

# Does a Community-based, HIV Service Delivery Model Improve Female Sex Workers' Care and Treatment Outcomes in Tanzania?

Female sex workers (FSWs) living with HIV face significant challenges in accessing HIV care and, once started on antiretroviral therapy (ART), remaining in care and adhering to treatment. These challenges include attending regular medical appointments because of time and cost constraints, providers' stigmatizing attitudes, and poor service quality due to crowded ART clinics, long waiting times, and a lack of clinicians.

Project SOAR, Sauti, the National AIDS Control Programme, and the National Institute of Medical Research are designing, implementing, and evaluating a community-based model of ART delivery to help mitigate these barriers. Specifically, HIV care and ART provision are being provided by clinicians at community-based HIV testing and counseling (CBHTC+) sites for FSWs, which also provide HIV prevention and sexual and reproductive health services. The study is assessing the effect of the intervention on HIV care and treatment outcomes, including ART initiation, retention, and viral suppression. We are also investigating factors associated with these key outcomes. Furthermore, we are assessing the feasibility of providing the

**Research Partners:** Population Council, Sauti Project (led by Jhpiego), Tanzania National AIDS Control Programme, Tanzania National Institute of Medical Research

**Location:** Njombe and Mbeya Regions, Tanzania

**Study Duration:** 2016–2019

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*Identifying strategies for early ART initiation is vital for safeguarding FSWs' health and reducing HIV transmission.*

same, community ART service delivery model to HIV-positive children (ages 5 to 15 years old) under the care of the FSWs participating in the study as well as to primary sex partner(s).

The study is particularly important because about one-third of FSWs in Tanzania are living with HIV and the proportion of FSWs on treatment is low (40 percent). Identifying strategies for early initiation of ART and achieving and maintaining viral suppression is vital for safeguarding the health of FSWs and their families as well as reducing HIV transmission in the country. Results will inform the Government of Tanzania, the National AIDS Control Programme, U. S. President's Emergency Plan for AIDS Relief, and other stakeholders about the effectiveness of ART delivery to FSWs at the community level and the value of HIV service integration.

## OUR RESEARCH

This is an implementation science research study using a mixed-method, quasi-experimental design. Njombe region is serving as the intervention arm and Mbeya region the control arm. We anticipate recruiting 600 (300 per arm) HIV-seropositive FSWs,



18 years and older, who are treatment-naïve or an ART dropout for more than 30 days. We will actively follow study participants and measure biomedical, behavioral, and psychosocial outcomes at 6 and 12 months after enrolment. In addition, we will verify self-reported indicators from each follow-up interview by reviewing service registers at study and non-study health facilities. Qualitative interviews will also be conducted with FSW intervention participants and service providers to assess intervention challenges, successes, feasibility, and acceptability. Additionally, we will collect costing data to estimate the average annual ART-related cost per patient, and explore factors contributing to variations in treatment costs.

## THE INTERVENTION

CBHTC+ sites are operated by Sauti and provide respectful, comprehensive sexual and reproductive health services to key populations, including FSWs. They have the ability to move around within a region to ensure services are close to those in need. The intervention package will be delivered primarily by a team of trained ART providers at CBHTC sites, FSW support groups, and people living with HIV (PLHIV) support groups. Clients receiving ART services at CBHTC+ sites will be linked to designated district hospitals' care and treatment centers (CTCs) for record keeping and laboratory testing.

The CBHTC+ sites in the intervention arm will provide HIV treatment directly to clients living with HIV. In the control arm, FSWs who test positive will continue to be referred to government-designated ART services per national guidelines. The table details the treatment service differences between the intervention and control arms.

## RESEARCH UTILIZATION

The research team is forming a research advisory committee (RAC) consisting of stakeholders such as FSW representatives, implementing partners, and government officials. The RAC is tasked with providing input into the research design and implementation, and ensuring that the study addresses evidence gaps that they deem relevant. The RAC will meet periodically in order to be continually apprised of the study's progress and to have the opportunity to provide input into its implementation. Near the end of the study, the RAC will help interpret the findings and derive their implications for programs and policy. We will also convene a national stakeholders meeting to share both implementation lessons and research results in order to formulate realistic and achievable recommendations regarding ART integration into CBHTC+ services and its direct provision to FSWs.

Intervention arm	Comparison arm
Registration in care at CBHTC+ sites	Registration in care at government designated CTCs
Standard 3 sessions of adherence counselling at CBHTC+ sites	Standard 3 sessions of adherence counselling at government designated CTC sites
Drug pick-ups at FSWs' convenience at CBHTC+ sites, group meetings	Drug pick-ups at government designated CTC sites by appointment
Drug supply: 1–3 months depending on FSW's choice and treatment stage (stable vs. not stable)	Drug supply: current practice (generally 1 month)
Services provided in both arms	
Peer escort services to access ART	
Adherence support by peer-support groups provided by Sauti	
Standard client assessment and referrals to family planning and other services	
Enhanced follow-up, especially with clients who missed appointments	