

Impact of provider led community ART distribution on retention in

Baylor Foundation Malawi supported health facilities

Authors: Teferi Beyene¹, Haswel Jere¹, Alex Kabwinja¹, Stephen Chu^{1,2}, Saeed Ahmed^{1,2}, **Gift Kaunda¹**, Katherine Simon^{1,2}, Tapiwa Tembo¹

¹ Baylor College of Medicine Children Foundation, Malawi; ² Baylor College of Medicine International Pediatric AIDS Initiative, United States.

BACKGROUND

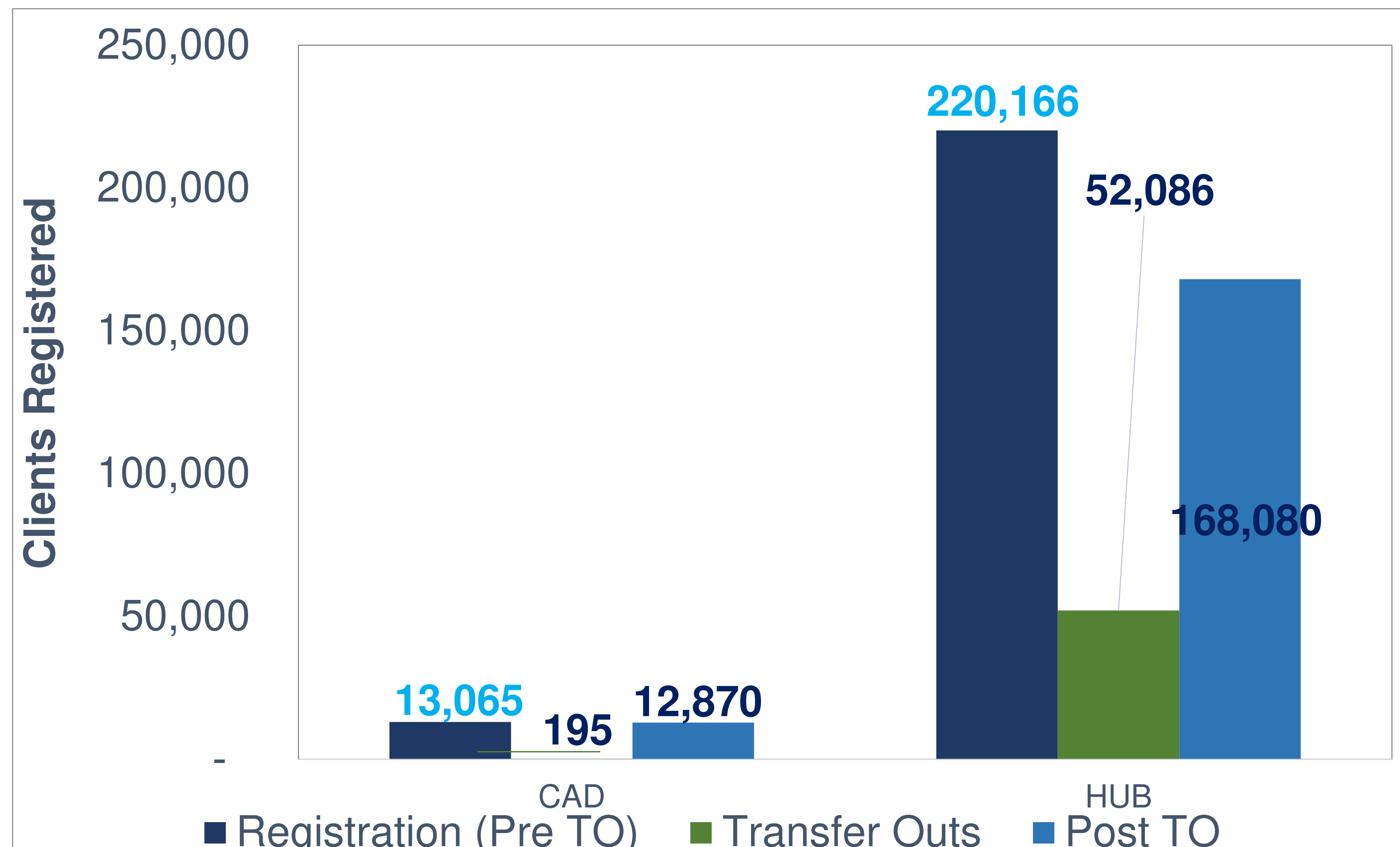
- Expansion of ART Programs has increased access to ART for people living with HIV (PLHIV).
- Challenges with retention in care, adherence, and viral load suppression contribute to ongoing morbidity and mortality for PLHIV.
- Community ART distribution (CAD) is an innovative differentiated care model designed to provide ART services closer to the community.
- CADs involve from a hub facility travelling to a more rural temporary site to deliver comprehensive ART services (clinical care, ART refills, viral load collection, etc.) once a month.
- Sites within a catchment area of the hub facility that are hard to reach with a distance of more than 10KM and have more than 25 clients were eligible for a CAD site.
- CADs have potential to enhance retention, adherence and viral suppression (VLS) by bringing services closer to clients and addressing barriers due to distance and transport costs.
- Impact of CADs on retention, adherence and VLS is not well studied.
- In 2021, BCM-CFM opened 21 CAD sites affiliated to 15 hub facilities.
- Clients travelling long distances to hub sites were given an option to access ART services at these CAD sites or remain at hub.
- We assessed the difference in retention and VLS at CAD vs hub sites.

