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FOR THE 22<sup>ND</sup> INTERNATIONAL AIDS CONFERENCE – AMSTERDAM, THE NETHERLANDS

## IMPROVING RETENTION, VIRAL SUPPRESSION & FACILITY DECONGESTION



INNOVATION PUBLIC HEALTH

AIDS 2018

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## Background

### PLHIV estimates in 2015

▶ PLHIV estimates for the DRC is 370,000 with 33% (122,268) on ART (UNAIDS 2015).

### “Treat All” launched in 2016

### Models of Service Delivery

▶ Differentiated Models of Service Delivery introduced into PEPFAR program during COP16

### Massive ART scale-up

▶ With massive ART scale-up, strategies to achieve and maintain high retention and viral load suppression are essential.

### Causes of congestion

▶ Monthly patient visits, provider prescribing and dispensing of medications creates congestion at clinics and pharmacies, additional time and economic burden on patients, and additional data collection and tracking burden on M&E systems

### Eligibility criteria

▶ EQUIP implemented a community-based individual drug distribution (PODI) point from which stable clients could pick-up their medication and receive psychosocial and adherence support.

## Methods

- With the support of EQUIP-KI-PROVIC Plus (now IHAP) established PODIs in Lubumbashi, and Kinshasa. EQUIP is the first African-led global consortium aiming to deliver rapid scale-up of innovative HIV treatment and prevention solutions across 17 PEPFAR countries
- In Lubumbashi ,PODI Kenya was set up in October 2016 and PODI Lubumbashi in January 2017. In Kinshasa, PODI Masina II and PODI Kingasani were set up in November and December 2016 respectively
- EQUIP trained local supporting partners, NGOs and MOH staff on PODI setup, created SOPs, tools and registers to use for

performance tracking.

- PODI members are adults >18years who have been adherent: have no missed appointments and report not missing pills for the last 6 months.
- PODI process - At each PODI visit, lay NGO staff members, who are mostly PLWHIV, do a TB and OI symptom screen, provide peer adherence support and issue three months' ARV supply to stable clients
- Symptomatic members are referred to the health facility for further investigation and care.
- Annual, viral load tests are conducted. Monitoring tools track enrolment and missed appointment, retention, adherence and viral load suppression.



PODI Kenya in Lubumbashi DRC



PODI Kingasani, Kinshasa



EQUIP Khethimpilo PODI Tools

### Data Analytics Graphs: PODIs Enrolment, Retention & Viral Load Cascades



## Results

- ▶ By September 2017, a total of 1484 ART clients had been enrolled at the 4 PODI houses resulting in decanting of linked facilities by 44%–47% respectively.
- ▶ The four PODI houses show high retention rates of 92-100% at 3, 6 and 9 months and Viral Suppression rates above 90%. Active tracking of missed appointment is undertaken at PODIs and those found are brought back into care
- ▶ Some of the benefits of PODI houses include reduced costs to the patient and improved convenience for patients without compromising the quality of care.

## Conclusion

- ▶ Shifting of ART delivery to Community Distribution points as a model of ART provision for stable patients produces good retention and viral load suppression.
- ▶ This model can also provide benefits of decongesting facilities to enable rapid scale-up of Test and Treat.

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