Engagement of peer navigators in the multidisciplinary team of providers in the same-day antiretroviral therapy initiation hub model in Bangkok, Thailand

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Peer navigators who are members of MSM, TGW, and PLHIV populations are key to the success of Same-Day ART. They are crucial for supporting clinically unwell clients for successful linkage to opportunistic infection management and ART initiation.

Background

Peer navigators play crucial roles in facilitating HIV care, uptake, and retention. Staff at the same-day antiretroviral therapy (SDART) initiation hub services of the Thai Red Cross Anonymous Clinic (TRCAC) recruited key population (KP) members to assist with linking clients to long-term ART sites and to refer clients suspected of opportunistic infections (OIs) for further examinations. We evaluated the effectiveness of KP-integrated SDART services.

Methods

A multidisciplinary SDART team was established consisting of four doctors, two nurses, 10 counselors, and five peer navigators comprised of men who have sex with men (MSM), transgender women (TGW), and people living with HIV (PLHIV). Peer navigators supported clients in navigating the referral systems to prepare the transition from the SDART initiation hub to long-term ART hospitals. Peer navigators assessed clients’ psychosocial status, ART adherence, and retention in care at 2 days, 5, 6, and 12 months after ART initiation. For clients clinically excluded, PLHIV navigators accompanied them to referral hospitals to receive examinations and kept contact until OI treatment/ART was initiated.

Results

From July 2017–December 2018, 2,214 MSM and 160 TGW tested HIV positive. Of 1,949 MSM and 137 TGW logistically eligible for SDART, 1,779 (91.3%) MSM and 132 (96.4%) TGW accepted SDART services. Of these, 1,557 (87.5%) MSM and 121 (91.7%) TGW were clinically eligible and initiated ART (78.5% of MSM and 81.8% of TGW had same-day initiation).

Referral to long-term ART hospitals was successful in 88.4% of MSM and 85.4% of TGW. Retention at 3, 6, and 12 months for MSM was 93.2%, 89.6%, and 90.6%; for TGW was 87.4%, 88.1%, and 85.7%, respectively. 89% of MSM and 94.7% of TGW were virally suppressed after 6 months of ART. Of 301 clients referred for OI investigations, 61.5% successfully started ART after OI investigations/treatment, 12% were taking OI treatment, and 6.3% were under OI investigations.

Conclusions

Peer navigators who are members of the MSM, TGW, and PLHIV populations are key to the success of SDART. High rates of SDART acceptance and initiation can be achieved among HIV-positive MSM and TGW. PLHIV navigators are crucial for supporting clinically unwell clients for successful linkage to OI management and ART initiation.

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