UNPACKING THE 90S

TRACY GLASS
Same-day home-based ART start in Lesotho: lessons from the field

Tracy Glass
In the era of test and treat ....

How best to start ART as quick as possible?
Accounting for readiness?
Standard of care: several adherence counseling sessions prior to starting ART

Increased lost to follow-up and death$^{1,2}$ with no proven benefit on adherence or viral load$^3$

Mixed results on same-day initiation:
Better linkage but lower retention (South Africa, Malawi)

Lesotho – Kingdom in the Sky

cia. 2 mio habitants
cia. 160'000 AIDS-orphans
Adult HIV-prevalence 25%
Per capita income: 836 USD per year

Highest HIV transmission rate and the lowest ART coverage.
Average life-expectancy has dropped from 65 years in the 1990’s to 49 years in 2013
HIV testing coverage of up to 70.5%.
Only 32% of HIV+ adults were on ART in 2013
Does home-based ART start improve linkage and retention in care?

**CASCADE-Trial**

**Study Protocol**

Same day ART initiation versus clinic-based pre-ART assessment and counselling for individuals newly tested HIV-positive during community-based HIV testing in rural Lesotho – a randomized controlled trial (CASCADE trial)

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CASCADE trial

**Comparator:** standard of care, referral to health facility for 2-3 adherence counseling sessions

**Intervention:** offered to start ART the same day with 1-month supply of ART, appointment at health facility

**Endpoints:**
- Linkage to care at 3 months
- Viral suppression 12 months after positive HIV-test

**Recruitment:** HIV-testing and counseling (HTC) campaign February – July 2016

**Sample size** (n=230 households): based on expected rate of linkage in comparator of 40% compared to 60% in the intervention
Recruitment: HTC campaign

Addressing the 1st 90 – testing coverage with 2 home visits

- 3 nurses, 2 professional counsellors, 3 drivers and 16 lay-counsellors work during 5 months

- 62 villages + town of Butha-Buthe

- 6650 occupied households

- 11,595 received HIV testing

- 335 newly tested HIV+
Couple testing
## Characteristics of participants (n = 137)

<table>
<thead>
<tr>
<th>Characteristic</th>
<th>Percentage</th>
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<tbody>
<tr>
<td>Female</td>
<td>66%</td>
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<tr>
<td>Age in years, median (IQR)</td>
<td>41(31-53)</td>
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<tr>
<td>Has a partner</td>
<td>63%</td>
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<tr>
<td>HIV-positive</td>
<td>17%</td>
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<tr>
<td>Unknown</td>
<td>63%</td>
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<tr>
<td>Plan to disclose</td>
<td>88%</td>
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<tr>
<td>Completed primary education</td>
<td>48%</td>
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### Characteristics of participants (n = 137)

<table>
<thead>
<tr>
<th>Characteristic</th>
<th>Value</th>
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<tbody>
<tr>
<td><strong>Regular employment</strong></td>
<td>18%</td>
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<tr>
<td>- In South Africa</td>
<td>16%</td>
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<tr>
<td><strong>Last contact with health facility &gt; 1 year</strong></td>
<td>51%</td>
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<tr>
<td><strong>Walks to clinic</strong></td>
<td>51%</td>
</tr>
<tr>
<td><strong>Median travel-time to clinic</strong></td>
<td>1 hour</td>
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<tr>
<td><strong>WHO-stage 1</strong></td>
<td>75%</td>
</tr>
<tr>
<td><strong>CD4 count, median (IQR)</strong></td>
<td>346 (244 – 497)</td>
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<tr>
<td>CD4-count&lt;200</td>
<td>16%</td>
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Acceptability

Readiness to start ART

137 (100%) said they understood implications of life-long ART

134 (98%) ready to start ART that day
2 (1.5%) in the next few days
1 (0.5%) did not want to start

ART

136 provided with 1-month supply ART
   TDF/3TC/EFV (n=135) and AZT/3TC/EFV (n=1)

58 (43%) given cotramoxizole
Linkage to care

6-months: 72%

Time to linkage: median 15 days (IQR: 14-27)

14% presented at clinic >30 days after home visit

late start, inconsistent ART use, drug holidays

At first clinic visit, there were no reported side effects or ART regimen changes

Older individuals and those with a partner who knew their HIV status were more likely to link to care
N = 41 patients traced

7% of these linked after tracing
7% did not have enough time (n=2) or money (n=1)
7% were too sick (n=1) to attend or died (n=2)
10% decided/planned to attend other clinics
17% were traveling to South Africa for work
27% did not understand (n=5) or did not want (n=6)
24% unknown
ART use

19 of successfully traced patients reported ART usage

21% never started

26% irregular use

53% daily intake \[\text{79\%}\]

N = 38 (no clear record of attending a clinic)

Assume 30 patients took ART at some point

N = 14 showed up late to clinic

32\% (44/137) patients exposed to ART, irregular use, and then defaulted
Summary

- High acceptability and linkage with same-day home-based ART start
- Readiness a problem?
- Need more timely attendance at 1st visit
- Reminders/tracing
- 12-month retention & suppression
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