

Differentiated service delivery for ART provision among conflict-affected and displaced populations in Zemio, Central African Republic: a mixed-methods evaluation



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Introduction

- Consistent access to ART is crucial for HIV care, and can be a major challenge in remote, low-resource or conflict-affected areas such as in the Central African Republic (CAR).
- From 2011, MSF and the Ministry of Health were providing ART for internally displaced populations and refugees in Zemio, CAR.
- In 2016, Differentiated Service Delivery (DSD) models were developed and implemented to **improve access to ART** for clinically stable people living with HIV (PLHIV); a **client-managed group model (Community Art Group, CAG)** and a **facility-based individual model (Pharmacy Fast Track, PFT)**, with the aim that these models would result in improved access and adherence to ART whilst being acceptable to both providers and users.

Methods

- We conducted a mixed method evaluation to assess feasibility, effectiveness and acceptability of DSDs.
- Quantitative methods included a retrospective quantitative analysis of patient data including descriptive epidemiology and multivariable analysis with the outcomes mortality and loss-to-follow-up (LTFU).
- Qualitative methods included in-depth interviews, focus group discussions and participant observation with healthcare providers, PLHIV, and key national and local stakeholders with a thematic analysis method.

Limitations

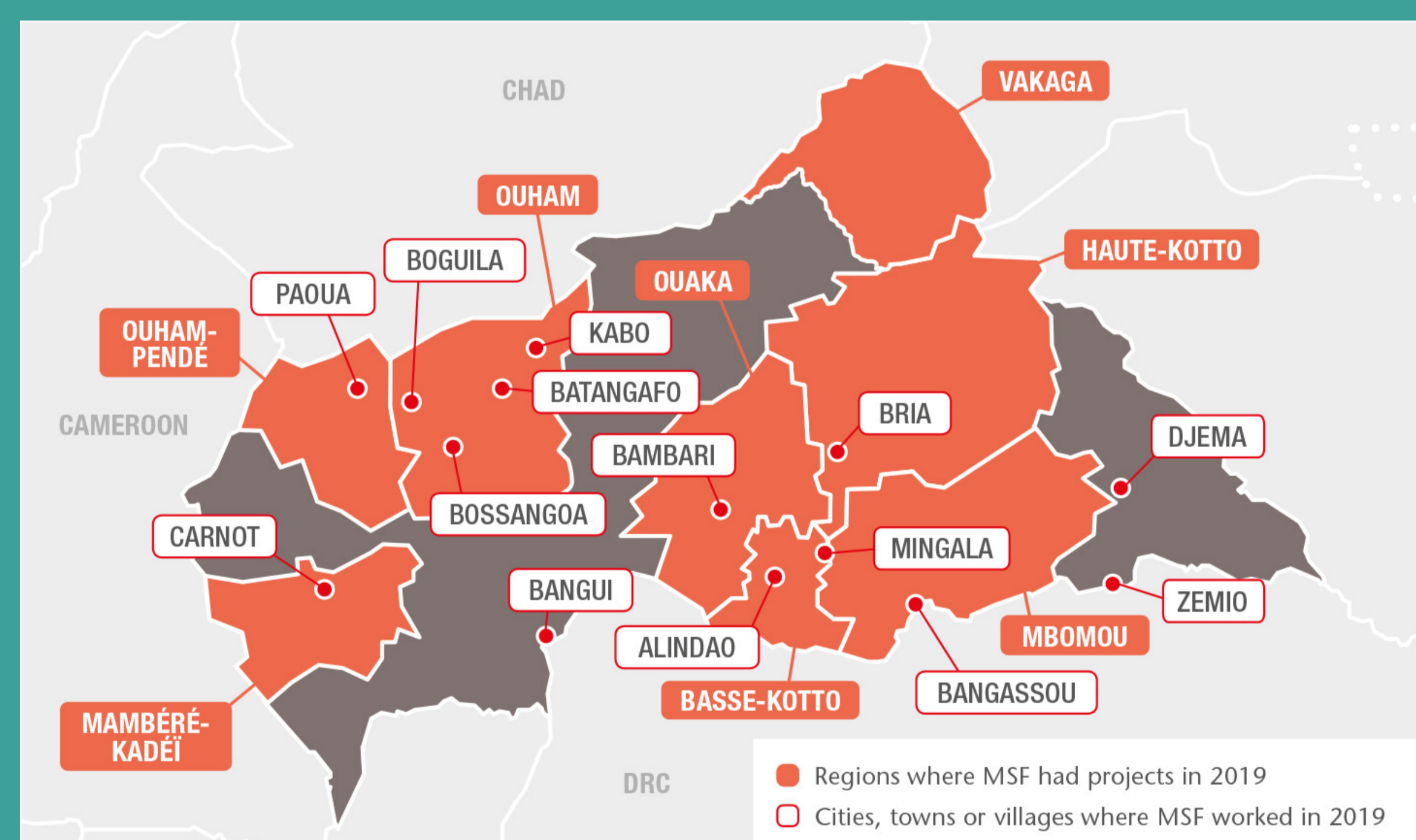
- Data collection during acute conflict was very limited.
- Clinical monitoring such as consultations and Lab such as viral load stopped during acute conflict.
- Maintaining sufficient and uninterrupted supplies especially ARVs for multi-month distribution was a challenge.

Acknowledgements

- The MSF emergency team
- The CAG Leaders that risked their lives to ensure drug pick up during acute conflict
- Local staff of the Ministry of health

Results

- As of March 2023, 1573, PLHIV chose a DSD model (88%), of which 1231 entered CAG (69%); 342 joined PFT (19%); 215 were in standard Pre-CAG/PFT care (12%).
- Within the observation period (November 2016 – March 2023), 994 (55.59%) PLHIV remained in care; 600 (33.56%) were LTFU; 107 were deceased (5.98%).
- Comparing PFT modality to CAG, results show that patients in the PFT had a 3.9-times higher hazard of being LTFU (adjusted Hazard Ratio (aHR): 3.949 [95%-CI: 3.161, 4.913]) and a 2.2-higher hazard of dying [aHR: 2.164 [95%-CI: 1.279, 3.661]]
- Despite the substantial LTFU, participants felt DSD models enhanced treatment adherence, peer support, reduced stigma, facilitated retention, and reduced pressure on health facilities.



Conclusions

- Implementation of DSD models such as CAGs and PFT was feasible in Zemio/CAR.
- CAGs and PFT helped support HIV-related care in a conflict setting.
- Health related outcomes were more beneficial for CAG compared to PFT users.
- Despite high LTFU linked to displacement and ongoing conflict, PLHIV and provider's acceptance of both models was high.
- Furthermore, these models appear to show promise and could be used to develop novel ART delivery methods for ensuring continuity of care for PLHIV in other fragile or conflict settings.

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