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Leveraging community and peer-based approaches to enhance the HIV care continuum from awareness of HIV status to viral suppression for HIV+ MSM in South Africa

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CDC Centers for Disease Control and Prevention

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Objective: Optimize the continuum of HIV care for MSM

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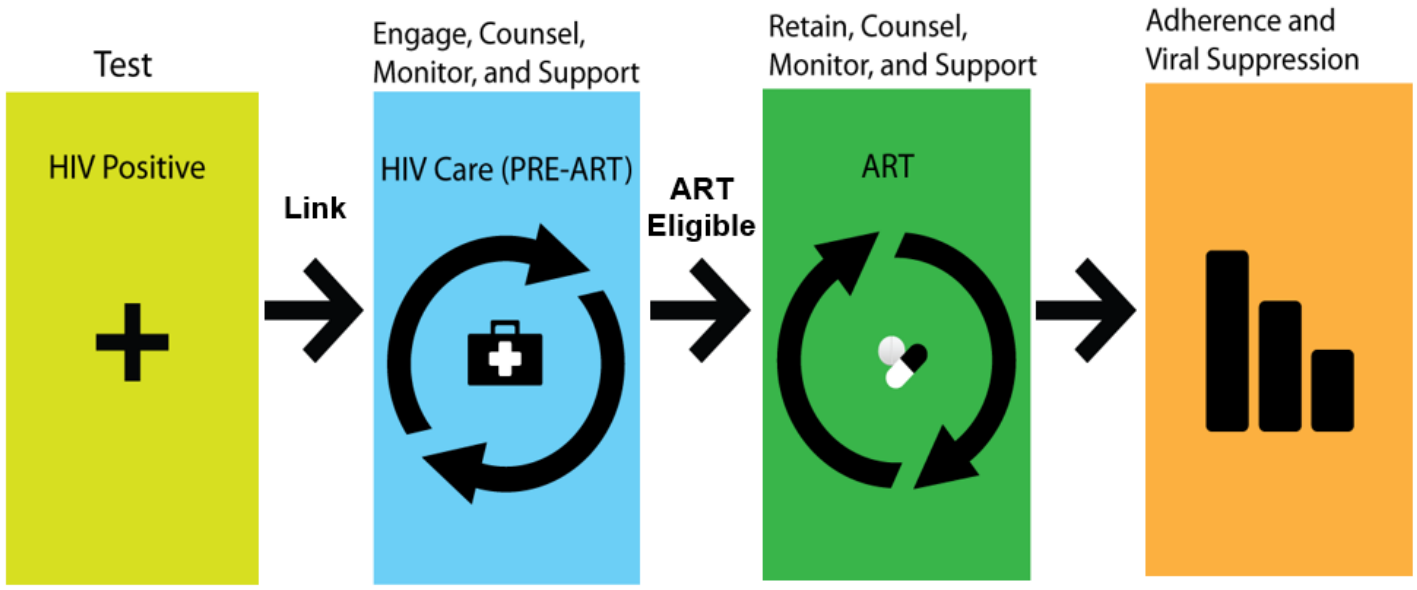
- Implement community-based HIV testing: new diagnoses/previous diagnoses
- Compare time to ART initiation (intervention vs. control)
- Assess use of peer health navigators (PHN) to link HIV+ MSM to sensitized clinics & support adherence
- Measure fidelity & feasibility of PHN adherence support & decentralization of ART programs



Study Design: Single step stepped-wedge

Two-arms

Immediate (3 sites):

- Began intervention immediately (Phase I)

Delayed (3 sites):

- Began with standard-of-care (SOC): HIV Testing & referral (Phase I)
- Began intervention after 10 months to assess effect of intervention (Phase II)

Intervention Package

- Point-of-care (POC)/Non-clinic-based LGBT friendly HIV testing
- POC CD4 testing (ART eligibility prior March 2017: UTT)
- POC Creatinine testing for kidney function
- POC ART initiation - 30 day starter pack
- PHN support: clinic visit, health care, ART adherence, ongoing counseling
- LGBT sensitization at referral clinics

