HPTN 074
Intervention Activities
Pho Yen Site, Vietnam
17 Jun 2015
## Randomization of enrolled networks

<table>
<thead>
<tr>
<th>Month</th>
<th>Index</th>
<th>Injection partner</th>
<th>Total Networks Enrolled</th>
<th>Intervention Arm</th>
<th>Standard of Care Arm</th>
</tr>
</thead>
<tbody>
<tr>
<td>Feb</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Mar</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Apr</td>
<td>4</td>
<td>4</td>
<td>4</td>
<td>1</td>
<td>3</td>
</tr>
<tr>
<td>May</td>
<td>12</td>
<td>14</td>
<td>12</td>
<td>3</td>
<td>9</td>
</tr>
<tr>
<td>Jun (to 11 Jun)</td>
<td>16</td>
<td>19</td>
<td>16</td>
<td>4</td>
<td>12</td>
</tr>
<tr>
<td><strong>Overall</strong></td>
<td><strong>32</strong></td>
<td><strong>37</strong></td>
<td><strong>32</strong></td>
<td><strong>8</strong></td>
<td><strong>24</strong></td>
</tr>
</tbody>
</table>
Intervention sessions conducted

8 indexes randomized to intervention arm

- 4 completed all 3 required sessions
- 2 completed introductory session
- 2 scheduled for introductory session

3 initiated ART treatment

- 2 came for booster sessions on ART side effects; 1 initiated MMT
- 2 had dyad session
## Coverage of MMT and ART in Thai Nguyen province

<table>
<thead>
<tr>
<th>Area</th>
<th>No. MMT patients</th>
<th>No. ART patients</th>
</tr>
</thead>
<tbody>
<tr>
<td>1    Nigerian health center</td>
<td>397</td>
<td>643</td>
</tr>
<tr>
<td>2    The A hospital</td>
<td>No clinic</td>
<td>817</td>
</tr>
<tr>
<td>3    Dong Hy</td>
<td>219</td>
<td>383</td>
</tr>
<tr>
<td>4    Pho Yen</td>
<td>401</td>
<td>223</td>
</tr>
<tr>
<td>5    Dai Tu</td>
<td>342</td>
<td>576</td>
</tr>
<tr>
<td>6    Phu Luong</td>
<td>131</td>
<td>234</td>
</tr>
<tr>
<td>7    Phu Binh</td>
<td>No clinic</td>
<td>397</td>
</tr>
<tr>
<td>8    Song Cong</td>
<td>No clinic</td>
<td>86</td>
</tr>
<tr>
<td>9    Vo Nhai</td>
<td>No clinic</td>
<td>106</td>
</tr>
<tr>
<td>10   Dinh Hoa</td>
<td>No clinic</td>
<td>81</td>
</tr>
<tr>
<td>11   Trung Thanh</td>
<td>239</td>
<td>No clinic</td>
</tr>
<tr>
<td>Total</td>
<td>1729</td>
<td>3546</td>
</tr>
</tbody>
</table>
Context: What are the criteria for initiating ART

- Based on MOH guidelines, need:
  1) ID card
  2) Supporter
  3) Photo

- Recently updated MOH guidelines:
  - Can initiate early treatment without CD4 count requirement for high-risk group including PWIDs

- However, also need required tests before initiating:
  - Liver function, CBC, urine tests
  - NGOs used to provide these tests for free
Case Study 1:
Timeline of participant’s intervention sessions

Randomized
(5 May 2015)

- Required Introductory Session:
  (7 May 2015)
- Required Session 1:
  (13 May 2015)
- Required Session 2:
  (18 May 2015)
- Dyad Session with father:
  (18 May 2015)

Contact of Systems Navigator: 4 times

Agency Contact List: 5 times

Initiated treatment:
(11 Jun 2015)
Case Study 1: Process to initiate ART → Initiated

Initial Barriers

- Don’t have money for required tests
- Need to find supporter – father support treatment
- Don’t want to quit drug use

Solutions

- Invite to booster session, can use compensation to pay for tests → Participant was able to get the tests this way
- Conduct the dyad session to support participant to come to ART clinic to initiate
- During counseling session, discuss that it’s possible to have good ART adherence when using drugs

