Division of Global
HIV and Tuberculosis
Center for Global Health

# Improved Treatment Outcomes using Family-Centric Care among PLHIV, Nagaland India-2022

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#### **BACKGROUND**

### Nagaland

- State in north-east India with a hilly terrain (Fig-1)
- HIV prevalence of 1.36% in 2021
- Long travel time is a key barrier to access
   Antiretroviral therapy (ART) centres
- Nearly 20% of ART pickups are by proxy and usually by family members
- Family centric package of care (FCC) initiated to systematize family member proxy pick- ups

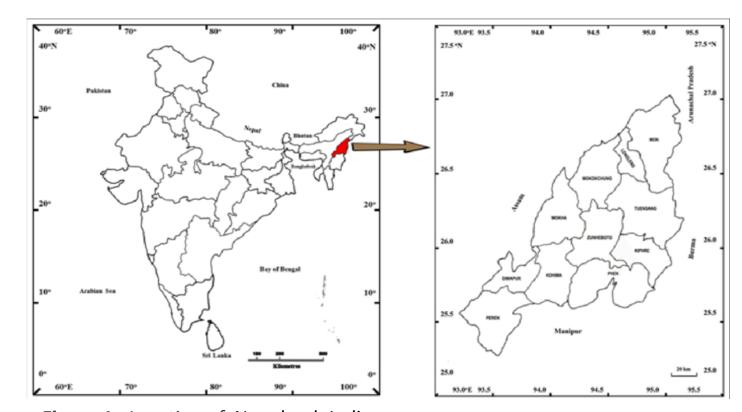


Figure 1: Location of, Nagaland, India

# **Family Centric Package of Care**

- Group families as a unit for care
- Align ART refill dates

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- Engage family members as treatment supporters :
   adherence and pill-pickup
- Enhance HIV-1 Viral load coverage (VLC)
- Screen for Non-communicable diseases

# **METHODS**

- FCC package implemented in two ART centres
- Counsellors systematically identified family members and allotted unique family identity
- We analysed the family size, proportion of families without aligned pill-pick-up dates, and VL suppression rates (VL <1,000 copies/ ml)</li>
- VLC defined as number of PLHIV with VL within the last 12 months
- We calculated proportion of VL suppression rates before and after three months of FCC package for each family unit and compared by family size ( ≤2 vs. >2)



Photo: Stacking of Patient treatment cards as one family unit Nagaland, India

#### RESULTS

- From February to September 2022, we identified 942 families accounting for 27.4% (1,914/6,986) of the patients accessing ART from the two ART centres
- The majority, 87% (819/942), were part of a two-member family, predominantly couples without children
- Pill-pick-up dates were aligned for 74% (660/ 942) families
- VLC was 57% (66/161) at baseline and 84% (687/819) after 3 months;
- VL suppression was 86% (57/66) and 91% (62/68) among >2 member and two-member family units, respectively after 3 months.
- Difference in VLC was significant among two-member compared to >2-member family units [diff: 27%; p-<0.0001] after three months of FCC.

#### **CONCLUSIONS**

- We observed increased viral load coverage among two-member family units compared to >2 family units in high volume ART centres
- It was easy to reach out to family units without children (majorly two-member family units) for Viral load testing
- FCC may be considered as a possible strategy to enhance Viral load coverage, and other HIV program indicators

## **REFERENCES**

- National AIDS Control Organization. National Guidelines for HIV Care and Treatment, 2021
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