The value of Community ART Groups (CAG) for HIV patients on ART in rural northern Mozambique

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Background

- Mozambique has 1.5 million people living with HIV*
- HIV prevalence 11.5%*
- Anual deaths due to HIV: 45,000*
- 60% coverage of ART [ϕ]
- In 2013, MOH recommended the implementation of CAG in Mozambique as a strategy to improve retention of patients in HIV treatment and care

*UNAIDS 2014
ϕ Global AIDS response programme report 2014

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Community ART Groups (CAG)

- Rotate monthly clinic visits among members
- **Receive medication for all group members**
- Reduce time and money spent on attending consultations
- Form a social network within a community to reduce stigma and increase available support and empowerment

- Up to 6 people can join a CAG
- Voluntary partication
- Eligibility criteria: Age>15 years, CD4 >200, Non-pregnant, clinical status

District of Ancuabe, Mozambique

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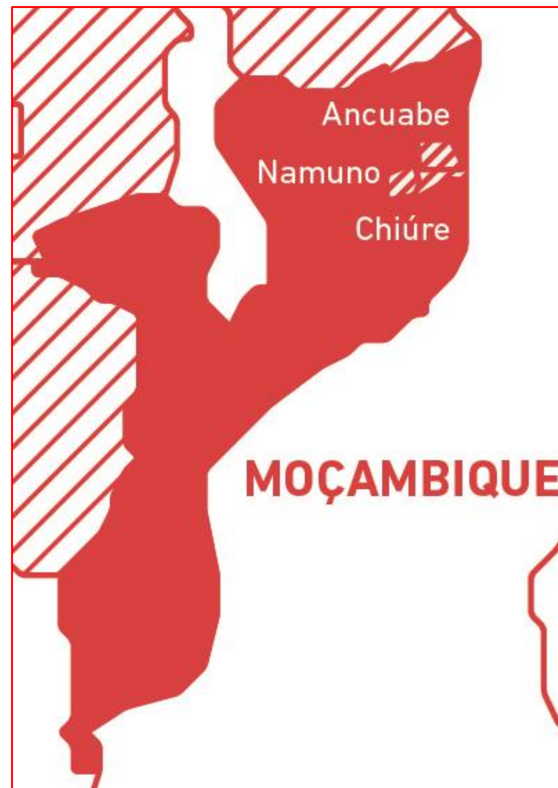

Retention of patients in ART: 6 months 76%, 1 year: 69%

Implementation of CAG in Ancuabe

- Lay counsellors provide information whilst patients are waiting for their clinic appointment
- Interested people from the same village can group together, after eligibilty screening by counsellor
- Followed up by counsellor in the community
- A medical officer supervises the work of the lay counsellors

