

Transforming ART service delivery through key population leadership for dismantling structural barriers to HIV care - Experience from Andhra Pradesh, India

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BACKGROUND

- Globally, prevention and treatment gaps for HIV/AIDS remain highest for key populations (KP).
- KPs are best served when KP-led organizations actively design their programs to address inequities.

INTERVENTION

In January 2020, Andhra Pradesh (AP) State AIDS Control Society provided antiretroviral therapy (ART) services through a female sex workers (FSW) community-based organization (CBO) as a step towards community-led integrated programming and sustainability.



Figure 1: Inauguration of CBO-led ART service delivery

DESCRIPTION

- Orientation of CBO staff on standard operating procedures :
 - ART refill and routine monitoring of People Living with HIV (PLHIV)
 - tracking and tracing
 - decentralized specimen collection for viral load (VL) test
 - recording and reporting into national information management system
- With an overall aim of ensuring treatment continuity and durable VL suppression, we focused on publicizing U=U (undetectable equals untransmittable) messaging to garner the power of treatment adherence, reduce stigma, and create an enabling environment.

RESULTS

- During January 2020 to November 2022, CBO provided care to 405 FSW PLHIV, including 21 lost-to-follow-up who opted to re-engage in care due to community-led-services.
 - Two-year retention of PLHIV linked to CBO was 98% (397/405)
 - VL coverage increased from 21% to 92% and suppression from 77% to 94%
- During COVID pandemic surge (March-June 2021), CBO could extend its scope and additionally enrolled non-KP PLHIV (576) for ART refills who still continue to avail AR.

CONCLUSION

- Community-led service delivery, including U=U messaging and social security improves ART continuity and VL suppression, by addressing key barriers related to equity, stigma and discrimination.
- This model facilitated normalization of perceived barriers and stigma as reflected by continued access of services by non-KP from the CBO for ART as well as overall health and social needs.
- CBO-led models have potential to transform and mainstream KP community-led programming through key population leadership for an inclusive service delivery, to close the equity gaps

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