

Retention in care and factors critical for effectively implementing antiretroviral community based adherence clubs in a rural district in the Western Cape.

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Background

- Implementing WHO recommendation for lifelong ART regardless of CD4 count for all HIV positive individuals has resulted in
 - **increasing numbers of individuals on ART**
 - **increased client burden** at health facilities.
- Referring stable HIV positive individuals to **adherence clubs** (differentiated model of care) is **one strategy to manage** increased numbers of HIV-positive individuals.

Study Aims

To evaluate;

- i) clinical outcomes (LTFU) amongst ART clients attending community-based adherence clubs and
- ii) client experiences and healthcare worker perceptions to determine key factors for successful adherence club implementation

Study setting and Design

Setting:

Cape Winelands district, Western Cape Province, South Africa

Design:

This study comprised two parts and included;

- i) a retrospective cohort analysis of routine data from the study clinic
- ii) descriptive data collected through a self-administered survey from club clients and health care workers.

Retrospective Cohort Analysis

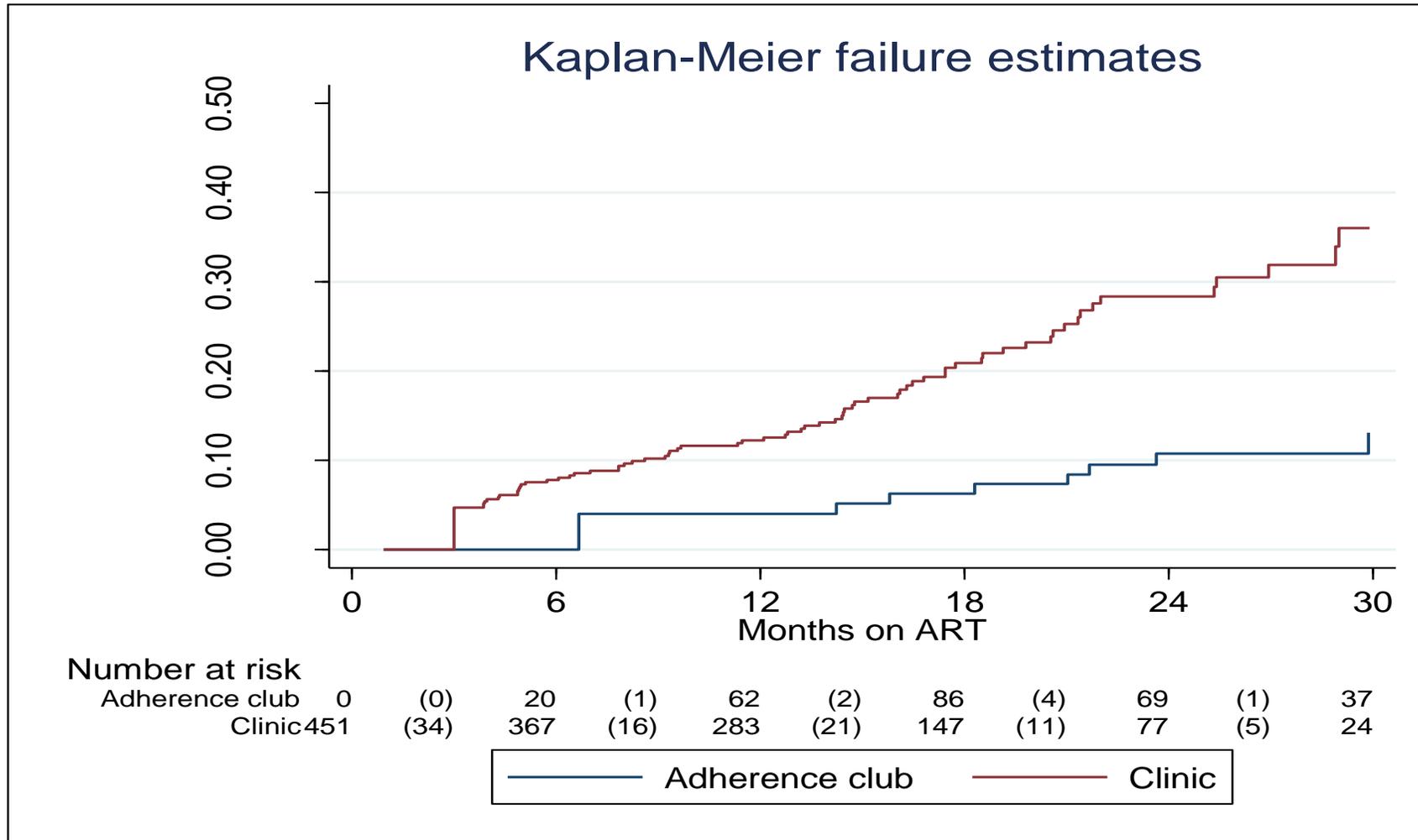
Methods

- **Retrospective cohort analysis of routine data** from one study clinic.
 - Data from one health facility and three linked community based adherence clubs in the Drakenstein sub district
