



THE UNIVERSITY
of NORTH CAROLINA
at CHAPEL HILL

HPTN 074

Intervention Activities

Pho Yen Site, Vietnam

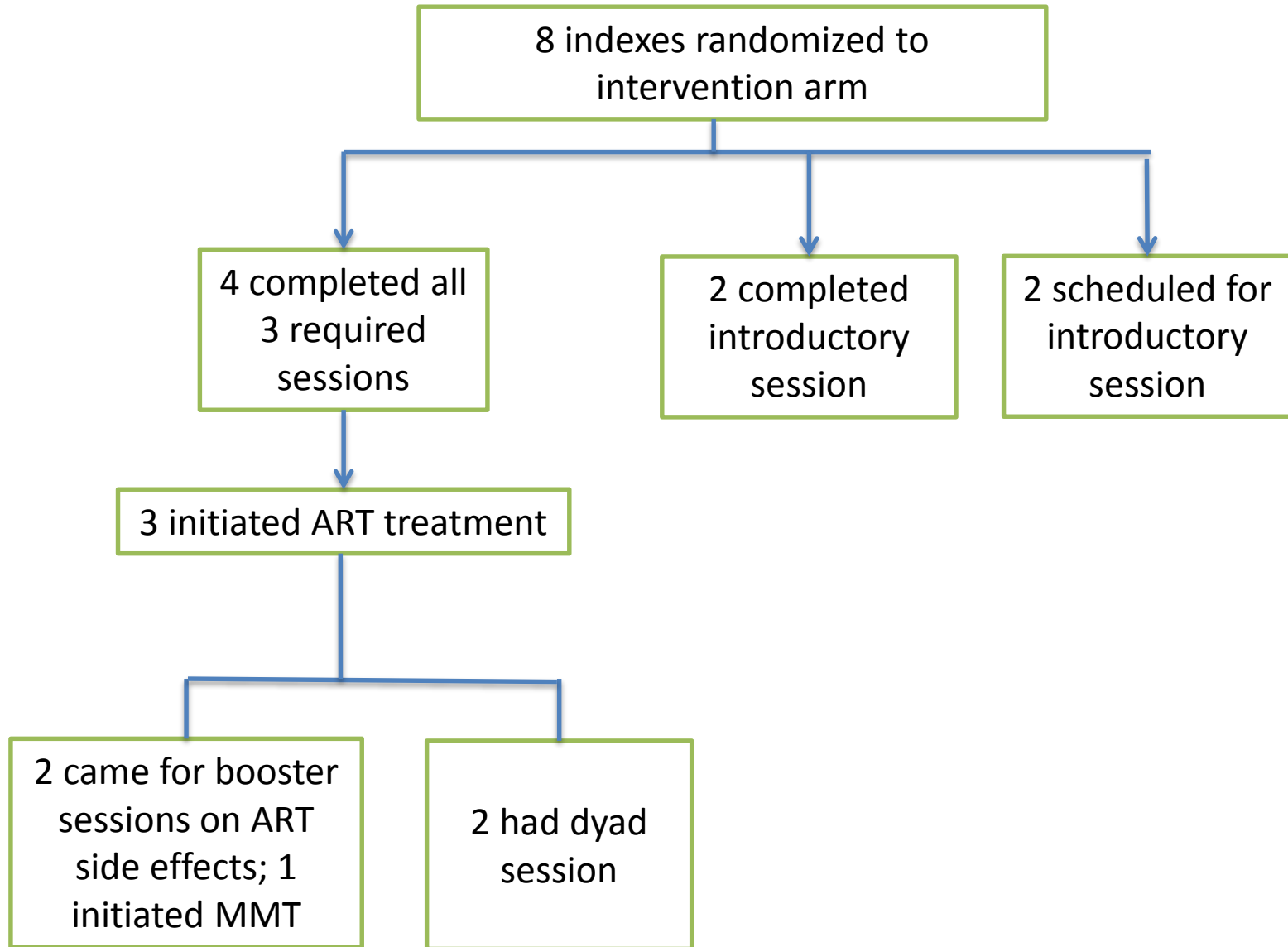
17 Jun 2015

Randomization of enrolled networks

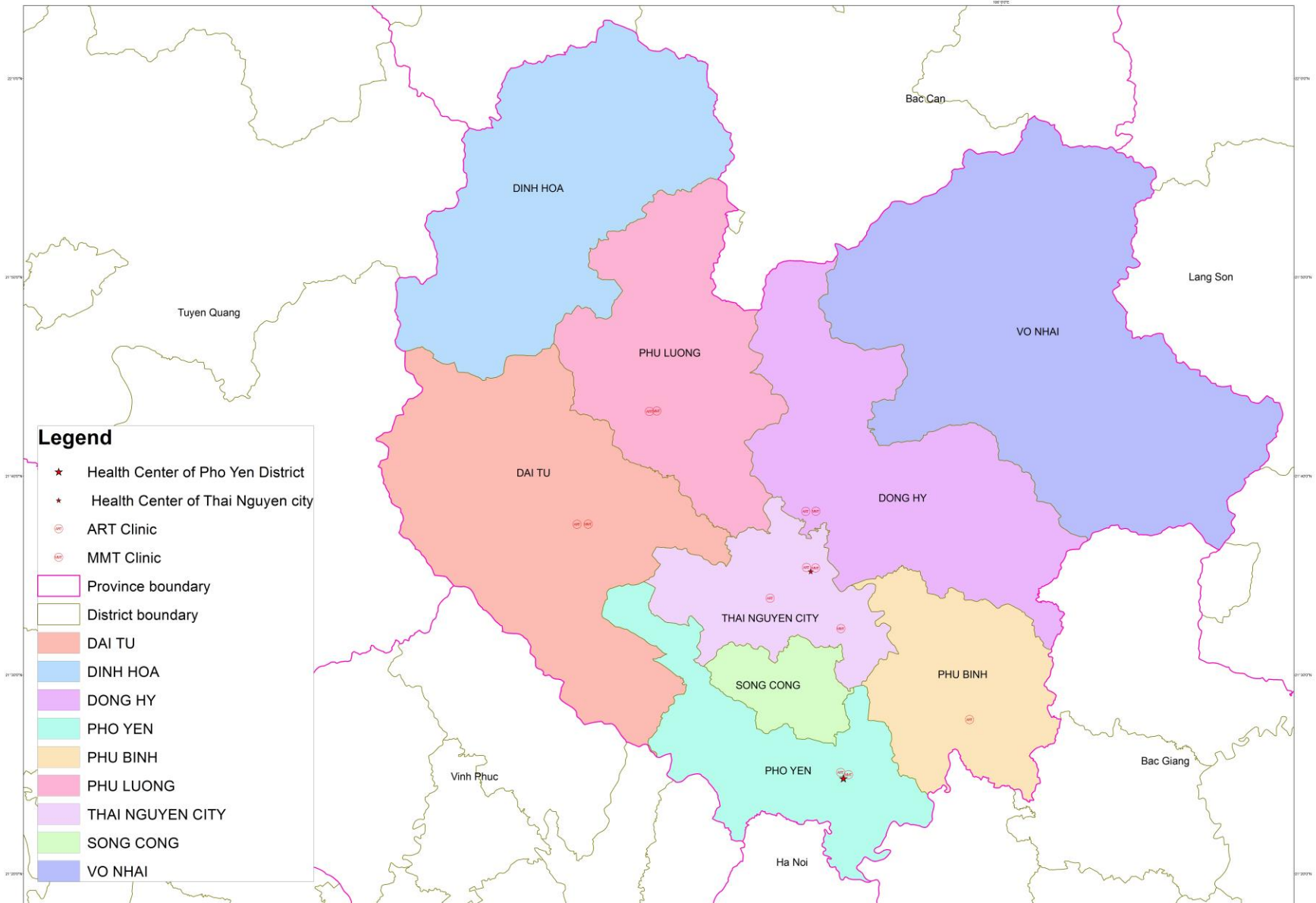
Month	Index	Injection partner	Total Networks Enrolled	Intervention Arm	Standard of Care Arm
Feb	0	0	0	0	0
Mar	0	0	0	0	0
Apr	4	4	4	1	3
May	12	14	12	3	9
Jun (to 11 Jun)	16	19	16	4	12
<i>Overall</i>	32	37	32	8	24



