

The evidence and benefits of **annual clinical visits**

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On behalf of the  team at CAPRISA
Strengthening Health systems through
Audit & Programmatic data Evaluation

Why consider annual clinical consultations for stable clients?

Recipient of care	Health system
<ul style="list-style-type: none">▪ Reduced cost for clients (transport and opportunity costs)▪ Reduced time commitment - fewer clinic visits with 3-5hr waiting times▪ Increased flexibility especially in contexts of high mobility	<ul style="list-style-type: none">▪ Reduced cost for the health system▪ Decongested health facilities and reduced workload potentially improving quality of care
<ul style="list-style-type: none">▪ Reduced risk of system complexity that can fail (e.g. client not getting another 6-month prescription at the clinical review visit)	

But is it safe and it is what clients want?

WHO 2021 recommendation: Frequency of clinical and refill visits

For people established on ART:

- **Clinical visits** every 3–6 months, “preferably every six months if feasible”
- **ART refills** lasting 3–6 months, “preferably six months if feasible”

7.5.3 Frequency of clinical visits and ART pick-up

Recommendations (2021)

People established on ART should be offered clinical visits every 3–6 months, preferably every six months if feasible^a (*strong recommendation, moderate-certainty evidence*).

^aWhen routine clinical consultations are due, they should be coordinated with planned medicine pick-ups to reduce visit frequency.

People established on ART should be offered refills of ART lasting 3–6 months, preferably six months if feasible^b (*strong recommendation, moderate- to low-certainty evidence*).

^bARV drug supply management should be strengthened to ensure the availability of ARV medicine and prevent stock-outs in the context of less frequent medication pick-ups.

Source: *Updated recommendations on service delivery for the treatment and care of people living with HIV (63)*

GUIDELINES

CONSOLIDATED GUIDELINES ON HIV PREVENTION, TESTING, TREATMENT, SERVICE DELIVERY AND MONITORING:

RECOMMENDATIONS FOR A
PUBLIC HEALTH APPROACH

JULY 2021

2022 systematic review and meta-analysis

PLOS MEDICINE

RESEARCH ARTICLE

Evaluation of HIV treatment outcomes with reduced frequency of clinical encounters and antiretroviral treatment refills: A systematic review and meta-analysis

Noelle Le Tourneau^{1*}, Ashley Germann², Ryan R. Thompson², Nathan Ford^{3,4}, Sheree Schwartz², Laura Beres², Aaloke Mody¹, Stefan Baral², Elvin H. Geng^{1,5}, Ingrid Eshun-Wilson¹

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“Among studies comparing reduced clinical consultation frequency (6- or 12-monthly) to 3-monthly consultations, there appeared to be no difference in retention (RR 1.01, 95% CI 0.97–1.04, $p = 0.682$, 8 studies, low certainty), and this finding was consistent across 6- and 12-monthly consultation intervals and delivery strategies.”

Emergency provisions during COVID-19 resulted in annual clinical consultations in South Africa → could evaluate the outcomes among those with annual clinical consultations

- 6-month prescriptions were automatically extended for a further 6-months with no additional requirement to return to clinic = effective annual clinical review with 12-month prescription period



Clinical outcomes after extended 12-month antiretroviral therapy prescriptions in a community-based differentiated HIV service delivery programme in South Africa: a retrospective cohort study

Lara Lewis^{1,2,§} , Yuktेशwar Sookrajh³, Johan van der Molen¹, Thokozani Khubone³, Phelelani Sosibo³, Munthra Maraj³, Rose van Heerden³, Francesca Little², Reshma Kassanjee⁴ , Nigel Garrett^{1,5} and Jienchi Dorward^{1,6} 

[Lewis L. Clinical outcomes after extended 12-month antiretroviral therapy prescriptions in a community-based differentiated HIV service delivery programme in South Africa: a retrospective cohort study JIAS 2023](#)

Methods

Population: PLHIV ≥ 18 yrs receiving community-based ART in CCMDD: Jun-Dec 2020

Intervention: 12 months prescription: 1 annual clinic visit

Comparator: 6 months prescription (standard): 2 annual clinic visits

Outcomes:

- 12-month retention in care (<90 days late for clinic visit, not died/transferred)
- 12-month viral suppression (defined as <50 copies/mL) if retained

Analysis: Modified Poisson regression adjusted for confounders

Findings

Descriptive characteristics

- 27,148 patients, 57% with 12-month prescription
- Median age; 39 (IQR: 33-46) years; 69% female
- Median number of clinical visits over 12 months
 - **12-month group:** 1 (IQR 1-1) vs
 - **6-month group:** 2 (IQR 2-3)

Retention in care at 12 months

- **Slightly higher retention in 12-month group**
- 92% vs. 95%; aRR 1.03, 95% CI (1.01-1.05)

Viral suppression at 12 months

- **Similar viral suppression;**
- 90% vs. 91% aRR 1.01, 95% CI 1.00-1.02)

Findings



Monthly odds of VL_≥50 copies/ml

- **Decreased (improved)** by **4%** p.a. with initial 6-month scripting
- **Decreased (improved)** by **11%** p.a with 12-month scripting during COVID19
- **Increased (worsened)** by 6% p.a after 6-month scripting was re-instated

Methods

Population: PLHIV ≥15 yrs receiving ART in private insured ART programme

Intervention periods of ART prescription script renewals:

Period 1: Jan-19 to Apr-20 (6-monthly standard)

Period 2: Apr-20 to Sep-21 (12-monthly during COVID19)

Period 3: Sep-21 to Nov-22 (6-monthly **re-instated**)

Outcome: % viral load ≥50 copies/mL

Analysis: Interrupted time series



Healthcare worker perspectives on adaptations to differentiated anti-retroviral therapy delivery during COVID-19 in South Africa: A qualitative inquiry

Kwena Tlhaku¹, Lindani Msimango², Yuktेशwar Sookrajh³, Cecilia Milford^{1,4}, Pedzisai Munatsi¹, Andy Gray⁵, Munthra Maraj³, Nigel Garrett^{1,6}, Jienchi Dorward^{1,7*}

Methods

Objective:

To explore HCW's perspectives on the 12-month ART prescription during COVID19 pandemic

Population:

HCWs in public sector primary care clinics run by the eThekweni Municipality Health Unit in the KwaZulu-Natal.

