Community-Based versus Facility-Based Services to Improve HIV Care in the Gold Mining Zones of Mali (ANRS 12392 Sanu Gundo)

1320

Marion Fiorentino[1], François Cavaro[1], Moussa Guindo[2], Aliou. Kamissoko[2], Fodé Traoré[2], Gwenaëlle Maradan[1], Michel Bourrelly[1], Marion Mora[1], Fodié Diallo[1], Zoumana Diarra[1], Mamadou Cissé[1], Bintou Dembélé Keïta[1], Bruno Spire[1], **Luis Sagaon-Teyssier**[1]

[1]Aix Marseille Univ, Inserm, Ird, Sesstim, Isspam - Marseille (France), [2]Arcad Santé Plus - Bamako (Mali)

BACKGROUND

In Mali

- ❑ National prevalence 0.8% in 2021
  - ➢ Much higher among key-populations: MSM (12.6%), Sex Workers (18.7%), Trans Women (11.7%), UDI (??)
- ❑ HIV Cascade 59-53-unknown – reflecting important structural issues (e.g. lack of prevention and care services)
- ❑ Small-scale gold mining zones
  - ➢ Represents 8% of the Gross Domestic Product and is one of the main employment sources
  - ➢ Mass circular migration and convergence of key-populations

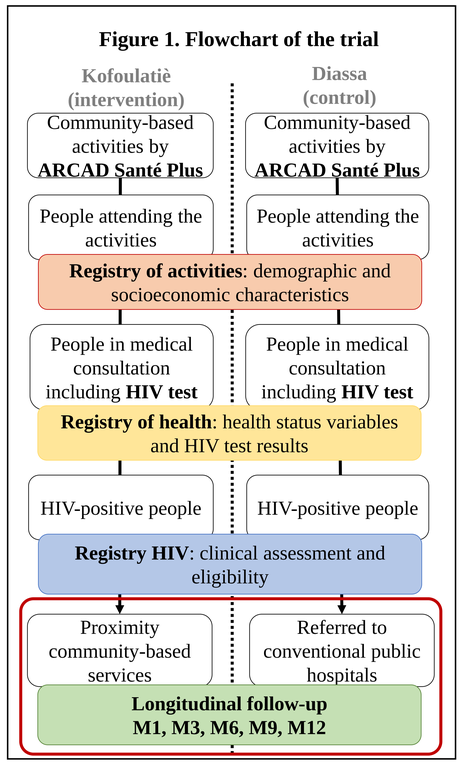
People in these zones represent a potential "bridge" for infectious diseases including HIV.

➡ To assess the effects of proximity community-based HIV services on access, retention in care and health.

METHODS

The ANRS-12392 Sanu Gundo non-randomized interventional trial was conducted in 2021-2022 in two ASGMZ (Figure 1).

Figure 1. Flowchart of the trial



Outcomes & Statistics

Kaplan-Meier and Cox's model (duration)

- Linkage to care: time from diagnosis to antiretroviral initiation
- Time to loss to follow-up

Random-effects logistic model (repeated measures)

- Viral load assessment (yes/no)
- Perceived health status (good vs bad)

➡ All analyses were adjusted by demographic characteristics and compared arms (control vs. intervention

➡ Sampling bias between arms was corrected using inverse propensity score weighting

RESULTS

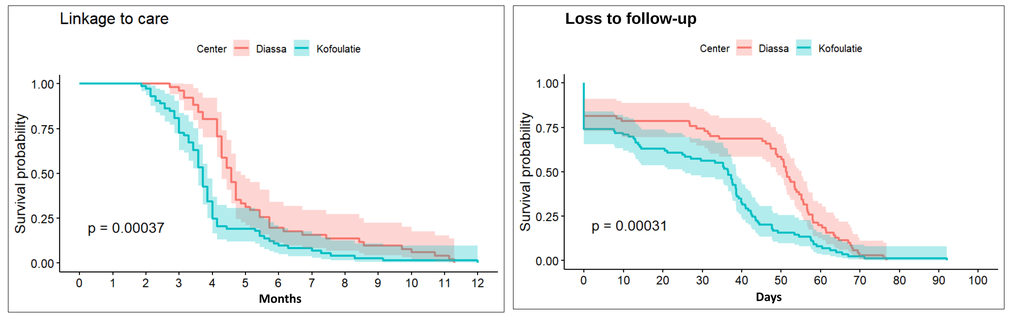
HIV testing uptake concerned 9786 individuals (56.7 in the control site and 43.2% in the intervention site). 1.5% 95%CI[1.2-1.9] and 2.2% 95%CI[1.8-2.6] were estimated for the control an intervention sites, respectively (0.8%[0.7-1.1] at national level).

Table 1. Caracteristics of participants

	Weighted (sampling bias correction)			
	Kofoulatiè (Intervention) N = 81[1]	Diassa (Control) N = 89[1]	p-value[2]	Overall N = 170[1]
Gender				
Male	24 (30%)	31 (35%)	0.7	55 (32%)
Female	57 (70%)	58 (65%)		115 (68%)
Age (continuous)	34 (30, 41)	35 (25, 41)	0.7	35 (27, 41)
Activity				
Non gold miner	59 (73%)	60 (67%)	0.6	118 (70%)
Gold miner	22 (27%)	29 (33%)		52 (30%)
Education				
No education level	52 (64%)	58 (65%)	>0.9	110 (65%)
At least primary level	29 (36%)	31 (35%)		60 (35%)
1St time in gold mining				
Yes	42 (92%)	49 (72%)	0.021	91 (80%)
No	4 (8.0%)	19 (28%)		23 (20%)
Unknown	36	21		56
Country of birth				
Mali	50 (61%)	51 (58%)	0.8	101 (59%)
Other	31 (39%)	38 (42%)		69 (41%)

[1]n (%); Median (Q1, Q3)
[2]Pearson's X^2: Rao & Scott adjustment; Design-based KruskalWallis test

Figure 2. Kaplan-Meier & Cox's model



Median [IQR] duration before linkage to care

Diassa (control group): 4.6 [4.1-5.7]
Kofoulatiè (intervention group): 3.7 [3.0-4.0]

Adj. Hazard-Ratio (95% confidence interval)

Intervention group: aHR: 1.8 (1.03-3.2)

Median [IQR] duration before loss to follow-up

Diassa (control group): 46 [26-52]
Kofoulatiè (intervention group): 35 [11-40]

Adj. Hazard-Ratio (95% confidence interval)

Intervention group: aHR: 2.1 (1.3-1.5)

Random-effects logistic model: adjusted OR (p-value) for the intervention group

Viral load assessment (ref. no), aOR: 0.225 (p=0.414) Perceived health status (ref. bad), aOR: 0.408 (p=0.003)

Proximity community-based services
- Facilitate HIV testing uptake in remote areas
- Are effective for linkage to HIV care

Loss to follow-up was **faster in the intervention group,** although worst perceived health status

No difference was found in terms of viral load assessment availability

CONCLUSIONS

Self-perceived health status seems to be an obstacle for proximity community-based HIV care, suggesting the need of integrating HIV with other health services. Coordination of community-based and conventional public services would ensure the continuum of care and contribute to the improvement of the HIV cascade.

ADDITIONAL KEY INFORMATION

This work was supported by ANRS MIE