Rapid Implementation of Combination ART Refill Models in Rural Swaziland

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WHO advocates for differentiated HIV care

Community based care models are recommended for stable patients on ART!

Community ART (Comm-ART) in Swaziland aims to:

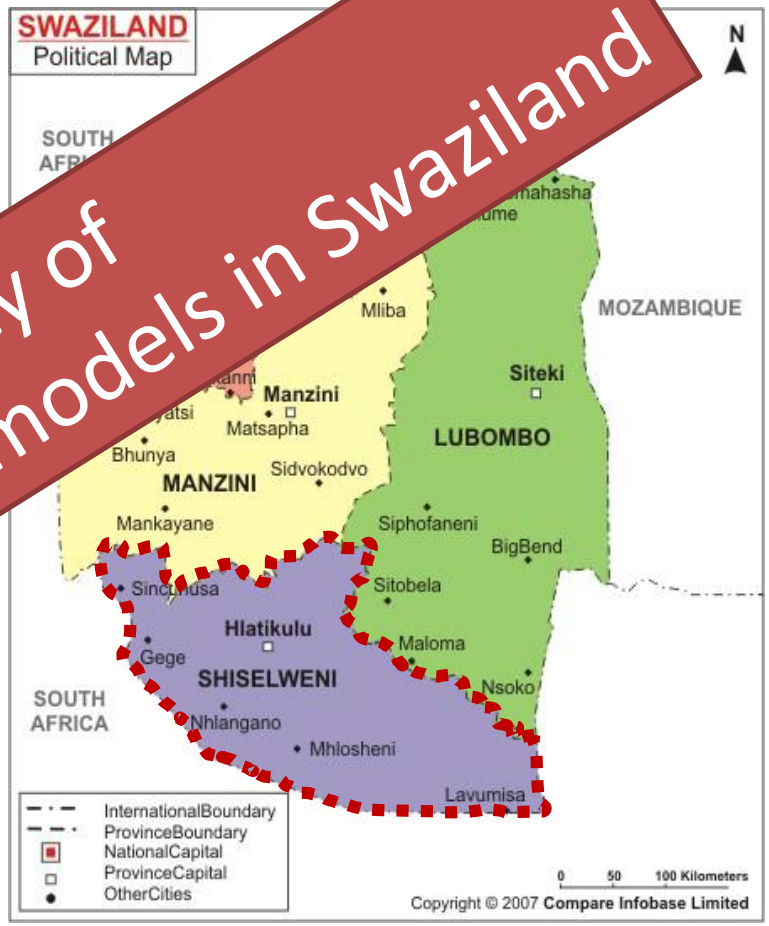
1. Better respond to patient needs by minimize cost of accessing care
2. Empower Clients to be actively engaged in their care
3. Support long term treatment adherence
4. Alleviate pressure from facilities caused by rapidly growing numbers of patients on ART

Background

- **31% HIV prevalence** (age group 18-49; SHIMS 2011)
- **Rural Shiselweni region**
  - Decentralized HIV/TB
  - 26 health facili
  - 40,000 P
  - **>24**

ress patient
n a fast growing
rural ART cohort?

AIM: Assessing the feasibility of implementing CommART models in Swaziland



Methods

- **Pilot implementation of 3 Comm-ART delivery care models in the Shiselweni region:**
  1. **Facility based Treatment Clubs**
  2. **Community ART Groups (CAGs)**
  3. **Outreach**

Eligibility criteria:
- Stable patient
- On ART for ≥ 1 year
- VL < 1000 copies/ml
- No OI
- CD4>350
- Non weight dependant dosing

