Division of Global HIV and Tuberculosis
Center for Global Health

The impact of decentralized "out of facility individual delivery models" in improving retention and viral suppression of People Living with HIV in northeast India

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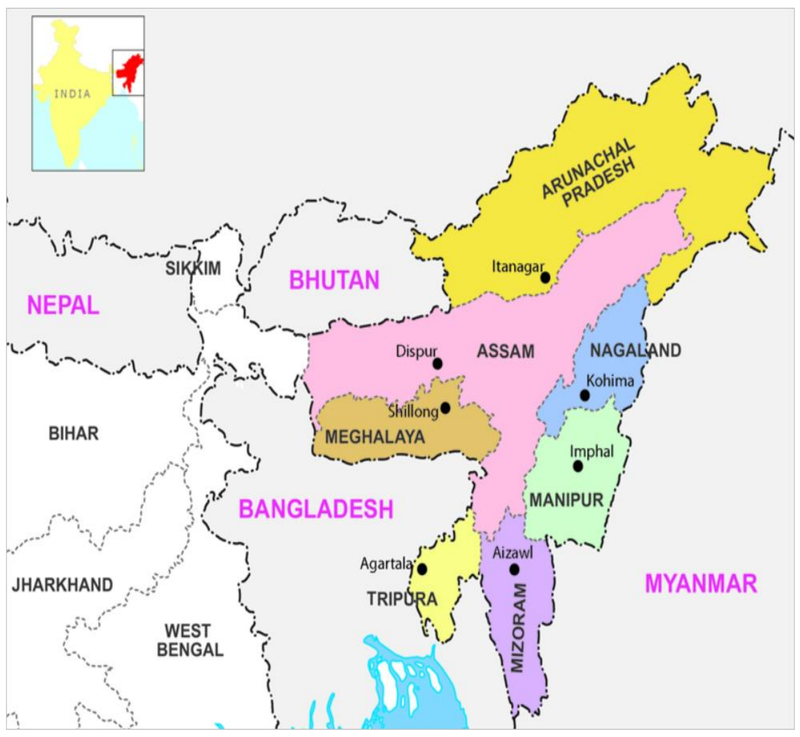
OVERVIEW

- Inadequate access to essential health services in the northeastern (NE) region of India is attributed to various factors, including poor connectivity and road networks, sparse population, hilly terrains, and communities having limited means of livelihood [1]
- The National AIDS Control Organization (NACO) recommends differentiated service delivery models (DSDM) to enhance HIV treatment continuity [2]



BACKGROUND

- Mizoram, Nagaland, and Manipur are the three NE Indian states with the highest estimated adult HIV prevalence of 2.4%, 1.4% and 1.2% respectively.[3]
- These three states cater to approximately 32,000 People Living with HIV (PLHIV) through 24 antiretroviral therapy centres (ARTCs)
- The treatment retention rates vary between 74% to 80% in these states and 52% to 56% viral load (VL) coverage.
- Common reasons cited for treatment interruption include long distance travel, transportation costs, difficult terrain, and loss of wages to visit the ARTC
- DSD Models, such as decentralized out of facility strategies, are critical to prevent treatment interruption

INTERVENTION

- The out-of-facility individual models are established outside of the usual ART centres and provide ART refills to PLHIV either directly at their home by community health workers or through collection by the PLHIV at specific locations. Decentralised sites such as the community-based organizations, church, CARG.
- Seventeen decentralized out-of-facility individual delivery facilities were established between March 2020 and December 2021.
- Stable PLHIV with CD4>350 cells/mm^3 without known opportunistic infections and on ART for more than 6 months were linked to these decentralised models.
- We assessed the overall retention rate, VL testing access, and VL suppression (<1000 copies/ml) rates among those on DSDM

RESULTS

Photo-1 :Launch of DSDM by Manipur SACS

- We linked 773 of 18774 stable PLHIV receiving ART at traditional ARTC to these facilities. Theses PLHIV had challenge to travel long distances and were predominantly key populations.
- Of these, 98% (761) PLHIV remain engaged in care through December 2021; 92% (699) were retained in the out of facility individual model and 8% (62) were retained in the respective ART centres.
- During the follow-up period, 2% (12) PLHIV died. Of the 588 PLHIV who were due for a viral load test, 59% (346) have undergone the test and out of this 92% (318) were virally supressed.

CONCLUSIONS

- Enabling services ~~aaccess~~ through community engagement addressed barriers to access to treatment and improved retention.
- The differentiated out-of-facility individual delivery model improves engagement in care and ART adherence (viral suppression) among PLHIV.
- The coverage of viral load testing in these remote geographies remains a challenge due to difficult terrain for access and specimen transport, however the establishment of the decentralized service sites will allow for future VL testing through dried blood spots in such remote settings.

Photo-2 : Health care worker navigating Difficult terrain to reach the PLHIV

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