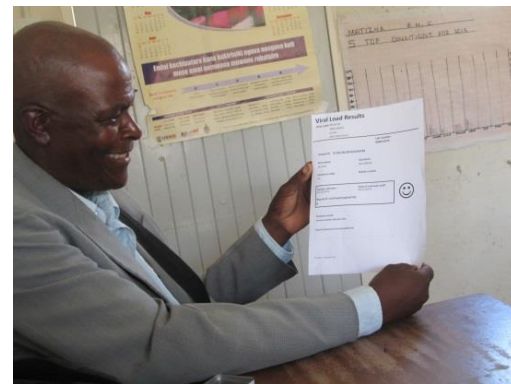


Reaching 90-90-90

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



UNAIDS 90-90-90 Target



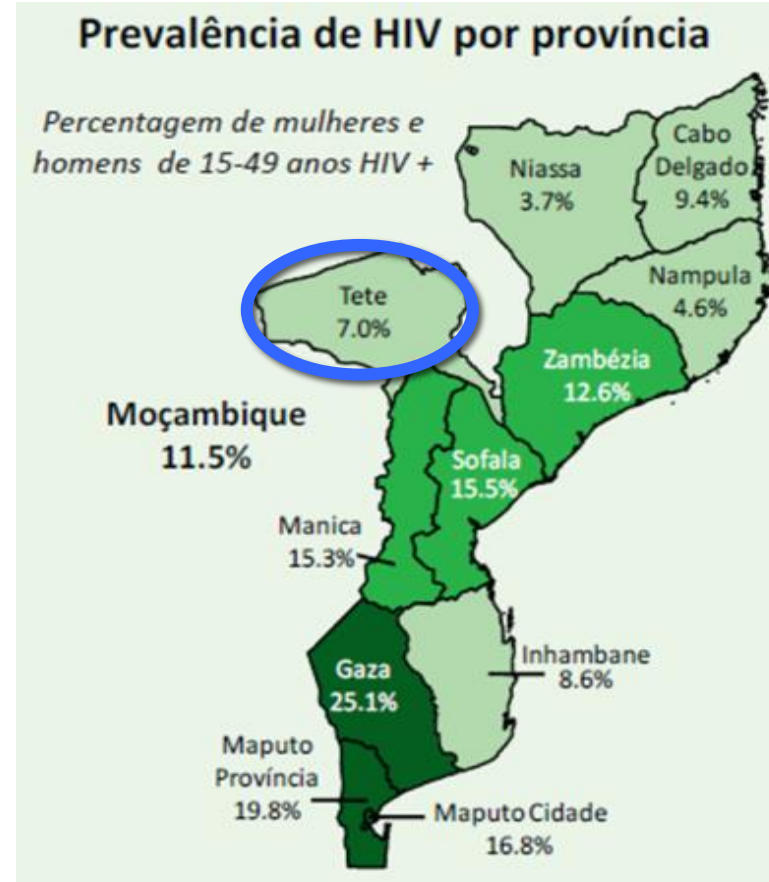
90% know their HIV status

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

