

BESIDES SAME DAY ART INITIATION: A FOLLOW UP ANALYSIS OF CLIENTS DEFERRING ART & THEIR LINKAGE TO CARE



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INTRODUCTION

- Eswatini adopted the test and start strategy in 2016
- This has resulted in high linkage rates to antiretroviral therapy (ART) with improved outcomes
- Consequently, Eswatini achieved the 95-95-95 UNAIDS targets
- Despite the high linkage rate, few clients do not initiate ART on the same day of diagnosis for different reasons
- This increases the risk of HIV transmission to non-reactive clients
- We share results from the follow-up of clients who did not commence ART on the same day of diagnosis with a description of reasons for delayed or non-linkage to care
- Knowledge of the reasons for delayed/non-linkage can guide interventions

METHODOLOGY

- Data of clients who tested HIV positive from October 2020 until September 2023 in Manzini and Lubombo regions in Eswatini were extracted from the client management information system (CMIS)
- Descriptive analysis identified clients who were not linked to care and reasons for delayed and non-linkage to ART.

Client follow up process/package

- Clients not initiated at diagnosis are listed in the (linkage case management) LCM register and the pending initiation line list
- Reasons for not initiating ART immediately are noted and measures taken to address them: counselling, management of comorbidities, addressing psychosocial problems
- Client follow up is done through phone calls or home visits
- Different client centered counseling techniques are used to enhance linkage to ART
- The line lists, registers and CMIS are updated when clients initiate ART

RESULTS

- 62% (n=3256) were females
- 61% (3232) aged 15-39 years
- 11.8% (606) of 5135 did not start ART on the same day
- 79% (n=479) who did not take ART on 1st day were subsequently linked
- Average of 12 days for clients who linked within 30 days
- Commonest reason for delayed initiation was **treatment for opportunistic infections (OIs)**
- "Not ready", treatment for OIs and outright refusal are the commonest reasons for not initiating ART
- OIs are commonest in clients aged ≥30 years

