



Fidelity of multimonth antiretroviral therapy dispensing and viral load outcomes: results from a cohort study in Côte d'Ivoire

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Introduction and expansion of multimonth dispensing (MMD) in Côte d'Ivoire

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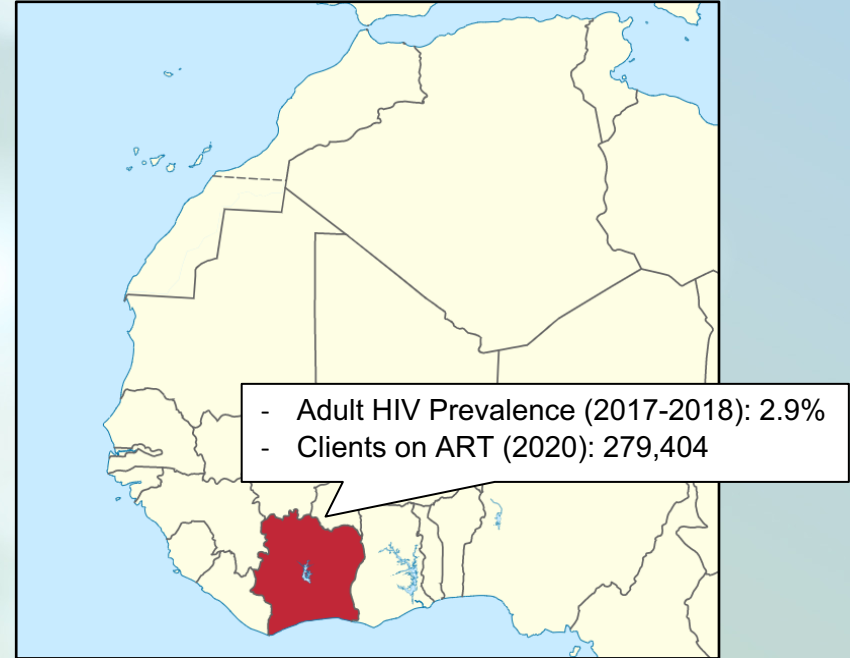


Pre-COVID:

- "Test and Treat All" introduced in 2017
- Standards updated in April 2019 with specific guidance for MMD (provision of at least three months of antiretroviral therapy (ART) at a single pickup visit)
- 3-6 MMD for clinically stable patients on ART for ≥ 3 months

Revised October 2020:

- Move to 6 MMD as standard
- 3 MMD eligibility expanded to new ART initiators and clinically unstable patients



Côte d'Ivoire Population-Based HIV Impact Assessment (CIPHIA) 2017-2018
CDC Division of Global HIV & TB Country Profile: Côte d'Ivoire

Prospective cohort of clients on ART newly initiating MMD

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- **Purpose:** Follow a cohort of clients *newly transitioning to MMD* for 18-24 months to better understand *patterns in MMD receipt* and *virological outcomes* after transition to MMD
- **Study population:** Virally suppressed people living with HIV (PLHIV) on ART ages 1 year and older newly transitioned to MMD model (first receipt of at least 90 days of ART no earlier than January 2020)
- **Sites:** 29 sites across Côte d'Ivoire
- **Enrollment:** March 2020-January 2021
- **Data collection:** March 2020-August 2022
- **Outcomes/indicators:** Consistent receipt of MMD (receipt of 3 months or more at each study visit); viral load (VL) coverage; and VL suppression

