Differentiated ART delivery for people who inject drugs in the Northeast region of India

Aditya Singh and V. Sampath Kumar, FHI360 & CDC India, adsingh@fhi360.org,
https://www.fhi360.org/projects/project-sunrise

OVERVIEW

Injecting drug use is the primary driver of the HIV epidemic in the Northeast (NE) region of India. Based on the HIV Sentinel Surveillance Survey in 2017, high HIV prevalence persists among people who inject drugs (PWID) in the states of Mizoram (19.8%), Manipur (7.7%), and Nagaland (1.15%). India's National AIDS Control Organization (NACO) implements targeted interventions (TI), which are peer-led, community-level prevention programs for key populations (KP) operated by non-governmental organizations. Project Sunrise, implemented by CDC and FHI360 in collaboration with NACO, supports TI programs of select NE districts by providing a package of services to PWIDs including harm reduction, STI screening, and linkage to HIV testing and antiretroviral therapy (ART) centres.

PROJECT SUNRISE

Project Sunrise employs field mentors to network with the community, NGO outreach teams, and service providers to deliver services to PWID. After India's adoption of Treat All in 2017, the project implemented a strategy to support ART initiation among TI-registered KP PLHIV care and improve access to ART by providing refills at TIs offering medication-assisted treatment (MAT). Field mentors have been employed to network with the community, NGO outreach teams, and service providers to reach PWIDs. The building blocks of the project are described below.

Table 1: Building blocks of ART Scale-up in Pre-ART KP-PLHIV

WHEN	WHERE
KP PLHIV are accompanied during every visit	Contacting, education, navigation and follow-up is done in communities, ART initiation is done at ART centres
WHO	**WHAT**
Field mentors navigate to the services, medical officers prescribe ART	Field mentors contacted KP PLHIV at the community, educated via standardized script, sought consent, navigated to centres, and follow-up done to document ART initiation

Table 2: Building blocks of Co-location of ART dispensation in TIs providing MAT

WHEN	WHERE
Monthly ART refills Clinical consultation and laboratory tests once in 6 months	ART dispensation in TIs providing MAT Clinical consultation and laboratory tests at ART Centers
WHO	**WHAT**
Field mentors for outreach and clinical staff for ART dispensation at TI	Navigation, needle and syringe exchange, condoms, counselling, HIV screening, ART dispensing, MAT

IMPLEMENTING THE INTERVENTION

The partners initiated the ART scale-up pilot in pre-ART KPs in four states of NE India in May 2017; NACO is now scaling up this effort nationwide. The co-location of ART dispensation with MAT is currently operational in three TIs. To train the mentors and the providers on the ART Scale-up in pre-ART KP and the co-location model, the project developed standard operating

procedures and a curriculum. In addition, it integrated a monitoring system to track the progress of the pilots.

The partners developed an M&E template to capture key indicators. A data flow system was developed from the field level to the states and FHI360, CDC and NACO. The data was reported regularly. Monitoring tools were developed for the co-location model.

Since ART medication is available free of cost at government ART centres, there was no additional cost for both the models. The operational costs pertained mainly to travel of field mentors for navigation. The co-location of ART medication was folded into the existing TI program providing MAT services.

DATA

Over a period of six months, preliminary results show that field mentors reached 1,123 PLHIV, navigated 444 to ART centres, and documented ART initiation in 396 PLHIV. To further enhance ART initiation among KPs, Project Sunrise recently initiated pilots involving co-location of ART dispensation at three TIs providing MAT.

CHALLENGES AND SUCCESS

The systematic process of identifying, educating and navigating KP PLHIVs and facilitating the initiation at the ART centre can be considered as a good practice for scale-up. Importantly, the engagement of the national and state governments, and the community in the planning and implementation of the models is vital for their success and scale-up across the country.

Table 3: Programme challenges and responses

Challenges	Response
Skepticism from clients on starting ART in spite of good health and high CD4 count, apprehensions on side effects, combining ART with psychotropic substances etc.	Field mentors employed behaviour change communication strategies customized for each pre-ART KP client contacted
Financial constraints: cost of baseline tests, travel, logistics	State governments advocated for reducing costs or making test free of cost. This was achieved in some districts
Lack of lucid and effective IEC materials on starting ART	CDC and FHI360 developed key messages which were shared with states for adaptation/usage
TI clients being hard-to-reach: irregular contact with TIs	Multiple follow-ups conducted on phone and in person
Hours of operation and long waiting times at ART centers	On-site advocacy and fast-tracking facilitated for KPs
Disclosure of status to “newer” field workers, e.g., field mentors	More time spent on rapport building and experience sharing