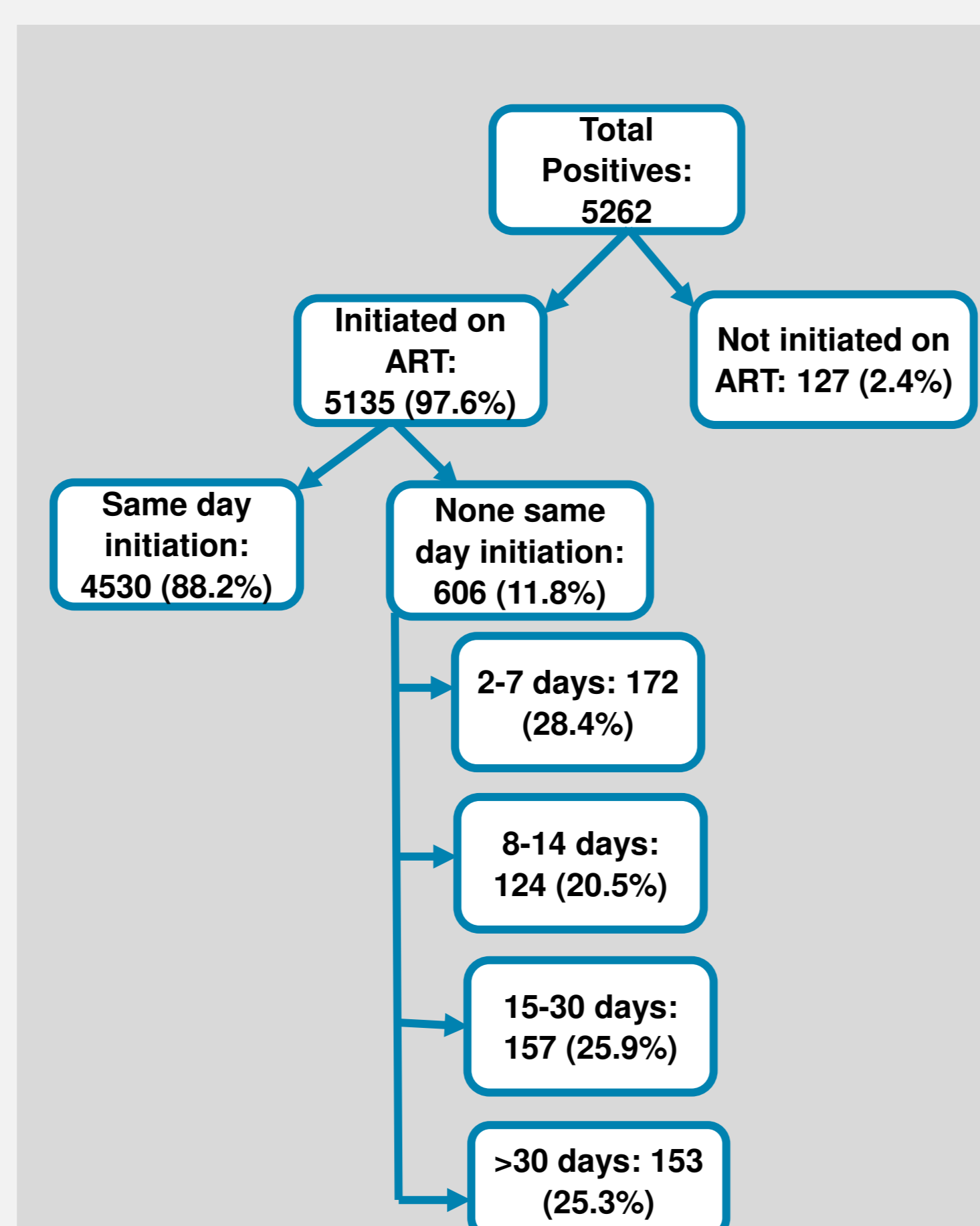


Figure 1: ART Linkage status and timelines for clients who tested HIV positive between October 2020-September 2023