Primary Outcome: Viral suppression

Secondary outcomes related to HIV care continuum

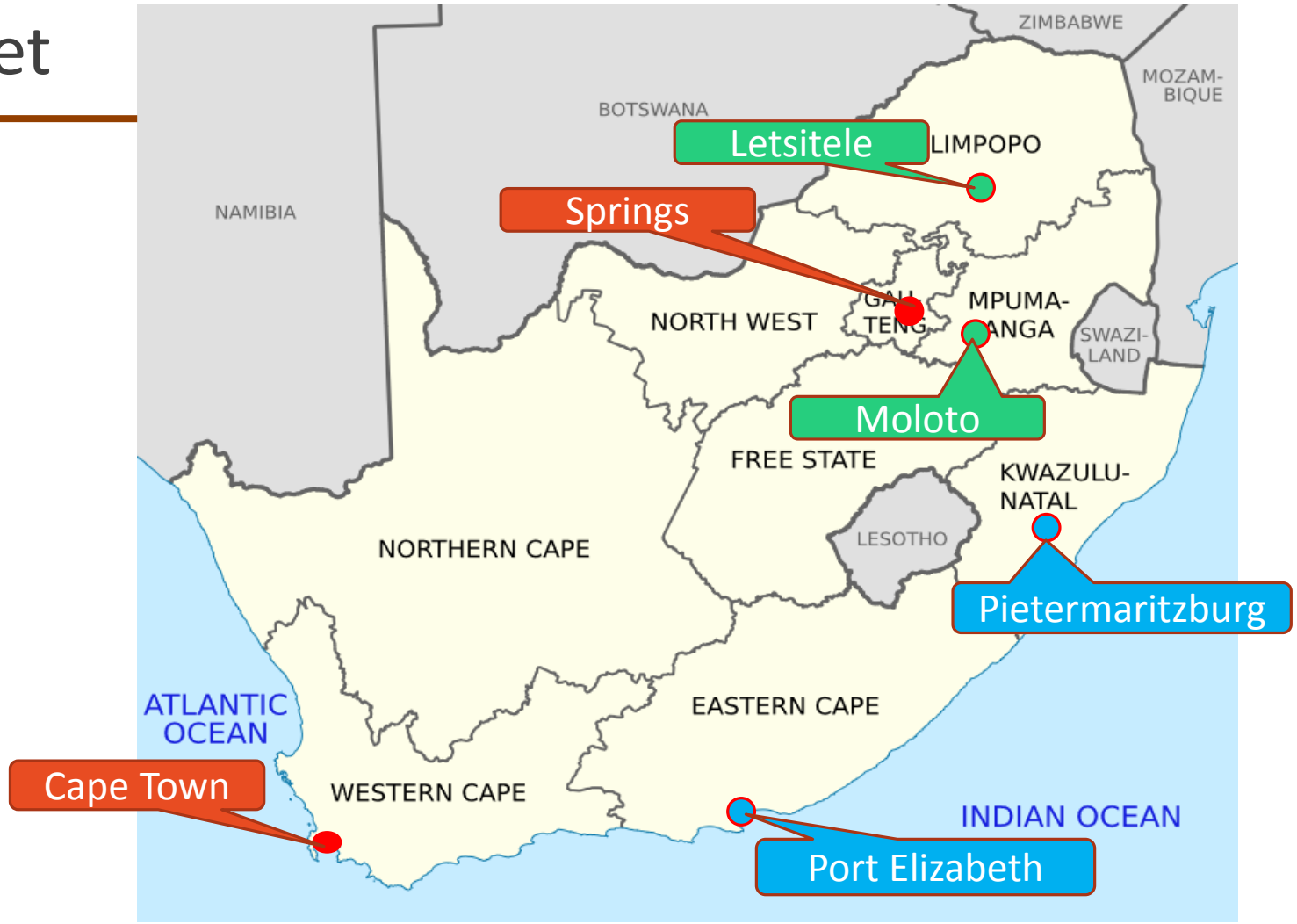
Intervention :Proportions of HIV+ men who enter care, receive CD4 results, initiated on ART & retained in care, etc.