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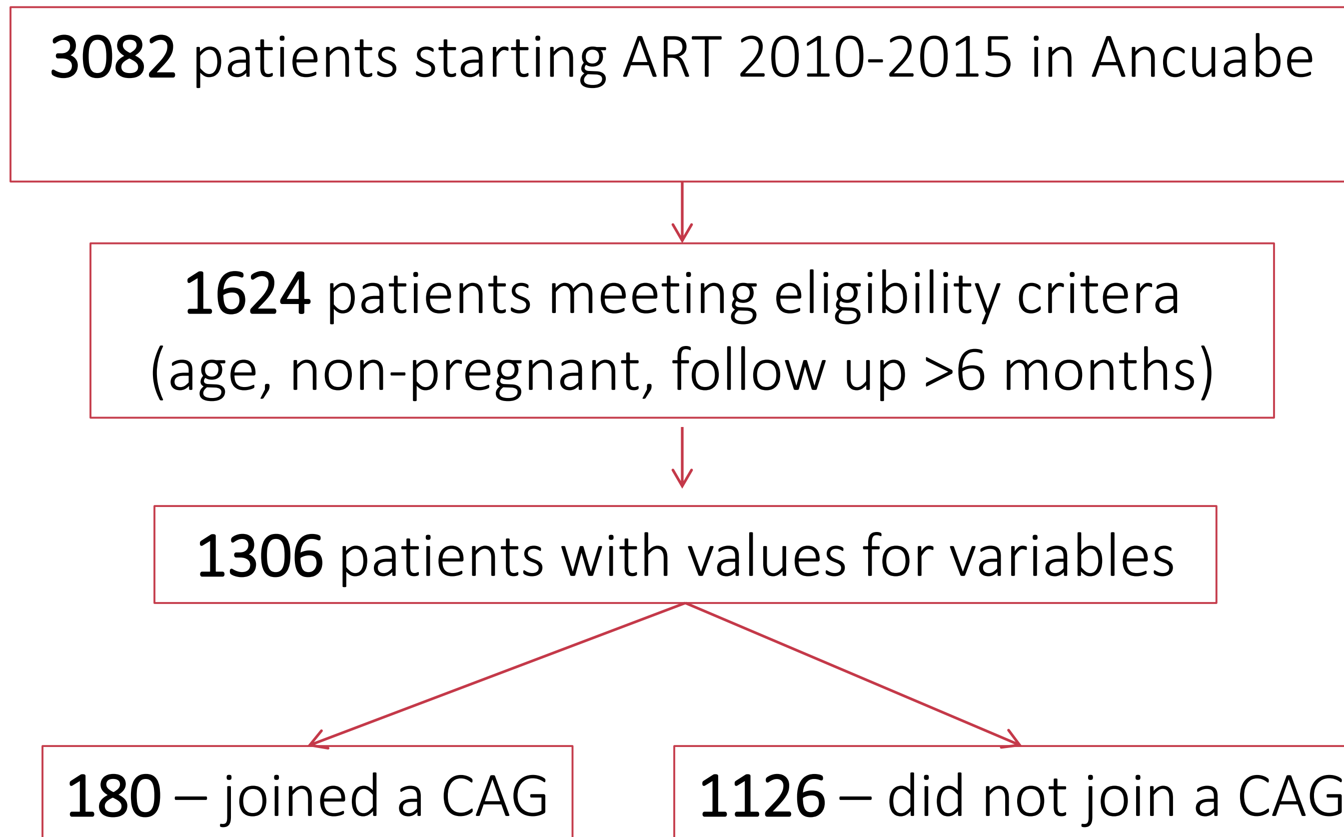
Study Objectives

