



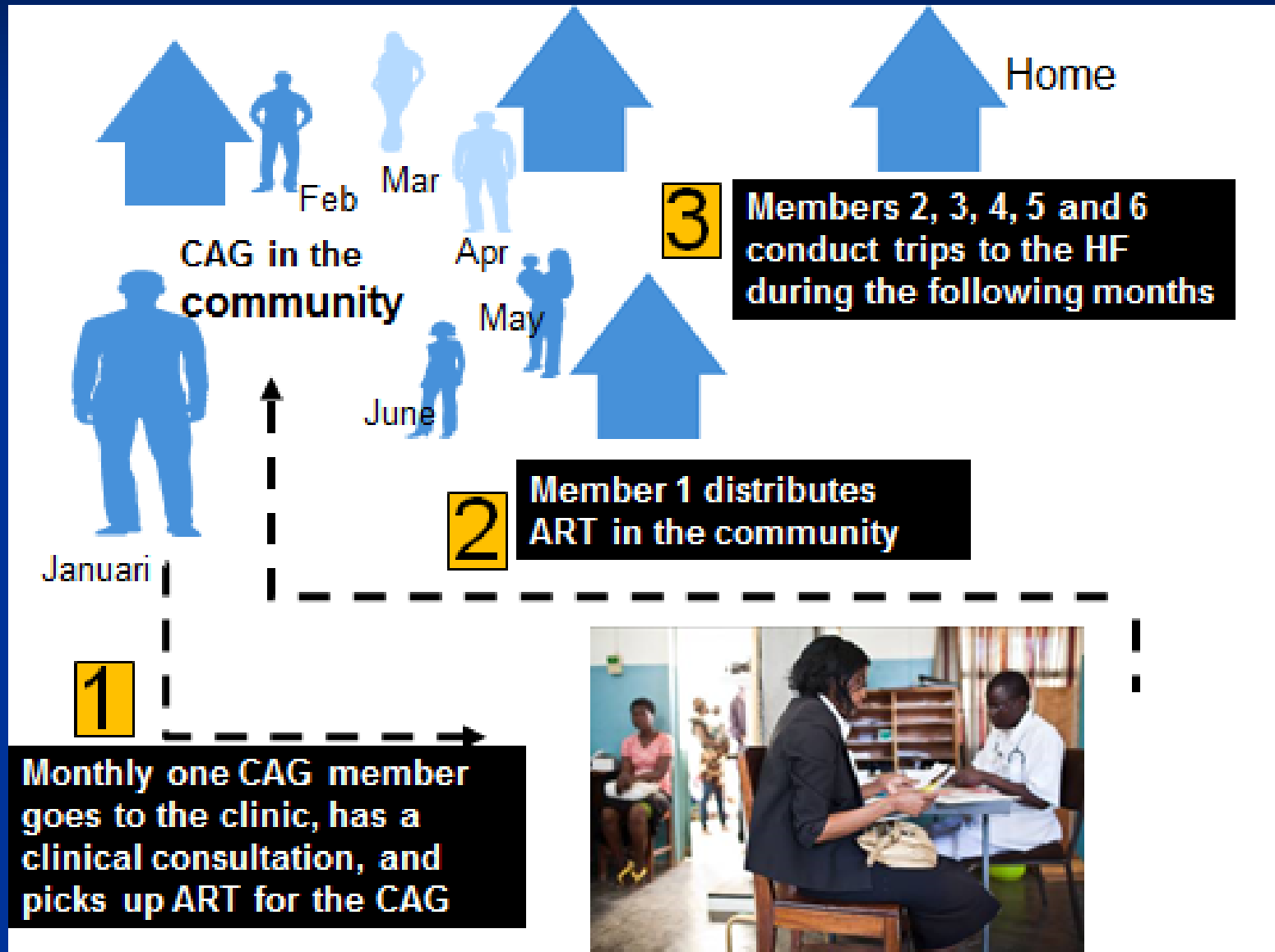
DIRECÇÃO
PROVINCIAL DE
SAÚDE TETE
MOÇAMBIQUE

The effect of Community ART Groups on retention-in-care among patients on ART in Tete Province, Mozambique

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CAG dynamic



Research question

- Does CAG harm?



