

## INTRODUCTION

To achieve the UNAIDS 90:90:90 targets of HIV testing and ART coverage, it is critical to minimize any barriers in maintaining the continuum of care.

In high HIV prevalence resource limited settings with overburdened health care facilities, retention on ART and viral suppression are the key challenges.

Community models of ART delivery have shown promising outcomes in relation to retention and adherence to treatment.

Within the HPTN 071 (PopART) trial, two models of non-facility based ART delivery either home-based delivery (HBD) or Adherence clubs (AC), were offered and compared to facility-based delivery (standard of care, SoC) for stable HIV+ patients.

The primary outcome of this study is to compare virological suppression at 12 months in HIV+ patients receiving care via community ART models with those receiving care in the clinic (standard of care).

We describe the acceptability of the different models of ART delivery, and preferences reported by eligible residents offered them.

## METHODS

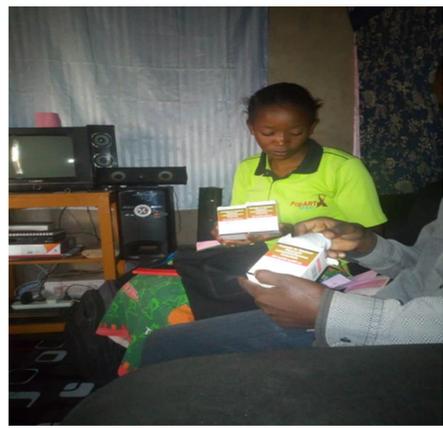
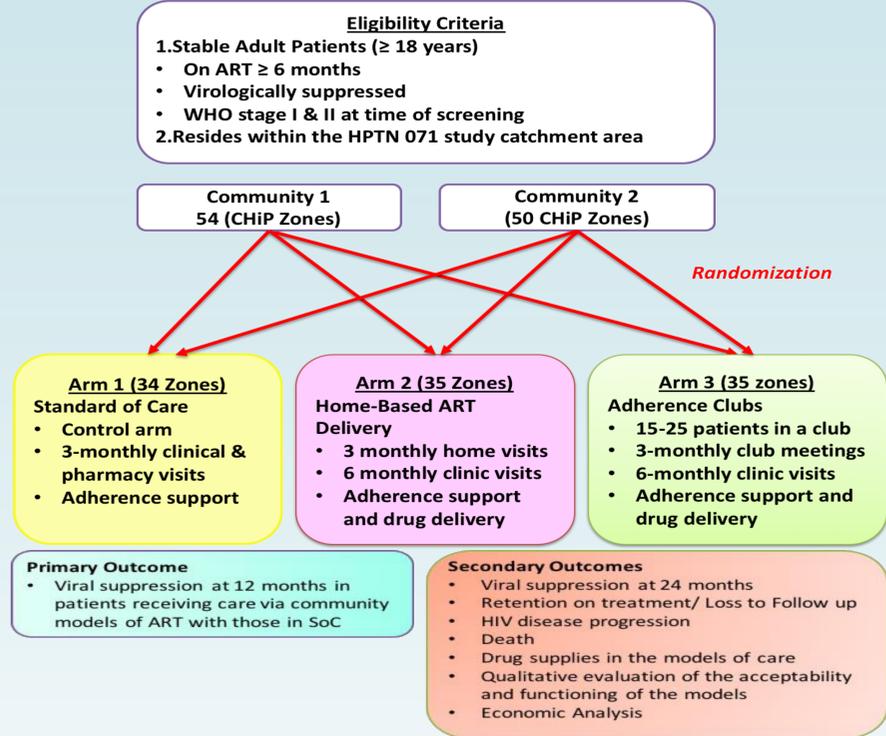
This is a three-arm cluster randomized non-inferiority trial comparing outcomes including virological suppression, among patients offered Home based delivery of ART or Adherence clubs in two of the urban HPTN 071 (PopART) trial communities in Lusaka, Zambia.

The communities were divided into zones and each zone was randomized to one of the three delivery arms:

- Arm 1 – continue to receive care at the clinic (standard of care or control arm)
- Arm 2 – offered a choice between Home Based Delivery and Standard of care
- Arm 3- offered a choice between Adherence Club or Standard of Care.

Stable adult HIV+ patients (defined according to WHO classification) and living within the community zones were invited to take part in the study and a written consent was obtained.

