Improving access to care through provision of comprehensive community-based HIV services in eThekwini and Zululand

Gugulethu Sokhela[1], **Joslyn Walker**[1], **Douglas Ngcobo**[1], **Mzikazi Masuku**[1], **Judith King**[1]
1 Health Systems Trust

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REIMAGINING
PUBLIC HEALTH EVIDENCE, POLICIES, AND PRACTICE

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BACKGROUND

The Delivery Optimisation of Antiretroviral Therapy (DO ART) Demonstration Project tested the outcomes of a randomised clinical trial conducted in South Africa and Uganda in a real-life setting. Over 21 months, mobile-based health services were provided where people lived and worked, in line with Department of Health guidelines for community-based antiretroviral (CBA) services.

This entailed implementing a client-centred approach for clients to access medical treatment in a community setting, and comparing the CBA model with the facility-based standard of care:

- Sample size – testing 14 400 people and enrolling 648 people on ART over a four-month period in eThekwini and Zululand
- Project population – HIV-positive, ART-eligible people, 18 years and older

OBJECTIVES

- Implement and evaluate comprehensive CBA services
- Understand the experiences of and preferences for the services among male and female participants
- Understand opportunities for and challenges of implementing CBA services
- Determine whether a greater proportion of patients can achieve virological suppression through CBA services
- Describe the cost and budgetary implications of implementing the CBA model

METHODOLOGY

Forty municipal wards were selected through a randomised approach for implementation in a phased roll-out plan. Services included:

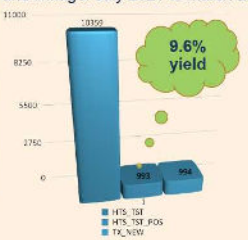
- Targeted case-finding methodologies:
  - Data analysis to identify areas of possible high yield
  - Mapping communities that struggle to access healthcare facilities
  - Use of high-yield case-finding strategies, including index contact testing, for priority populations
- Screening clients for other communicable and non-communicable conditions to decrease the stigma associated with HIV testing
- Allocation of Case Managers for all clients initiated on ART for support
- Use of a patient-driven appointment system for follow-up and continuity of care
- Provision of psychosocial support, and referral for patients requiring further support
- Engagement with various community stakeholders to secure project buy-in

RESULTS

- 61% of clients accepted index contact testing services, with a yield of 36%.
- 95% of the cohort were maintained in care.
- No cohort patients missed appointments during the period before the April 2022 floods in KwaZulu-Natal.
- Viral load completion rates were higher (96%) than the standard of care (72%).
- Viral load suppression was higher (74%) compared to the standard of care (49.5%) in the supported districts.
- A total of 12 780 clients were screened for other conditions; 58 TB-presumptive clients were identified.

DO ART cohort: Viral load table	
Total enrolled	766
Viral load tests due	766
Viral load tests done	732
Viral load: suppressed	569
VL completion rate	96%
VL suppression rate	74%

DO ART project summary data-testing and linkage. July 2021 to March 2023



CONCLUSION

The community-based model was convenient for clients. Flexi-time availability enabled people to be tested and attended to at their preferred time. Shorter waiting times reduced treatment interruptions, as patients were attended to in small clusters. Respecting patients' time by seeing them within 30 minutes of the allocated appointment time showed that we understood their circumstances.

ADVOCACY MESSAGE

Community-based ART services reduce strain in health facilities and improve people's access to care. Community-based service models are cost-effective, as patients access treatment early and are less likely to have other co-infections which might need additional care. Research, policy and practice can be synergised for increased coverage through other models of care.

CONTACT DETAILS AND ACKNOWLEDGEMENT
Presenting author: Gugu Sokhela Cell: 072 430 4494
Gugulethu.Sokhela@hst.org.za http://www.hst.org.za
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