

Intervention to improve HIV continuous care monitoring in public-sector HIV care sites in São Paulo, Brazil: A pre-post implementation evaluation

Mylva Fonsi¹, Simone Queiroz Rocha¹, Karina Wolffenbüttel¹, Gleidjane Maciel¹, Lis Neves¹, Renata Ferreira de Oliveira¹, Artur Kalichman¹, Ana Maroso Alves², Maria Ines Battistella Nemes²

1-Centro de Referência e Treinamento DST/Aids, São Paulo/Brazil; 2-Faculdade de Medicina da Universidade de São Paulo

Background

In Brazil, a nationwide electronic Clinical Monitoring System (SIMC) provides HIV public health facilities (HPHF) with lists of patients who have had their viral load tested and have not started treatment (Gap) or have interrupted antiretroviral therapy (ART interruption).

Methods

We are carrying out an intervention in 30 selected HPHF in the state of São Paulo, Brazil, aiming to improve the utilization of SIMC reports for the re-engagement of patients identified in gap or ARV interruption. The intervention includes the consistent use of a SIMC e-learning platform and monitoring by trained healthcare professionals. Here we present the percentage variation in the proportion of Gap and treatment interruption between November 2022 and November 2023. Additionally, we calculated the proportions of positive responses to 10 indicators on processes related to the consistent use of SIMC at the selected HPHF, obtained in a local survey carried out before and 12 months after the start of the intervention.

Results

We observed a reduction in the proportion of gap (81.81%) and ART interruption (18.20%) and an increase in the use of SIMC-related processes at the HPHF (78.33%) within 12 months of the start of the intervention (Table 1).

Table 1. Average percentage and percentage variance (PV) of Gap, ART interruption and SIMC utilization processes in 30 selected HIV public health facilities, November/2022 and November/2023, São Paulo, Brazil.

	2022		2023		PV 2022-2023 (%)
	n	%	n	%	
Gap[#]	1591	7.86	283	1.43	81.81
ART interruption^{&}	1907	10.22	1630	8.36	18.20
SIMC utilization processes		24.7		79.33	78.33

[#]Related to 20248 PLWHA in 2022 and 19788 in 2023

[&]Related to 18657 PLWHA in 2022 and 19505 in 2023

Conclusion

The results suggest that adoption of SIMC as a monitoring tool is feasible and that consistent use of an e-learning platform combined with monitor support can contribute to the re-engagement of PLWHA in HIV treatment and care.

Additional key information

Disclaimer: ViiV Healthcare/GSK Brazil has provided funding support for this research

Author Contact

mylvaf@crt.saude.sp.gov.br

Acknowledgements

Ministry of Health for developing and providing the Clinical Monitoring System, healthcare professionals who collaborated with this project and all people living with HIV