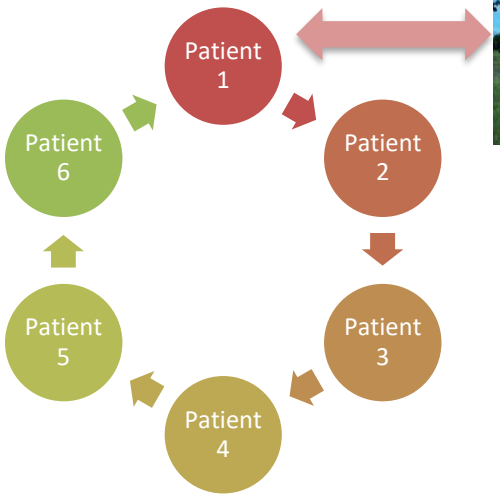
- **Follow up period from Feb 2015 to June 2016**
- Analyzed enrollments and early outcomes (Feb 2015- Jun 2016):
  - Clinic visit attendance rate
  - Retention in care-model
  - Retention in care

Facility based Treatment Clubs

- Health care worker driven
- Group of ≈ 30 patients
- All patients attend a Club session (1 hour) every 3 months:
  - Health talks, adherence support
  - ART refills
- Medication is pre-packed
- Sessions are structured to accommodate clinical reviews and blood investigation for VL testing
- 9 clubs

Community ART Groups (CAGs)

- **For (rural) facilities with low to intermediate high patient load**
- **Self forming group of up to 6 Patients**
- **60 CAGs (average 4 people)**
- **Patents rotate every months for clinic visit:**
  - To collect drugs for the other members
  - Clinic check-up
  - Blood draws if needed
- **Meet the day before in the community:**
  - Adherence support
  - Weigh themselves
  - Pill count



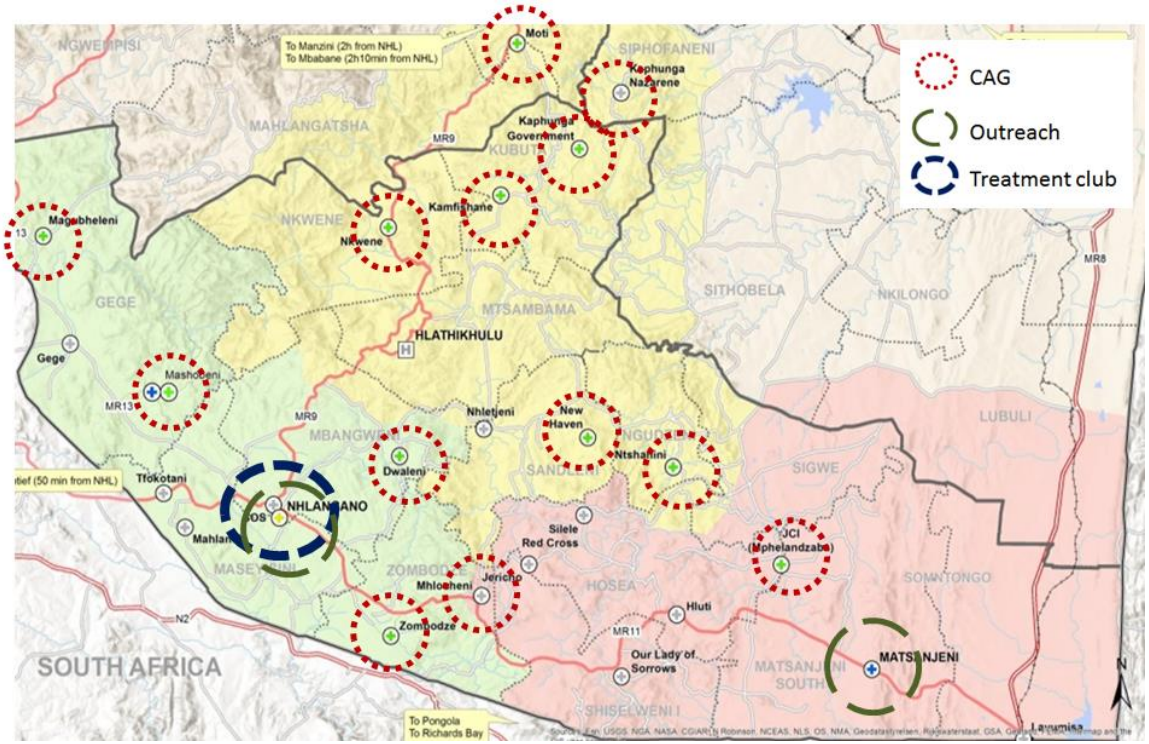
Outreach

- **For patients residing in very remote communities with difficulties in access to care**
- **Integrates HIV care and ART delivery within facility outreach service** that already exists
- 2 sites: 40km and 35km away
- Medication is pre-packed
- Scheduled monthly visits (variable refill quantity)

