



## OVERVIEW

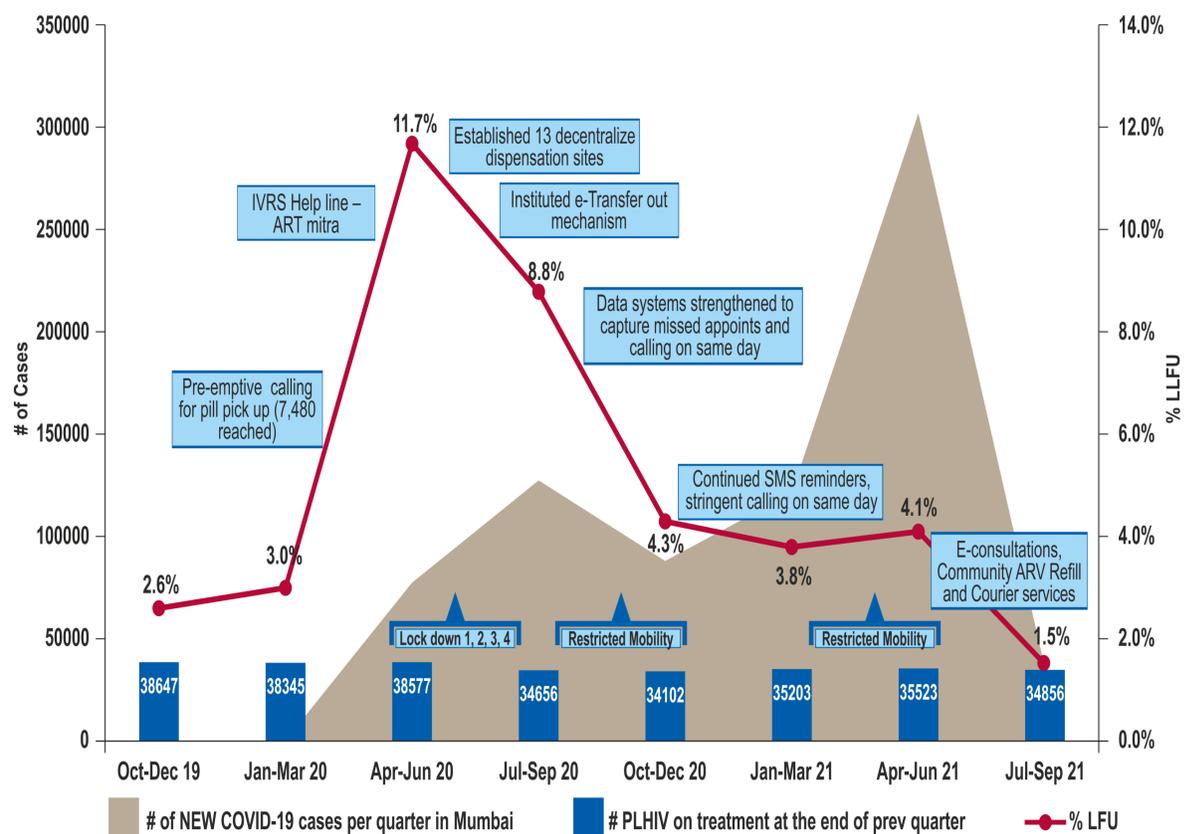
- **India:** COVID-19 hit hard, and different regions were impacted at different time points with national and provincial lockdowns
- **Mumbai:** Hardest hit state from COVID-19; and access to ART was difficult due to highest in-migration and inter district migration<sup>1</sup>; public transport slashed to 68%<sup>2</sup>, hub effect for ART treatment
- Pandemic posed challenges to treatment continuity and reengagement among PLHIV
- Multiple interventions were adapted to prevent lost to follow-up (LTFU: no pill pick-up for >28 days since last expected pick-up) in Mumbai metro-city, caters to 38,000 PLHIV on ART

## INTERVENTION

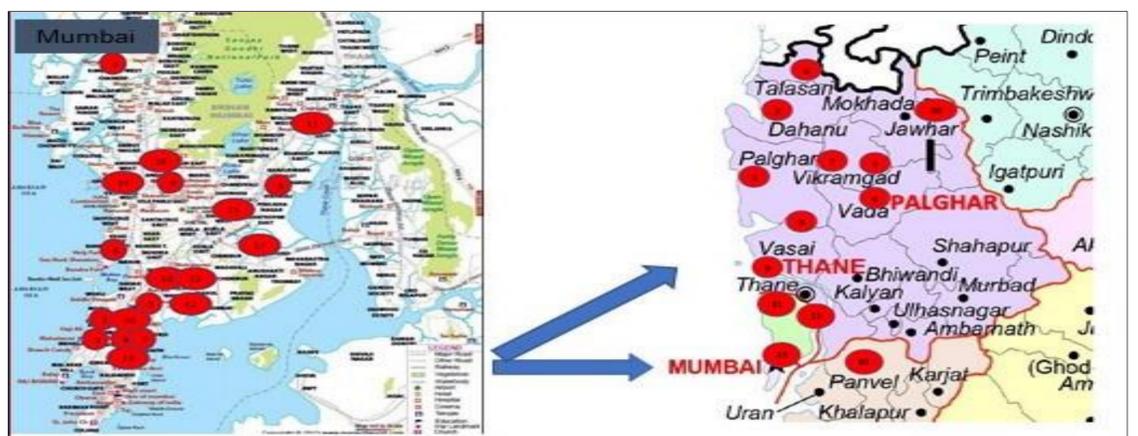
- During March 2020, we proactively generated a list of 7,480 PLHIV due for ART refill.
- After fourteen staff called for over 10 days, 53% PLHIV were unreachable.
- An automated interactive voice response system (ART-MITRA) was rolled out with widespread visibility in the press to reach more people quickly.
- The IVRS prompted PLHIV to respond on the availability of ART; current location and ability to reach the nearest ART centre.
- To address the migration exodus, we instituted an E-transfer out system where migrants could access ART at destination
- Decentralized drug distribution (DDD) was set-up.
- To avert calling delays, we enhanced data use to reach PLHIV prior to and on the day of missing pill pick-up.
- During the second wave with augmented mobility restrictions
  - Rapidly re-activated and adapted the entire response package of tracking and tracing
  - Added teleconsultations for the severely ill, along with courier services and community refills

## RESULTS

- Through ART-MITRA 1,300 PLHIV collected their pills.
- An additional 1660 PLHIV collected pills from 13 DDD sites (Fig 2).
- With enhanced case-based tracking, and calling of 27,980, 18,002 (64%) were reached and 4,866 LTFU PLHIV were re-engaged from October – March of 2021.
- During the second wave, teleconsultations for severely ill PLHIV, ART delivery through community volunteers and couriers resulted in prevention of 1,559 LTFU.
- A significant (P<0.001) 50% decline in LTFU was observed between the two COVID-19 peaks (Fig 1).



**Figure 1:** Impact of interventions on LTFU amidst COVID-19 Pandemic, Mumbai, India



**Figure 2:** IVRS data driven location of additional 13 DDD sites in Mumbai during COVID-19 pandemic, Mumbai, India

## CONCLUSIONS

Interventions tailored to the situation on the ground, and rapid reactivation of proven strategies in subsequent surges led to a decline in LTFU rate and allowed for maintenance of treatment gains.

## REFERENCES

1. Census of India, 2011
2. Google Mobility index, 2021
3. <https://www.cdc.gov/globalhealth/stories/2021/hiv-mumbai-medication.html>

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