Study enrollment and participant demographics: high retention in follow-up

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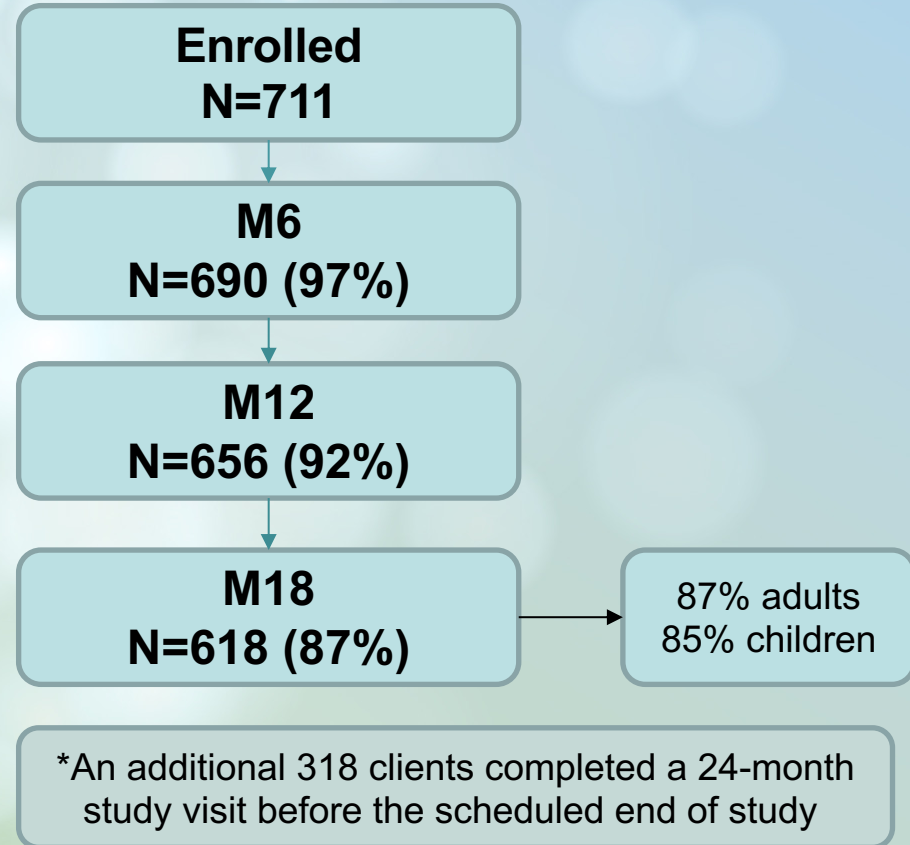


Adults (N=659)

- Median age at enrollment: 41 years
- 70% female
- Median time on ART at enrollment: 9 months

Children and adolescents <18 years (N=52):

- Median age at enrollment: 7 years
- 54% male
- Median time on ART at enrollment: 17 months
- 77% had other household members on ART