New Barriers

- Participant left for several days
- Participant would like to use drugs before going to ART clinic

Strategies

- Try to contact the participant many times (>=15) via father and neighbors, to have 4 SNE sessions – to encourage him to come into ART clinic
- 5 contacts with ART clinic to re-schedule appointment, as participant missed medical appointment
- Work closely with father to remind and support participant about his appointment

Initial Barriers

- Don’t have money for required tests
- Need to find supporter – father support treatment
- Don’t want to quit drug use

Solutions

- Invite to booster session, can use compensation to pay for tests → Participant was able to get the tests this way
- Conduct the dyad session to support participant to come to ART clinic to initiate
- During counseling session, discuss that it’s possible to have good ART adherence when using drugs
Case Study 2:
Timeline of participant’s intervention sessions

Randomized
(22 Apr 2015)

Required Introductory Session
(29 Apr 2015)

Required Session 1
(5 May 2015)

Required Session 2
(12 May 2015)

Contact of System navigator: 4 times

Agency Contact List: 0 times

Has not initiated treatment yet
Case Study 2: Process to initiate ART – Not initiated yet

**Initial Barriers**
- Don’t have money for required tests
- Don’t have phone
- Have not disclosed to wife yet
- Currently want to quit drug before initiating ART

**Solutions**
- Invite to booster sessions for compensation
- Try to contact via neighbor or injecting friends
- Conduct the session on disclosure
- During counseling session, discuss that it's possible to have good ART adherence when using drugs

**Continuing Barriers**
- Participant has money from booster session, but have not gotten tests yet
- Disclosed to wife but has not take to clinic or sessions as supporter
- Report that he is trying to quit drugs at home

**Current status**
- Counselors keep contacting participant via neighbors, friends to visit doctor or counselor, but still missed many times
- Participant refused to let counselor visit his home
- Participant re-contacted counselor but still have not come to session or ART clinic
- Participant often away from home for many days
- Participant has money from booster session, but have not gotten tests yet
Counselor perceived participant barriers to initiating ART

1. Participant doesn’t have money to do required tests for initiating ART
2. Drug use is major barrier to ARV treatment
3. Motivation for initiating ART – does the participant really want to start ART
4. Participant is often away from home
Challenges for intervention counselor/systems navigator

1. Participant does not have a mobile phone
2. Work very late or very early morning
3. Participant does not keep appointment to come back to work with counselor or go to ART clinic
4. Participants who live in different districts want/have to access ART clinics outside their district
   ▶ Systems navigator also must have a good relationship with doctors of ART clinics in the different districts
5. Staying patient as work with participants who have many reasons to not initiate the ART yet
6. Participants lie about reasons for not initiating ART
Challenge from ART clinics

- Some doctors are not up-to-date on new guidelines from MOH on initiating early treatment without CD4 count requirement for high-risk groups, including PWIDs
  - Doctor will not initiate ART for participants with high CD4
Areas for discussion

- Being aware of potential, unintentional PWID-related stigma - “lied” “stole bike” “broke promises”

- Understanding some of the underlying reasons behind reasons listed (e.g., $ for testing)

- Providers not aware of new ART guidelines

- Drug use as barrier to initiating ART
  - MMT not an option for some sub-districts → How do counselors advise?
  - What are some other strategies?
Thank you!
Extra Slides
## Intervention sessions conducted

<table>
<thead>
<tr>
<th>Activities (as of 10 Jun)</th>
<th>Number of participants</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of Indexes are randomized into Intervention arm</td>
<td>8</td>
</tr>
<tr>
<td>Number of indexes who have completed 3 required sessions (Introduction Session, Session 1, &amp; Session 2)</td>
<td>4</td>
</tr>
<tr>
<td>Number of booster sessions</td>
<td>2</td>
</tr>
<tr>
<td>Number of participants who have completed a dyad session</td>
<td>2</td>
</tr>
<tr>
<td>Number of system navigator calls to ARV clinics</td>
<td>4</td>
</tr>
<tr>
<td>Number of Indexes have enrolled in ARV treatment</td>
<td>3</td>
</tr>
<tr>
<td>Number of Indexes have enrolled in MMT</td>
<td>1</td>
</tr>
</tbody>
</table>