

MAX ART NEWSLETTER

For Better Health and Zero New HIV Infections

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From Evidence to Action – Evaluating Early Access to ART for All

In the past few years, Swaziland achieved the highest annual HIV testing rate ever and near-nationwide access to antiretroviral therapy (ART). Among many interventions leading to this success is the MaxART programme. The achievements of the programme's first phase (2011-2014) lay the ground for MaxART's second phase (2014-2017): the Early Access to ART for All demonstration project.

The project puts into practice the exiting evidence that early ART has not only individual health benefits, but also contributes to the prevention of HIV transmission. The aim is to assess the feasibility, acceptability, clinical outcomes, affordability, and scalability of the intervention: offering ART to all HIV-positive individuals regardless of CD4-count or stage of disease in Swaziland's government-managed health system.

Three-year study

The three-year study has a randomised 'stepped wedge' design with open enrolment for all people aged 18 years and older across fourteen health facilities, with a population catchment of circa 118,000 individuals in Swaziland's Hhohho region. The primary objective is to measure the impact on retention and viral suppression. The secondary objective is to measure the impact on ART initiation, adherence, drug resistance,

tuberculosis, HIV disease progression, costs per patient per year, and new HIV infections. The project expects to enrol and follow up 4,353 clients not yet on ART, among whom 2,376 with newly diagnosed HIV infection. An estimated 40 percent will be men and 60 percent women. A strategic mix of multidisciplinary research methodologies will be applied and community participation is an integral part of this implementation research (described at the back of this newsletter).

Relevance for Southern Africa

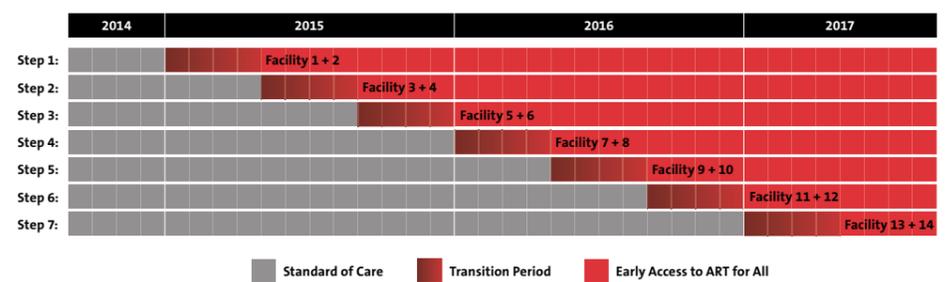
Early Access to ART for All will inform Swaziland's HIV guidelines and provide valuable insights for the Southern African region about shifting treatment guidelines and the implementation of 'Treatment as Prevention'. The demonstration project also contains a regional and international linking and learning component.

For more information, visit www.stopaidsnow.org/treatment-as-prevention

'As the inner council, we want to support you. We will ensure the community members attend the dialogues.'

Mshingishingini Indvuna, Babe Jeremiah Sibandze

Stepped Wedge Study Design



Foreword

It gives me great pleasure to announce that on 1 September 2014 MaxART started implementing the demonstration project Early Access to ART for All. We put into practice this ambitious approach that has the potential to improve the lives of so many individuals. We are now well underway!

In this unique collaboration of partners, I am undertaking a coordinating role and ensure that all activities are responsive to the realities of people living with and affected by HIV. The motivated multi-disciplinary team makes me proud and I am hopeful that this approach will provide evidence towards achieving the target of zero new HIV infections in Swaziland.

Charmaine Khudzie Mlambo-Pato, PhD
MaxART Senior Research Manager



MAX ART For Better Health and Zero New HIV Infections

EARLY ACCESS TO ART FOR ALL

Implementation

CLINICAL MENTORING



Supporting health care workers with Early ART

COMMUNITY MOBILISATION



Creating demand for HIV treatment services

COMMUNICATIONS STRATEGY



Effective messaging for Early ART

Research

CLINICAL DATA



Analysing health outcomes

SOCIAL SCIENCE



Analysing social and cultural processes

ECONOMIC EVALUATION



Measuring cost-effectiveness

INCIDENCE MODELING



Predicting HIV incidence



COMMUNITY ADVISORY BOARD

Acting as a link between communities and research team

1 Goal Better health and zero new HIV infections in Swaziland

Clinical Mentoring – To Support Health Care Workers

 Clinical mentoring activities ensure successful study implementation and will strengthen health care systems by providing continuing education and support to health care workers.

The team consists of three clinical mentors and a clinical site coordinator. The team assists health care workers in the fourteen study facilities to integrate Early Access to ART for All activities. In addition they ensure adequate enrolment and monitoring of study participants, while maintaining ethical standards and high quality of care provided at the facility.

Social Science Research – To Examine Socio-cultural Processes

 The social science component in the Early Access to ART for All study has two objectives.