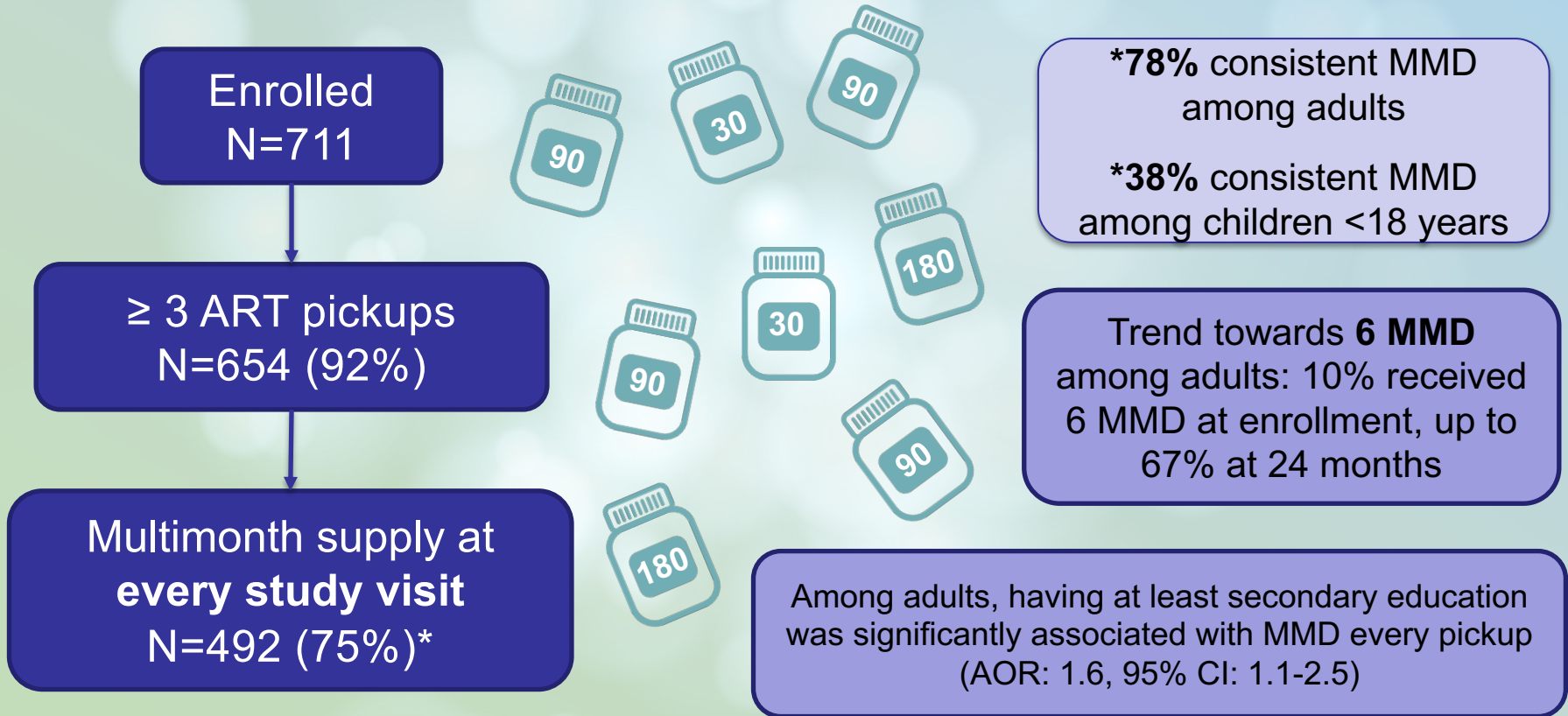


Trends in multimonth dispensing:

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higher MMD consistency in adults; lower in children



Why didn't clients receive MMD?

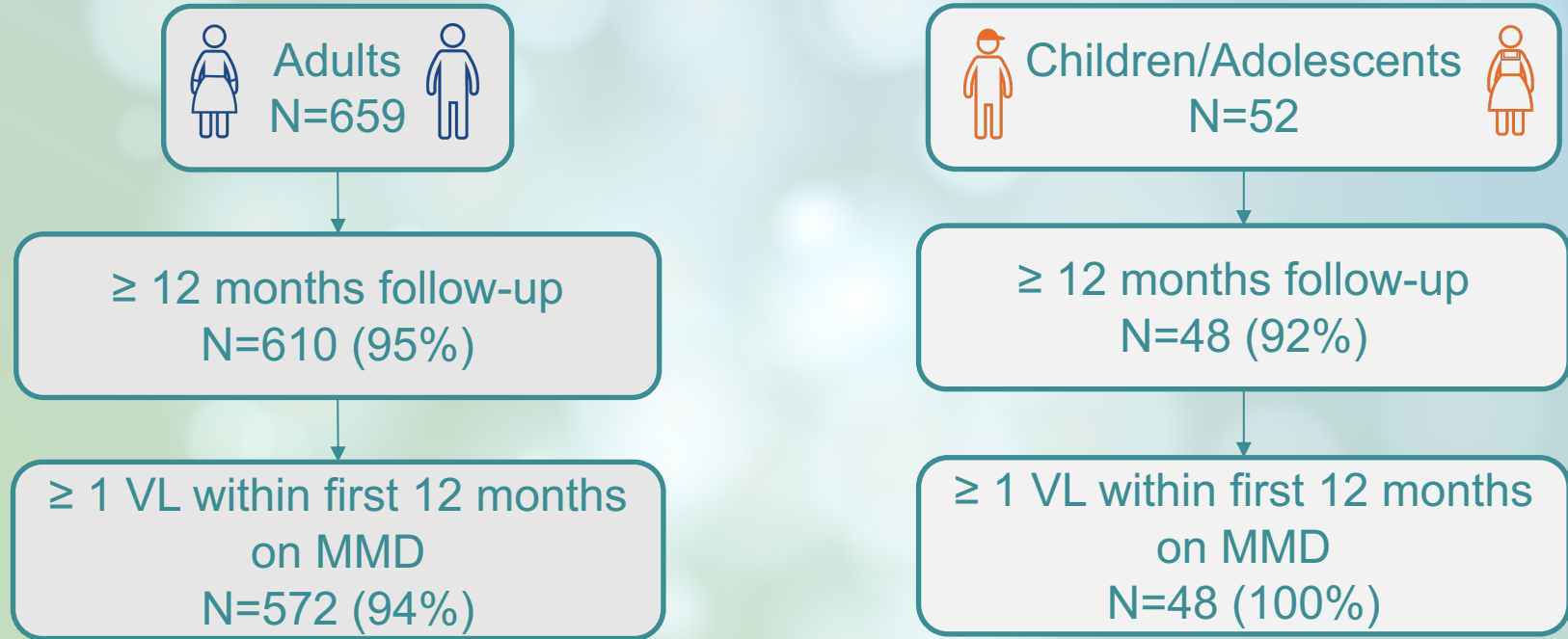
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- ➡ Provider preference
- ➡ Clinical instability
- ➡ Adherence concerns
- ➡ Regimen change
- ➡ Stockouts
- ➡ Alignment with other services