 - Routine data was extracted from the DOH HIV monitoring system, TIER.net
 - Included all participants ≥ 18 years starting ART between 1 Jan 2014 and 31 Dec 2015
 - Participants were followed up until date of death, loss to follow up (LTFU), transfer out (TFO) or until end Dec 2016
 - Baseline characteristics of all participants were described using appropriate descriptive analyses
 - Multivariate analysis of LTFU was conducted using Cox proportional hazard models.

Cohort results - Baseline characteristics

- **N= 465 participants** (started ART between Jan 2014 and Dec 2015)
 - 263 (56.6%) stayed in clinic care
 - 202 (43.4%) referred to a community based adherence club
 - 299 (64.3%) were female
 - Median age = 32 years
 - Median baseline CD4 count = 374.5 cells/ μ L
 - Median time to club referral after ART start was 14.5 months
- Those referred to clubs were more likely to be **female**, had **higher baseline CD4 counts** and **less likely to have TB** at the time of ART start.

LTFU: Adherence club vs clinic care



Overall Results

Median follow up time: 20.7 mo
 97/465 (**20.9%**) were **LTFU**
 14/465 (**3.0%**) had **died**
 61/465 (**13.1%**) were **TFO**

aHR=0.25, 95% CI: 0.11-0.56),
 p<0.001

Key Message

**Lower probability of LTFU
 amongst individuals in
 adherence club care
 compared to clinic care**

Restricted to 451 clients Excluded 14 who reverted to clinic care after referral to a clinic or community based adherence club

