IMPLEMENTING UTT IN AFRICAN CORRECTIONAL FACILITIES: A PROSPECTIVE COHORT STUDY

Background

- Despite widespread HIV treatment and care scale up in sub-Saharan Africa (SSA), connections between inmates and community care remain fragmented.
- Various methods are implemented to address this, including Universal test and treat (UTT) interventions.

Methods

- **Objective:** To provide inmates with the benefits of UTT and to describe clinical outcomes for UTT delivery in Zambia and South Africa.
- **Design:** Prospective, observational cohort (June 2016 – March 2018) as part of a larger mixed methods implementation research study.
- **Setting:** Three correctional complexes in Lusaka, Johannesburg, & Breede River.
- **Population:** Sentenced and “on remand” inmates who were: HIV-positive, ≥18 years, not yet on ART, and expected to remain incarcerated for ≥30 days. ART is not available in many correctional facilities.
- **Baseline:** Had ≥1 VL result. These results are presented in Table 1.

Results

- **Participant flow:** Of eligible inmates, 975 (95%) consented and enrolled in the study. 45 (4%) refused consent.
- **Outcomes:** Across sites, 86% of participants started ART (n/N = 835/975). Baseline characteristics of these participants are presented in Table 1. Across sites, the median time to ART initiation was 1 day (interquartile range, IQR: 0.5–21 days) (Figure 3a). By 6 months (i.e. 168 days) after ART initiation, nearly one-half had left study facilities (Figure 3b).

Conclusions

- It is feasible to implement UTT in diverse correctional settings in Zambia and South Africa with adequate resourcing, and to achieve favourable retention in care and viral suppression among inmates detained at the program site.
- Future efforts to extend the benefits of UTT to inmates in SSA may be undermined by high rates of inter-facility transfer and release to the community.

Limitations

- Nearly 50% of all inmates initiating ART were transferred or released prior to accruing 6 months (168 days) of study follow-up, and, as a result, many did not have a documented VL available for analysis.
- We could not ascertain outcomes among most transferred inmates and could not follow inmates after release, limiting our understanding of the durability and individual-level sustainability of our intervention.
- Introducing UTT at the study sites required considerable investments to strengthen existing corrections health systems, including human resources of health, commodities, supplies, and even anti-retroviral medications. Thus, our study findings may not be fully generalizable to prison settings where dedicated health resources are unavailable.

Acknowledgements

- The authors thank the study participants and staff of Lusaka Central, Johannesburg Central, and Breede Valley Correctional Complexes. We acknowledge the important leadership of the Zambian Correctional Service, the Zambian Ministry of Health, the South African Department of Corrections, and the South African Department of Health that made this work possible.

References