

Same Day Initiation:

Facility-based strategies to improve linkage to treatment.



25 YEARS
ANNIVERSARY



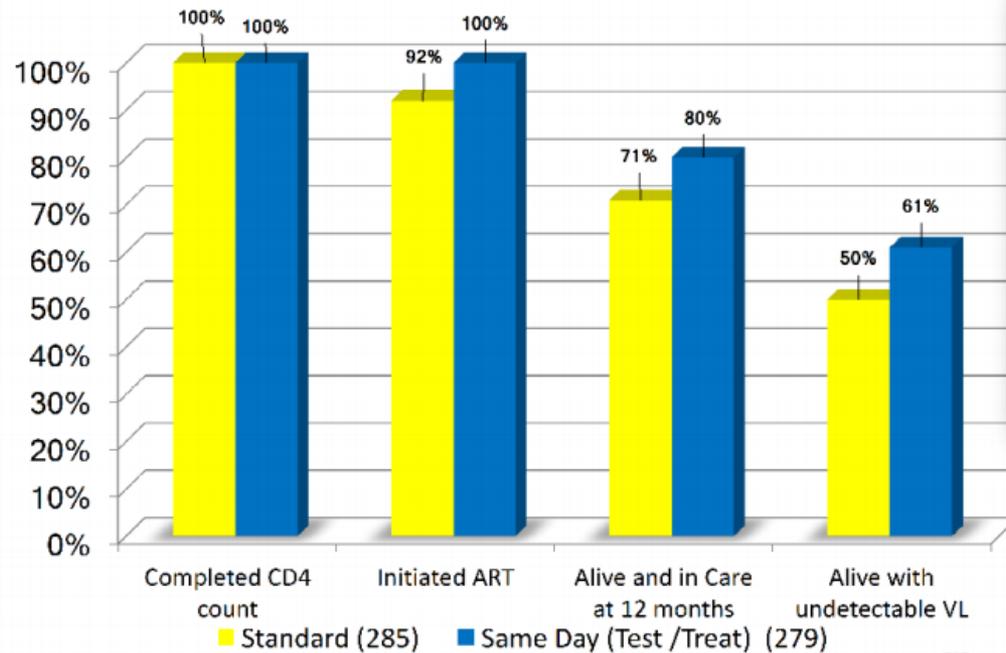
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Why same-day Initiation?

Same Day ART

Standard vs. Same-day ART



The evidence

- Two trials randomized at individual level
 - RapIT in South Africa (Sydney Rosen)
 - Same Day ART study in Haiti (Serena Koenig)
- One trial randomized at clinic level
 - START-ART in Uganda (Elvin Geng)
- One non-randomized study in US
 - RAPID protocol in San Francisco (Chris Pilcher)

Challenges that come with SDI

- Uncertainty and lack of acceptability among healthcare workers
- Poor understanding of SDI within communities
- Patient readiness
- Poor counselling skills for SDI – lack of knowledge and training
- Long term adherence
- Long term patient tracking and management

Methods

- Wits RHI implemented quality improvement programmes in the City of Johannesburg Sub-district F and Dr. Kenneth Kaunda District
 - 56 facilities
 - 31 AYFS facilities
- Data was collected between July 2016 and September 2018.
 - I ACT as routine data collection
 - HCs as an innovation project