1. Who are joining the CAG ? Comparison between CAG and non-CAG.

2. Is there an association of being in CAG with improved health outcomes?

Selection of eligible patients



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Baseline characteristics

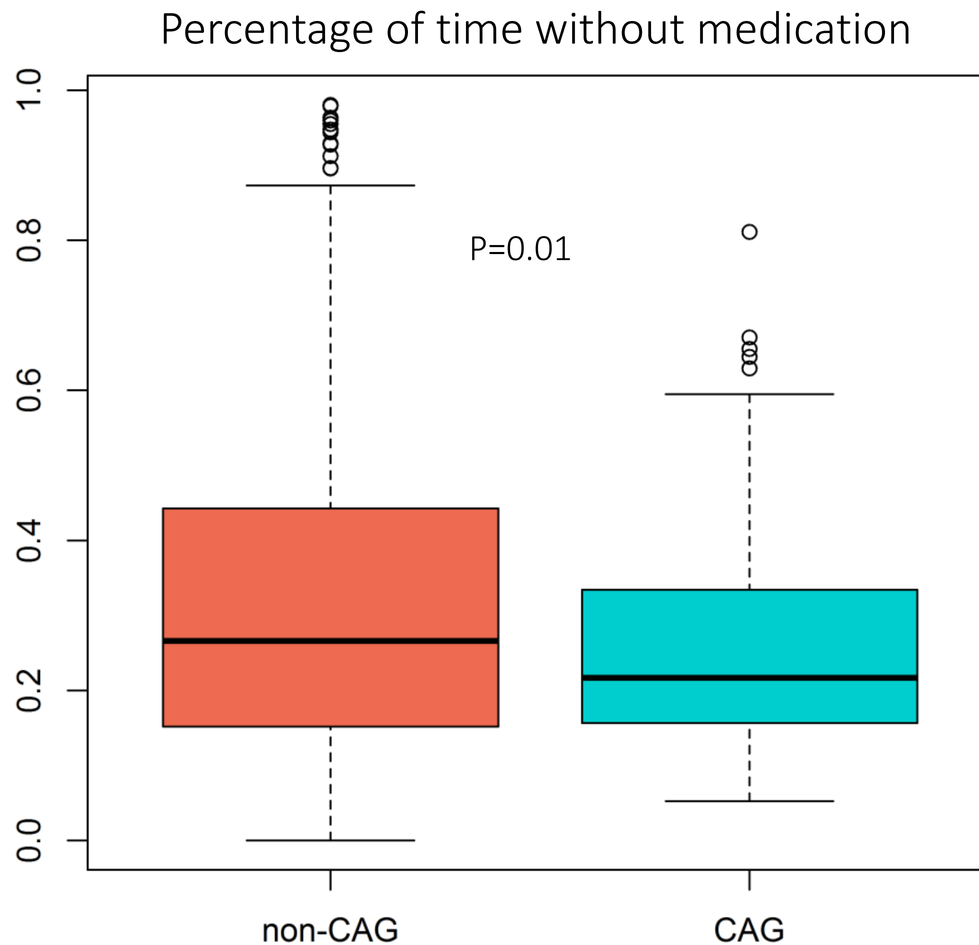
	All (N=1306)	CAG (N=180)	Non CAG (N=1126)
Sex [N(%)]			
male	484 (37%)	53 (29%)	431 (38%)
female	822 (63%)	127 (71%)	695 (62%)
Median age (IQR) [years]	33.1 (26.2-41.3)	35.2 (28.4-45.2)	32.9 (26.0-40.9)
Median CD4 cell count at ART initiation (IQR) [cells/µL]	257 (149-352)	261 (175-362)	256 (146-351)
WHO stage at initiation [N(%)]			
1	313 (24%)	33 (18%)	280 (25%)
2	298 (23%)	41 (23%)	257 (23%)
3	535 (41%)	78 (43%)	457 (41%)
4	160 (12%)	28 (16%)	132 (12%)
Median days late in the 1st 6 months of treatment (IQR)	23 (6-49)	21 (8-41)	24 (6-49)

