



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 migration¹; public transport slashed to 68%², 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).

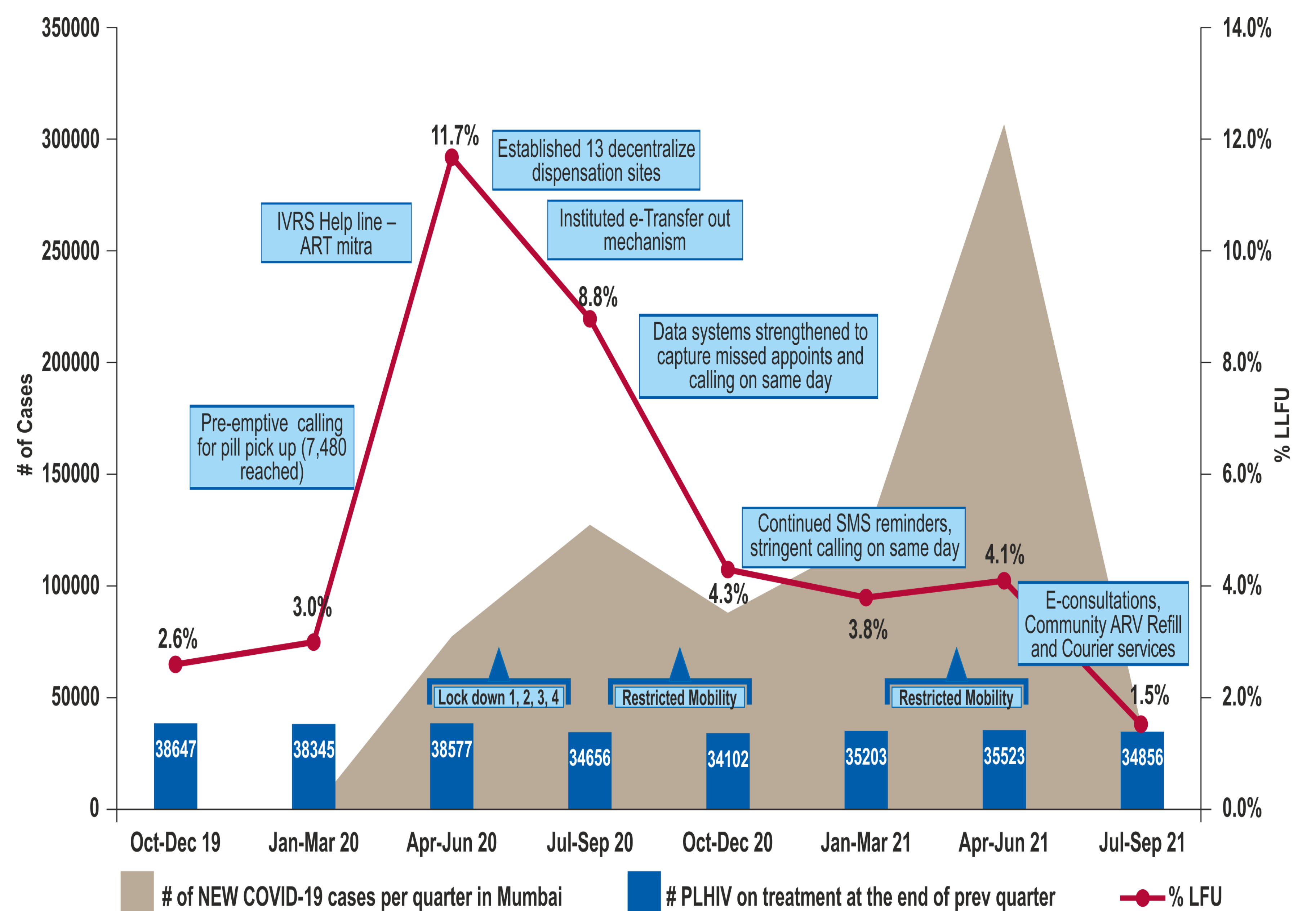


Figure 1: Impact of interventions on LTFU amidst COVID-19 Pandemic, Mumbai, India

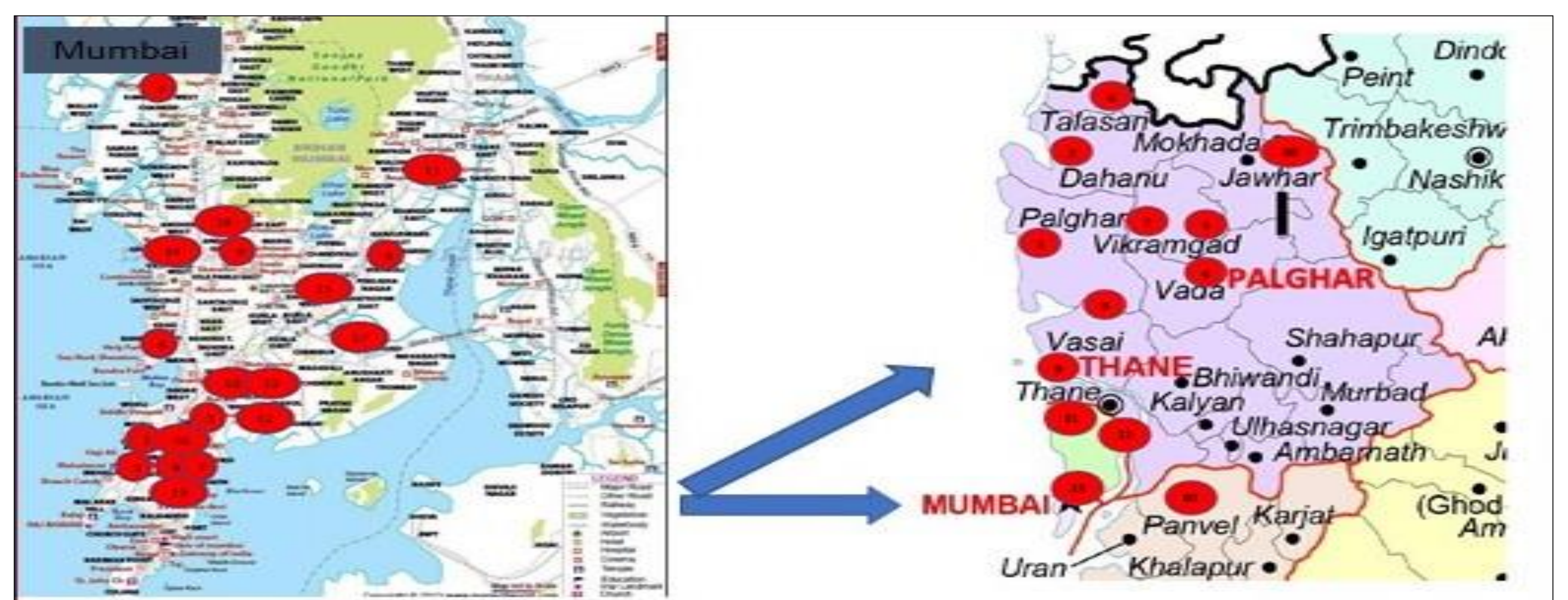


Figure 2: IVRS data driven location of additional 13 DDD sites in Mumbai during COVID-19 pandemic, Mumbai, India

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>

Acknowledgement: The U.S. President's Emergency Plan for AIDS Relief, through Centers for Disease Control and Prevention (CDC) has supported the National AIDS Control Organization and Mumbai District AIDS Control Society to ramp-up ART treatment continuity and reengagement measures, India.