- Mixed methods study
 - How does retention-in-care in CAG compare with retention-in-care in conventional care
 - *Perceptions of & experiences with CAG (presented elsewhere)*

Methods



- Retrospective cohort study
- File review in 8 clinics
 - Peri-urban (*Moatize, Songo*)
 - Rural (*Changara, Mutarara, Manje, Zobue, Chitima, Boroma*)
 - Clinics with $> 80\%$ in CAG were excluded (*Missawa, Marara, Kaounda, Mavutze Ponte*)
- Study period: Feb 2008 (start of CAG) – April 2012

Methods

- Study inclusion criteria:
 - Active @ 6 months on ART in the study period
 - 15 - 60 years old
- Survival analysis
 - Follow-up time: started at “date of 6 months on ART”
 - Outcome: attrition (dead or lost to follow-up)
 - CAG participation: time-dependent covariate
- Multivariate Cox regression: effect of CAG participation on attrition, adjusted for age, sex & type of health facility

Results

9 266 patients on ART
8 health facilities

Exclusion

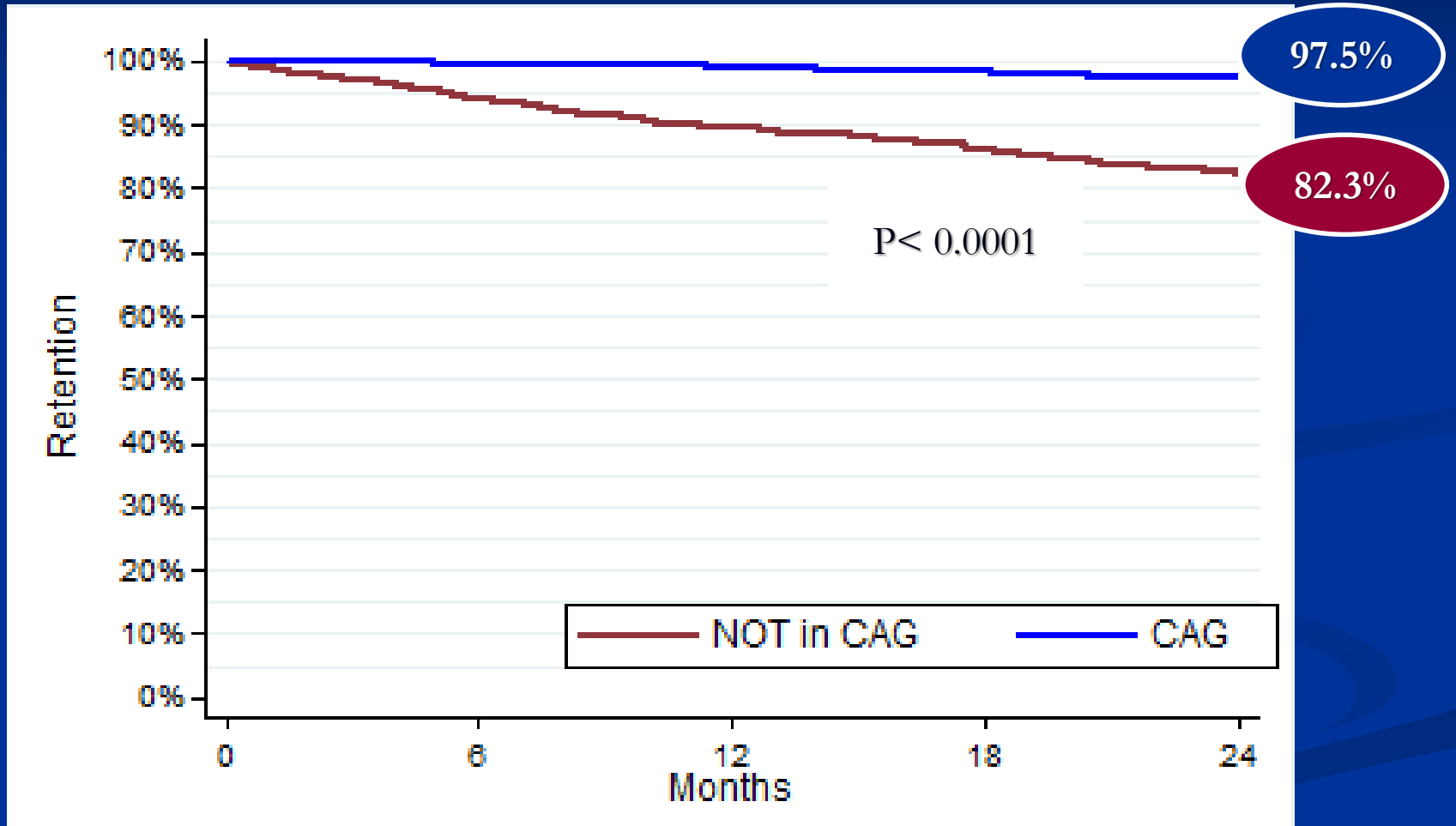
3 638 > 6 months on ART before the study period
2 324 < 6 months on ART during the study period
364 aged < 15 or > 60
98 had an unknown age
436 in CAG before 6 months ART

2 406
6 month on ART in the study period
Between 15 and 60 years old

Results – characteristics

	N = 2406	
	n	%
CAG status		
Did not join a CAG	1505	62.6
Joined a CAG	901	37.5
Age (years)		
15 - 24	371	15.4
25 - 29	515	21.4
30 - 39	945	39.3
40 - 59	575	23.9
Sex		
Female	1514	63.1
Male	854	36.9
Health facility		
Rural	1446	60.1
Peri-urban	960	39.9