METHODS

- Routine deidentified program data from January 2021 to September 2022 from the 21 CAD sites affiliated to 15 hub sites was collected.
- Retention in care, treatment interruption and viral suppression from CAD sites and affiliated hub facilities was compared.
- Retention in care was defined as number of clients alive in care at the end of the reporting period.
- Treatment interruption was defined as missing an appointment for more than 28 days.
- Viral suppression was defined as a viral load of <1000 copies per ml.
- Chi-square test was performed to compare proportions of those retained in care, viral suppression, and treatment interruption between CAD sites and affiliated hub facilities.

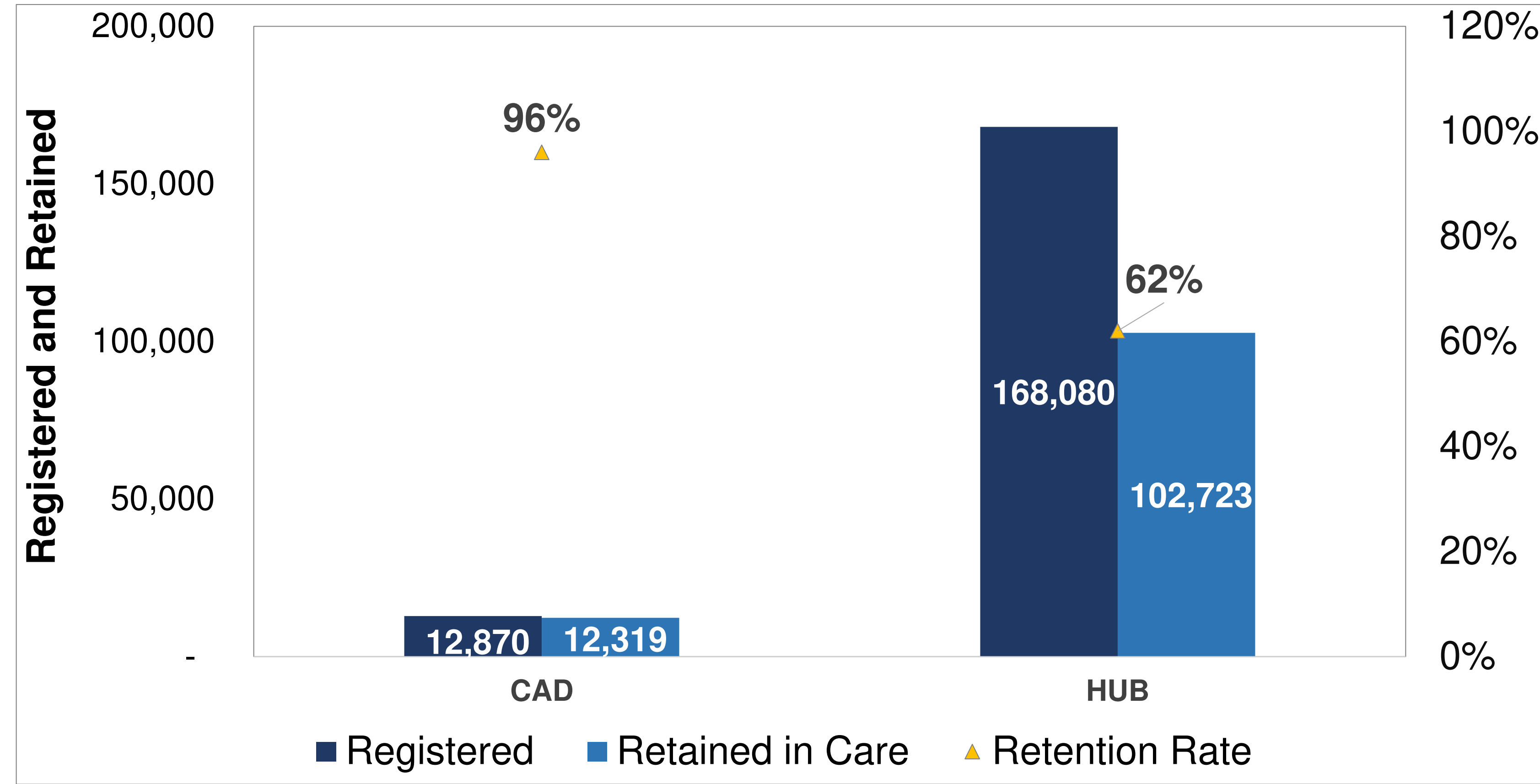
RESULTS

Majority of clients were registered at Hub Sites

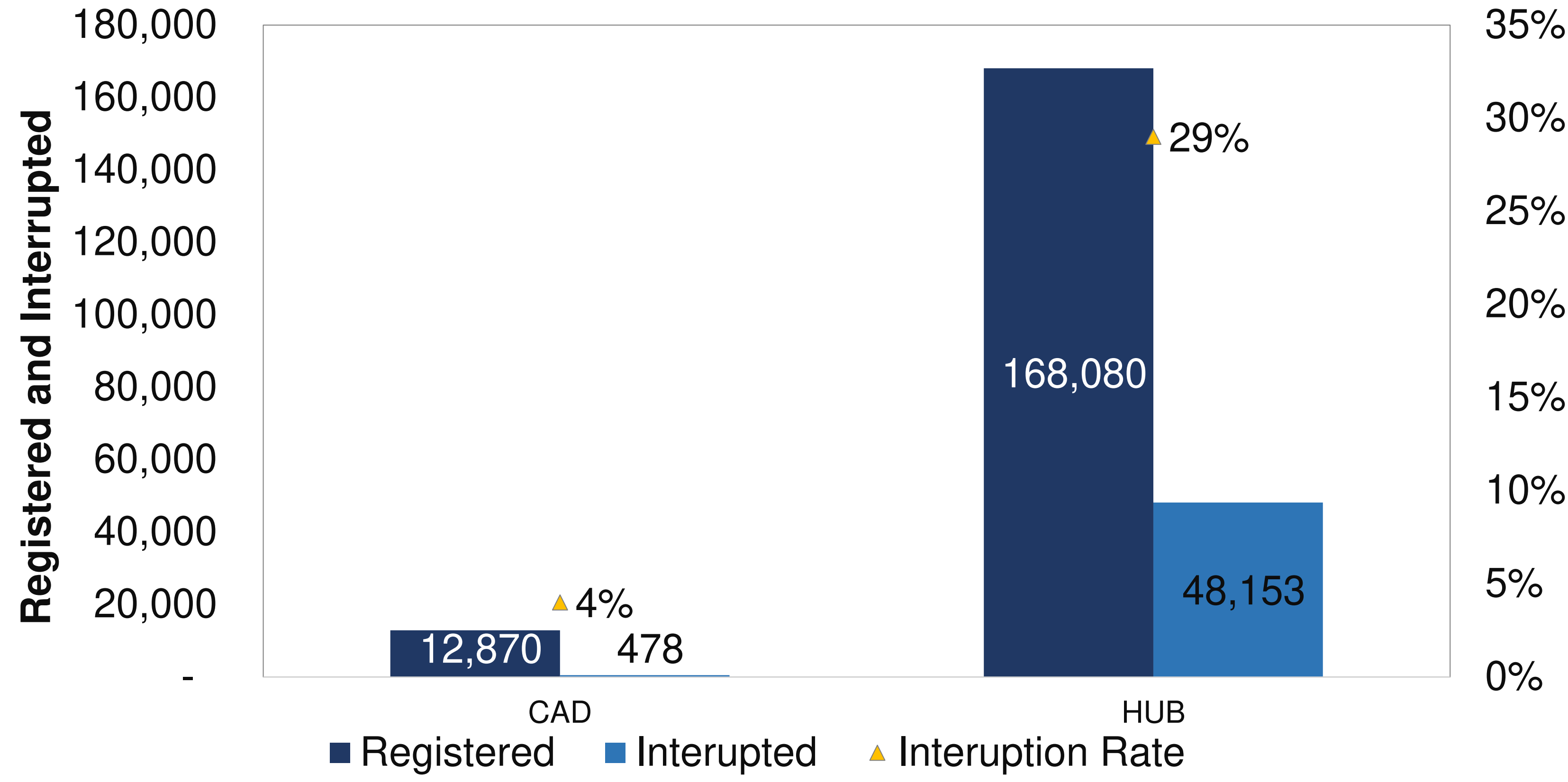


RESULTS. Cont.

