booklet  
(bukana)

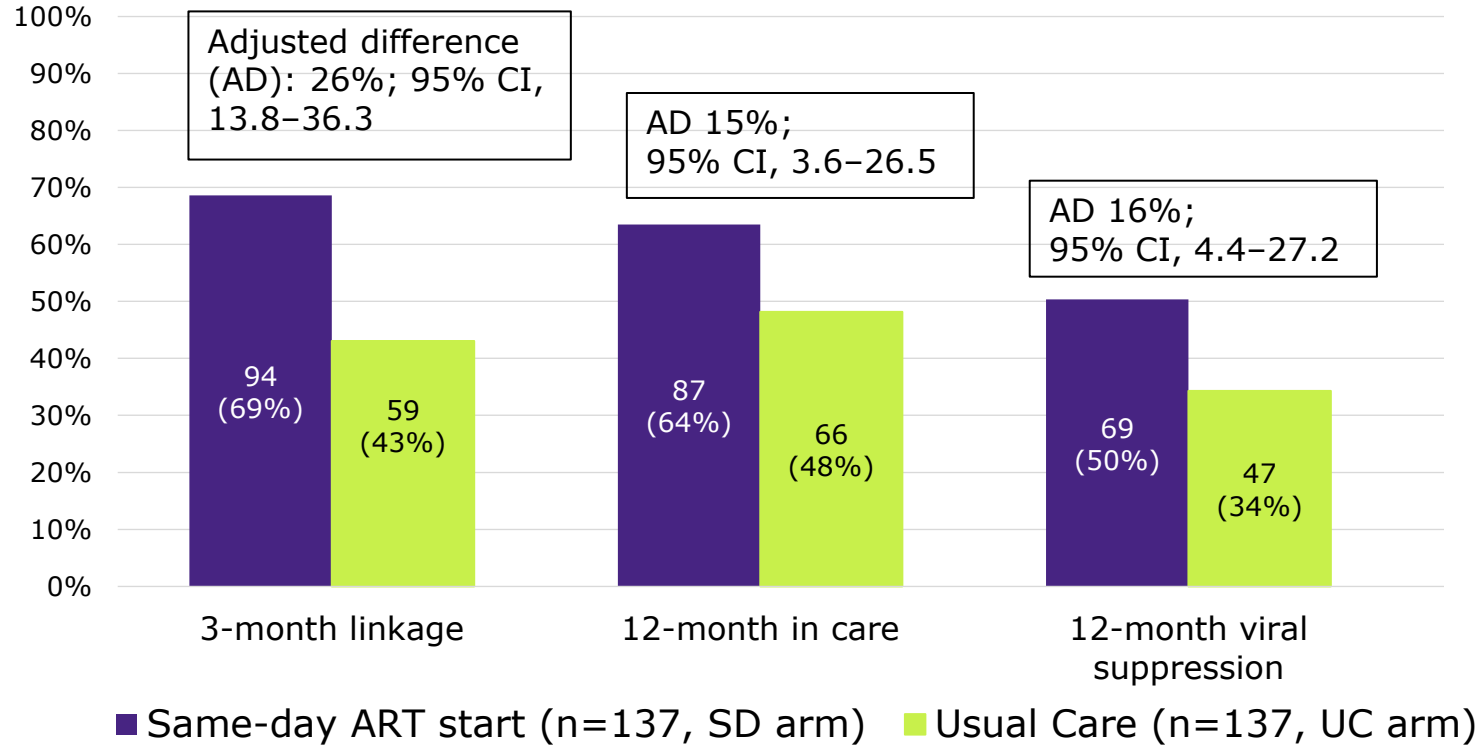
TB sputum  
bottles

Creatinine  
POC  
(StatSensor)

ART card from  
MoH/clinic

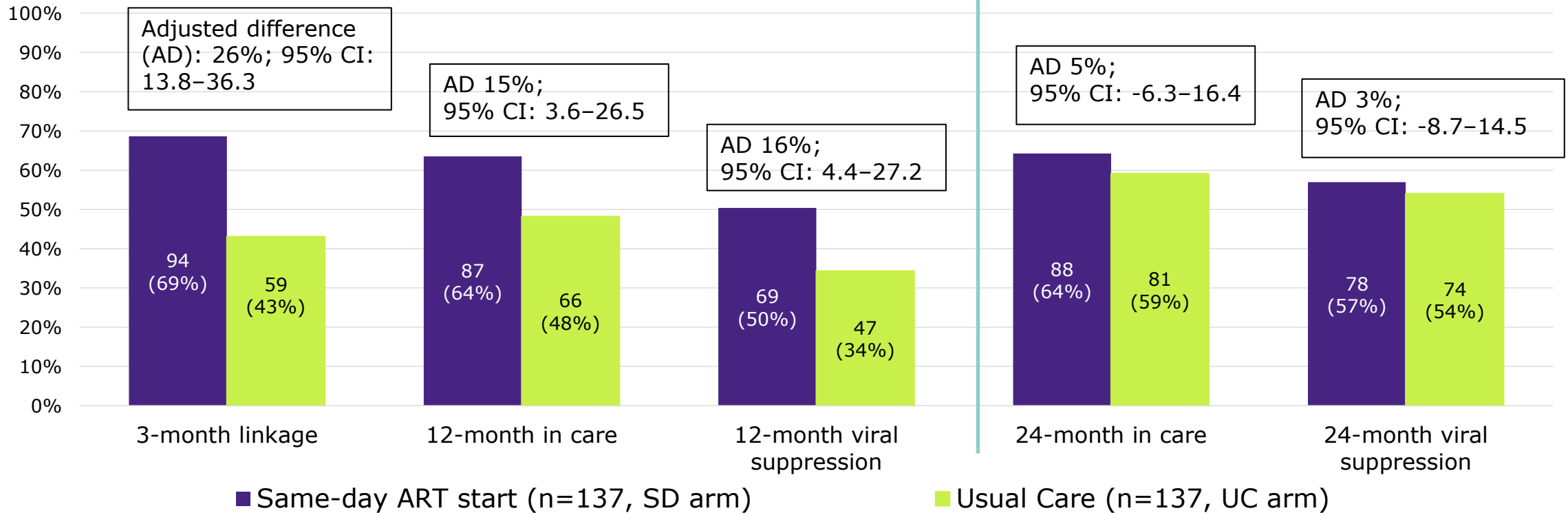


# CASCADE results



# CASCADE results

Contacting of all patients not in care and encouraging engagement in care



# Lessons learned

## Benefits

- Starting ART at the community level is well accepted and feasible
- Community ART initiation increased linkage, engagement in care, viral suppression and retention in care
- No compensatory higher disengagement observed over the long run among those offered same-day ART start
- Those diagnosed at community level are usually at an early stage of HIV infection (→ few complications)
- There is a risk of developing drug resistance through offering same-day ART but subsequently not linking but this appears to be low

## Challenges

- Offering community-based same-day ART start does not lead to sufficient linkage & engagement
- Gap between self-reported readiness and linkage
- Resource intensive (HR, Transport, etc.)

# Next steps and recommendations

- Work with stakeholders to adopt community ART initiation as national policy, aligned with WHO recommendation
- Further simplify community ART initiation
  - Reduce point-of-care tests
  - Facilitate further task-shifting
- Support scale-up of DTG, which will make community ART initiation easier (less risk of resistance)
- Shift focus to supporting strong linkage (less focus on just initiation)