

# KPIS Implementation Study

Key Population Implementation Science

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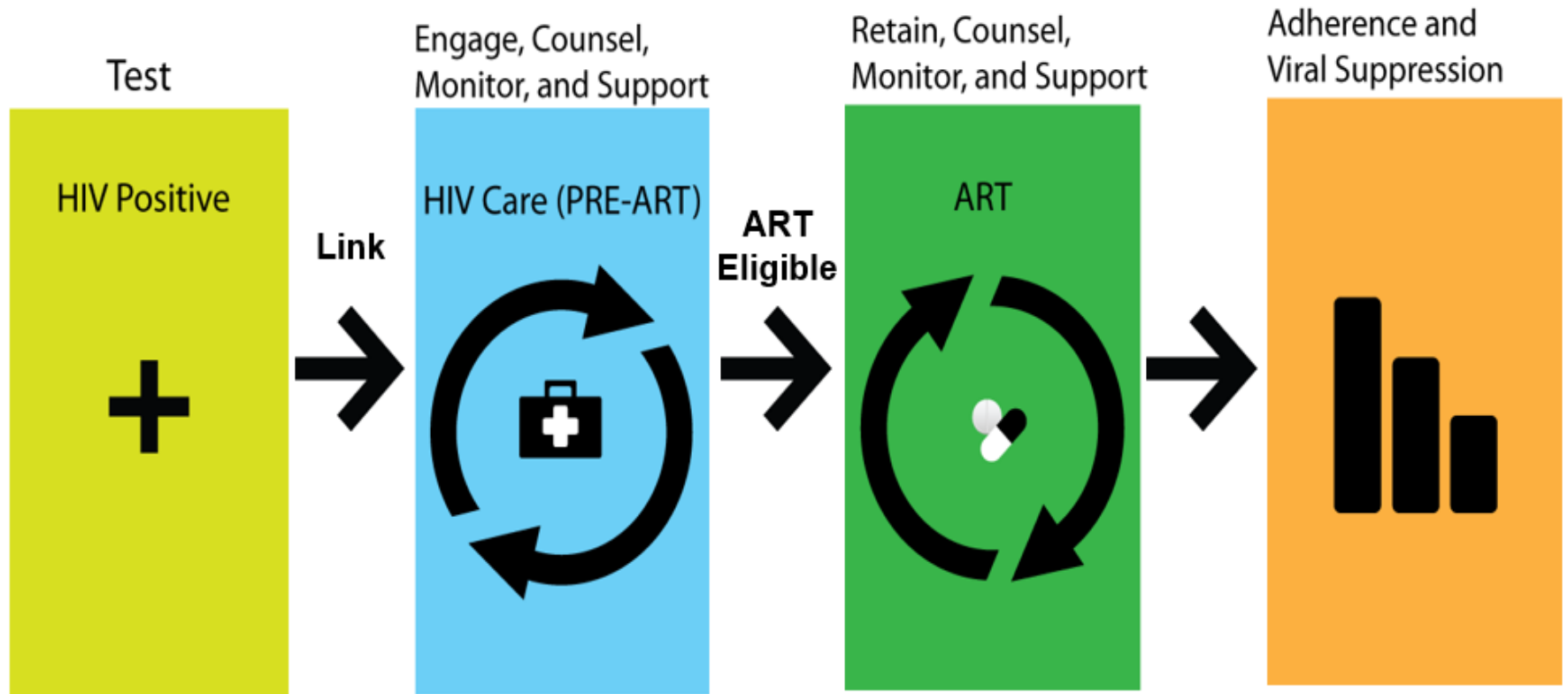


# Overview

- Objectives and Aims
- Interventions and Study Design
- Sites and Recruitment
- Next Steps

