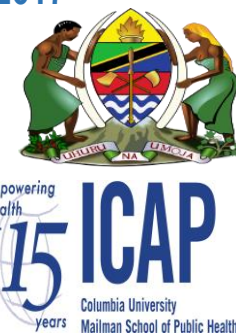


Implementing World Health Organization (WHO) Recommended Linkage Services: Methods, Outcomes, and Costs of the Bukoba Tanzania Combination Prevention Evaluation Peer-delivered Linkage Case Management Program, 2014-2017



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Background:

Despite improved access to antiretroviral therapy (ART), many people living with HIV (PLHIV) in sub-Saharan Africa, particularly those tested in community settings, continue to delay enrollment in care following HIV diagnosis. To enroll ≥90% of PLHIV within three months of diagnosis, we implemented a peer-delivered, linkage case-management (LCM) program providing WHO recommended linkage services.

Lessons Learned:

Of 4,805 eligible persons, 4,273 (89%) consented to LCM. Of 4,206 (98%) clients with complete indicator data, most received recommended services: counseling on early enrollment in care (100%); escort to HIV clinic (83%); treatment navigation (94%); telephone support (77%), and in two separate sessions, counseling on disclosure and partner/family testing (77%); and on real and perceived barriers to care (69%). Enrollment in HIV care and ART initiation within three months of diagnosis increased over time, exceeding 95% and 85% during Test & Start, respectively, for both facility and community clients (Table 1). During Test & Start, 98% and 97% of males (n=310) and females (n=442), and 96% and 98% of clients aged 15-24 (n=150) and 24-49 (n=535) years, respectively, enrolled in HIV care. Of 463 clients who participated in the last three months of the rollout of Test & Start, 91% were initiated on ART. Per-client LCM service cost was \$54 USD.

Client Characteristics	All Clients			Facility			Community		
	Total n	Enrolled n %	ART n %	Total n	Enrolled n %	ART n %	Total n	Enrolled n %	ART n %
Total	4206	3918 (93)	2521 (60)	3538	3367 (95)	2247 (64)	668	551 (82)	274 (41)
ART-eligibility period;									
Oct 2014-Dec 2015 (CD4<350)	2233	2018 (90)	1057 (47)	1876	1738 (93)	971 (52)	357	280 (78)	86 (24)
Jan 2016-Sep 2016 (CD4≤500)	1221	1168 (96)	815 (67)	1031	1013 (98)	732 (71)	190	155 (82)	83 (44)
Oct 2016-Mar 2017 (Test & Start)	752	732 (97)	649 (86)	631	616 (98)	544 (86)	121	116 (96)	105 (87)

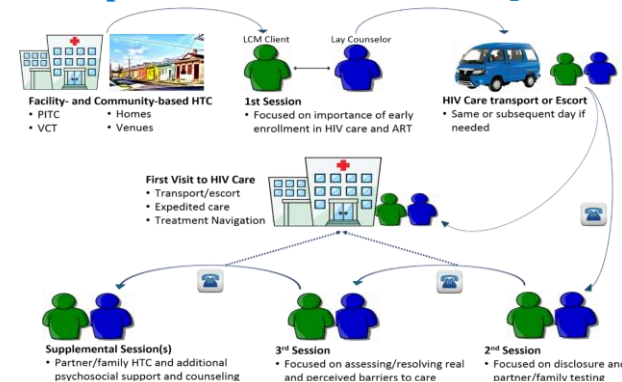
Table 1: ART eligibility in different periods.

Description:

Conducted in Bukoba Municipality Tanzania (population: ~150,000) as part of a larger combination prevention evaluation, LCM was provided to clients who tested HIV-positive at 11 health facilities (facility clients), and at homes or community events in 14 urban and rural wards (community clients). LCM services were provided by HIV-positive, peer counselors for up to 90 days. During Test & Start, LCM was combined with same-day ART initiation for both facility and community clients.



Description: Peer-delivered LCM Program



Conclusion/Next Steps:

WHO-recommended peer-delivered LCM services achieved early ART initiation for the majority of both facility and community clients in Tanzania at modest cost, and was more successful when combined with same-day ART. In Tanzania, peer-delivered LCM was approved by the Ministry of Health as a new service delivery model in 2017 and is being adopted for national implementation in 2018 by three PEPFAR-supported HIV-prevention and treatment organizations.

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