2016

Impact of a community-based, HIV intervention on antiretroviral treatment retention and adherence in Tanzania

Project SOAR

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As the number of people on antiretroviral treatment grows, the health systems of high HIV prevalence countries struggle with retaining patients in care and providing quality services. There is growing evidence that community-based HIV care models can both increase patient retention and reduce the burden on facility staff as well as patients.

Project SOAR is contributing to the evidence base on community-based care models by conducting implementation research in Tanzania, a country where 1.5 million people are in need of HIV care services, and where clients eligible for antiretroviral therapy (ART) often drop out or are lost to follow up.

Results from this evaluation will help guide Tanzania and other high HIV burden countries in tapping community resources to meet the growing demand for care and treatment services.

While the country has a cadre of community-based HIV service (CBHS) providers, they remain largely informal. Project SOAR and its partners are evaluating a coordinated, integrated model in which CBHS providers deliver an enhanced service package to HIV-positive clients. The evaluation will advance understanding of the value of CBHS providers in improving clients’ linkage to and retention in care, treatment adherence, and health and wellbeing. The results will help guide Tanzania and other high HIV burden countries in tapping community resources to meet the growing demand for care and treatment services.

**Research Partners:** Project SOAR, USAID Tanzania, CDC Tanzania, Tanzania Health Promotion Support, Tanzania National AIDS Control Programme, Ifakara Health Institute, Management and Development for Health, and University of North Carolina

**Location:** Pwani, Kagera, and Mbeya regions of Tanzania

**Study Duration:** 2015–2018

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Our Research
This study employs a randomized, cluster design to test a model that uses CBHS providers to deliver a new package of services within intervention health facilities and their surrounding communities. Across three regions, SOAR will randomize 20 facilities where ART patients will receive either the new service package or the existing standard of care. The study will enroll 169 newly diagnosed HIV-positive clients in each facility, for a total of 3,300 clients, and follow them over a 12-month period. Quantitative, clinical, and qualitative data will be collected to measure the study’s outcomes, including client enrollment in care, retention in treatment, and ART adherence.

Research Utilization
The study team convened stakeholder meetings in 2015 to present and discuss the intervention and evaluation with international, national, and local stakeholders, including the National AIDS Control Programme, Ministry of Health, U.S. Agency for International Development, and HIV implementing organizations. This generated support for the study and laid the foundation for putting study findings into practice. To further engage stakeholders and promote research utilization, the study team is constituting a research advisory board to review the study tools, discuss study progress, accompany study investigators on site visits, help interpret the data, and develop recommendations. Study results are intended to inform the government’s CBHS strategy, including policies and programmatic guidelines surrounding the use of CBHS providers, and the U.S. President’s Emergency Plan for AIDS Relief’s policy agenda for community-based AIDS Relief’s policy agenda for community-based HIV care and treatment in Tanzania and globally.

Intervention Activities
Tanzania Health Promotion Support (THPS) is leading intervention development, with involvement from a range of government and non-governmental actors. The key components of the intervention are:

- **Monthly support meetings** for all clients facilitated by CBHS providers and HIV-positive peers at a community location.
- **ART delivery** by CBHS providers at monthly community meetings for ART clients deemed medically stable by their clinicians.
- **Health screening** by CBHS providers at community meetings for stable ART and pre-ART clients.
- **Enhanced tracking of clients** by CBHS providers to monitor client retention and offer support more effectively.