Associations with CAG participation

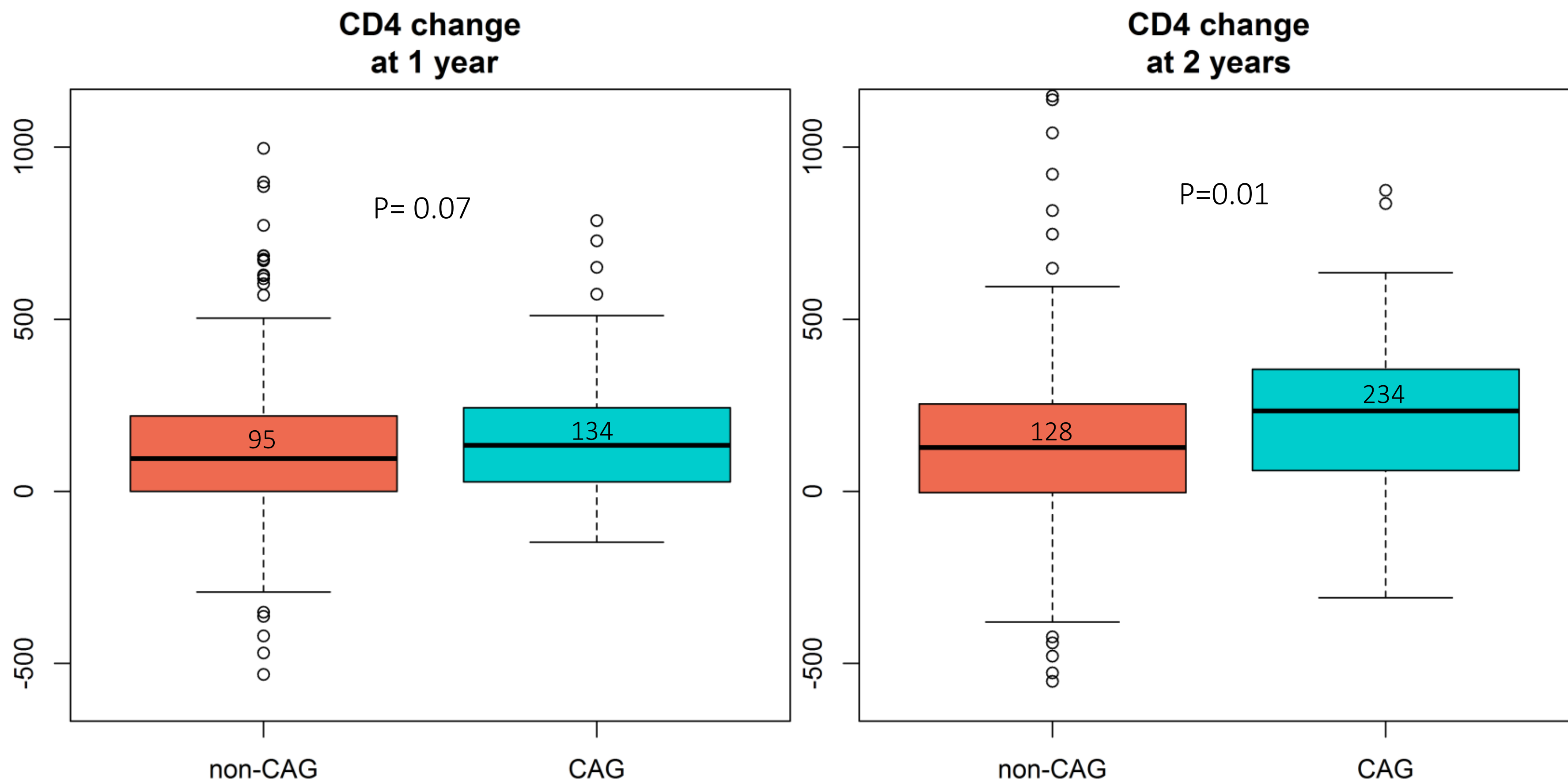
	OR	95%-CI	p-value
Sex [N(%)]			
male	1		
female	1.72	(1.22-2.48)	0.021
Age (per 1-year increase)	1.02	(1.01-1.03)	0.005
CD4 cell count at ART initiation (per 100 cells/increase)	0.99	(0.91-1.07)	0.681
WHO stage at initiation [N(%)]			
1	1		0.105
2	1.32	(0.81-2.12)	
3	1.49	(0.97-2.34)	
4	1.72	(0.99-2.99)	
Days late in the 1st 6 months (per 10 day increase)	0.96	(0.91-1.01)	0.160