Intervention sessions conducted



THAI NGUYEN PROVINCE



Legend

- ★ Health Center of Pho Yen District
- ★ Health Center of Thai Nguyen city
- ART ART Clinic
- MMT MMT Clinic
- Province boundary
- District boundary
- DAI TU
- DINH HOA
- DONG HY
- PHO YEN
- PHU BINH
- PHU LUONG
- THAI NGUYEN CITY
- SONG CONG
- VO NHAI

0 5 10 Kilometers



Coverage of MMT and ART in Thai Nguyen province

	Area	No. MMT patients	No. ART patients
1	Thai Nguyen health center	397	643
2	The A hospital	<i>No clinic</i>	817
3	Dong Hy	219	383
4	Pho Yen	401	223
5	Dai Tu	342	576
6	Phu Luong	131	234
7	Phu Binh	<i>No clinic</i>	397
8	Song Cong	<i>No clinic</i>	86
9	Vo Nhai	<i>No clinic</i>	106
10	Dinh Hoa	<i>No clinic</i>	81
11	Trung Thanh	239	<i>No clinic</i>
	Total	1729	3546



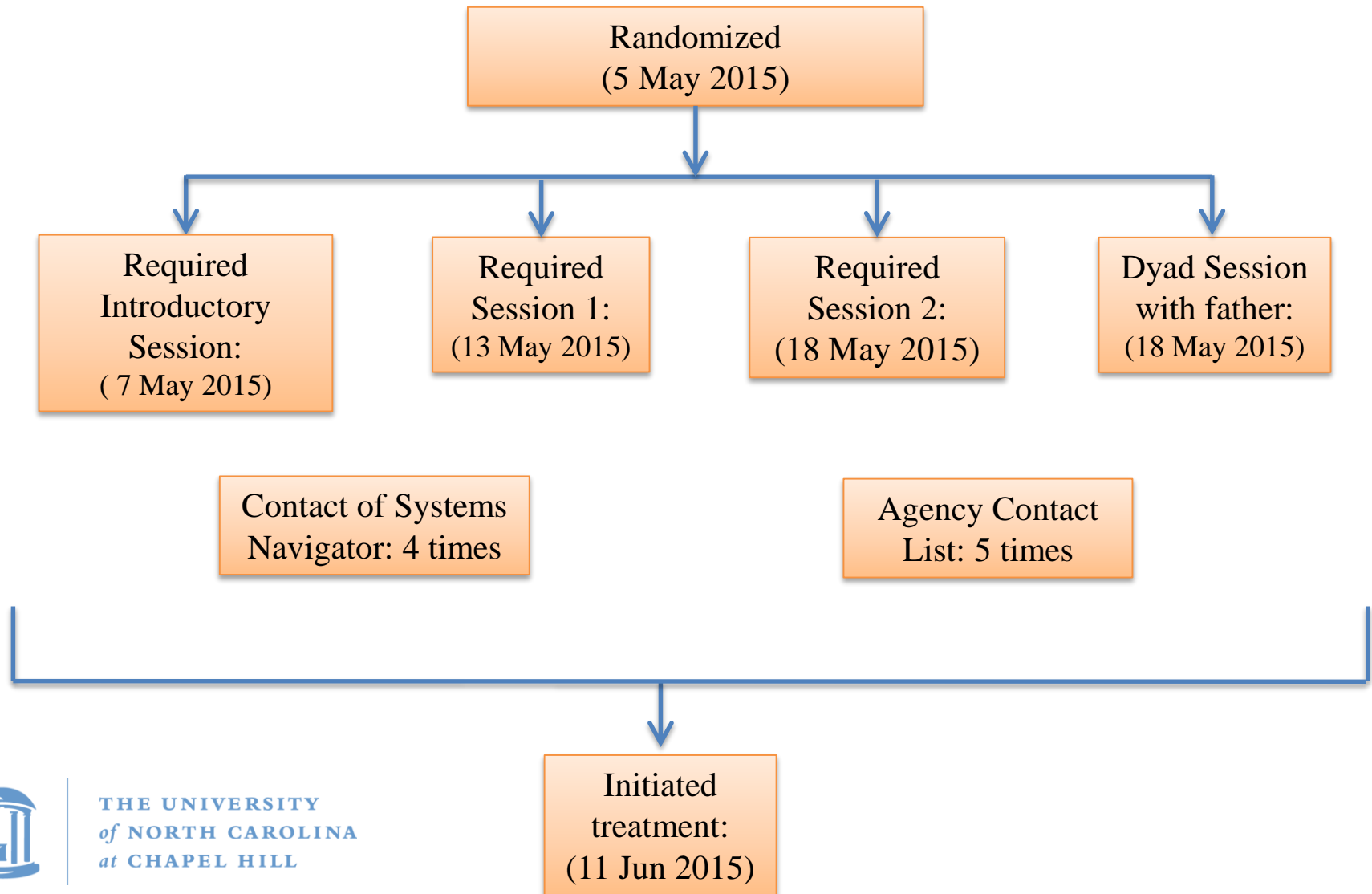
Context: What are the criteria for initiating ART

