

Implementation of person-centered strategies to improve reengagement in care in Mumbai, India

R. Allam¹, V. Karanjkar², D. Rathod², P. Deshpande³, S. Todmal³, A. Palkar³, A. Harshana³, M. Goyal³, P. Kannan³, R. Agarwal¹, M. Nyendak¹, S. Acharya²

¹U.S Centres for Disease Control and Prevention (CDC), Delhi, India, ²Mumbai Districts AIDS Control Society, Mumbai, India, ³International Training & Education Centre for Health Private Limited, Delhi, India



BACKGROUND

Person-centered Intervention Package at 20 ART centers in Mumbai

CONCLUSION

COVID-19 pandemic posed challenges to treatment continuity and reengagement among People Living with HIV (PLHIV)

Mumbai

- Hardest hit by COVID-19 in India
- Highest in-migration and inter district migration
- HIV prevalence of 0.34%, 2021
- Destination for migrants from all over India
- During the COVID-19 lockdown PLHIV who migrate to Mumbai returned to their place of residence outside Mumbai, creating a challenge for ART continuity

Objective

To describe the person-centered strategies to improve reengagement of Migrant PLHIV in HIV care in Mumbai, India

Fig: Urban Glamourization of Interstate migration to Mumbai, India. Source: Census 2011

CONTACT INFO

Ramesh Reddy Allam, Treatment branch, CDC India
qdj4@cdc.gov

- Pre-emptive list of 38,577 PLHIV generated who were due for their pill-pick-up in March 2020
- PLHIV reached out by telephone calls
- Developed e-transfer protocols facilitating ART pick-up for 'out' migrant clients accessing ART services at alternate location
- Decentralized dispensation sites established (n=14)
- ART home delivery implemented (n=687)
- Developed SOP for tracking and tracing of PLHIV from inter and intra-state locations developed

- From April to June 2020, LFU rate of was 11.7% (4,497/38,577)
- The median age of LFU cohort was 38 years, 60% (2,702) were males
- 47% (2,114) were migrants
- Of the 78% (3,509/4,497) who returned to treatment (RTT), 77% (2,701 /3,509) were on ART for >2 years prior to LFU
- With the implementation of multiple strategies 83% (2,908/3,509) of RTT returned within 6 months after LFU during peak COVID-19
- Majority (57%; 564/988) who could not return to treatment were on ART for <6 months prior to LFU

RESULTS

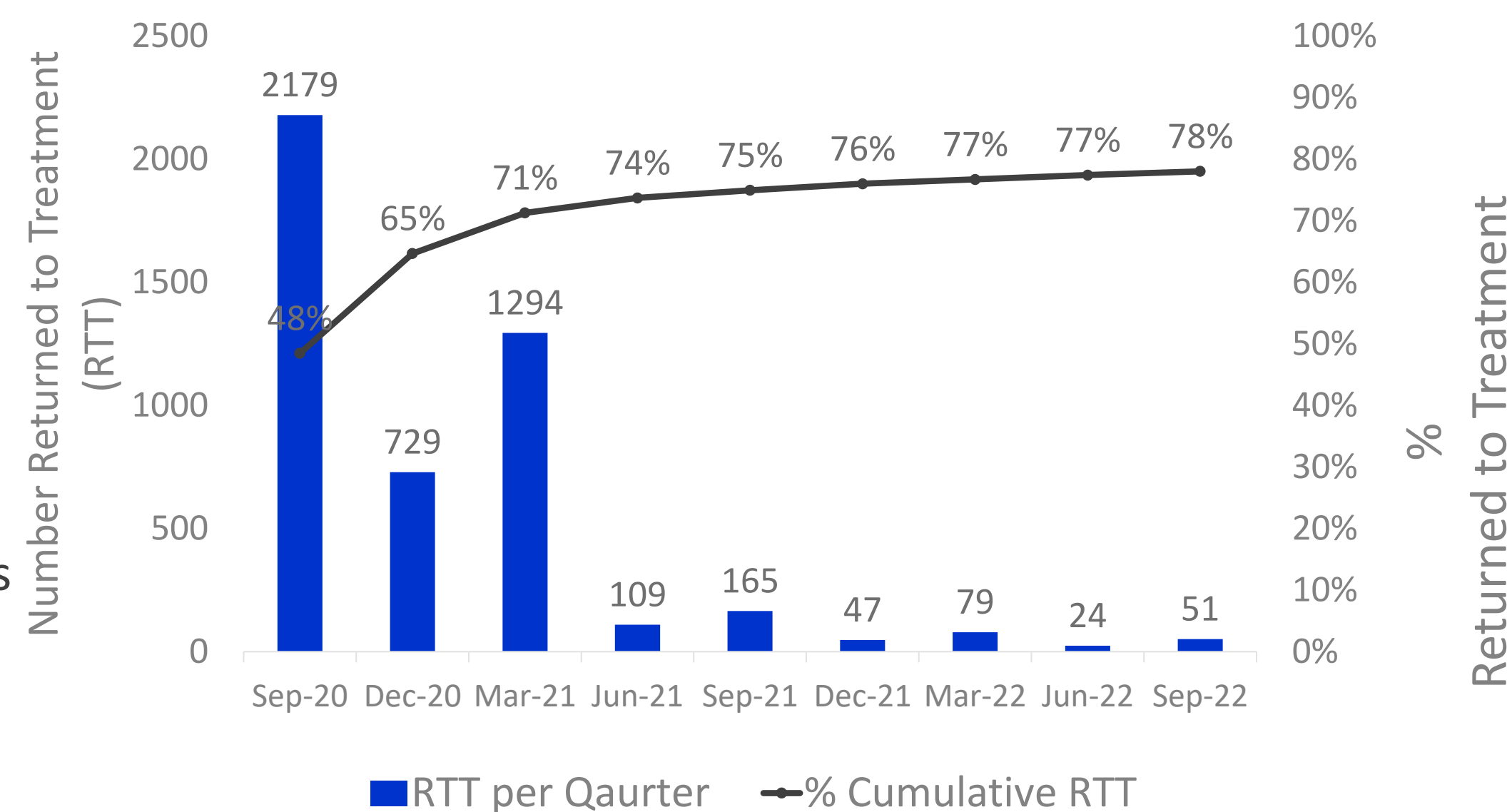


Figure 1: Outcome of implementing multiple person-centered strategies in ART centres on return to treatment among lost to follow-up patients by quarter, Mumbai (N= 4,497)

Through specialized tracking and tracing efforts in Mumbai serving higher migrants we observed high return to treatment during the first nine months and continued returns even after nine months of Lost to follow up

REFERENCES

1. Census of India, 2011
2. National AIDS Control Organization. National Guidelines for HIV Care and Treatment, 2021
3. Consolidated guidelines on HIV prevention, testing, treatment, service delivery and monitoring: recommendations for a public health approach. Geneva: World Health Organization; 2021
4. <https://www.cdc.gov/globalhealth/stories/2021/hiv-mumbai-medication.html>

Acknowledgement: The U.S. President's Emergency Plan for AIDS Relief, through Centers for Disease Control and Prevention (CDC) has supported the National AIDS Control Organization and Mumbai District AIDS Control Society to improve reengagement in care

