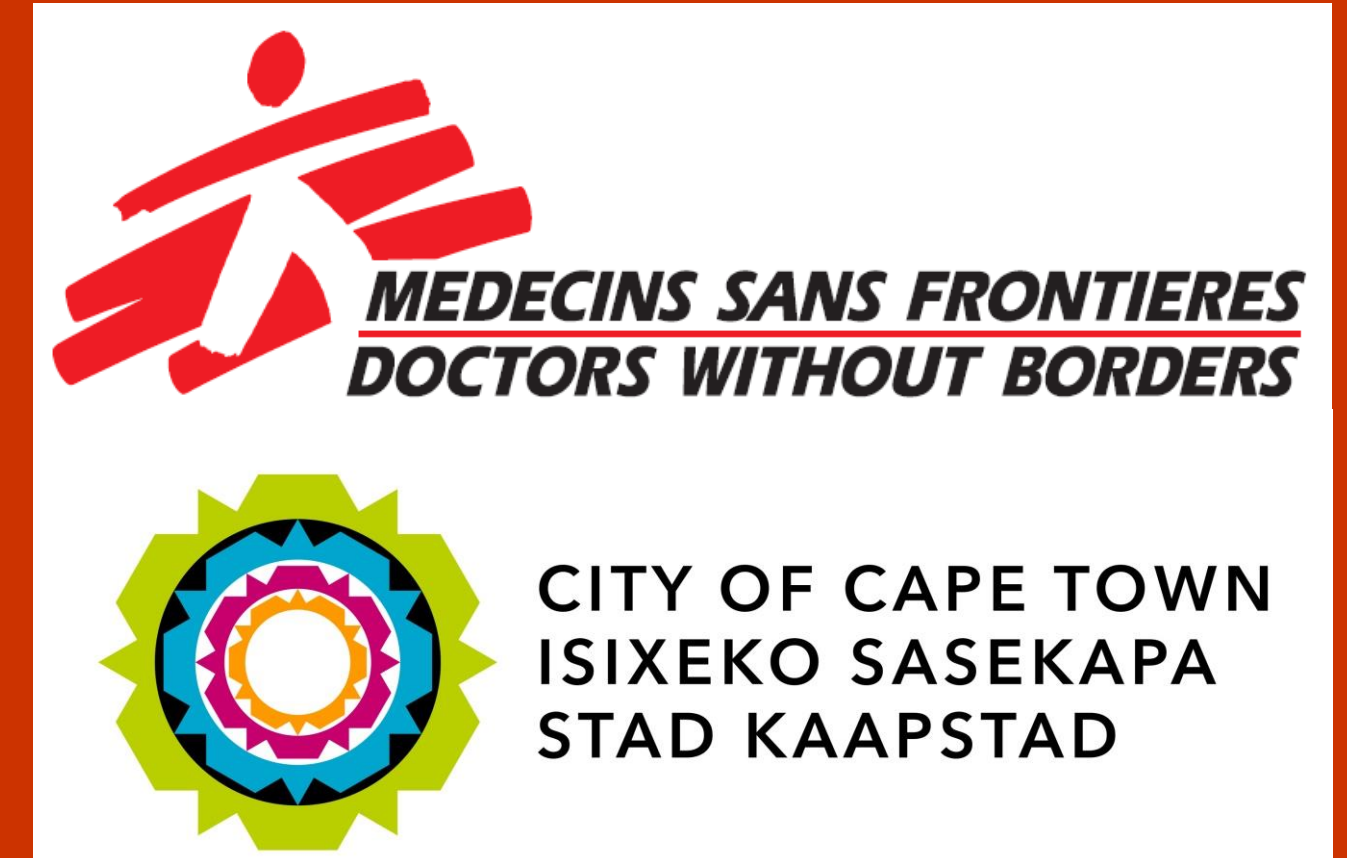


# Youth ART adherence clubs: Outcomes from an innovative model for HIV positive youth in Khayelitsha, South Africa



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ABSTRACT NO. TUPEE490

## Background

Retaining youth, both antiretroviral treatment (ART) ineligible and those on ART, remains challenging with higher rates of loss to follow-up (LTFU) than their adult counterparts.

Adapting the adult ART adherence club model to provide for youth only participation, enrolling ART ineligible youth and youth newly initiated on ART to expose them to peers who have initiated ART and integrated adherence into their lives, and integrating family planning (FP), may address this challenge.

We describe outcomes from a healthcare worker led group model of HIV care and ART delivery differentiated specifically for youth.

## Methods

### Setting

Site C youth clinic (12-25 years) in Khayelitsha, a township community outside of Cape Town, South Africa with high HIV and TB burden.

### Intervention

From March 2012 to May 2015, HIV positive youth were invited to enrol in youth clubs (YCs). These are closed groups of approximately 20 members including ART-ineligible, newly initiated and stable on ART youth. Separate groups were formed for youth still attending school and older youth.

YCs were facilitated by a lay counsellor with structured youth focused session guides on topics such as managing disclosure within new relationships. Groups met monthly for the first 6-12 months, thereafter two monthly at the clinic.

ART refills, HIV clinical management and FP were integrated into the YC model. ART was pre-packed by the central dispensing unit and collected from the adult clinic pharmacy before the group. Youth stable on ART received their refill in the group while newly initiated youth were given their refill by the club nurse during their clinical consultation taking place immediately after the group.

### Data analysis

We conducted a retrospective cohort analysis with LTFU defined as no YC or clinic contact from June-August 2015. We describe characteristics and retention outcomes using Kaplan-Meier methods stratified by YC enrolment category.