High viral load coverage among study participants, even in context of COVID

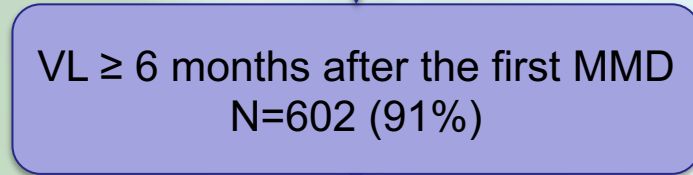
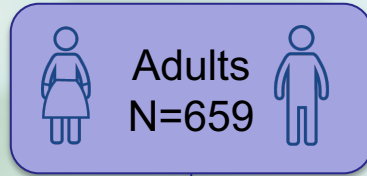
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*No difference in VL coverage by consistent receipt of MMD

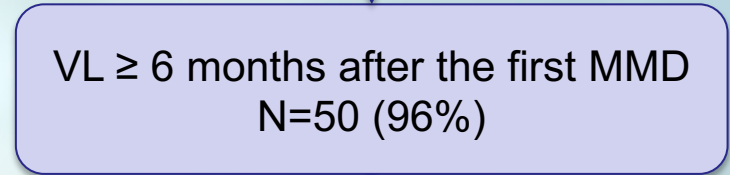
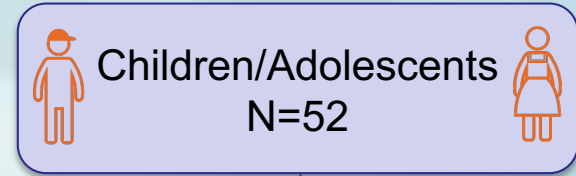
Viral suppression after starting MMD: #ADHERENCE2023

88% in adults and 72% in children



VL suppressed
N=530 (88%)

≥ 1 VL not suppressed
N=72 (12%)



VL suppressed
N=36 (72%)

≥ 1 VL not suppressed
N=14 (28%)

Age, sex, marital status, education, and time on ART
not significantly associated with suppression



Conclusions

- National guidelines in Côte d'Ivoire recommended MMD as the standard of care for eligible clients, and eligibility expanded during the COVID-19 pandemic.
- Clients who transitioned to the MMD model did not necessarily continue to receive a multimonh supply of ART at every visit; **this was particularly true of children.**
- **Health care provider discretion** played an important role in implementation of MMD and decisions about ART dispensing for individual clients.
- **Viral load coverage was high** in the study population, and viral suppression was comparable to national data results among adults and children after initiation of MMD.
- Health care workers should be supported to roll out MMD consistently, and patients on MMD should be monitored to ensure sustained viral suppression.

Acknowledgements

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