### OVERVIEW OF THE STUDY DESIGN



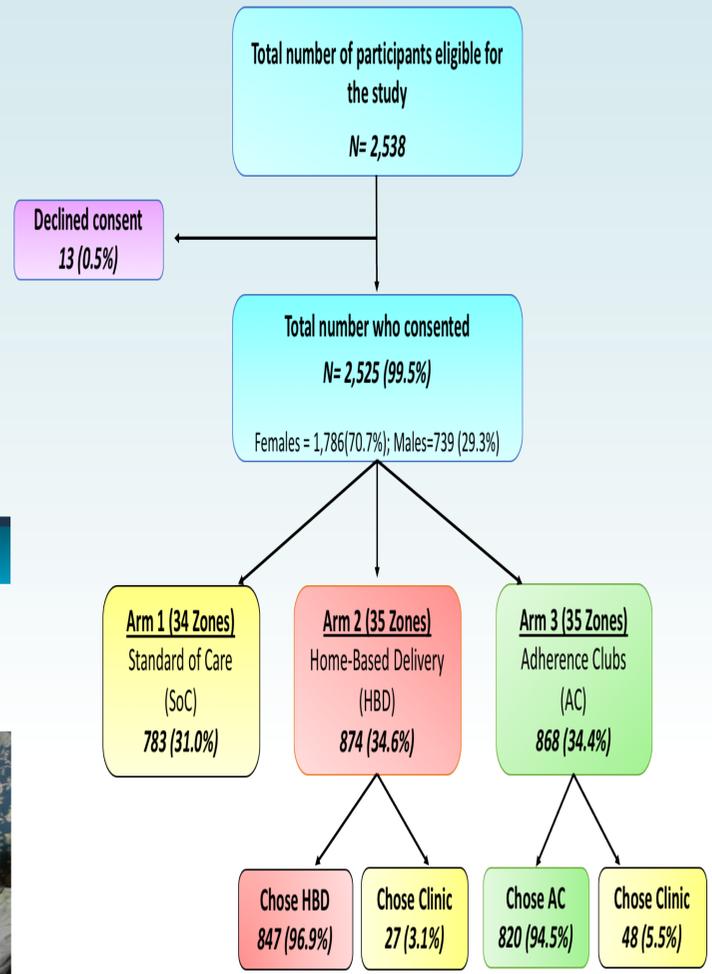
A CHiP conducting a Home Visit

Irrespective of the trial arm, all participants at baseline were asked to state their preference for mode of ART delivery. Data was collected and entered in the database for analysis

## RESULTS

Between May and December 2017, a total of 2538 stable patients who were eligible for community models of ART delivery across both communities were identified of which 99.5% (n=2,525) consented to join the study and 0.5% (n=13) refused to consent.. Of those who consented, 70.7% (n= 1,786) were females.

**FIGURE 1: Uptake and Choices towards community models of ART delivery**



Among the participants randomized to the choice of non-facility method of ART delivery [HBD and AC], overall 95.6% chose the non-facility method that they were randomized to receive [96.9% in the HBD and 94.5% in the AC arm] (fig.1).

Initial preferences, regardless of randomization was expressed by 32.2% (n=813) of participants [Table 1].

Of those that stated a preference, 70.5% stated they preferred HBD, 15.4% clubs and 14.1% SoC.

**Table 1: Participant preferences for models of ART delivery**

	Overall (N = 2525)	Arm 1 (SoC) (N=783)	Arm 2 (HBD) (N = 874)	Arm 3 (AC) (N=868)
<b>Total number who stated a model preference</b>	813 (32.2%)	484 (61.8%)	102 (11.7%)	227 (26.2%)
<b>Preferences expressed (% within those that expressed any preference)</b>				
• Preferred Standard of Care	115 (14.1%)	9 (1.9%)	46 (45.1%)	60 (26.4%)
• Preferred Home Based Delivery	573 (70.5%)	382 (78.9%)	25 (24.5%)	166 (73.1%)
• Preferred Adherence Clubs	125 (15.4%)	93 (19.2%)	31 (30.4%)	1 (0.4%)

## CONCLUSION

- Offering people living with HIV alternative options for ART delivery is highly acceptable in high burden HIV resource limited urban settings with overburdened health care facilities
- It is critical to consider what patients prefer when rolling out alternative non-facility based models of ART delivery to ensure long term retention in care

## ACKNOWLEDGMENTS

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