

# *“It’s not just about giving the drugs”:* Medication Adherence Clubs (MACs) for HIV and Non-Communicable Disease (NCD) patients in an informal setting in Kibera, Kenya

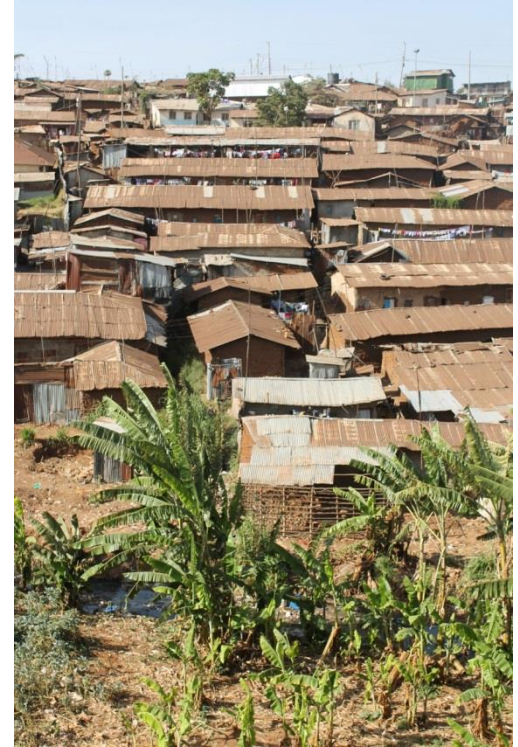
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# Introduction and background

- 13 million people on lifelong antiretroviral therapy (ART)
- Adaptation of ART delivery models = treatment to large numbers of stable patients
  - longer drug refills, collecting drugs in clinic-based clubs or the community
- Growing burden of Non Communicable Diseases (NCDs) in Kibera, Kenya
  - diabetes (5.3%) and hypertension (12.3%)<sup>1</sup>
- Apply lessons from ART rollout to NCD cohorts




<sup>1</sup>Van de Vijver *et al*,2013; Ayah *et al* 2013

# A mixed methods study in Kibera South Clinic

- Investigate health-care worker and patient perspectives on MACs and outcomes after 12 months of implementation
- Routine data collection (August 2013-2014)
- 19 interviews and 10 focus groups with health-care workers & patients (Jan-March 2015)
- Participant observation in clinic and MACs
- Random sample of patients from MAC groups and clinical records
- Purposive sample of health-care workers

MAC =  
Medication  
Adherence Club



	Participants in focus group discussions n (%)	Participants in in-depth interviews n (%)
Health-care workers	16 (18)	9 (47)
MAC clients	36 (42)	6 (32)
Non-MAC clients	35 (40)	4(21)
Total	87 (100)	19 (100)

Table 1: Description of qualitative research participants

# What is the MAC model of care?

- Medication Adherence Clubs introduced in Kibera in 2013
- Up to **30 members** with HIV and/or diabetes and hypertension
- Sessions last **30 minutes - 1 hour**
- Sessions take place in the clinic in the **afternoon or a Saturday**
- Stable patients collect **3 months' supply of medication** and receive **health talks & peer support**
- **Annual clinical consultation with monitoring blood tests** for all MAC members
- Alternative to MACs for stable patients is **fast-track drug refill** (collecting drugs directly from the pharmacy)

# Eligibility criteria for MACs

Type of patient	HIV	NCD (diabetic or hypertensive)
Age of patient	≥ 25 years	≥ 25 years
Length of time on treatment	On ART ≥ 12 months	On medication ≥ 6 months
Viral load	Undetectable	-
CD4 count	≥200 cells/ $\mu$ l	-
WHO stage	No WHO stage 3 or 4 conditions	-
Blood pressure (if hypertensive)	-	Below 150/100
HbA1c (if diabetic)	-	Below 8%

# Results 1: MAC patients

5028 HIV and NCD patients in Kibera cohort

2212 (44%) were eligible to join MACs

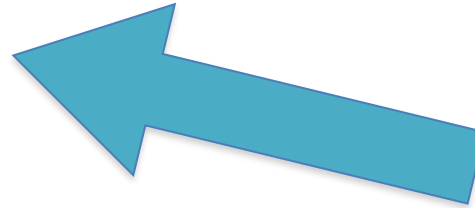
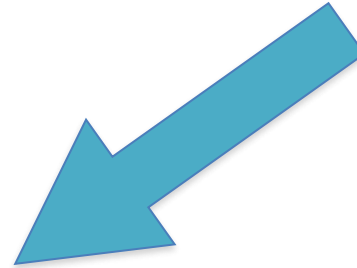
1432 (28% of total cohort) were enrolled into MACs

109 MAC sessions were held in 12 months, equal to 2208 individual consultations

71% of MAC members are HIV positive

64% of MAC members are female

2% referred back to clinic care



# Results 2: Acceptability of MACs

- Acceptable to health-care workers and patients as a time-saving means of collecting drug refills
- Challenges with implementation and recruitment = not all MAC members fully understood the concept of MACs when joining
- Patients enjoyed the health talks
- Non-MAC patients were enthusiastic about MACs, but had limited knowledge of them

*They just come,  
pick and go!*

*Female health-care  
worker*

*I am able to go to  
work for a half day,  
then I ask for  
permission to come  
to the clinic to pick  
my medication.*

*Female MAC member*

# Results 3: What about stigma?

- MACs were believed to both reduce *and* increase stigma
- Patients are not required to disclose their HIV status in MACs
- Model treats HIV as a chronic disease, like diabetes or hypertension
- HIV positive patients were more likely to fear being stigmatised by other patients when compared to those with NCDs

*[T]he stigma becomes less and less. It is all a chronic disease. HIV is no longer what it used to be. [W]hen you put them together they find a sense of belonging.*

Nurse, Kibera South

# Results 4: Combining NCD and HIV patients



- Health-care workers recognised the benefits and uniqueness of this model of care
- Some patients were not aware MACs were combined
- Combining HIV and NCD patients is logistically simpler and allows for co-morbidities
- Not all HIV positive patients felt comfortable disclosing in a MAC, affecting capacity for patient and peer-support and open discussions
- Health talks enabled patients to learn about diseases other than their own

# Results 5: Choice of drug refill strategy

- Qualitative data revealed decision to join a MAC was usually driven by clinicians
- Non-MAC patients were keen to explore other drug refill strategies that would save them time
- Little knowledge of option to collect drug refills directly from the pharmacy
  - Individual patients have different preferences concerning how they collect their drugs refills

# Conclusions & next steps

- Innovative model, acceptable to patients and health-care workers
- MACs provide large numbers of stable HIV & NCD patients with drug refills: retention will be assessed next
- MACs provide peer support, although disclosure is a challenge for HIV positive patients
- Increased promotion of drug refill strategies is required to enable improved patient choice in accessing chronic medication

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