Results – retention in care



Results – predictors of attrition

	Retention n (%)	Attrition n (%)	HR (95% CI)*	aHR (95% CI)*
Total	2127 (88)	279 (12)	-	-
CAG status				
Did not join a CAG	1245 (83)	260 (17)	1	1
Joined a CAG	802 (98)	19 (2)	0.17 (0.10-0.28)	0.18 (0.11-0.29)
Age (years)				
15 - 24	316 (85)	55 (15)	1.52 (1.09-2.11)	1.65 (1.17-2.32)
25-29	460 (89)	55 (11)	0.98 (0.71-1.36)	1.04 (0.75-1.45)
30-39	844 (89)	101 (11)	1	1
40 - 59	507 (88)	68 (12)	1.09 (0.80-1.49)	0.98 (0.72-1.34)
Sex				
Female	1374 (91)	140 (9)	1	1
Male	746 (84)	138 (16)	1.78 (1.41-2.26)	1.80 (1.41-2.30)
Health facility				
Peri-urban	858 (89)	102 (11)	1	1
Rural	1269 (88)	177 (12)	1.07 (0.84-1.37)	1.11 (0.86-1.43)

HR= Hazard Ratio; aHR= adjusted Hazard Ratio

* Adjusted for calendar time (by semester)

Key findings & interpretation

- Retention in care in CAG higher than in conventional care
- Effect of CAG on adherence is unknown
- Qualitative data showed advantages (peer support, less barriers), enablers (counsellors), and pitfalls (selective enrolment in CAG) ¹
- Limitations
 - Selection bias
 - Potential confounders such as CD4, psycho-social characteristics and distance to clinic not available

Implications & perspectives



- Peer-led community-based ART delivery works
- Continue CAG scale-up
- Adapt model :
 - Include second-line, TB/HIV co-infected, adolescents, early ART, ...
 - Comprehensive community-based care
- One size doesn't fit all!



Thank you !

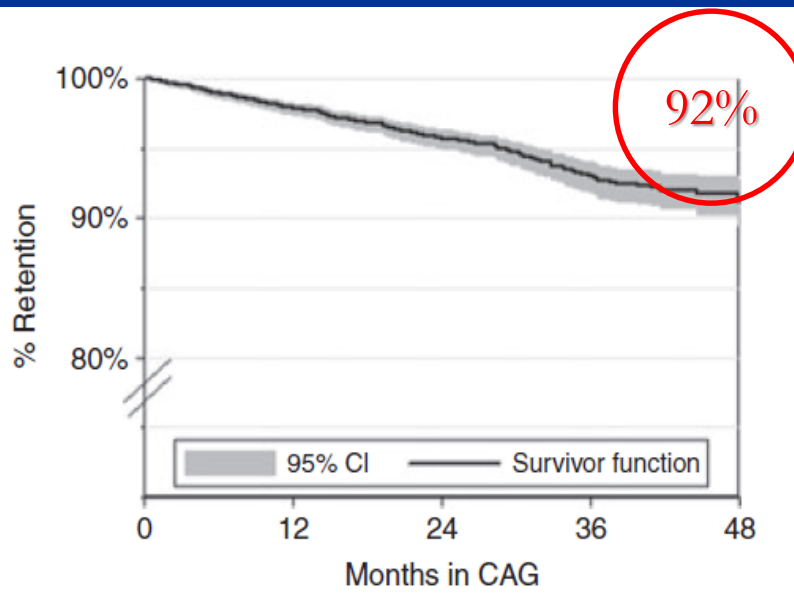
- Patients, CAG members
- MSF staff
- Ministry of Health
- Richard White



Extra slides

Four-year retention and risk factors for attrition among members of community ART groups in Tete, Mozambique

Tom Decroo^{1,2}, Olivier Koole³, Daniel Remartinez⁴, Natacha dos Santos¹, Sergio Dezembro¹, Mariano Jofrisse¹, Freya Rasschaert², Marc Biot⁵ and Marie Laga²



	aHR (95% CI)
Male	1.9 (1.5-2.5)
CD4 when joining CAG < 200	2.3 (1.6-3.2)
CD4 not updated in the CAG	1.9 (1.2-3.0)
Rotation not fluent in the CAG	1.7 (1.3-2.3)
Clinic type	
• Peri-urban	1
• District	1.6 (1.1-2.2)
• Rural	2.6 (1.8-3.7)

A Qualitative Assessment of a Community Antiretroviral Therapy Group Model in Tete, Mozambique

Freya Rasschaert^{1*}, Barbara Telfer², Faustino Lessitala², Tom Decroo², Daniel Remartinez³, Marc Biot⁴, Baltazar Candrinho⁵, Francisco Mbofana⁶, Wim Van Damme¹

