ART Adherence Clubs
long-term retention in care

Suhair Solomon
Medecins Sans Frontieres
HIV care for epidemic control
Ambitions vs reality

- **Ambition**: UNAIDS official goal by 2020
- **Reality**: Global HIV treatment cascade

- **37 million people living with HIV**
  - 90% of them know their status (33 million people)
  - 90% of them initiated on ART (30 million people)
    - 81% of the total
  - 90% of them with undetectable viral load (27 million people)
    - 73% of the total

- **55% of them know their status** (20 million people)
- **75% started on antiretroviral treatment** (15 million people)
- **45% with an undetectable viral load*** (7 million people)

*Treatment cascade or treatment cliff? Successful HIV treatment, as measured by an undetectable viral load, is key for epidemic control. Reaching the 90:90:90 UNAIDS targets will require considerable future commitment and investment.

Source: UNAIDS

*Fox MP; Rosen S. Retention of Adult Patients on Antiretroviral Therapy in Low- and Middle-Income Countries: Systematic Review and Meta-analysis 2008-2013*
Differentiated Models of Care
## Model Variation in Cape Metro

<table>
<thead>
<tr>
<th>Area of adaptation</th>
<th>Types of adaptation</th>
</tr>
</thead>
</table>
| Eligibility criteria                       | • Duration of time of ART  
• Regimens  
• Number of suppressed viral loads  
• Co-morbidities |
| Patient population                         | • General adult population  
• Families  
• Youth  
• Men  
• High Risk (experienced viral rebound in the past) |
| Location of Clubs                          | • Within ART facility  
• Community venue close to facility  
• Community venue close to club member’s home  
• Home of Club member |
| Cadre of staff facilitating the Club       | • Lay counsellor  
• Community health worker  
• Nurse (professional or auxiliary)  
• Pharmacy assistant  
• Club member |
| ART dispensing strategy                    | • Pre-packed at central dispensing unit  
• Pre-packed at health facility |
| Integrated services provided               | • Condom distribution  
• Family planning  
• TB/hypertension/diabetic drug supply |
## Changes to minimum club eligibility criteria

<table>
<thead>
<tr>
<th></th>
<th>2011</th>
<th>2012</th>
<th>2015</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Duration on ART</strong></td>
<td>18 months</td>
<td>12 months</td>
<td>6 months</td>
</tr>
<tr>
<td><strong>No. of suppressed viral loads</strong></td>
<td>2</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td><strong>CD4 threshold</strong></td>
<td>&gt;200 cells/ml</td>
<td>None</td>
<td>None</td>
</tr>
<tr>
<td><strong>Regimen</strong></td>
<td>1&lt;sup&gt;st&lt;/sup&gt; line</td>
<td>1&lt;sup&gt;st&lt;/sup&gt; and 2&lt;sup&gt;nd&lt;/sup&gt; line</td>
<td>1&lt;sup&gt;st&lt;/sup&gt; and 2&lt;sup&gt;nd&lt;/sup&gt; line</td>
</tr>
<tr>
<td><strong>Co-morbidities</strong></td>
<td>No co-morbidities</td>
<td>No co-morbidities</td>
<td>No current TB</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Stable co-morbidities</td>
</tr>
<tr>
<td><strong>Age</strong></td>
<td>&gt;18 years</td>
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<td>Family and youth focused clubs allowed</td>
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Model variation: Community venue close to facility

Research article

Implementation of community-based adherence clubs for stable antiretroviral therapy patients in Cape Town, South Africa

Anna Grimsrud¹,¹, Joseph Sharp², Cathy Kalombo³, Linda-Gail Bekker²,⁴ and Landon Myer¹

Implementation and Operational Research: Epidemiology and Prevention

Community-Based Adherence Clubs for the Management of Stable Antiretroviral Therapy Patients in Cape Town, South Africa: A Cohort Study