Interventions to strengthen SDI implementation and outcomes

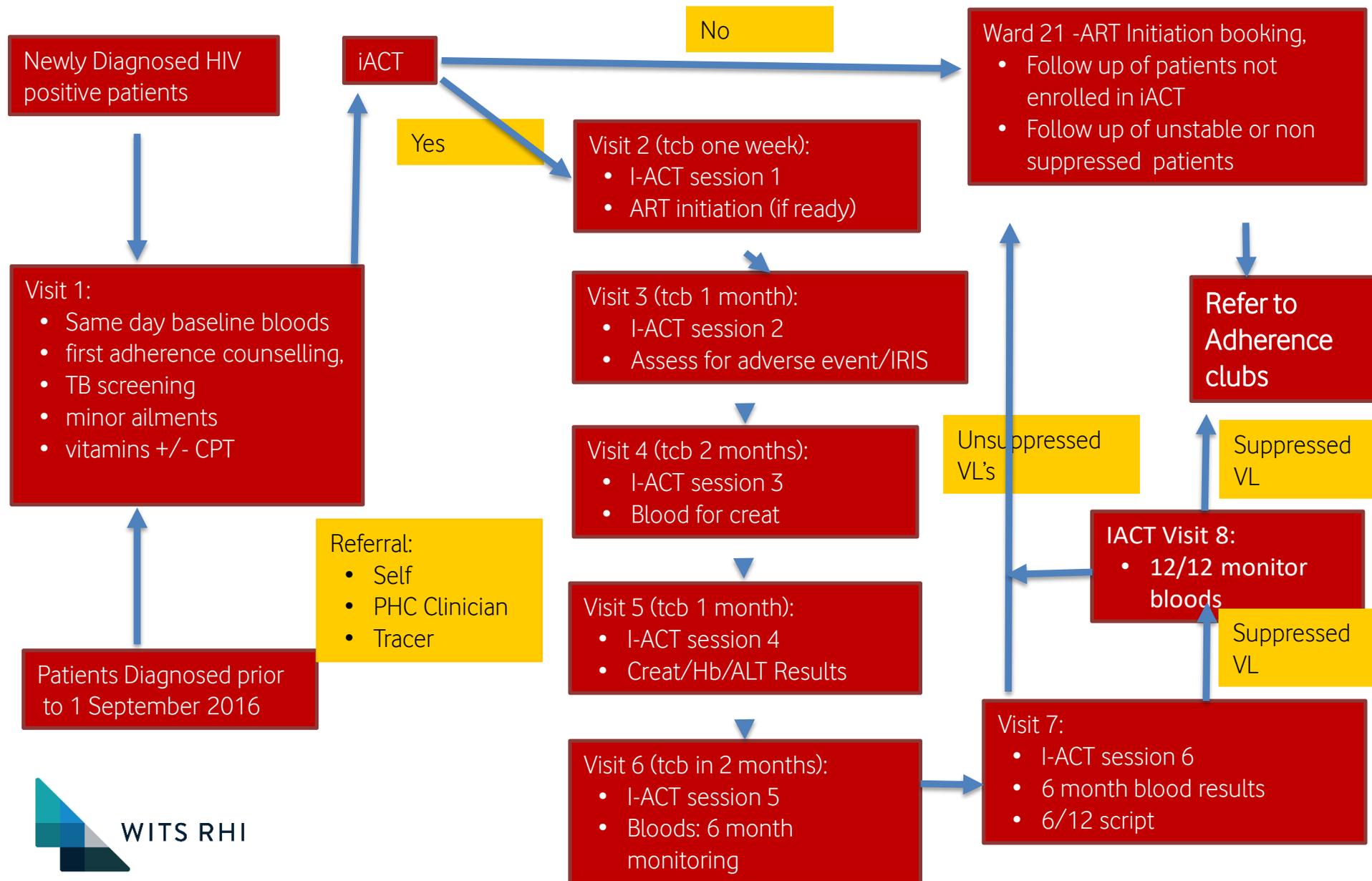
- Health care workers
 - Counsellors trained on “effective counselling” course
 - In-service training and updates for clinicians and non-clinicians
- Patient readiness
 - Patient navigation from testing to ART service point
 - Health Connectors for adolescents and youth
- Adherence
 - I-ACT Cohort Groups
- Patient tracking
 - Systems for check in and follow-up for those who don't receive SDI

iACT Cohort Groups

- A curriculum-based support group, aims to empower newly diagnosed HIV infected individuals
- Groups of up to 30 newly diagnosed HIV positive patients
- Run by I-ACT facilitators (counsellors/peer educators)
- 8-session curriculum, aligned with clinical visits (i.e. blood draws, and test results)
- Virally suppressed patients decanted to community adherence clubs after 6-12 months



Proposed I-ACT Patient Flow example: HCHC



iACT Cohort Groups results at 12 months

4569 patients

Variable		Odds Ratio	95% CI	P-Value
In Care and on treatment	iACT *	1		
	Non iACT *	0.24	0.107-0.523	<0.001
Last Viral Load suppressed	iACT *	1		
	Non iACT *	0.55	0,388-0,781	0.001

* Patients who tested HIV positive and enrolled in an iACT cohort group vs. patients managed according to SOC

Key interventions: Health Connector model

- Support for adolescents and youth via:
 - health system navigation
 - adherence support
 - psychosocial support
 - tracking and tracing
 - referral to services

Face-to-face meetings, phone calls, WhatsApp or SMS messaging

Respond to patient requests within 48 hours

If they haven't heard from a patient for 5 days, send them a message

Use of HC Handbook and bwisehealth.com as sources of information

Health Connector Results



1155 patients ever enrolled



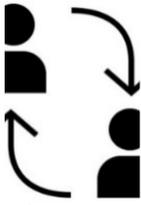
18% male 82% female



91% HIV positive
9% HIV negative



77% of HIV infected HC patients initiated on ART



73% retention in care at 6 months



5 weeks average that patients remain in HC programme



Phone calls and WhatsApp preferred communication



Most common topics of discussion: Adhering to treatment; support from family/friends; side effects

Conclusion and recommendations

- **Education, peer support and regular monitoring have been shown to improve long term outcomes for those initiated SD**
- For SDI to be effective, a package of support should be offered to patients
- Patients still need individualised care with regular check ups
- HCWs need to be educated and engaged around SDI
- Acceptance of the disease becomes a bigger issue with SDI; encourage engagement with communities and civil society