It will explore the differences in health services that are impacting efforts to initiate ART before and after facilities have transitioned to Early Access to ART for All. It assesses how earlier treatment initiation affects the HIV testing and counselling services. In addition, this research will focus on how social, economic and structural processes, affect delayed initiation, (non-)adherence, and retention before and after facilities have transitioned.

Modelling – To Calculate Results

 Modelling will be used to estimate impact of the intervention on HIV incidence and the long-term consequences of a sustained Early Access to ART for All policy far beyond the study.

An epidemiological simulation model is developed to bridge the gap between direct observations and the unobserved indicators of the impact of Early Access to ART for All demonstration project. First, the model reconstructs the Early Access to ART for All data. Then the virological, clinical and behavioural collected data will be combined with computer simulations. This way the model enables us to estimate the impact of the intervention on HIV incidence, stratified by gender and age groups. It also gives insight into potential long-term changes in HIV incidence and ART program size when Early Access to ART for All is implemented nation-wide in Swaziland's government-managed health system.

Economic Evaluation – To Measure Cost-Effectiveness

 The economic evaluation is designed to measure the cost-effectiveness of implementing Early Access to ART for All.

The cost-component will be determined through a comprehensive costing exercise covering costs at the level of the health care facility, higher health system structures, and community-level activities. The economic evaluation adds a component to the effectiveness outcome by administering a questionnaire that assesses patients' socio-economic status, for instance employment status, and quality of life.



Clinical Evidence – To Evaluate Health Outcomes

 The primary research questions of Early Access to ART for All focus on evaluating the impact the new treatment strategy will have on retention rates and viral suppression among clients who are initiated regardless of CD4 count compared to those initiated according to current national ART guidelines.

The secondary analyses of the project will focus on the impact on ART initiation rates, adherence, rate of drug resistance and tuberculosis, HIV disease progression, and rates of new HIV infection. The data to evaluate each of these outcomes will be collected from an estimated 4,353 enrolled client records in the participating facilities throughout the project. Data completeness and quality is continuously monitored and improved.

Community Mobilisation – To Boost Uptake

 MaxART's community mobilisation promotes community literacy and awareness and buy-in to boost uptake of Early Access to ART for All services at the nearest health facilities that implement the intervention.

Continuation of community engagement is crucial to create demand for HIV services and early treatment. Moreover, the training and involvement of Swazi leaders will open doors and secure ownership of the intervention. Community mobilisation interventions include orientation meetings with community stakeholders, such as chiefs and inner councils among others. Other interventions are 'Demand Creation Community Dialogues' and door-to-door visits through the community-based volunteers, and engagement of traditional healers and church leaders.

Community Advisory Board is the Voice of the Community



Ms Sonto Magagula is the Chair of the Community Advisory Board (CAB) of Early Access to ART for All. She is a retired nurse and practicing traditional healer in the Hhohho region. A short interview.

What is the role of the CAB?

'The CAB comprises members from diverse backgrounds, such as church leaders, traditional leaders, youth representatives, community health workers, key population representatives, and academics. I believe, as CAB members, we are the voice of the community in the Early Access to ART for

All study. We ensure that the study team is aware of and respects the cultural, individual and socio-economic status of communities and consider these factors. We also ensure that all study activities are responsive to the realities of people living with HIV, and that the participants' rights and dignity are respected.'

What are the benefits of the CAB for the communities in Hhohho?

'The CAB will be an independent channel for study participants to share their concerns and get more information about the study and about the study progress. The CAB

also participates in community mobilisation activities. We hope that the project achieves zero new HIV infections and better health for the Hhohho communities as well as community participation in the HIV response and empowerment on health right issues.'

'We may not be scientific experts, but we have the community expertise.'

Ms Sonto Magagula, Chair Community Advisory Board



The Swaziland Ministry of Health, STOP AIDS NOW!, and the Clinton Health Access Initiative (CHAI) initiated the MaxART programme in Swaziland. The programme partners include the Swaziland Network of People Living with HIV and AIDS (SWANNEPHA) and the Global Network of People Living with HIV (GNP+), the National Emergency Response Council on HIV/AIDS (NERCHA), national and international non-governmental organisations including the Southern Africa HIV & AIDS Information Dissemination Service (SAFAIDS), social scientists from the University of Amsterdam and researchers from the South African Centre for Epidemiological Modelling and Analysis (SACEMA).

The MaxART Consortium gratefully acknowledges the extensive contributions of all partners who support initiatives within the project as well as broader efforts to strengthen health outcomes across Swaziland. These include, but are not limited to, PEPFAR/CDC/USAID, WHO, UNAIDS, PSI, EGPAF, ICAP, MSH, URC, Baylor, FLAS, AHF, M2M, Lusweti, and World Vision.

Do you want to contact MaxART staff? Please send an e-mail to: Charmaine Khudzie Mlambo, Senior Research Manager of the MaxART programme: kmlambo@clintonhealthaccess.org or Eliane Vrolings, Overall Coordinator of the MaxART programme: evrolings@stopaidnow.nl