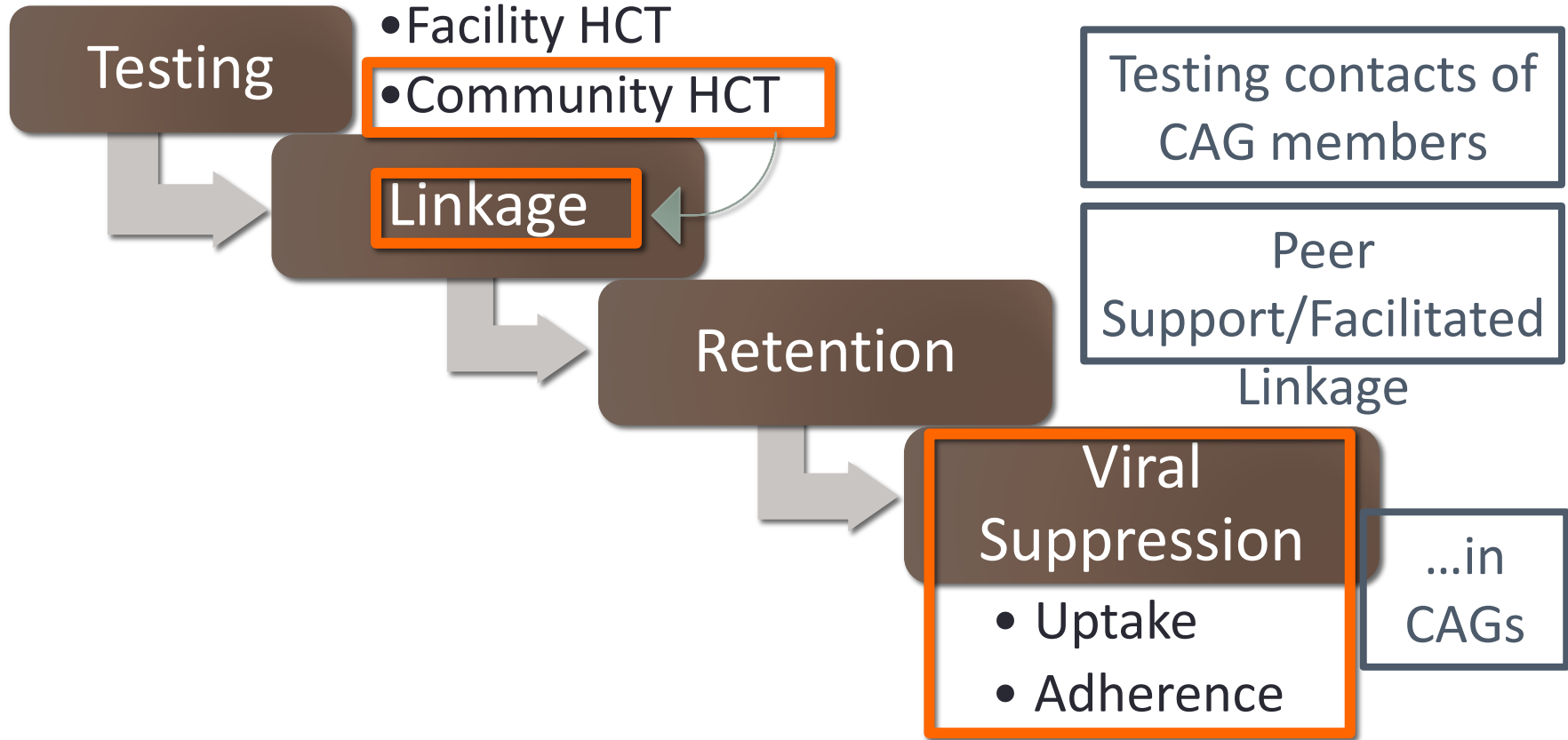


Community ART groups (CAGs)

- 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

¹Decroo 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



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

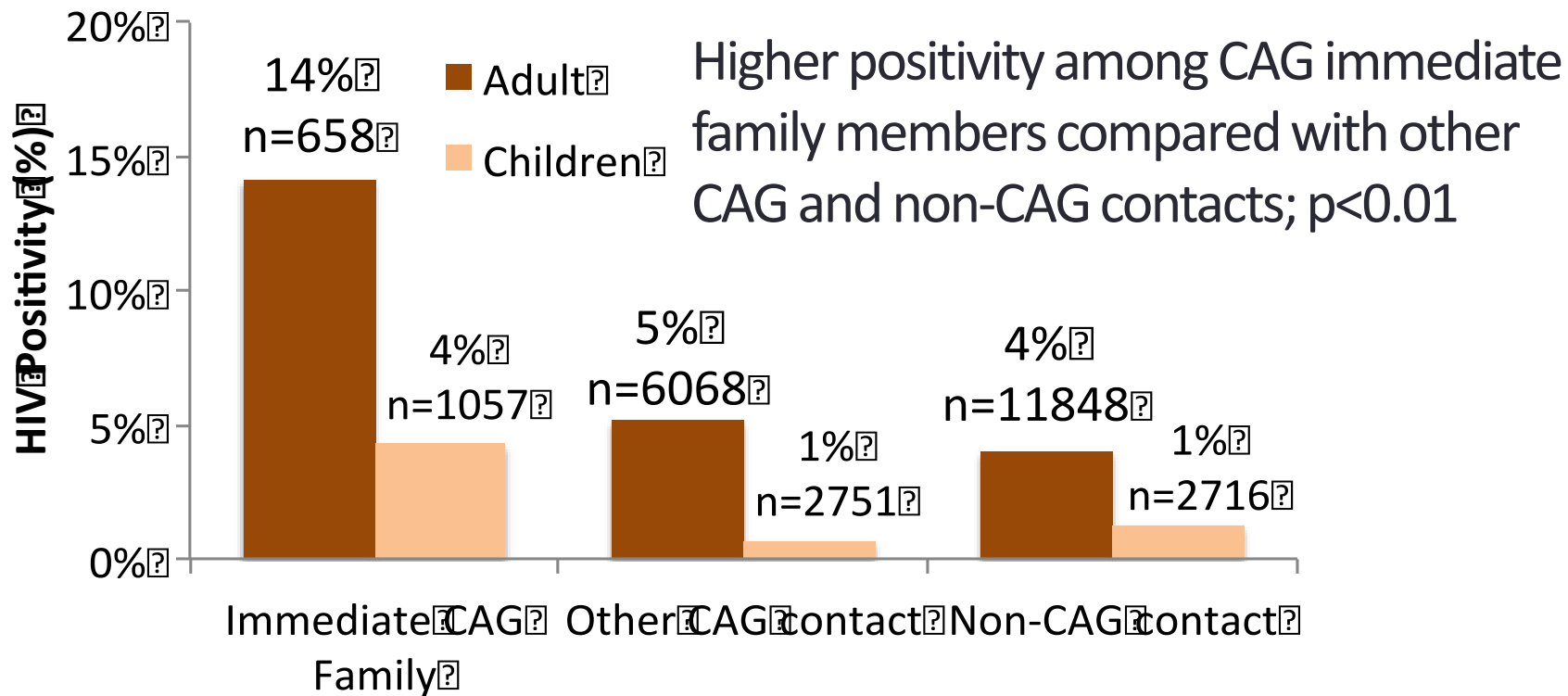
Community Testing:

