



# IMPROVING ADHERENCE TO ANTIRETROVIRAL TREATMENT IN PERUVIAN AMAZON:

## A STUDY OF GROWTH GROUP PROGRAMS IN 2022

M Muñoz¹, L. Navarro¹, S. Soto¹, T. Garvich¹, M. Caballero¹, A. Posadas², A. Schwartz Benzaken<sup>3</sup>, M. Pedrola<sup>3</sup>, J.L. Sebastian<sup>1</sup>

Institutions: <sup>1</sup>AIDS Healthcare Foundation, Lima, Peru, <sup>2</sup>Universidad Autónoma de Madrid, Madrid, Spain, <sup>3</sup>AIDS Healthcare Foundation, Los Angeles, United States

Retention and adherence to HIV treatment are important to achieve the 95-95-95 goals. AHF Peru, with the objective of improving retention and adherence to antiretroviral (ARV) treatment, developed two programs focused on people who are starting their treatment and those who have abandoned it.

### TOOLS THAT STRENGTHEN RETENTION

Myth - Free Information

Community formation & the feeling of <u>accompaniment</u>

**GROWTH GROUPS** 

### MAIN GOAL

Provide basic information that allows participants to reduce anxiety and distress to make better decisions about their health.

### METHODS

During 2022, growth groups (GG) were launched in Lima and Iquitos (Peruvian Amazon) for those starting their treatment (SGG) and for those who had abandoned their treatments (AGG).

#### AGG SESSIONS

#### **SESSION 1**

Presentation/Basic information about **HIV/AIDS** 

#### **SESSION 2**

Physical Care that PLHIV+ should follow

#### **SESSION 3**

Testimony of a member Psychological care and adherence to treatment

#### **AGG FEATURES**

3:00pm Time:

2 times a week (Tuesday Frequency:

& Friday) **Maximum number** 

of participants:

**Modality:** 

face-to-face **Moderators:** 

psychologist, infectious disease specialist and retention assistant.

#### CRITERIA FOR PARTICIPANTS

#### AGG:

- Clients who are considered recovered dropout.
- Clients who do not attend their appointments on a reccuring basis.

#### SGG:

 Client one month after starting ART.

#### **SESSION 4**

Open discussion of your concerns/personal relationships

#### **SESSION 5**

**Achievements** achieved/Reduction of risk practices

### **SESSION 6**

Stigma/ Discrimination/ Self-stigma

The SGG holds a meeting a month after starting treatment while the AGG holds six meetings. In these meetings, HIV, ARV treatment, physical and psychological care, problem-solving tools, reduction of risk practices, stigma and discrimination are discussed.

### RESULTS

In 2022, 14 groups were formed with a total of 88 participants (SGG=43; AGG=45). 91% SGG and 82% AGG of clients adhered to treatment within one year. Of the adherent clients whose viral load could be measured (SGG= 36; AGG=31), 97% of the SGG and 81% of the AGG had an undetectable viral load.



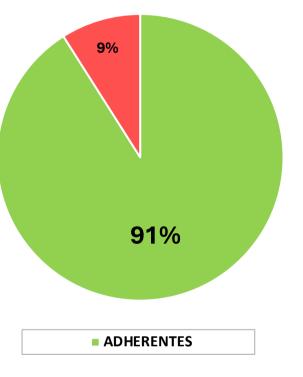
Of the seven clients (SGG= 4; AGG= 3) who abandoned treatment, five of them were drug users and suffered from mental disorders. One case reported gender violence, and in the remaining case, no information could be collected.

## CONCLUSIONS

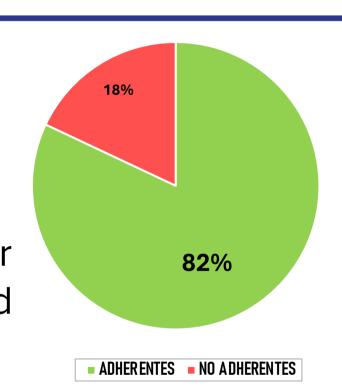
Alternatives must be sought to ensure adherence to ARV treatments. We understand that these types of programs must be based on the social determinants of each population. Our patients' work schedules and difficulties, such as transportation, prevented some patients from participating in these programs. The results analyzed stimulate us to continue advancing in this type of community-based programs.

### SGG AND AGG PARTICIPANT ADHERENCE GRAPHICS (2022)

Percentage of SGG participants (2022) who are adherent to ART after one year of having attended the group

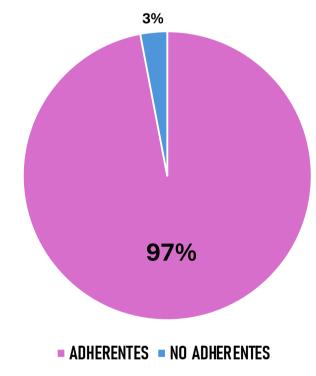


Percentage of AGG participants (2022) who are adherent to the ART after one year of having attended the group



### UNDETECTABLE GRAPHS FOR SGG AND AGG PARTICIPANTS (2022)

Percentage of SGG participants (2022) who were undetectable after one year after completing the group



Percentage of AGG participants (2022) who were undetectable after one year after completing the group

