

BACKGROUND

- Community-centered, individual-focused interventions may significantly contribute to reach 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).

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
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	
Demographics					
Gender					
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	
Age (years)	32	25-42	32	26-41	0.6
HIV-related variables					
Baseline HIV pVL (copies/ml)	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	
Baseline CD4 count (cells/mm³)	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	
Aware of HIV diagnosis					
Yes	425	80	146	57.5	<0,01
No	106	20	108	42.5	
Aware of HIV diagnosis after intervention					
Yes			57	52.8	
No			51	47.2	
Linkage to care					
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	
HAART initiation					
Yes	290	93.3	155	96.9	0.1
No	21	6.7	5	3.1	
Median time from diagnosis to HAART initiation (days)	22	48	14	46	<0,01
Retention in care at week 24					
Yes	241	78	108	67.9	0,02
No	68	22	51	32.1	
Viral suppression at week 24					
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.