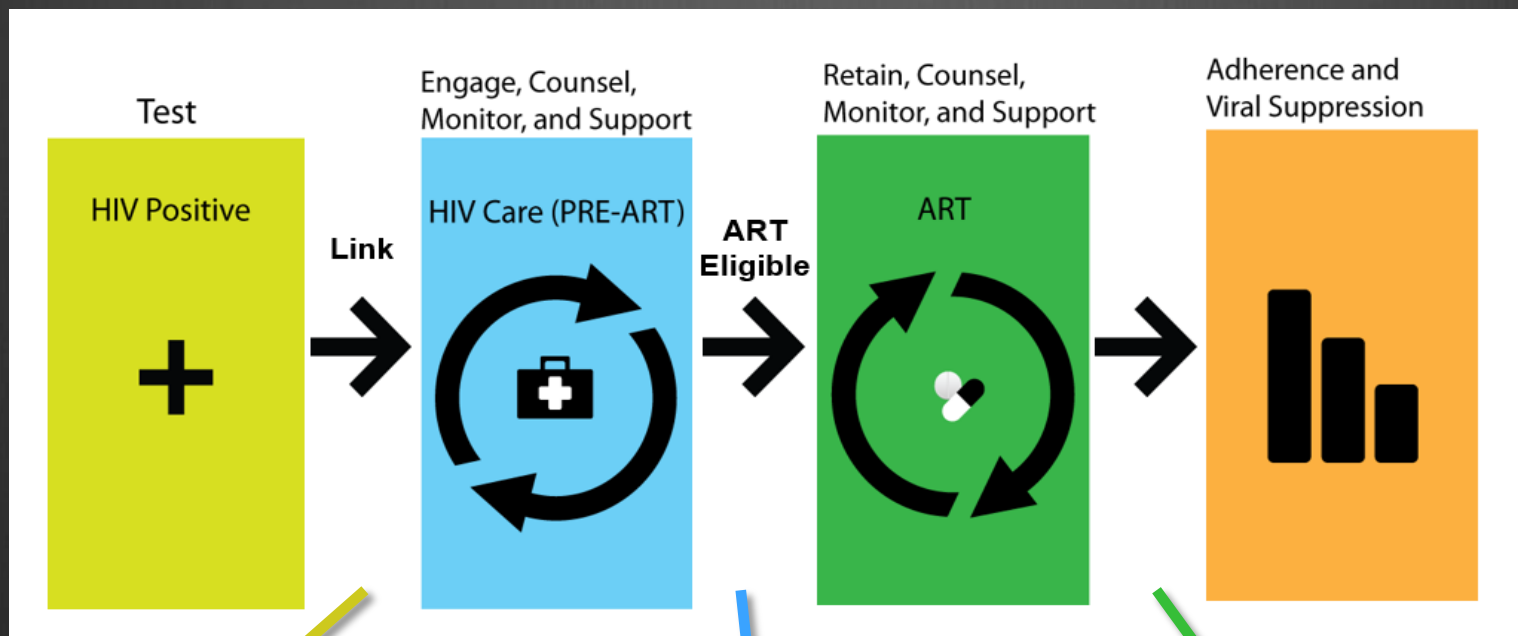
# Objectives

- Optimize continuum of HIV care
- Capacity building for MSM services
- Using an implementation science framework



# HIV testing and treatment cascade

(credit W El-Sadr)



Aim 1: diagnose MSM unaware of HIV status

Aim 2: use POC CD4 testing to return results and improve determination of ART eligibility

Aim 3: assess utility of peer-based adherence support for achieving/sustaining VL suppression

# Aim 1

test and diagnose

- 1 nurse to work in community based sites
- survey men testing HIV positive
  - testing practices, status awareness, barriers to testing
- in-depth interviews (IDIs) with those who:
  - HIV+ and never before tested
  - HIV+ at baseline and do not enter care

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# Aim 2

## POC CD4 testing for ART eligibility

- equipment and training for POC CD4
- ART-eligible offered immediate treatment
- ART-ineligible offered Peer Health Navigator (PHN) for pre-ART care
  - rest CD4 in 6 months
- pre-intervention receive SOC
- IDIs for those ART-eligible but don't accept treatment

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# Aim 3

Adherence support and decentralized care for improving treatment outcomes

- peer-based adherence support from PHNs
  - 1:20
  - SMS system
- viral load lab results obtained clinic/NHLS records
  - baseline, 6 and 12 months
- IDIs with men who lose VL suppression