Process: Proportions of men offered & accept HIV testing, PHN services, POC CD4 testing, on-site ART initiation

Implementation: Acceptability, perceived credibility, adoption, maintenance and routinization of the continuum of HIV care for MSM

Sites: paired on size; randomized within pairs to immediate- or delayed-onset

- **2 Large cities:**
  - ✓Cape Town (immediate)
  - ✓Springs (delayed)
- **2 Mid-sized cities:**
  - ✓Pietermaritzburg (immediate)
  - ✓Port Elizabeth (delayed)
- **2 Rural areas:**
  - ✓Moloto (immediate)
  - ✓Letsitele (delayed)



Recruitment & Eligibility

Multiple Recruitment Methods

- ✓RDS
- ✓Social media
- ✓Referrals
- ✓Community outreach
- ✓Venue and events
- ✓Community Advisory Boards

Eligibility criteria

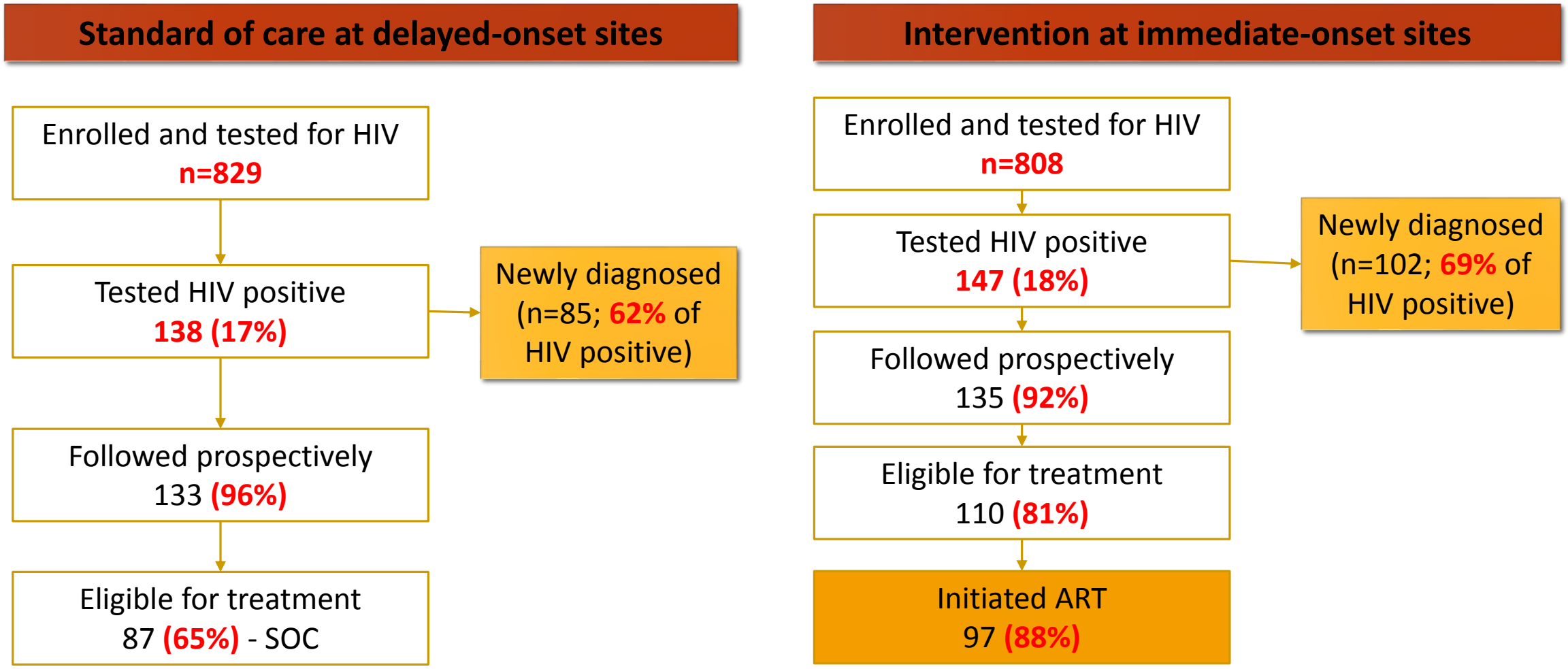
- ✓Men who report male sex at birth
- ✓Aged 18 years or older
- ✓Self-report anal intercourse in past year
- ✓Resident in study city
- ✓Complete study instruments in local language
- ✓Willing to have their clinic and lab records assessed

Ongoing community engagement

Data Collection: Active & Passive methods

- Behavioral Survey
- In-depth interviews with participants
- PHN contacts and discussion topics
  - CommCare - mobile app downloaded on smartphones; stores ART adherence, clinic visits, reminders, contact info
- NHLS lab results from public referral clinics
- Chart abstraction at local referral clinics

