

Implementation scale up of the Adherence Club model of care to >30,000 stable ART patients in the Cape Metro, South Africa 2011- 2015

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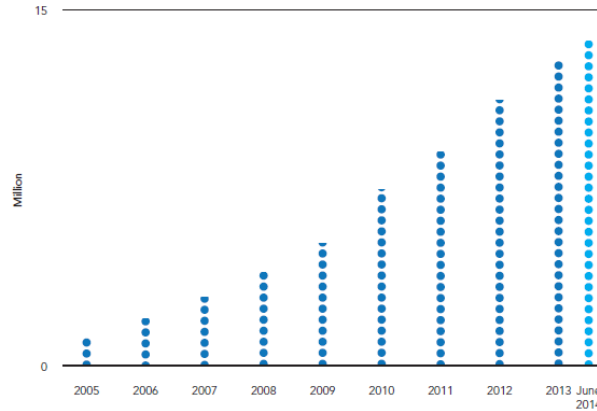
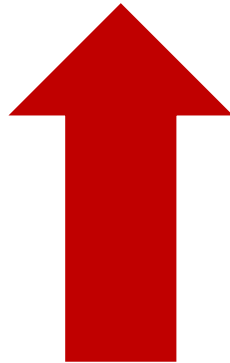
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Background

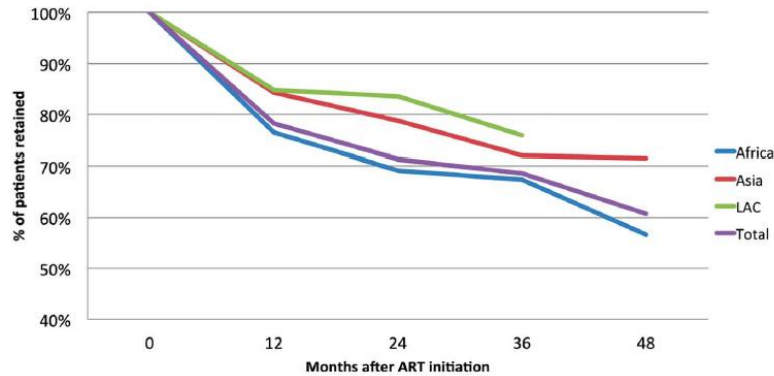
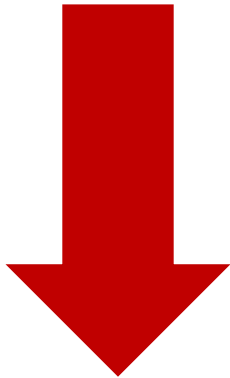
ART SCALE UP



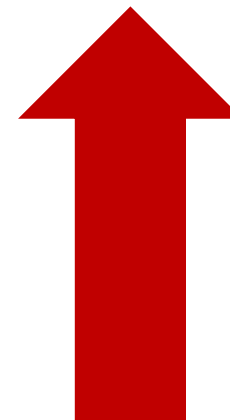
13.6 MILLION

People receiving antiretroviral therapy, June 2014

RETENTION



DEMAND



START





*group
VS
individual
management*

Adherence Clubs

Group of ~30 stable patients
Meet 5 times/year for <45 min
Lay HCW led
Receive pre-packed ART supply
Once a year clinician review
Allow treatment buddy collection

Effectiveness of Patient Adherence to Care for Stable Patients Khayelitsha, Cape T

Miguel Angel Luque-Fernandez
Michael Schomaker
Miguel A. P

1 Centre for
S

**97% vs. 85%
retention in care
stable patients enrolled
in club vs remaining in
routine clinic care**

... number of patients on antiretroviral
... evaluates the effectiveness of a group-based
... in care and maintaining adherence.
... offered to adults who had been on ART for at least 18
... virologically suppressed. Embedded in an ongoing cohort study,
... patients receiving the intervention with patients attending routine