Data collection:

Semi-structured in-depth interviews: Feb-Dec 22

Findings

HCWs perspectives in favour of 12-month prescription

- Beneficial to patients and the staff
- Reduced workload
- Patients asked why not given anymore

HCWs perspectives against 12-month prescription

- Felt it reduced frequency of patient clinical monitoring (e.g. viral load)
- Felt it led to ART non-adherence and increased viral load
- Reduced patient need for extra clinic visit to report clinical issues

Conclusion

- Healthcare workers reported benefits of 12-month prescriptions
- Concerns about patient adherence, how to align annual viral load with clinic visits, and follow up of patients who were no longer collecting ART.

Staffing costing: 6MMD scenarios with 6-monthly vs annual clinical consults in South Africa

Staffing cost implications:
Total staff hours - Yr 1 + Yr 2 (ZAR)*



Description	Frequency clinical review	Clerk	Nurse	Pharmacy assistant	% change over current
Current 3MMD		1,543,656	1,006,675	171,938	
1. Facility-based 6MMD	6-monthly	↓ 1,390,601	↓ 898,817	↓ 163,786	-10%
2. CCMDD-based 6MMD w/ auto-rescript (6M-fac,6M-CCMDD)	12-monthly	↓ 924,883	↓ 683,101	↓ 88,801	-38%

*Estimations subject to change based upon rate of scale-up

In 2022, most countries still required 6-monthly clinical consultations

No subsequent changes in guidance despite US funding cuts*

(*a few countries are considering Ghana, Kenya....)



Key

- National policy
- COVID-19 policy adaptation

References
Click on the ovals in the table to access the referenced policy.

- Notes**
- Burkina Faso:** 6 monthly consultations for first DSD year then annual
 - Ghana:** 3 monthly consultations for children >2 years until on adult ART doses
 - Guinea:** 6 monthly consultations from 6-12M then annual
 - Haiti:** 3 monthly telephone check-up
 - Mozambique:** 3 monthly if 2-9 yrs, on IPT or lactating
 - Namibia:** 6-month ART prescriptions
 - Rwanda:** 3 monthly clinical consultations for children, adolescents and pregnant women
 - South Africa:** 6-month ART prescriptions
 - Tanzania:** Annual consultations for migrant populations
 - Uganda:** 3 monthly consultations for children >2 yrs and adolescents (10-19yrs)
 - Zimbabwe:** 6 monthly consultations if viral load testing not available /Adolescents 6 monthly/ Children >2 years 3 monthly

Zimbabwe costing study – reduction in facility visits impact

RESEARCH ARTICLE

Economic evaluation of a cluster randomized, non-inferiority trial of differentiated service delivery models of HIV treatment in Zimbabwe

Mariet Benade^{1*}, Brooke E. Nichols^{1,2,3}, Geoffrey Fatti^{4,5}, Salome Kuchukhidze¹, Kudakwashe Takarinda⁶, Nicoletta Mabhena-Ngorima⁴, Ashraf Grimwood⁴, Sydney Rosen^{1,2}

deviation \$39), \$178 (\$30), and \$167 (\$39) in each of the three arms, respectively. The annual cost/patient was dominated by ART medications (79% in 3MF, 87% in 3MC; 92% in 6MC), followed by facility visits (12%, 5%, 5%, respectively) and viral load (8%, 8%, 2%, respectively). When costs were stratified by district, DSD models cost slightly less, with 6MC the least expensive in all districts. Savings were driven by differences in the number of facility visits made/year, as expected, and low uptake of annual viral load tests in the 6-month arm. The total

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Yes – it is safe, equivalent retention and equivalent or improved viral suppression



Acknowledgements



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We thank all our collaborators and funders!



CAPRISA:

Jienchi Dorward (Co-PI)
Nigel Garrett (Co-PI)
Lara Lewis
Mlungisi Khanyile
Sharana Mohamed
Johan van der Molen
Kwena Tlhaku
Sanele Mbeje
Lisanthini Naidu
Minenhle Hlabisa

eThekweni Municipality:

Yukteshwar
Sookrajh
Thokozani
Khubone
Phelelani Sosibo
Rose van Heerden

KwaZulu-Natal Department of Health:

Thulani
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Discovery Health:

Shirley Collie
Xolani
Masombuka
Claudia
Pastellides
Dave Jacobs

University of Oxford:

Jienchi Dorward
Jennifer Brown

London School of Hygiene & Tropical Medicine:

Christian Bottomley
Kwabena Asare

Funding:

SHAPE is supported by the Gates Foundation [INV-051067 and INV-073793]. The conclusions and opinions expressed in this work are those of the authors alone and shall not be attributed to the Foundation.

Jienchi Dorward (CL-2022-13-005) is funded by the UK NIHR. The views expressed are those of the author(s) and not necessarily those of the NIHR, NHS or the UK Department of Health and Social Care.