HIV Cohort in Manipur, India - situational analysis: after 4 years of disrupted services

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BACKGROUND

- Despite four years of disturbances, Médecins sans Frontières (MSF) continues to provide HIV care in Manipur, one of the highest HIV-prevalent states in India.
- MSF project sites: Churachandpur, Chakpikarong and Moreh (78% of patients in Moreh clinic came from Myanmar)
- Up to 2300 HIV patients have remained under follow-up with MSF at any given month.

What happened?

Series of events [external]	
2020	COVID-19: Lockdowns, Indo-Myanmar border closure
Feb 2021	Myanmar coup

April 2024- **MSF handed over Churachandpur cohort to MoH ARTC**

Series of events [external]	
May 2024	Manipur conflict

How did MSF manage?

- Mass transfer out of Myanmar patients
- Patient Drug Delivery (PDD): reaching anti-retroviral (ARV) drugs to patients

What is the issue?

- Huge attrition noticed, especially among Myanmar patients
- Questionable access to care for patients in current scenario
- Need to introspect on the outcome indicators and know how well we are doing with what we are doing

OBJECTIVES

1. To assess the trend of HIV cohort access and service utilization indicators across three timelines (pre-COVID-19, post-COVID-19- Myanmar conflict and Manipur conflict periods).
2. To assess the trend of HIV cohort outcome indicators across the three timelines.
3. To assess the association of PDD with HIV cohort outcome

METHODS

Study design: Retrospective observational study

Secondary data of MSF HIV cohorts of Chakpikarong and Moreh collected during routine clinical operations

Trend of HIV cohort indicators: Repeated cross-sectional data across three timelines

Association of PDD and HIV cohort outcomes: Retrospective secondary data of people living with HIV (PLHIVs) who were under follow up (at least once) between April 2020 and March 2024.

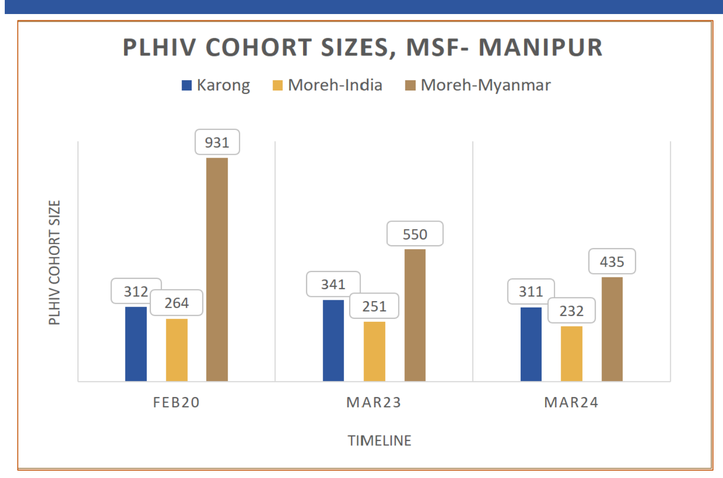
Data Analysis

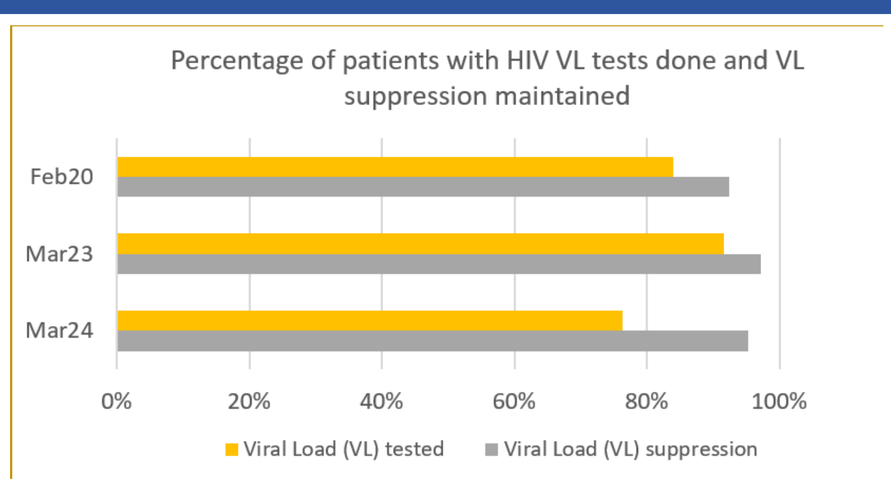
Trends of service access, utilization and outcome indicators