- 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

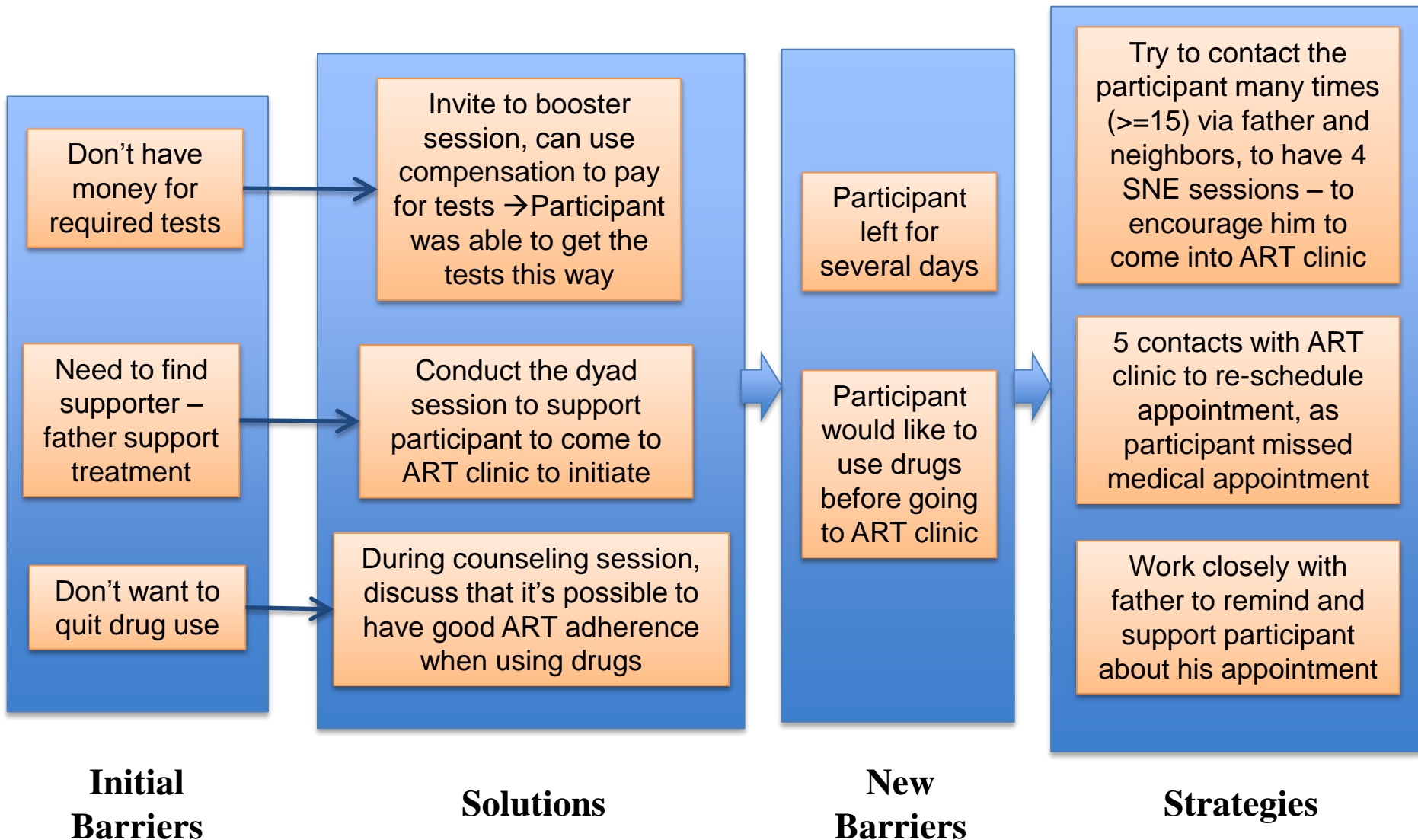


Case Study 1:

