

Abstract category: E24 Interventions to improve quality of HIV services, patient centeredness adherence and pre-ART care

**Title: Impact of a Mobile HIV/TB Service on Pre-ART Retention amongst Migrant Farm-workers in Musina, South Africa**

Authors: T. Matambo<sup>1</sup>, K. Hildebrand<sup>1</sup>, C. Mwongera<sup>1</sup>, L. Wilkinson<sup>1</sup>, E. Goemaere<sup>2</sup>, G. Demola<sup>1</sup>, G. Van Cutsem<sup>1,3</sup>, A. Bauernfeind<sup>1</sup> R. Sirwali<sup>4</sup>, H. Bygrave<sup>2</sup>

*Institution(s):* <sup>1</sup>Medecins Sans Frontieres, Cape Town, South Africa, <sup>2</sup>Medecins Sans Frontieres, South African Medical Unit, Cape Town, South Africa, <sup>3</sup>Centre for Infectious Disease Epidemiology and Research, University of Cape Town, Cape Town, South Africa, <sup>4</sup>Department of Health, Limpopo Province, South Africa

**Text:** **Background:** Migrant farm workers have increased vulnerability to HIV. Many are reluctant to access healthcare for fear of revealing their work status to authorities and risking deportation. At the end of 2010, Médecins Sans Frontières (MSF) and the Limpopo Department of Health introduced an integrated mobile HIV/TB service for migrant workers on six farms in Musina District, South Africa. Mobile teams visit each farm weekly. We assessed the impact of the mobile service on pre- ART retention in care.

**Methods:** Two clinicians abstracted data from clinic registers during the periods July 2009 to June 2010, and January to December 2011. We compared the proportion of pre-ART patients eligible for ART remaining in care at the end of the study periods before and after the introduction of the mobile service.

**Results:** Before the introduction of the mobile service, 193 of 380 (51%; 95% CI 46%-56%) eligible for ART based on CD4 testing, were initiated. After the introduction of the mobile service, 735 farm-workers had a CD4 test to assess their eligibility for ART and 594 (81%) received the result. Of the 226 found to be eligible for ART, 188 (83%; 95% CI: 78%-88%) were initiated on ART. The introduction of the mobile HIV/TB services was associated with a 32% increase (95% CI 25%-39% ;  $p < 0.0001$ ) in the proportion of those eligible who were initiated on ART.

**Conclusions:** Providing HIV care through a mobile service improved pre-ART retention in care. Contributory factors are likely to have included not having to pay for transport to access the service and not losing wages due to taking time off work. Integrated PHC/HIV/TB mobile services are likely to improve pre-ART retention in care if implemented in other rural worker populations. Further improvements to the pre-ART cascade could be made by implementing point of care CD4 and creatinine.

Country of research: South Africa