Statistical method: Multivariable logistic regression

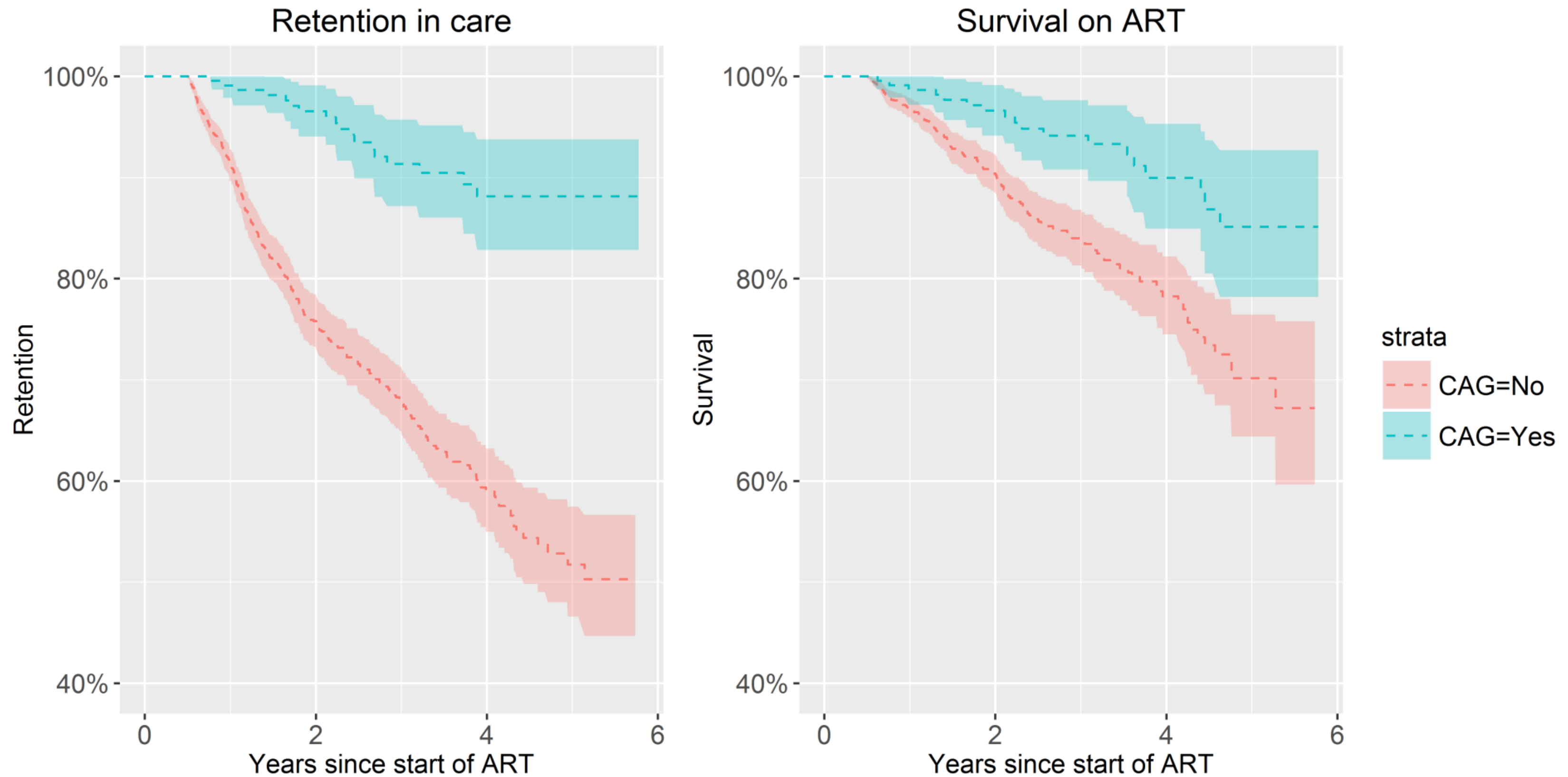
Outcomes: Medication refills



Outcomes: Response to ART



Survival and Retention in Care



**LTFU was defined as having no visit >6 months prior to database closure*

**During 3035 person years of follow up*

Survival and Retention in Care

- CAG-participation was associated with a 55.1% reduction of the risk of mortality (adjusted hazard ratio [aHR] 0.449, 95%CI 0.264-0.762)
- CAG-participation was associated with a 84.3% reduction of the risk of LTFU (aHR 0.157, 95%CI 0.086-0.288)

- *Cox proportional hazards models Adjusted for sex, age, CD4 and WHO stage at baseline, and adherence during 1st 6 months of treatment*

Conclusion

- Patients who joined a CAG were better attenders and had better health outcomes
- We should focus on attracting more men into CAG
- These findings support the use of CAG to improve retention in care and health outcomes in rural settings
- We still need strategies to improve retention in care for pregnant, lactating women and children

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Thank you