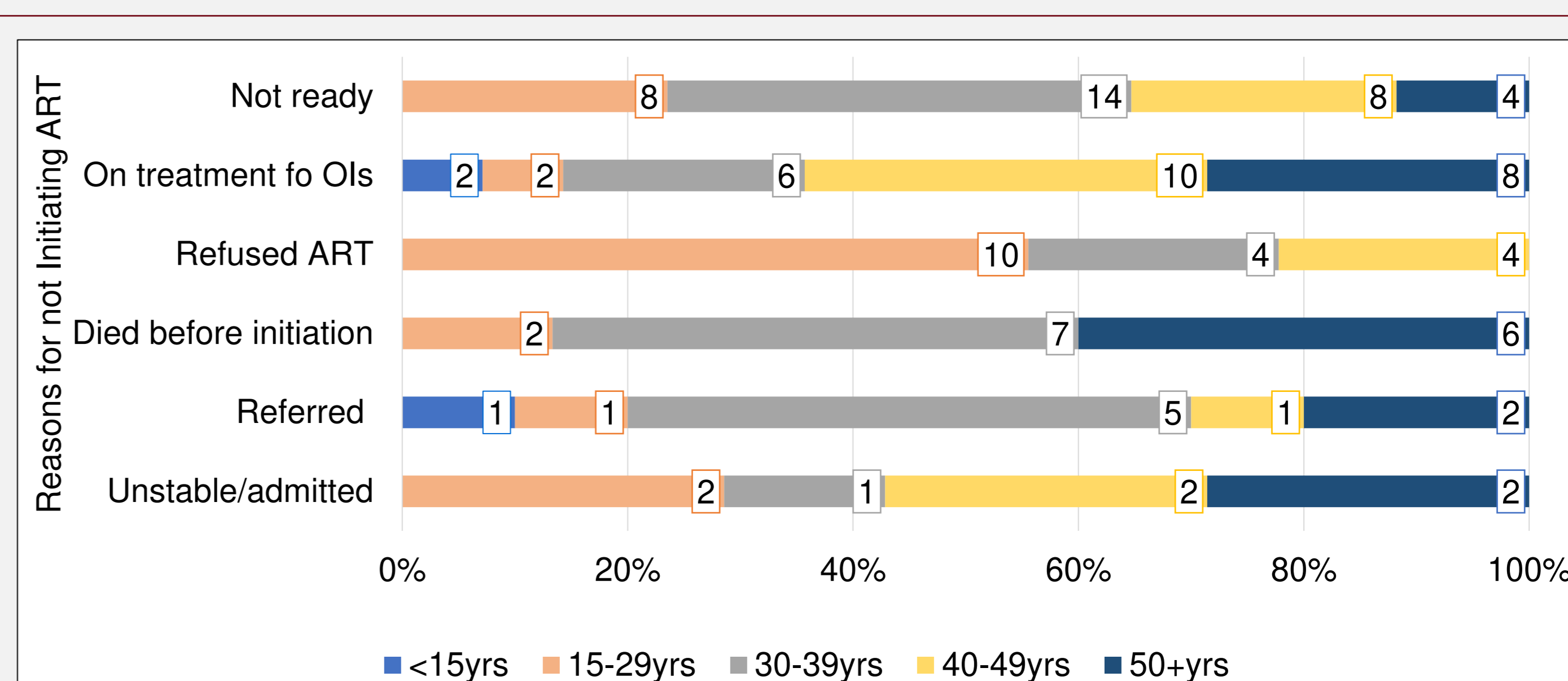


Figure 2: Reasons for not initiating ART on day of initiation (client may have >1 reason)

