Evaluation of two HIV Differentiated Services Delivery Models (DSDM) implemented by MSF in Fishermen's landing sites. Lakes George and Edward, Western Uganda. A mixed-methods study

Carol Liu, Kiggundu Josen, Harriet Ayikoru, Nicholas Oucho, Ismael Bazanye, Patrick Elungat, Robert Keango, Christopher Mambula, Suna Balkan, Julianna Smith, Yin Win Khin, Jihane Ben Farhat

Introduction

Mobility of HIV clients among the fisherfolk community in western Uganda can serve as a barrier to retention in care. To address this challenge, MSF launched a client-centered service delivery approach with a focus on two Differentiated Services Delivery Models (DSDM): Fast Track Drug Refill (FTDR) with direct drug-dispensing from health facilities and Community-Client Led ART Delivery (CCLAD) where clients form groups and rotate drug pick-up. In this study, we compare profile of clients who chose either model and explore outcomes of retention-in-care, viral load coverage and suppression using quantitative methods and describe acceptability and relevance of DSDM models using qualitative methods.

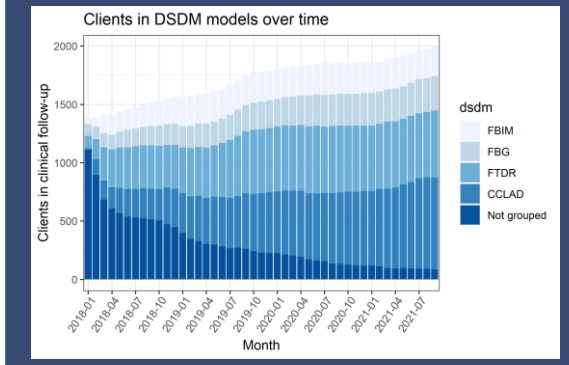
Methods

- Data extracted for clients in care between Jan 1st,2018 and Sept 30th,2021 at five MSF-supported clinics in fisherfolk communities.
- Comparison of client profiles and retention probability between CCLAD and FTDR using stratified Kaplein-Meier curves and a cox proportional hazards model.
- Viral load coverage and suppression calculated among clients retained at year one.
- Interviews of 38 provider and client and 5 focus group discussions to assess experiences of clients and describe acceptability and relevance

epicentre
ÉPIDÉMIOLOGIE • EPIDEMIOLOGY

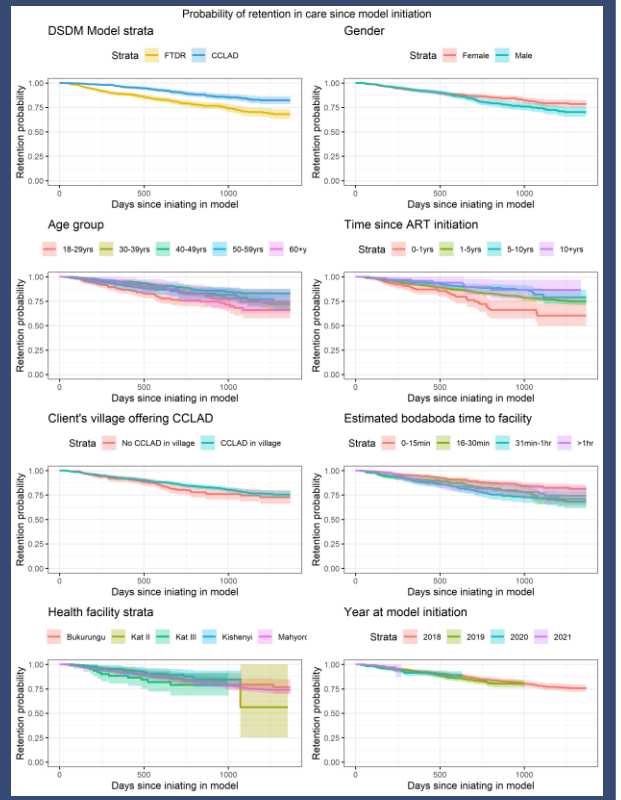
Results – Quantitative approach

- 1773 stable clients were enrolled in either FTDR (N=974,55%) or CCLAD (N=799,45%) with 637 days of median follow-up.
- Clients who were younger, initiated treatment within previous year and lived further were more likely to choose FTDR.
- After one year of model initiation, 780 (97.6%) of CCLAD retained in care compared to clients 883 (90.7%) of FTDR clients (adjusted HR: 0.37, 95% CI: 0.27-0.50).
- Of clients who retained in care and model at year one, 416/572 (73%) of FTDR clients and 453/577 (79%) of CCLAD clients were viral load tested with high suppression rates for both FTDR and CCLAD (97.5% FTDR vs 97.0%).



	0-1 year since model enrolment		1-2 year since model enrolment	
	FTDR	CCLAD	FTDR	CCLAD
In model at start of period	969	798	604	607
Clients with at least one viral load	637	642	416	451
% in care at start of period with VL within a year	65.7%	80.5%	69.0%	75.2%
Suppressed	619	631	405	440
% Suppressed	97.2%	98.3%	98.8%	97.6%
Exited model by end of period	365	191	257	209

Proportion of clients with at least one viral load and viral suppression rates at 0-1 years since model enrolment and at 1-2 years since model enrolment.



Results – Qualitative approach

CCLAD:

- Client and provider sentiment of CCLAD was positive with perceived utilities of: increased convenience and lowered transport costs for ART access, minimized waiting time, overcrowding and workload at facilities and stigma mitigation and responsibility sharing among group members

I feel I am okay (in CCLAD) because when I get something that I do not understand, our team leader comes in immediately to make me understand what is going on; she advises me, and directs me on the right path to follow (Male CCLAD client)

I like the initiative (CCLAD) so much that even when I am absent, I am able to receive my drugs, and another thing is that, when I'm busy in my business of fish (buying and selling), they still bring my drugs to my home. That is why I like the group (Male CCLAD)

FTDR:

- Clients who were satisfied with the services they received from the healthcare facility, especially with the attention, quality of care and respect provided by healthcare workers, described their satisfaction as a reason to remain in a facility-based model.

Because they do their work in a good way, and they give attention to their clients, so, that's why I can't move away from here (facility) (Female FTDR)

Conclusion

Although great progress in the fight against the HIV epidemic has taken place in recent years, a one-size-fits-all approach to caring for people living with HIV is no longer adapted. The results of this study highlight that differentiated services, when adapted to communities, sustain a high retention in care even among mobile communities and a strong acceptability. Retention among individuals initiating CCLAD is higher than clients initiating on FTDR during the follow-up period. DSDM models, especially CCLAD, was accepted among HIV clients when implemented by MSF.

Study was approved by MSF ERB and the Ugandan ERB of research ethics committee of Mbarara University of Science and Technology (MUST-REC) and the Uganda National Council for Science and Technology (UNCST).

MEDECINS SANS FRONTIERES
SCIENTIFIC DAYS