Youth club members participating in an activity related to the topic of the day.

## Results

337 youth (21.7% ART-ineligible, 52.8% newly initiated and 25.5% stable on ART) enrolled in YCs contributing 414.8 person years to the analysis [median 1.2, interquartile range (IQR) 0.5-1.9]. The majority were female (85.76%) with median age at enrolment of 22.3 years (IQR 20.3-23.7). 58 (17.2%) attended school clubs.

Overall retention at 12-months was **81.7%** [95% confidence interval (CI) 76.4-86.0] and varied by enrolment category (p-value<0.001) (also see in Figure1):

ART ineligible youth

• **52.9%**  
(95% CI 40.0-64.2)

Newly ART initiated youth

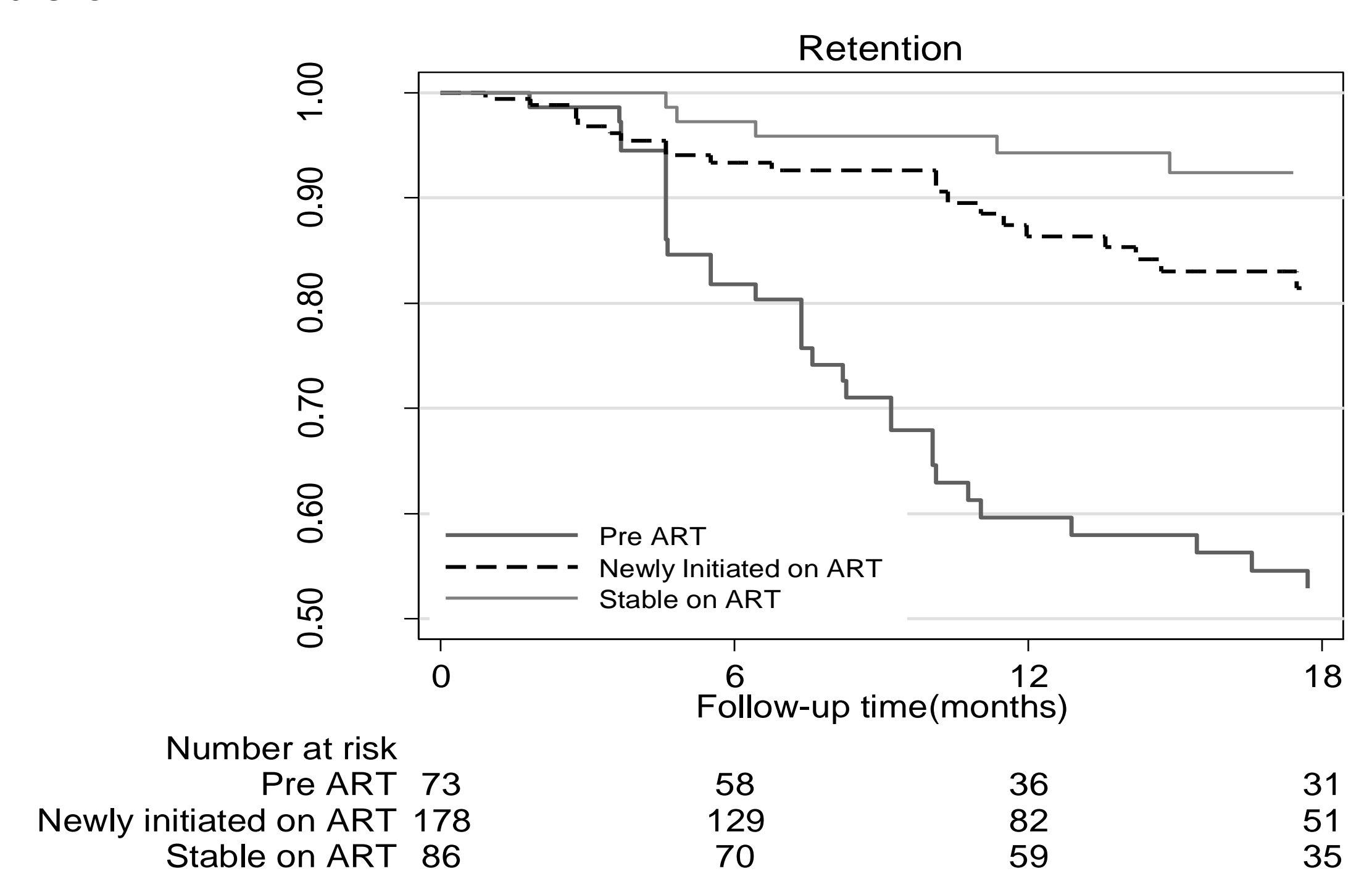
• **86.4%**  
(95% CI 78.7-91.4)

Stable on ART youth

• **94.3%**  
(95% CI 85.4-96.8)

Over the study period, 1 (3%) died, 101 (30.0%) transferred out (60 of whom graduated to adult care), and 71 (21.1%) were LTFU. 18 initiated ART and 84 became stable on ART.

Figure 1:



## Conclusions

The YC model supported high rates of retention among young adults on ART. ART ineligible youth remained difficult to retain despite integration into groups with youth on ART.

## Acknowledgements

Youth club members at Site C youth clinic, Khayelitsha  
City of Cape Town Health Department  
MSF lay counsellors and Staff at Site C youth clinic, Khayelitsha  
All images photographer Samantha Reinders



Youth Club in action led by Thembi Dutyulwa, youth lay counsellor.