

## BACKGROUND

- Community-centered, individual-focused interventions may significantly contribute to reach the WHO 90-90-90 treatment target in low- and middle-income settings.<sup>1,2</sup>
- A multimodal, interdisciplinary intervention was implemented in 2018 at the HIV clinic of a General Hospital in Buenos Aires, Argentina (figure 1).

## 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 reach the WHO 90-90-90 targets.
- Further research is warranted to evaluate its impact on long-term outcomes.

## REFERENCES

1. OMS/ONUSIDA. 90-90-90 Un ambicioso objetivo de tratamiento para contribuir al fin de la epidemia de sida [Internet]. 2014 [cited 2018 Jul 4]. Available from: [http://www.unaids.org/sites/default/files/media\\_asset/90\\_90\\_90\\_es.pdf](http://www.unaids.org/sites/default/files/media_asset/90_90_90_es.pdf)
2. World Health Organization. Recommendation for Rapid Initiation of ART [Internet]. World Health Organization; 2017 [cited 2019 Feb 26]. Available from: <https://www.ncbi.nlm.nih.gov/books/NBK475972/>

## 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.

**FIG 1. KEY COMPONENTS OF THE MULTIMODAL INTERVENTION**

- ✓Peer-navigator phone calls/SMS reminders
- ✓Same-day healthcare provider appointment as soon as confirmatory tests were available.
- ✓Same-day ART initiation



**TABLE 1. Characteristics of study population**

	Pre-intervention N=531		Post-intervention N=254		p
	n/median	%/Q1-Q3	n/median	%/Q1-Q3	
<b>Demographics</b>					
<b>Gender</b>					
Cis men	380	72.7	181	71.3	0.8
Cis women	112	21.4	55	21.7	
Trans women	31	5.9	18	7	
<b>Age (years)</b>	32	25-42	32	26-41	0.6
<b>HIV-related variables</b>					
<b>Baseline HIV pVL (copies/ml)</b>	44,658	11,216-243,033	52,597	10,254-159,374	0.3
<100.000	257	62.4	130	66.7	0.3
≥100.000	155	37.6	65	33.3	
<b>Baseline CD4 count (cells/mm<sup>3</sup>)</b>	327	131-518	329	161-520	0.3
≥200	269	65.3	139	71.6	0.1
<200	143	34.7	55	28.4	

Notes: pVL = plasma HIV RNA viral load. HIV related variables calculated only for patients with diagnostic confirmation.

**TABLE 2. Continuum of care outcomes**

	Pre-intervention N=531		Post-intervention N=254		p
	n/mean	%/SD	n/mean	%/SD	
<b>Aware of HIV diagnosis</b>					
Yes	425	80	146	57.5	<0,01
No	106	20	108	42.5	
<b>Aware of HIV diagnosis after intervention</b>					
Yes			57	52.8	
No			51	47.2	
<b>Linkage to care</b>					
Linked to care	309	72.7	159	78.4	0.3
Transferred	89	20.9	36	17.7	
Lost to follow-up	27	6.4	8	3.9	
<b>HAART initiation</b>					
Yes	290	93.3	155	96.9	0.1
No	21	6.7	5	3.1	
<b>Median time from diagnosis to HAART initiation (days)</b>	22	48	14	46	<0,01
<b>Retention in care at week 24</b>					
Yes	241	78	108	67.9	0,02
No	68	22	51	32.1	
<b>Viral suppression at week 24</b>					
Yes	198	88.4	99	93.4	0.17
No	26	11.6	7	6.6	

Notes: SD: Standard deviation. *Aware of HIV diagnosis after intervention* includes patients who did not pick-up their results spontaneously in the post-intervention period (n=108). *Linkage to care*: clinical visit with confirmatory test results. *HAART initiation* includes only patients linked to care (n=468). *Median time to HAART initiation* includes only patients who initiated HAART (n=445). *Retention in care*: HAART prescription and/or clinical visit. *Viral suppression*: pVL<200 copies/ml. Seventeen patients in the pre-intervention and 2 in the post-intervention period were retained in care but had missing week 24 pVL data.