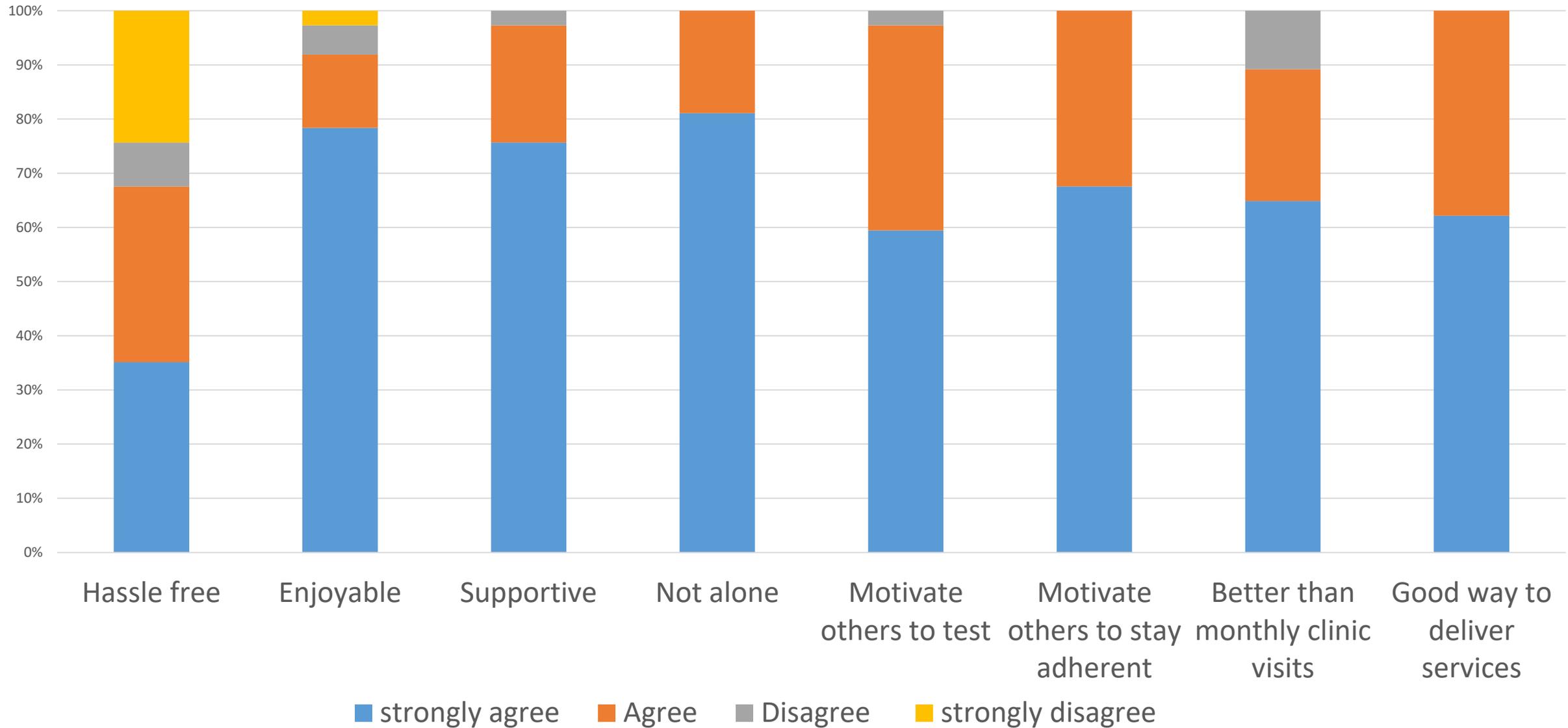
Client perspectives
and
Health worker perceptions