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# Intervention

- decentralized HIV testing & counseling
  - promote study enrollment
- POC CD4 and creatinine testing
  - EVALUATE: completion CD4 staging and return of results, POC versus clinic-based
- PHN for adherence support
  - EVALUATE: viral load suppression (proportion ART-eligible VL-suppressed at end of follow-up period)

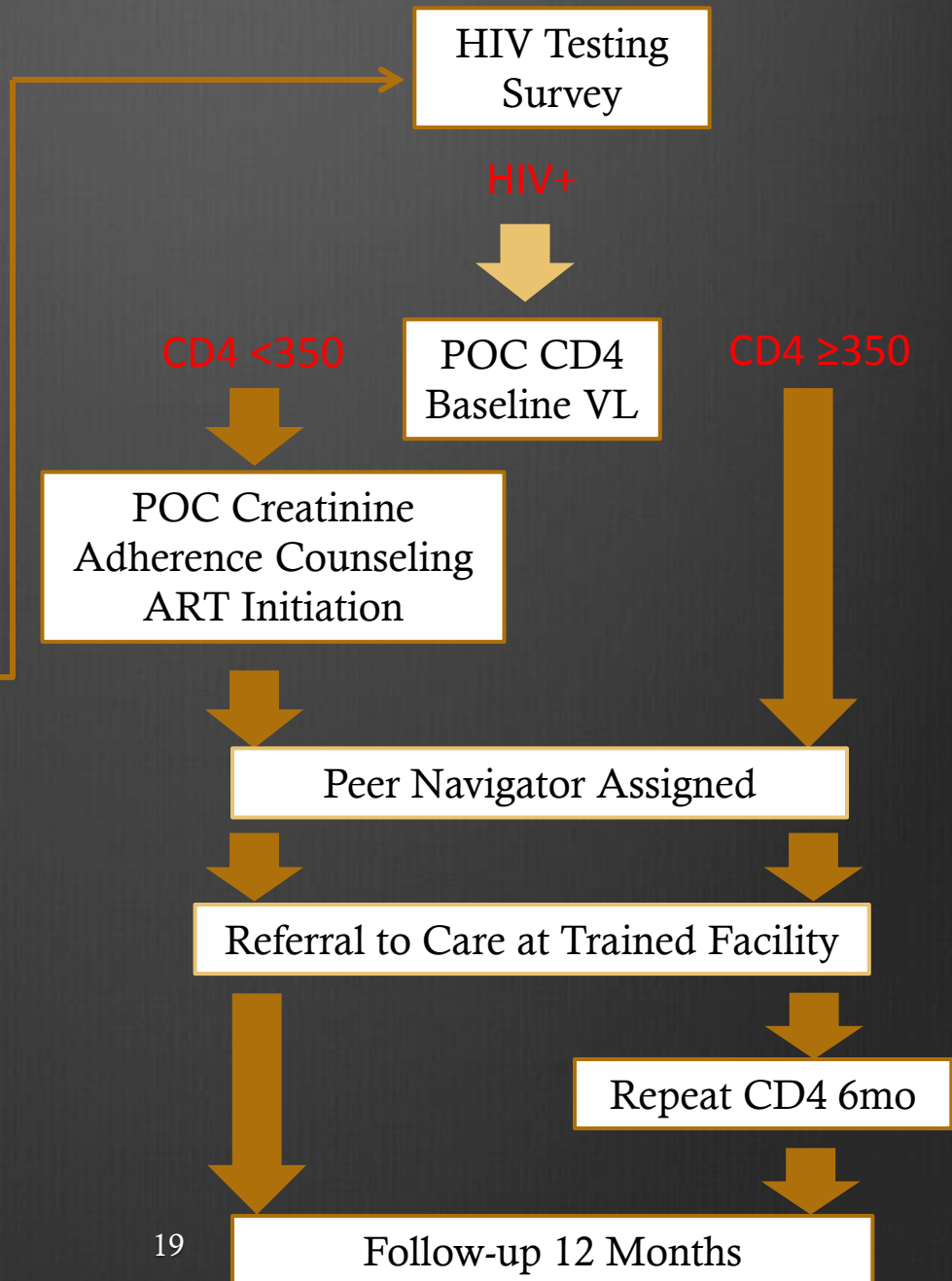
# Delayed Onset Design

- one-step, stepped wedge
- baseline assessment in all clusters
- half clusters receive intervention full 18 months
- other half clusters start receiving at 9 months

