BACKGROUND

Community-centered, individual-focused interventions may significantly contribute to reaching the WHO 90-90-90 treatment target in low- and middle-income settings.1,2

A multimodal, interdisciplinary intervention was implemented in 2018 at the HIV clinic of a General Hospital in Buenos Aires, Argentina (figure 1).

OBJECTIVE

The aim of this study was to evaluate the impact of a multimodal, community-centered intervention on the continuum of care of PLHIV in a middle-income setting.

METHODS

Retrospective, quasi-experimental study.

PLHIV diagnosed between 2016 and 2018 were included.

Continuum of care key indicators were analyzed in pre-intervention (2016-2017) and post-intervention periods (2018).

RESULTS

Seven hundred and eighty-five patients were included. Baseline characteristics of study population are shown in Table 1.

The proportion of patients who were aware of their HIV diagnosis after spontaneously picking up their HIV result decreased in the post-intervention period (80% versus 57.5% p<0.01). 57 of those individuals who had not picked up their HIV result spontaneously became aware of their diagnosis as a result of the intervention.

Median time to HAART initiation was reduced in 8 days after intervention (22 days SD 48 vs. 14 days SD 46 p<0.01). Table 2 shows key indicators of the HIV continuum of care among study population in pre- and post-intervention periods.

Rates of linkage to care and viral suppression at week 24 increased in the post-intervention period although the difference did not reach statistical significance (72.7% vs 78.4 p=0.3 and 88.4% vs 93.4% p=0.17).

CONCLUSIONS

A multimodal, community-focused intervention can contribute significantly to reaching the WHO 90-90-90 targets.

Further research is warranted to evaluate its impact on long-term outcomes.

REFERENCES