Community Lay Counsellor and CAG mobilisers

- Aim to increase identification of positive cases in community testing and to improve linkage to care
- **1st Phase:** Through CAG contacts
- **2nd Phase:** General population
- **25,795** tested; HIV positivity: 4%
- Facilitated linkage & peer support

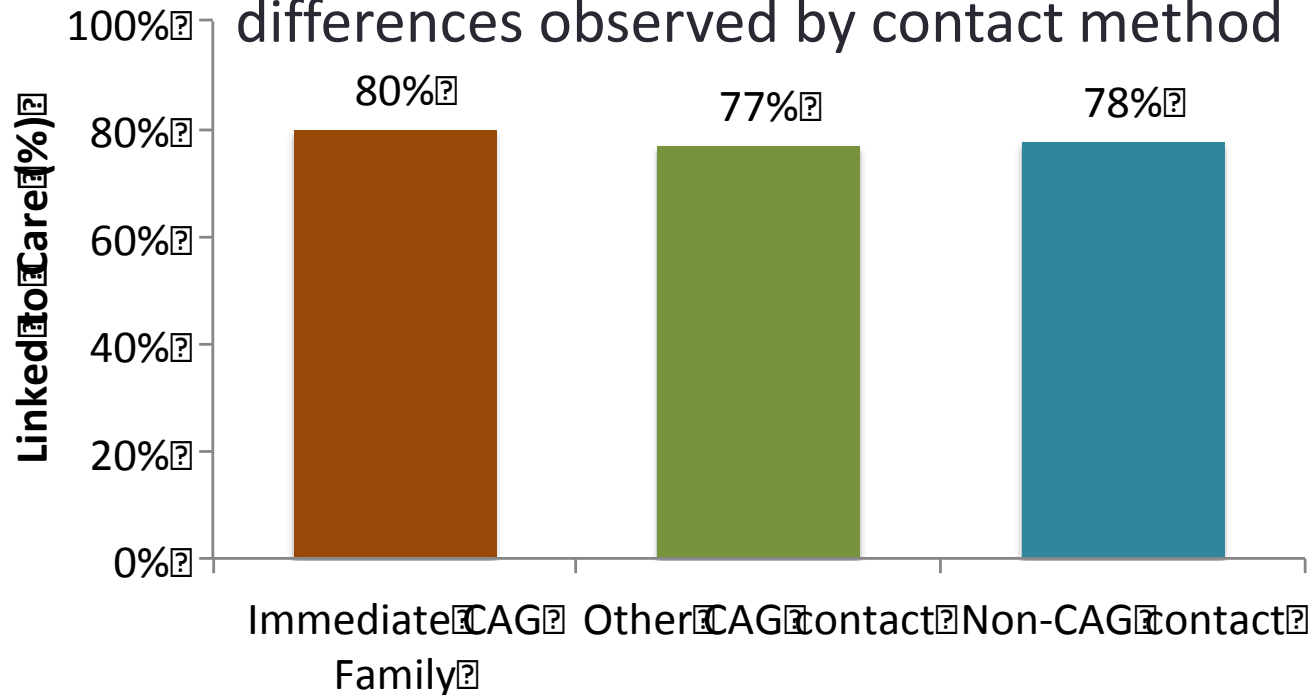


Community Testing, 2012-2015



Linkage by contact method, 2012-2014

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



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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