# Delayed Onset



# Immediate Onset



# Proposed Sites

1. Nelson Mandela Metro Bay (Eastern Cape Province)
2. Pietermaritzburg (KZN Province)
3. Vhembe and Mopani (Limpopo Province)
4. Soweto (Gauteng Province)
5. Nelspruit and Mapulaneng (Mpumalanga Province)
6. Khayelitsha and Gugulethu (Western Cape Province)

# Recruitment

- predominantly participant referral
  - participants receive referral coupons to give out in sexual or social networks
  - seeds identified through community development and key stakeholders
  
- will consider event and venue recruitment as needed

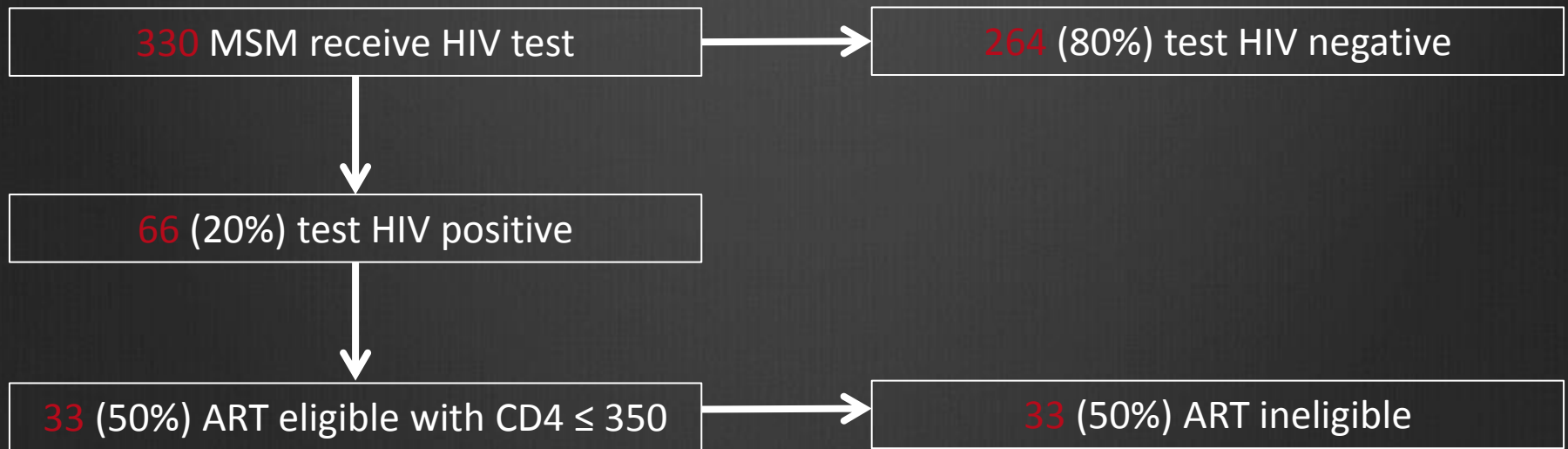
# Primary Outcome

Primary outcome = viral suppression

- defined as undetectable VL within 6 months of ART
- proportion treatment eligible enrolled who achieve viral suppression at end of follow-up period

# Total Enrollment

- To reach 33 tx-eligible HIV+ MSM per cluster, need to test 330 MSM per cluster
- HIV test ~2000 total across all sites



# Next Steps

- Finalization of protocol with CDC
- IRB requirements
- Collaborate with NHLS
- Site preparation and initiation



# Comments?

Durban, KZN

