THE ROLE OF COMMUNITY ANTIRETROVIRAL THERAPY (ART) GROUPS IN MOZAMBIQUE

Reaching 90-90-90

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UNAIDS 90-90-90 Target

90% know their HIV status

90% are retained on ART

90% have a suppressed viral load
Setting

• HIV prevalence among adults (15-49) in Tete Province: 7%

• Majority of population in rural areas

• Weak health system & limited human resources
Community ART groups (CAGs)

Each CAG member goes to the Health Facility (HF) once every 6 months

Member 1 returns to community and distributes ART

Members 2, 3, 4, 5 and 6 conduct trips to the HF in following 5 months
Community ART groups (CAGs)

- Reduce patient and facility burden
  - Decrease in facility visits
- High retention in care (RIC) among patients in CAGs
  - 24-month RIC from eligibility:
    - 97.5% (95% CI: 95.4-98.6) among patients in CAGs;
    - 82.3% (95% CI: 80.0-84.5) among patients in individual care (p <0.001)\(^1\)
- Rolled out nationally & regionally

\(^1\)Decroo et al. The effect of community ART groups on retention-in-care among patients on ART in Tete Province, Mozambique, [abstract]
Objective: explore impact of CAGs

- Testing contacts of CAG members
- Peer Support/Facilitated Linkage

Testing
- Facility HCT
- Community HCT

Linkage

Retention

Viral Suppression
- Uptake
- Adherence

... in CAGs
Methods

• Retrospective analysis of routinely collected community-based HIV-testing data from July 2012 to December 2015

• Retrospective analysis of virological outcomes of patients receiving ART for more than 6 months from December 2013 to December 2015
Community Testing:
Community Lay Counsellor and CAG mobilisers

• Aim to increase identification of positive cases in community testing and to improve linkage to care

• 1\textsuperscript{st} Phase: Through CAG contacts
2\textsuperscript{nd} Phase: General population

• 25,795 tested; HIV positivity: 4%

• Facilitated linkage & peer support
Community Testing, 2012-2015

Higher positivity among CAG immediate family members compared with other CAG and non-CAG contacts; p<0.01
Linkage by contact method, 2012-2014

High linkage to care (77%); no significant differences observed by contact method

- Immediate CAG Family: 80%
- Other CAG contact: 77%
- Non-CAG contact: 78%
Initial Viral Load Results

• Routine viral load monitoring rolled out in late 2013 within district

• **Coverage:** CAGs: 77% vs. non-CAG patients: 52% \( (p<0.01) \)

• 39% had VL ≥1000 copies/mL; no significant difference by CAG status
Conclusions

• Index case testing through CAGs simple way to identify a high-risk population

• High linkage to care observed
  - Peer support, facilitated linkage & possible reduction in stigma

• CAGs facilitated improved VL coverage

• High risk of virological failure in this context; no difference between among CAG and non-CAG patients

• Further work necessary to maximise the benefit of differentiated ART delivery models across the 90-90-90 target
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