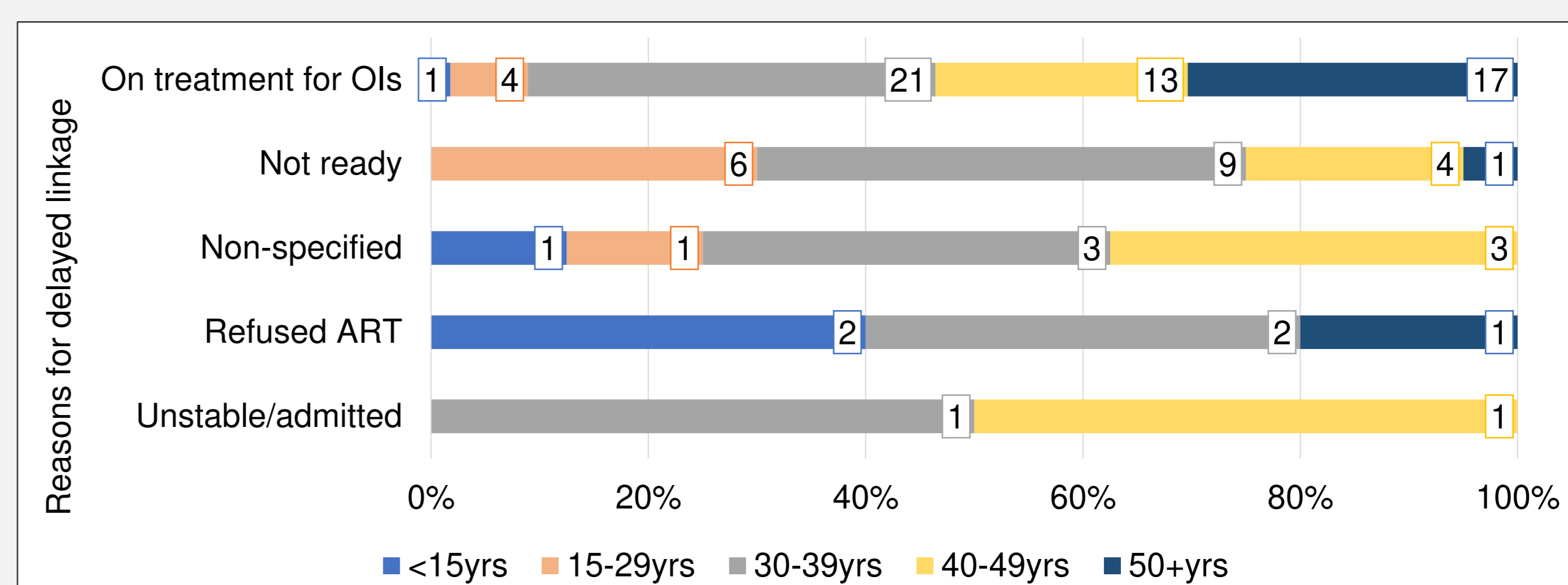


Figure 3: Reasons for delaying ART linkage in a sample of clients

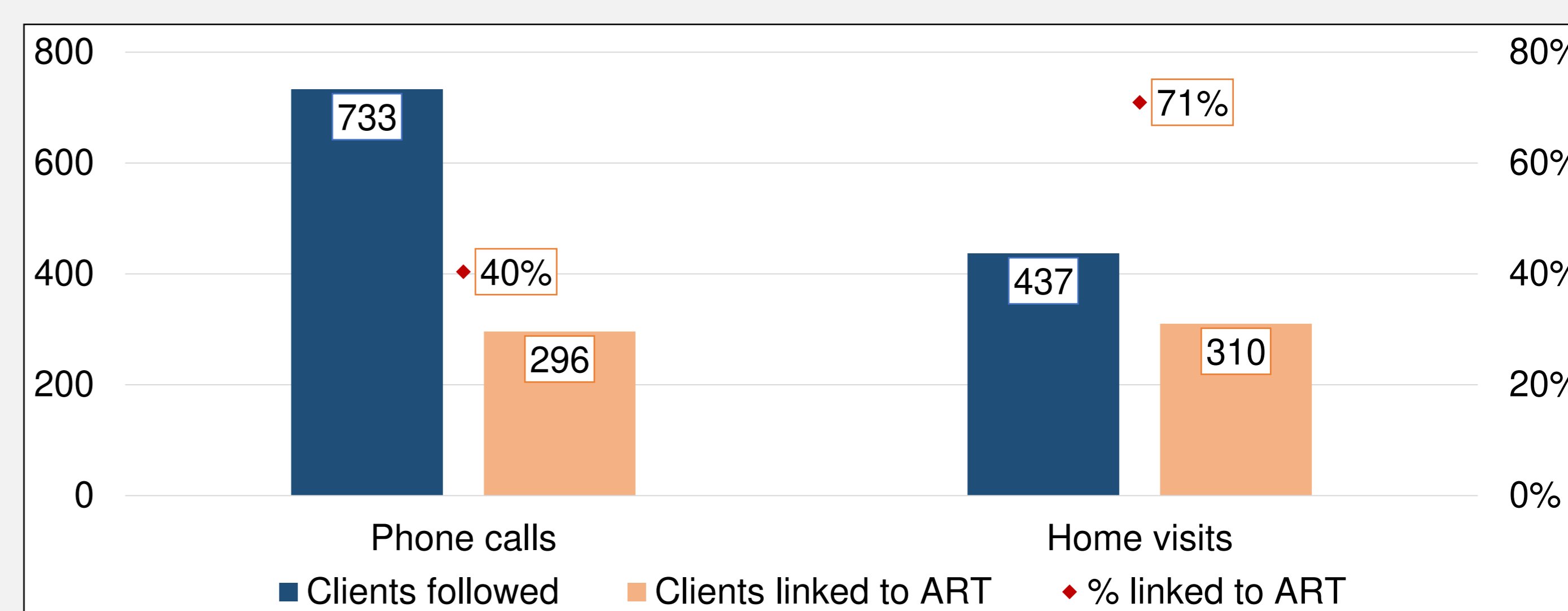


Figure 4: Follow up for delayed and not initiated clients. Some clients received phone calls & home visits

CONCLUSIONS

- Identification and treatment of OIs can improve linkage to care for adults
- Identifying and addressing reasons for refusal can increase linkage
- Additional package of care should be available for clients who are not ready to commence ART
- Ongoing client engagement and follow up is required to achieve high linkage rates for clients who do not start ART on the day of diagnosis
- Continued investment in client support for follow up is necessary
- Decentralizing psychosocial care to homes and communities can address ART linkage barriers among clients and increase same day ART initiation.
- Disclosure is still a significant barrier among females to early ART

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REFERENCES

The Global Fund. Eswatini Meets Global 95-95-95 HIV Target (2020). Available from: <https://www.theglobalfund.org/en/blog/2020-09-14-eswatini-meets-global-95-95-95-hiv-target/> (Accessed October 20, 2023).