Scale-up of Com-ART (1)

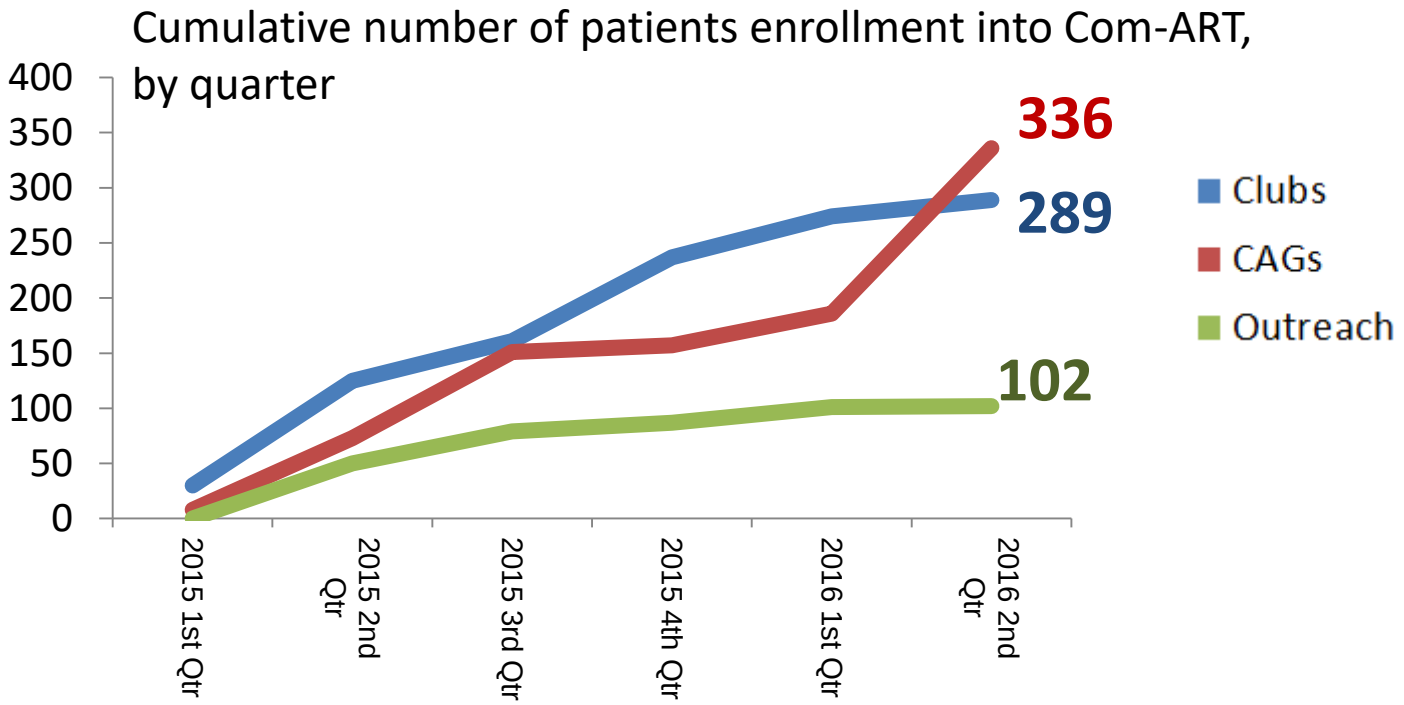
Increasing coverage of community ART care delivery:

- CAGs in 12/26 primary care clinics
- Clubs in 1 Health Centre
- Outreach provided by 1 Health Centres and 1 Clinic



Scale-up of Com-ART (2)

- **727 patients enrolled in Com-ART:**
  - 40% in 9 Clubs
  - 46 % in 60 CAGs
  - 14% in 3 Outreach communities
- **Scale-up continues**