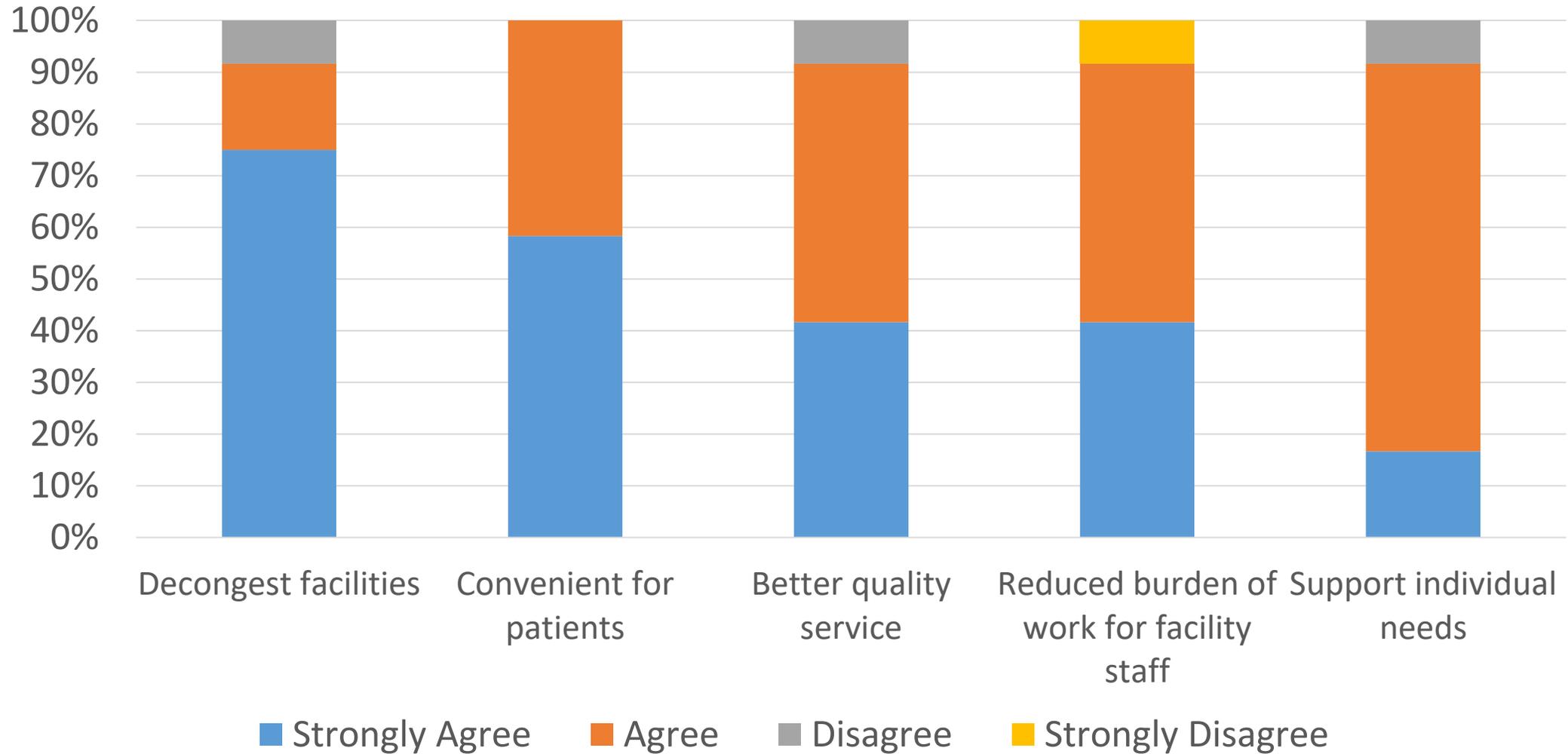
Methods

- **Descriptive data** collected through a **self-administered survey** at one community-based adherence club
 - Clients ≥ 18 yrs attending club were invited to enrol in the study as they exited the club
 - Health personnel directly and indirectly involved in the club were invited to participate in the study (on club days)
 - Data was collected electronically using a hand held device. Aug and Sep 2017
 - Standard descriptive statistics and thematic analysis used to evaluate participant responses

Client experiences of the community-based adherence club (n=37)



Healthcare worker perceptions of adherence clubs (n=12)



Survey Findings - Key Considerations

Findings from Club clients and HCWs

- Ideal club size is > 24 individuals
- Most believed a counselor should lead
- Ideal venue community hall, church or room at the clinic
- One size doesn't fit all

Findings from HCWs

- Needs for a standardised strategy for medication delivery;
 - e.g. medication not available at the club when client arrives
 - e.g. medication not collected at the club by client
- Team work between all role players is critical for good management

Key 'take-home' messages

- Lower probability of LTFU amongst individuals in 'club' care compared to clinic care – **promising clinical outcome**
- High levels of **acceptability** of the adherence club model.
 - Club clients reported that 'clubs' are a good way to deliver high quality health services for people living with HIV.
 - HCWs believed that 'clubs' are effective way to decongest clinics
- The proportion of **men** in care and attending adherence clubs remains low.
- Implementation of 'clubs' is not simple
 - Require **co-ordination**, working together of a **multidisciplinary team**, each person has to have clear roles and responsibilities.
- Extensive ongoing evaluation is required as the number of clubs grow.

Thank You



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