An Evidence-Based Model using a comprehensive approach to continuity of care: AIDSRelief Programs

Promising Findings that Promote Patient Retention in Care

Martine Etienne-Mesubi, DrPH
Director, Health Programs
Institute of Human Virology
University of Maryland School of Medicine/AIDSRelief
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Who is AIDSRelief?

- A consortium of five members:
  - Catholic Relief Services (CRS)
  - Catholic Medical Mission Board (CMMB)
  - Interchurch Medical Assistance World Health (IMA)
  - Futures Group
  - Institute of Human Virology of the University of Maryland School of Medicine

- PEPFAR funded through HRSA
Where Do We Work?

226 Local Partner Treatment Facilities (LPTF) + 250 satellite sites

* The 20 sites in South Africa have transitioned to local leadership.
### Statistics as of May 31, 2010

<table>
<thead>
<tr>
<th>Country</th>
<th>LPTFs</th>
<th>Patients on ART</th>
<th>Pediatric Patients on ART</th>
<th>Cumulative in Care &amp; Treatment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ethiopia</td>
<td>4</td>
<td>614</td>
<td>100</td>
<td>2918</td>
</tr>
<tr>
<td>Guyana</td>
<td>3</td>
<td>894</td>
<td>63</td>
<td>1398</td>
</tr>
<tr>
<td>Haiti</td>
<td>7</td>
<td>2373</td>
<td>138</td>
<td>7333</td>
</tr>
<tr>
<td>Kenya</td>
<td>29</td>
<td>41766</td>
<td>4921</td>
<td>101650</td>
</tr>
<tr>
<td>Nigeria</td>
<td>34</td>
<td>36290</td>
<td>1975</td>
<td>87059</td>
</tr>
<tr>
<td>Rwanda</td>
<td>14</td>
<td>2274</td>
<td>337</td>
<td>5740</td>
</tr>
<tr>
<td>Tanzania</td>
<td>98</td>
<td>33252</td>
<td>2654</td>
<td>114967</td>
</tr>
<tr>
<td>Uganda</td>
<td>18</td>
<td>27110</td>
<td>1218</td>
<td>77267</td>
</tr>
<tr>
<td>Zambia</td>
<td>19</td>
<td>33837</td>
<td>2406</td>
<td>78624</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td><strong>226</strong></td>
<td><strong>178,410</strong></td>
<td><strong>13,812</strong></td>
<td><strong>476,956</strong></td>
</tr>
</tbody>
</table>

*As of November 2009 at Handover to South African Organizations*

| South Africa | 20 | 22,241 | 1,493 | 70,939 |
Local concept with a global impact

- JACQUES Initiative
- designed to overcome the barriers to optimizing HIV treatment in the urban poor of the Baltimore Metropolitan Area

- Integration of treatment preparation, clinical management and treatment support for long term treatment success

- Highly supportive networks at the induction of treatment
- DOT, WOT
- 88% retention after 2 years
The AIDSRelief Approach

- Modeled after the JACQUES Initiative

- Maintain the 1st line regimen
  - For a natural lifetime

- Ensure durable viral suppression
  - Building program capacity to support optimal adherence
  - Patient follow up and engagement in care

- Enhance the capacity of the community health treatment supporter to adequately support PLHIV

- Reinforce and fund the community health treatment supporter as a vital therapeutic intervention for continuous community health
How do we do this?

- Regimen Choice
- Treatment Strategy
  - Treat early vs. Treat Late
- Care Delivery System
Using evidence to effect care and treatment
Retrospective review of patients enrolled in the AIDSRelief program treatment sites between Aug 2004-June 2005. Loss to follow up (ltfu) data was aggregated from the quarterly grant reports.

Programs are tiered according to their particular components

- **Tier I**
  - Adherence Counseling only
  - Prior to Starting ART

- **Tier II**
  - Adherence counseling
  - plus a structured treatment preparation plan*

- **Tier III**
  - Tier I plus Tier II plus
  - home visits conducted by community health treatment supporters*

- **Tier IV**
  - Tier III plus
  - Use of community health nurses
  - to provide supportive supervision to the Tier III staff in the field

* This is developed by the site with specific guidelines from AIDSRelief
Adherence Support and Percentage Loss to Follow up within first 12 months of AIDS Relief
Guyana, Haiti, Kenya, Nigeria, Rwanda, Tanzania, Uganda, Zambia

Etienne, M., Hossain, B., Burrows, L., Redfield, R., Amoroso, A.; 2010. Situational analysis of varying models of adherence support and loss to follow up rates; findings from 27 treatment facilities in eight resource limited countries. Tropical Medicine and International Health vol 15 suppl. 1 pp 76–81
The use of trained community treatment supporters decreased loss to follow up from 10% to 5%

Addition of supportive supervision of the community health nurse further decreased ltfu to 1%
Tiered Programs and Five year follow-up

- Tier I (n=0)
- Tier II (n=20): 4.3% loss to follow up
- Tier III (n=31): 4.1% loss to follow up
- Tier IV (n=92): 2.2% loss to follow up
On Treatment Viral Suppression in Randomly Selected Patients 2006 - 2008

- 2006: 88.18%
- 2007: 91.54%
- 2008: 87.19%
- Combined: 88.70%

Year | 2006 | 2007 | 2008 | Combined
--- | --- | --- | --- | ---
Total Sample | n = 863 | n = 2140 | n = 3161 | n = 6164
Number of Countries | 3 | 5 | 3 | 6
## CD4 at ART Start and Active Status in Patients Randomly Sampled through the Quality Improvement Program 2006 - 2008

<table>
<thead>
<tr>
<th>CD4 baseline</th>
<th>Active</th>
<th>LTFU</th>
<th>Dropped Out</th>
<th>Transferred</th>
<th>Deceased</th>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>&lt;50</td>
<td>605</td>
<td>71.26%</td>
<td>45</td>
<td>5.30%</td>
<td>36</td>
<td>4.24%</td>
</tr>
<tr>
<td>50 - 100</td>
<td>666</td>
<td>77.17%</td>
<td>47</td>
<td>5.45%</td>
<td>21</td>
<td>2.43%</td>
</tr>
<tr>
<td>101 - 200</td>
<td>1420</td>
<td>86.53%</td>
<td>58</td>
<td>3.53%</td>
<td>31</td>
<td>1.89%</td>
</tr>
<tr>
<td>201 - 350</td>
<td>1621</td>
<td>89.81%</td>
<td>74</td>
<td>4.10%</td>
<td>26</td>
<td>1.44%</td>
</tr>
<tr>
<td>&gt;350</td>
<td>880</td>
<td>92.34%</td>
<td>31</td>
<td>3.25%</td>
<td>2</td>
<td>0.21%</td>
</tr>
<tr>
<td>total</td>
<td>5192</td>
<td>84.96%</td>
<td>255</td>
<td>4.17%</td>
<td>116</td>
<td>1.90%</td>
</tr>
</tbody>
</table>

**Aggregated LTFU**
The framework for successful treatment outcomes includes:

- Integrating the health facility, the patient and the community
- Initial and continuous highly intensive treatment support
- Patient and family structured treatment preparation and education
- Engaging the patient’s community through C&T, addressing general community health issues that impact patient adherence
The framework for successful treatment outcomes includes:

- Managing loss to follow up
- Early identification and referral of OIs
- Increased capacity of side effect identification and management in the home and community
- Through increased engagement and capacity of the community treatment supporter
Patient and family Knowledge

Access to trained health care providers

Love and Community support
Our goal

Using community treatment support workers as a vital therapeutic intervention
Thank You