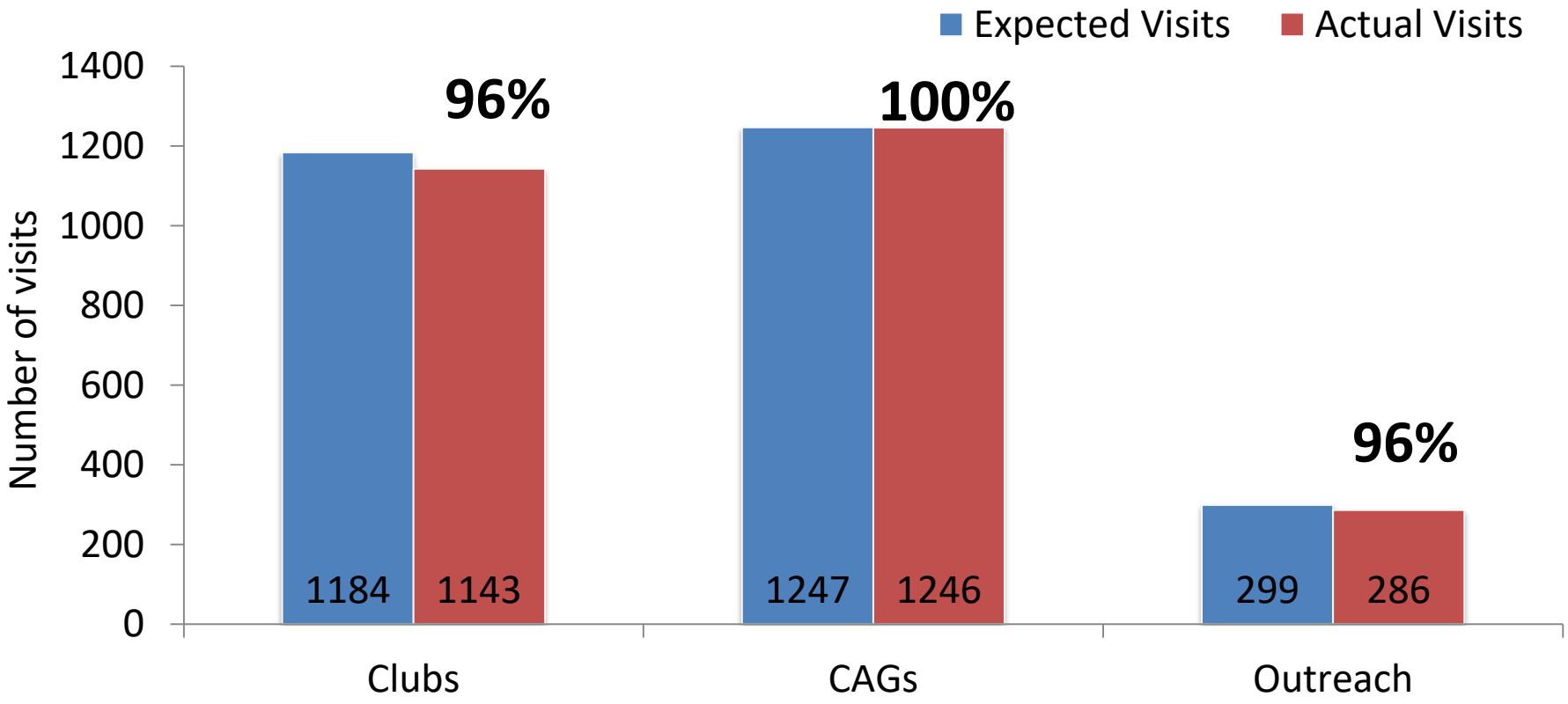
Patient characteristics at enrolment

- **Most patients had high CD4, were older and treatment experienced**
  - Median CD4>500
  - Median time on ART >5 years
- **But more women (77%) in the Clubs vs. CAGs and Outreach (65%)**