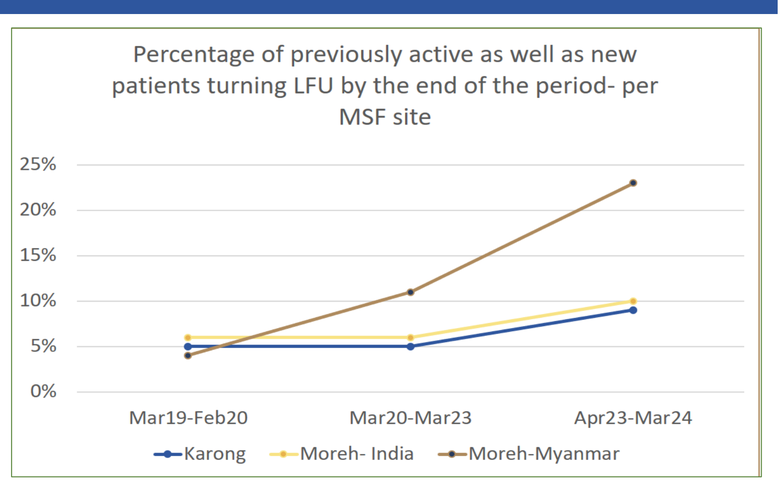
PDD and Outcome variables
-Chi-square tests for association
-Non-parametric tests for independence
-Stepwise forward-backward logistic regression analysis

Softwares used: MS Excel and R

RESULTS







- Overall cohort size reduced; sharp decline in Myanmar group in Moreh sub-cohort.
- Between February 2020 and March 2024, average number of HIV tests per month reduced by:
  - 64% in Karong cohort
  - 93% in Moreh- Myanmar cohort
- Average number of treatment initiations also reduced over the years.
- Females initiating treatment reduced from 45% (pre-COVID-19) to 36% (conflict periods)
- Linkage to antiretroviral therapy (ART) reduced from 93% in Feb 2020 to 85% in March 2024.

Predictors of Cohort Outcomes

What led to better outcomes?

Number of PDD: every single additional PDD received-
- Increased chances of Viral load (VL) testing by 1.5 times
- Increased chances of VL suppression by 1.2 times
- Increased chances of patient remaining under follow up by 1.78 times

Age group: Adolescents were 3.5 times more likely to remain under follow up than adults

What led to poorer outcomes?

Origin-Myanmar: Compared to Indian patients, patients from Myanmar were
- 97% less likely to have VL testing- (OR= 0.03)
- 67% less likely to have VL suppression (OR= 0.33)
- 95% less likely to remain under active follow up (OR= 0.05)

Enrolment status: compared to newly enrolled patients, those enrolled before Feb2020 were
- 82% less likely of having a VL test done (OR= 0.18)
- 98% less likely to remaining under active follow up (OR= 0.2)

Gender: Compared to females, males were 63% less likely to remain under active follow up (OR= 0.37)

CONCLUSIONS

- **Drastic reduction in cohort sizes**, sharp increase in Lost-to-follow-up (LFU) in Myanmar cohort
- **Access to MSF services limited** in terms of HIV screening and initiation of treatments. Females had more limited access to screenings and treatment initiations.
- **VL suppression satisfactory** (95%) but VL testing coverage low, also reflecting access limitations and higher LFU in the cohort.
- **PDD associated with higher likelihood of VL tests, VL suppression and maintaining active status in the cohort**

suggests discontinuation of ARVs in the absence of PDD, pre-requisite for VL test

PDD has been associated with supporting positive treatment and cohort outcomes among PLHIVs;
→ can be revised as a strategy to maintain the continuity in the frequency of delivering ARVs.

Access to care is limited; **need for adopting variety** to provide access and continuity of care to PLHIVs