

Home delivery of ARV and HIV self-tests

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Introduction

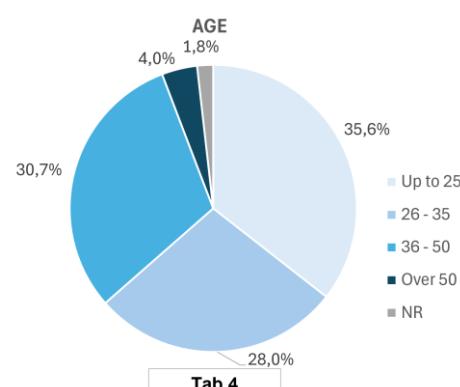
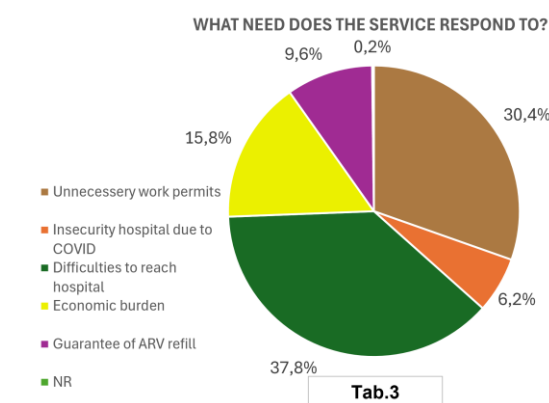
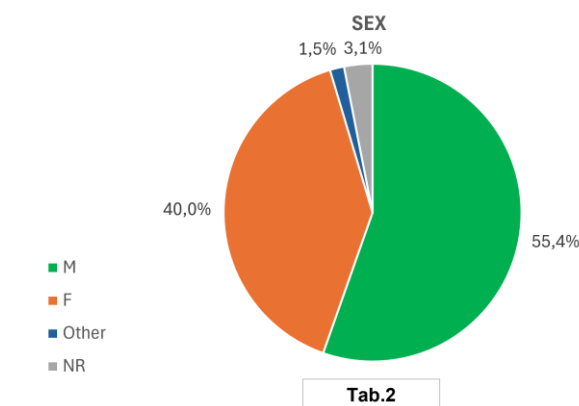
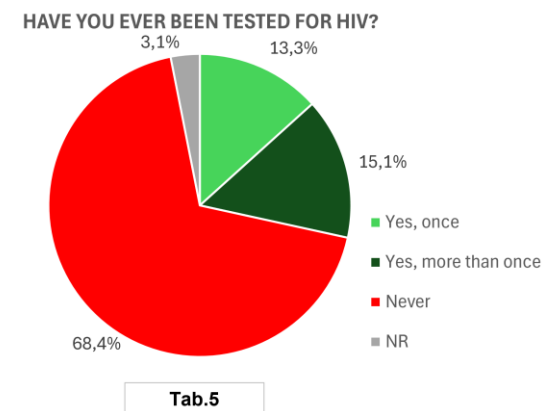
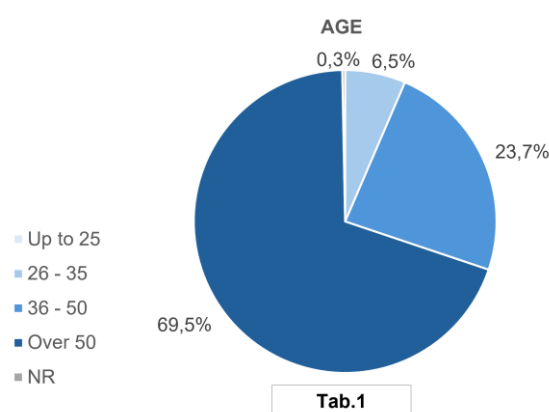
The project was launched in June 2020 to contain exposure of people living with HIV (PWH) to COVID, provide support to PWH with COVID in isolation and fill in the gaps due to limitation of HIV prevention/care services. HIV physicians were often shifted to COVID units, information on availability of services, on interaction of HIV and COVID and on vaccinations was often difficult to find, as well as scheduling appointments for blood tests and control visits. HIV testing services were limited.

In 2022-23 an increasing number of requests indicated emerging needs beyond COVID emergency, such as difficulties going for ARV refills due to difficulties getting work permits, traveling due to health conditions or because living or working in another city or region. Many older people were living alone and often unable to travel/send someone for refills. Moreover, many were to some extent disconnected to usual HIV care following COVID lockdowns with difficulties reconnecting.

Material and methods

Three Italian Regions were involved (Sicily, Puglia, Campania). Contacts and collaborations were established with HIV outpatient clinics. All requests were jointly discussed with ID physicians, and communication to clients were agreed when not on track with their bi-yearly blood tests and control visits.

Home delivery of self-tests were provided upon request with pre/post counselling in-person, by phone, or whatsapp. Testing services were further expanded at specific events. Services were promoted through posters/flyers, through social media and word-of-mouth. Home delivery of ARV or self-tests was done in-person/through postal services. A data consent form was signed by users and satisfaction questionnaires administered to clients and ID physicians.



Results

In the period 2020-23: No.1014 ARVs were delivered. ID physicians involved expressed satisfaction for the service. Close collaboration with ID physicians allowed to reconnect many people to HIV care. All users rated the service excellent in terms of timing/quality, support on information, scheduling control visits. And highly beneficial for people aged >60 or with disability/frailty. 69,5% were aged >50 (Tab.1), 40% were women (Tab.2), 30,4% benefited from not using work permits and 37,8% reported having difficulties in physically going to hospital (Tab.3). No.717 HIV self-test/rapid tests were delivered/administered. Reactive results (2 cases) were adequately and timely managed. 66,3% aged <35 (Tab.4) and for almost 70% it was their first HIV test.(Tab.5)

Conclusion

The project was launched to respond to COVID emergency, but the increasing number of requests highlighted a series of unmet needs regarding access to ARV refills and HIV testing. Synergy between community organizations and HIV outpatient clinics has the potential of responding to emerging needs, improving linkage to care, treatment adherence and retention in care. The project can be easily replicated in other contexts, provided the availability of adequate human and financial resources.