Timeline of participant's intervention sessions

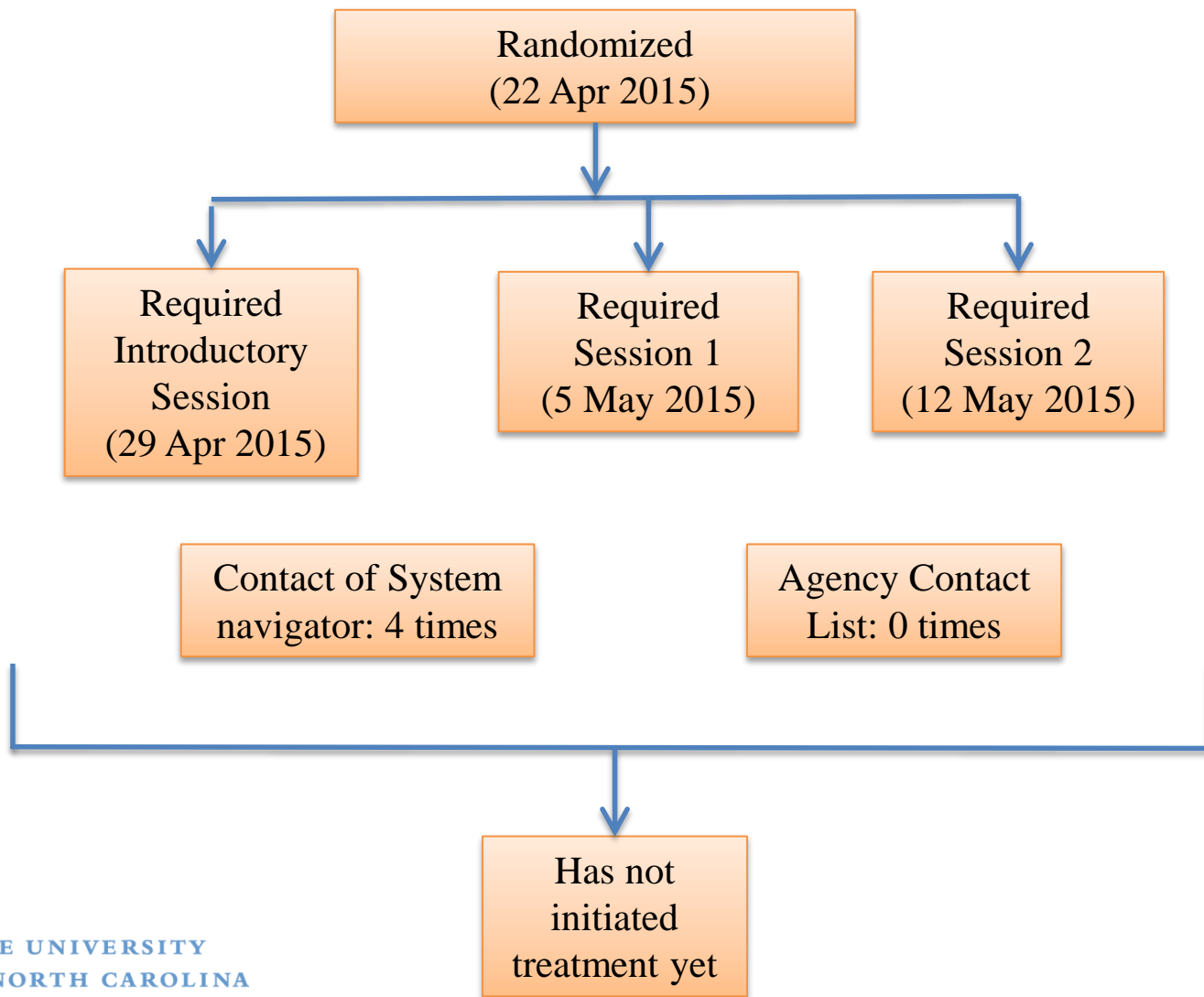


Case Study 1: Process to initiate ART → Initiated

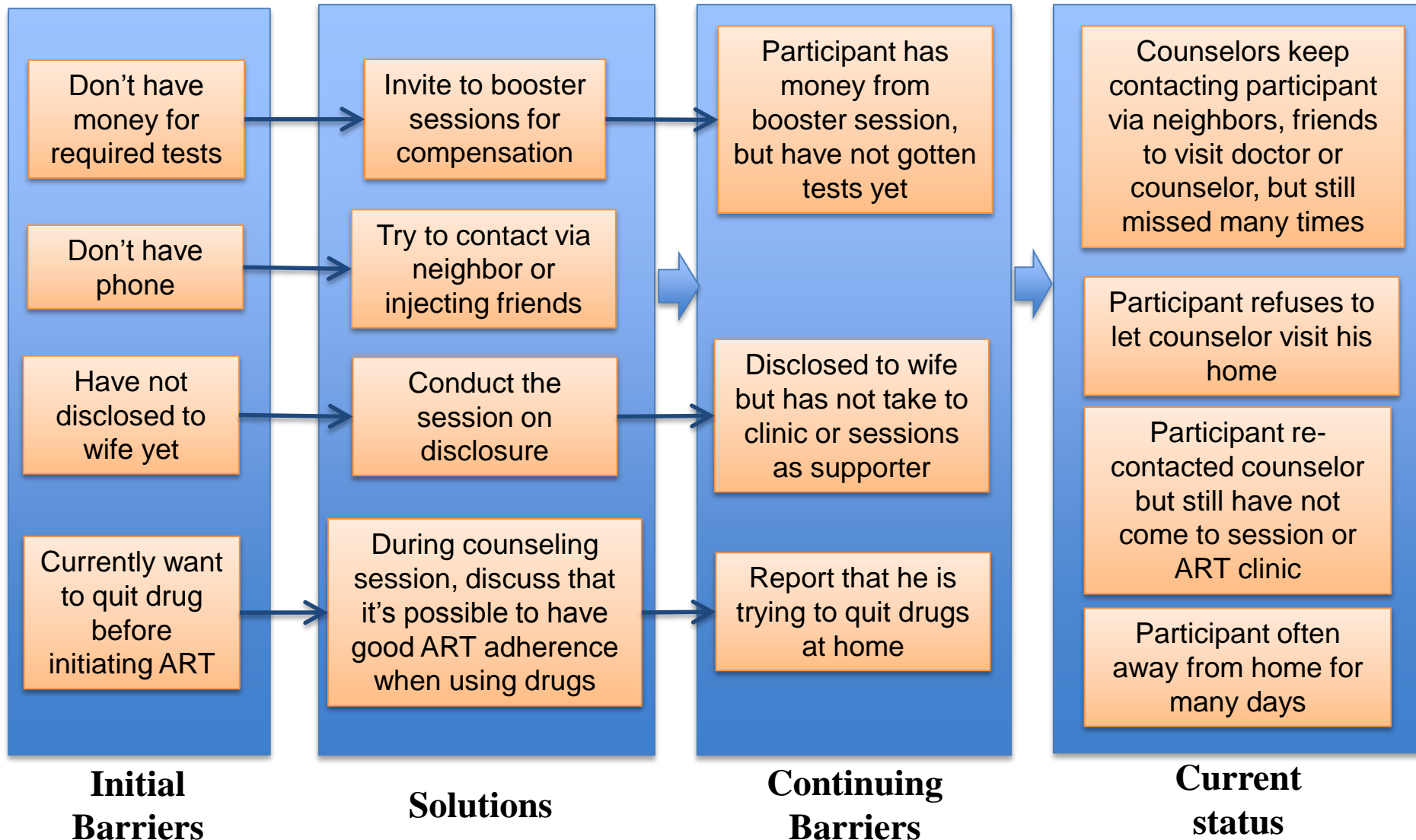


Case Study 2:

Timeline of participant's intervention sessions



Case Study 2: Process to initiate ART – Not initiated 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?



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Thank you!

Extra Slides



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Intervention sessions conducted

Activities (as of 10 Jun)	Number of participants
Number of Indexes are randomized into Intervention arm	8
Number of indexes who have completed 3 required sessions (Introduction Session, Session 1, & Session2)	4
Number of booster sessions	2
Number of participants who have completed a dyad session	2
Number of system navigator calls to ARV clinics	4
Number of Indexes have enrolled in ARV treatment	3
Number of Indexes have enrolled in MMT	1