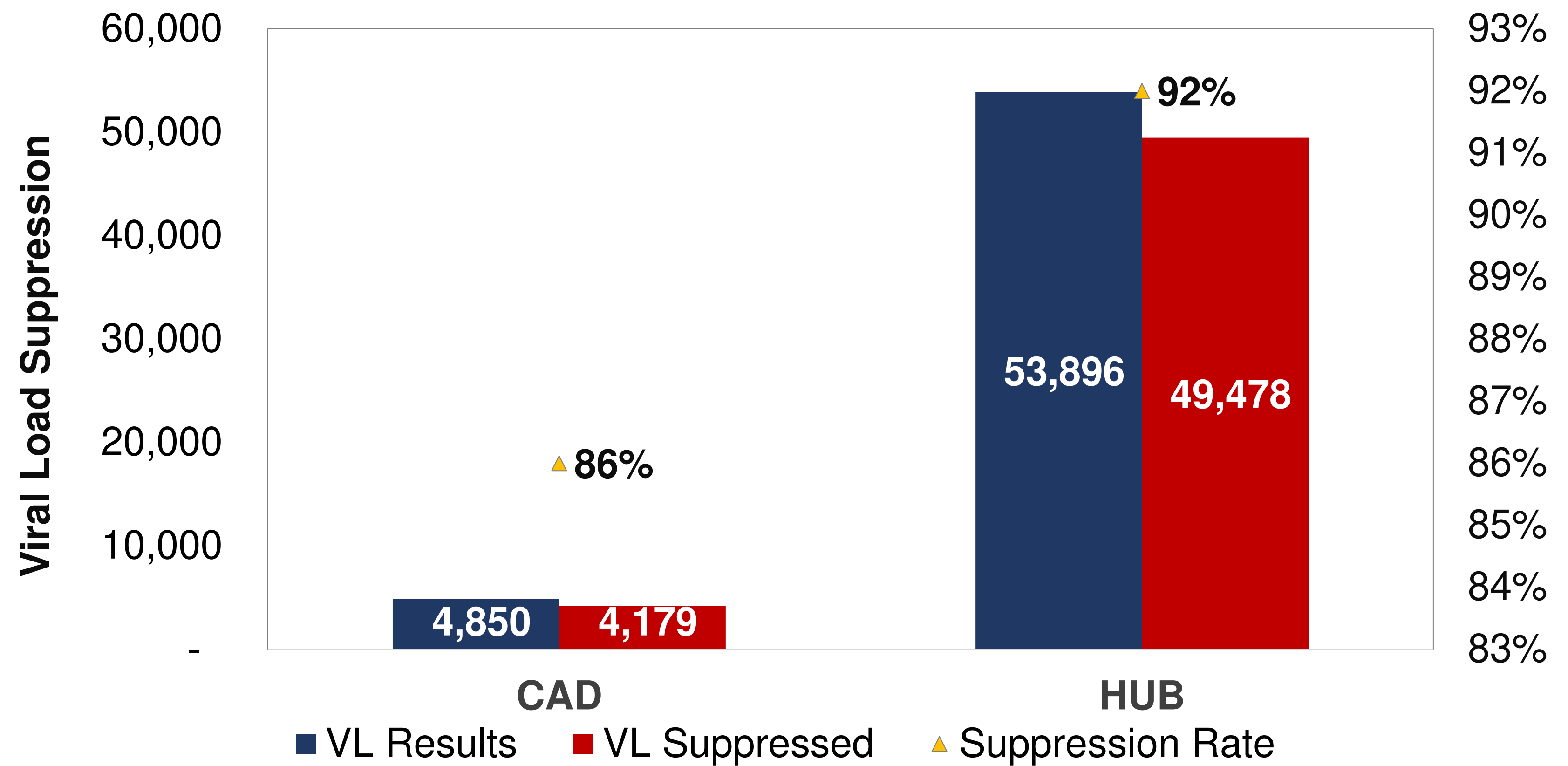
Higher proportion of clients retained in care in CADS over a period of 20 months =96% vs 62% in HUB (p<0.001).



Lower treatment interruption rates at CADS over a period of 20 months =4% vs HUB = 29% (p<0.001)



Lower viral suppression in CADS over a period of 20 months =86% vs HUB =92% (p<0.001)



CONCLUSIONS

- Clients receiving care in CADs had higher retention and lower interruption rates than clients at the affiliated hub sites
- Clients at HUBs achieved higher rates of VLS compared with those at CADs, however this comparison has limitations.
- We are looking into this further to understand the differences.

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