



Adherence 2017

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Same-day home-based ART start in Lesotho: lessons from the field

Tracy Glass



IAPAC
June 4-6, 2017

How best to start ART as quick as possible?

Accounting for readiness?

Standard of care: several adherence counseling sessions
prior to starting ART

➡ Increased lost to follow-up and death^{1,2} with no proven
benefit on adherence or viral load³

Mixed results on same-day initiation:

➡ Better linkage but lower retention (South Africa, Malawi)



Lesotho – Kingdom in the Sky



ca. 2 mio habitants

ca. 160'000 AIDS-orphans

Adult HIV-prevalence 25%

Per capita income: 836 USD per year

Highest HIV transmission rate and the lowest ART coverage

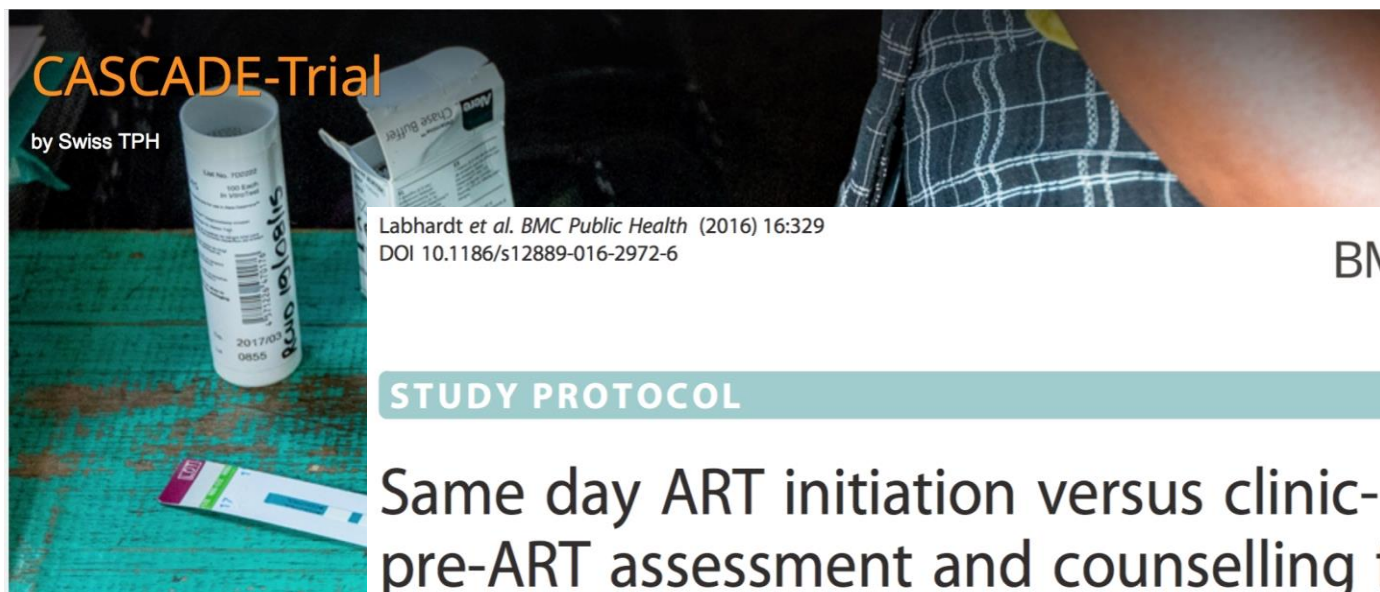
Average life-expectancy has dropped from 65 years in the 1990's to 49 years in 2013

HIV testing coverage of up to 70.5%.

Only 32% of HIV+ adults were on ART in 2013

Does home-based ART start improve linkage and retention in care?

Swiss TPH



Labhardt et al. *BMC Public Health* (2016) 16:329
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BMC Public Health

STUDY PROTOCOL

Open Access



Same day ART initiation versus clinic-based pre-ART assessment and counselling for individuals newly tested HIV-positive during community-based HIV testing in rural Lesotho – a randomized controlled trial (CASCADE trial)

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About

Updates (27)

Data submissions (13538)

Documents (1)

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Comparator: standard of care, referral to health facility for
2-3 adherence counseling sessions

Intervention: offered to start ART the same day with
1-month supply of ART, appointment at health
facility

Endpoints:

Linkage to care at 3 months

Viral suppression 12 months after positive HIV-test

Recruitment: HIV-testing and counseling (HTC) campaign
February – July 2016

Sample size (n=230 households): based on expected rate of
linkage in comparator of 40% compared to 60% in the
intervention

Addressing the 1st 90 – testing coverage with 2 home visits

3 nurses, 2 professional counsellors, 3 drivers and 16 lay-counsellors work during 5 months



62 villages + town of Butha-Buthe



6650 occupied households



11,595 received HIV testing



335 newly tested HIV+











Couple testing



Characteristics of participants (n = 137)

Female	66%
Age in years, median (IQR)	41(31-53)
Has a partner	63%
– HIV-positive	17%
– Unknown	63%
Plan to disclose	88%
Completed primary education	48%

Characteristics of participants (n = 137)

Regular employment	18%
– In South Africa	16%
Last contact with health facility > 1 year	51%
Walks to clinic	51%
Median travel-time to clinic	1 hour
WHO-stage 1	75%
CD4 count, median (IQR)	346 (244 – 497)
CD4-count<200	16%

Readiness to start ART

137 (100%) said they understood implications of life-long ART

134 (98%) ready to start ART that day

2 (1.5%) in the next few days

1 (0.5%) did not want to start

ART

136 provided with 1-month supply ART

TDF/3TC/EFV (n=135) and AZT/3TC/EFV (n=1)

58 (43%) given cotramoxizole

Linkage to care

6-months: 72%

Time to linkage: median 15 days (IQR: 14-27)

14% presented at clinic >30 days after home visit

→ late start, inconsistent ART use, drug holidays

At first clinic visit, there were no reported side effects or ART regimen changes

Older individuals and those with a partner who knew their HIV status were more likely to link to care



N = 41 patients traced

7% of these **linked after tracing**

7% did not have enough **time** (n=2) or **money** (n=1)

7% were **too sick** (n=1) to attend or **died** (n=2)

10% decided/planned to **attend other clinics**

17% were **traveling** to South Africa for work

27% did not **understand** (n=5) or did not **want** (n=6)

24% **unknown**

19 of successfully traced patients reported ART usage

21% never started

26% irregular use

53% daily intake

} 79%

N = 38 (no clear record of attending a clinic)

Assume 30 patients took ART at some point

N = 14 showed up late to clinic

32% (44/137) patients exposed to ART, irregular use,
and then defaulted

Summary

- High acceptability and linkage with same-day home-based ART start
 - Readiness a problem?
 - Need more timely attendance at 1st visit
 - Reminders/tracing
 - 12-month retention & suppression
- October 2017





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