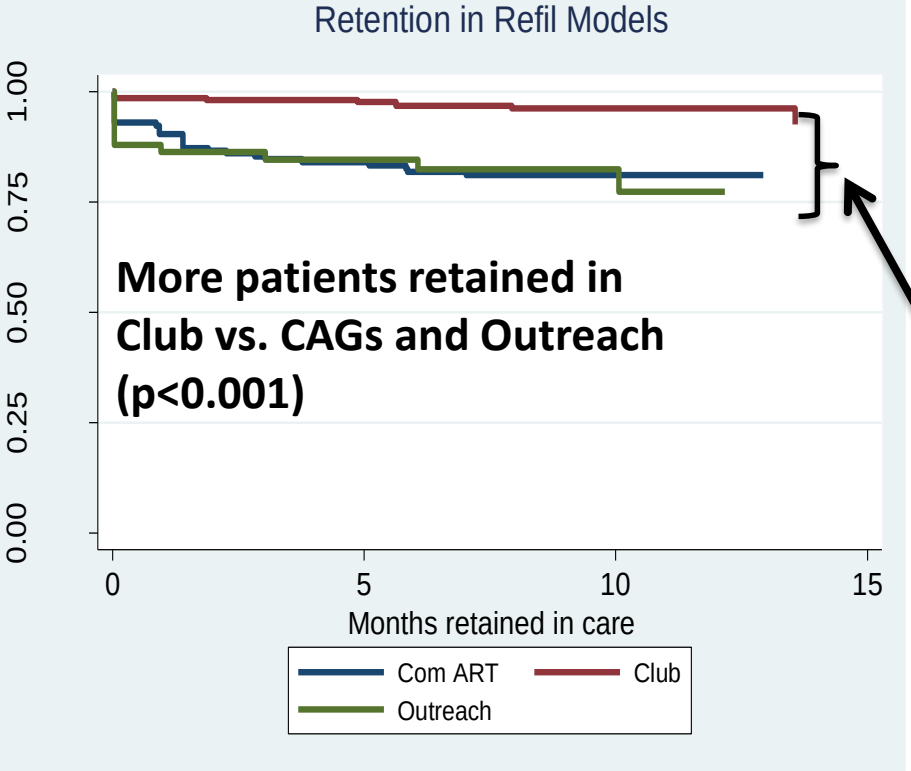
Characteristics at enrollment	Clubs	CAGs	Outreach	p-value
Total (patients)	289	336	102	
Females	77%	65%	65%	0.02
Median Age, years	40	44	45	0.04
Median CD4	522	504	509	0.62
Median Time on ART	5.25 yrs	5.02 yrs	5.55 yrs	0.64

Visit attendance rate

Overall, visit appointments were respected by patients, specifically in CAGs



Retention in care model at 12 months



- **Only 1 adverse outcome:**
  - 1 death (in Outreach)
  - **No LTFU**

- **41 returned to mainstream clinic care**
- 2 TFO (in CAGs)

	CAG	Club	Outreach
At 12 months	81%	96%	77%

VL follow-up:
97% VL <1,000

Main reasons for returning to mainstream care?

Violation of eligibility criteria at enrollment

Viral load Results

Communication issues within the group (CAGs)

Active TB (n=1)

RECOMMENDATION

- ✓ **Respect eligibility criteria** (not to transfer patients back to mainstream care)
- ✓ **VL testing important**
  - ✓ Clear guidance on viral load threshold for returning clients back to main stream.
- ✓ **Monitor group dynamics in CAGs**
- ✓ **Always ask for signs of OI**
- ✓ **Train patients to recognize signs of OI**

Lessons and recommendations

LESSON LEARNED

Multiple Comm-ART care models successfully deployed

Good early outcomes

Community ART is feasible in a public health setting!

RECOMMENDATION

- ✓ **Adapt care model to local context and patient needs**
- ✓ **A Facility can offer more than one model**
- ✓ **Actively involve patients and lay workers** in forming and management of care groups
- ✓ **Accelerate roll out of Comm-ART**

Thank you

Acknowledgements-

- MSF
- Patients and the Community of Shiselweni
- Health workers
- Regional Health Management Team
- Swaziland National Aids program

For ZERO
stigma
HIV deaths
new HIV infections