Anna Grimsrud, MPH, PhD,¹ Maia Lesosky, PhD,¹† Cathy Kalombo, MBChB,‡ Linda-Gail Bekker, PhD,†§ and Landon Myer, PhD*
Results – Among Club patients

- Retention – 94% at 12-months
- VL suppression – 98% at 12-months
- No difference by gender or in those who sent a “buddy”
- Increased risk in patients 16-24 years at ART initiation – reinforcing the need for adapting club to this group
Model variation: Community venue close to PATIENT

Community based ART adherence Clubs:
A community model of care for ART delivery

Suhair Solomon, Phumelele Trasada, Gabriela Patten, Fanelwa Gwashu, Lillian Twentiey, Lynne Wilkinson

Retained in ART care
100 (99%)

Retained in Club care
95 (94%)

• Good referral mechanism into club care and back to facility care

Outcomes presented by S Solomon at SAAIDS 2015
### Model Variation in Cape Metro

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Slide courtesy of Lynne Wilkinson
Model variation: longer dispensing interval less visits, and support adherence in circular migration

4m vs. 2m ART supply in clubs: equivalent outcomes

| TABLE 1. Comparing Outcomes of Adherence Club Members Receiving 4 Months vs. 2 Months of ART |
|-----------------------------------------------|---------------------------------|-----------------|-----------------|----------------|-----------------|
|                                               | Defaulting                      | Risk Ratio (95% CI) | P               |
| No. ACs | Total | In Care | Defaulted | Defaulted, % | 0.95 (0.61–1.49) | 0.823           |
| Overall | 76    | 1860    | 1786      | 74           | 3.98            |
| Group A: 4 mo | 42 | 1054    | 1013      | 41           | 3.89 | 0.95 (0.61–1.49) | 0.823 |
| Group B: 2 mo | 34 | 806     | 773       | 33           | 4.09 | 0.95 (0.61–1.49) | 0.823 |
| Viral Load | Total | <400 | >400 | Not Suppressed, % | Risk Ratio (95% CI) | P               |
| Overall | 1507    | 1453    | 54        | 3.58         | 1.06 (0.63–1.81) | 0.817           |
| Group A: 4 mo | 842 | 811 | 31 | 3.68 | 1.06 (0.63–1.81) | 0.817 |
| Group B: 2 mo | 665 | 642 | 23 | 3.46 | 1.06 (0.63–1.81) | 0.817 |

Lessons from Scale Up

• Different models for different patient populations, patients should be able to choose
• Steering Committee for strategic decision making is necessary
• Setting appropriate targets (50-60% of RIC)
• Efficiencies for annual scheduling, annual 12m scripting cycle and effective alternative pharmacy dispensing
• Longer treatment supply intervals
• Quality of care cannot be compromised (deliver on the promise), maintain essential clinical requirements
• Evaluate the role of partner champions, with an eye on sustainability – not dependency
• Counselors/CHWs are valued critical resource to realize our targets
Acknowledgements

• Lynne Wilkinson for contributions to this presentation
• City of Cape Town and Western Cape Provincial HAST teams and Club Steering Committee
• Primary healthcare clinics colleagues that have supported pilots
• HIV positive patients in the Cape Metro for their continued support and insight in finding ways to improve the service provided to them
SESSION 2B: Community and Clinical Approaches for Improved Adherence, Retention and Differentiated Care. Adherence Clubs, Suhair Solomon, MSF/Doctors Without Borders

- Transition stable patients into simplified models for ART delivery that better suit their needs – clubs & quick drug pick-up options - in order to effectively utilize valuable clinician time to provide enhanced adherence & clinical care for complex and unstable patients.

- Efficiencies such as 12m scripting cycle for stable patients, longer dispensing of treatment, alternative dispensing avenues, are critical

- Lay healthcare workers (counselors/CHWs) drive this program facilitating clubs in facility and community. Provision for their role must be clearly defined and supported.