Consort Diagram: Prelim Enrollment



Age & characteristics of HIV+ participants

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Characteristics	Overall	Standard of Care	Intervention
Total HIV+, enrolled prospectively; n (%)	268	133	135
Age: median (range)	26 (18-58)	28 (18-53)	26 (18-58)
CD4 status at enrollment; n (%)			
<200	**34 (13%)**	**14 (11%)**	**20 (15%)**
200-349	**83 (31%)**	**33 (25%)**	**50 (37%)**
350-499	**73 (27%)**	**31 (23%)**	**42 (31%)**
500+	66 (25%)	44 (33%)	22 (16%)
Pending results	12 (4%)	11 (8%)	1 (1%)
Viral Load at enrollment; n (%)			
Detectable	**194 (72%)**	**110 (83%)**	**84 (62%)**
Undetectable	23 (9%)	11 (8%)	12 (9%)
Pending results	51 (19%)	12 (9%)	39 (29%)
Viral load; median (range)	19772 (20-4,105,909)	22700 (20-4,105,909)	18700 (52-1,270,000)

Clinic Chart Abstraction

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- Unique identifiers used to link and follow participants (study ID, SA ID, DOB, etc.)
- Began chart abstraction in Port Elizabeth (PE) and Pietermaritzburg (PMB)
- **PHN are successfully linking HIV+ men to care:** Each site abstracted data from 11 clinics
- **Successfully identified care outcomes through this innovative passive method**
- Charts found: 23% of HIV+ participants in PE and 57% of HIV+ participants in PMB
- ART was prescribed and dispensed by clinic: 21% PE & 57% PMB
- MSM with previous HIV diagnoses more likely to link with clinic vs. new diagnoses
  - ✓35 vs. 16% in PE, 75 vs. 48% in PMB

National Health Laboratory Service (NHLS) Matching

- Linkage/Matching used unique identifiers (study ID, SA ID, DOB, etc.)
- **Successfully identified care outcomes through this innovative passive method**
  - Identified 88% of participants through matching process to understand care outcomes
- **PHN are successfully linking MSM to care**
- 29% of PLHIV attended a post-enrollment clinic visit
  - ✓32% of SOC participants; 27% intervention
  - ✓Chart abstraction, shows participants link to care, get ART, **but follow-up labs have not been done**
  - ✓Initial results: people with previous HIV diagnoses more likely to link with clinic vs. new diagnoses
  - ✓40% vs. 27% in delayed intervention sites; 35% vs. 23% in intervention sites

Preliminary Qualitative Findings: 34 interviews: PE, PMB, Moloto & Springs

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Community-based Testing:

- Preference of MSM-friendly Khanyisa testing locations.
- Cited fear of HIV- and MSM-related stigma at public clinics.

POC CD4:

- Reduced wait time/anxiety; emphasized importance of ART initiation.
- Receiving diagnosis & CD4 results at the same visit demonstrated connection between HIV & CD4. Improved understanding.

On-site ART Initiation:

- Participants empowered by being able to take action immediately.

Peer Health Navigators:

- 74% of participants contacted by PHN at least once after enrollment visit; average of 3 contacts per participant
- Seen as support for treatment, appointments, information
- Source of emotional support; PHN often the only person to whom the participant has disclosed status
- Clinic navigation is a major benefit, particularly early after diagnosis. Participants gradually became more independent
- Described as instrumental in medication continuation after side effects. Reassured participants that side effects would diminish.

Summary and Next Steps

- **Khanyisa optimizes HIV care continuum – testing, treatment and care**
- **Testing:** Community driven strategies work in diagnosing MSM with HIV – both newly diagnosed and previously diagnosed
- **ART:** Community-driven strategies work in early ART initiation – key to ending epidemic
- **Adherence support:** PHN support is effective in linkage and retention to care; will improve health care outcomes (premature to assess **viral suppression)**
- Preliminary outcome results are available (passive methods working)
  - ✓Continuously improving NHLS lab matching & chart abstraction process
- All sites have completed Phase 1 enrollment; Port Elizabeth and Springs have started Phase 2 (intervention) enrollment
- Peer health navigation & training is ongoing
  - ✓Opportunity to strengthen PHN counseling for newly diagnosed given preliminary data from chart abstractions

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