Setting

**Cape Metro health district
Cape Town, South Africa**

Mar 2015 on ART: 128 697

70 ART sites

2011 Cape Metro Pop ~ 3.75 million

2013 ante-natal HIV prevalence 19.7%

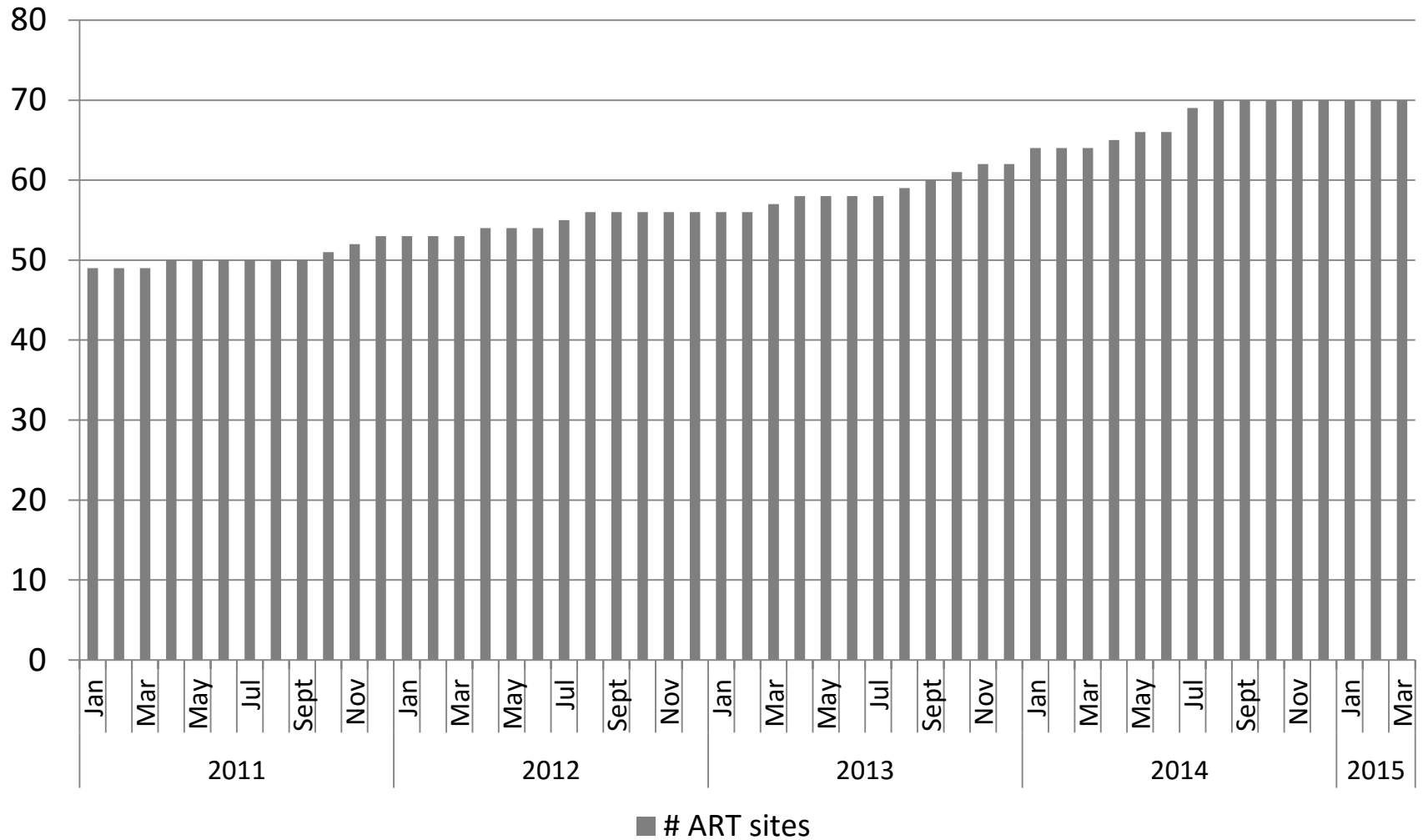
Methods

- Describe scale up of adherence clubs between Jan 2011-March 2015
- DoH data from routine ART monitoring systems:
 - Retained in club care
 - Retained in care



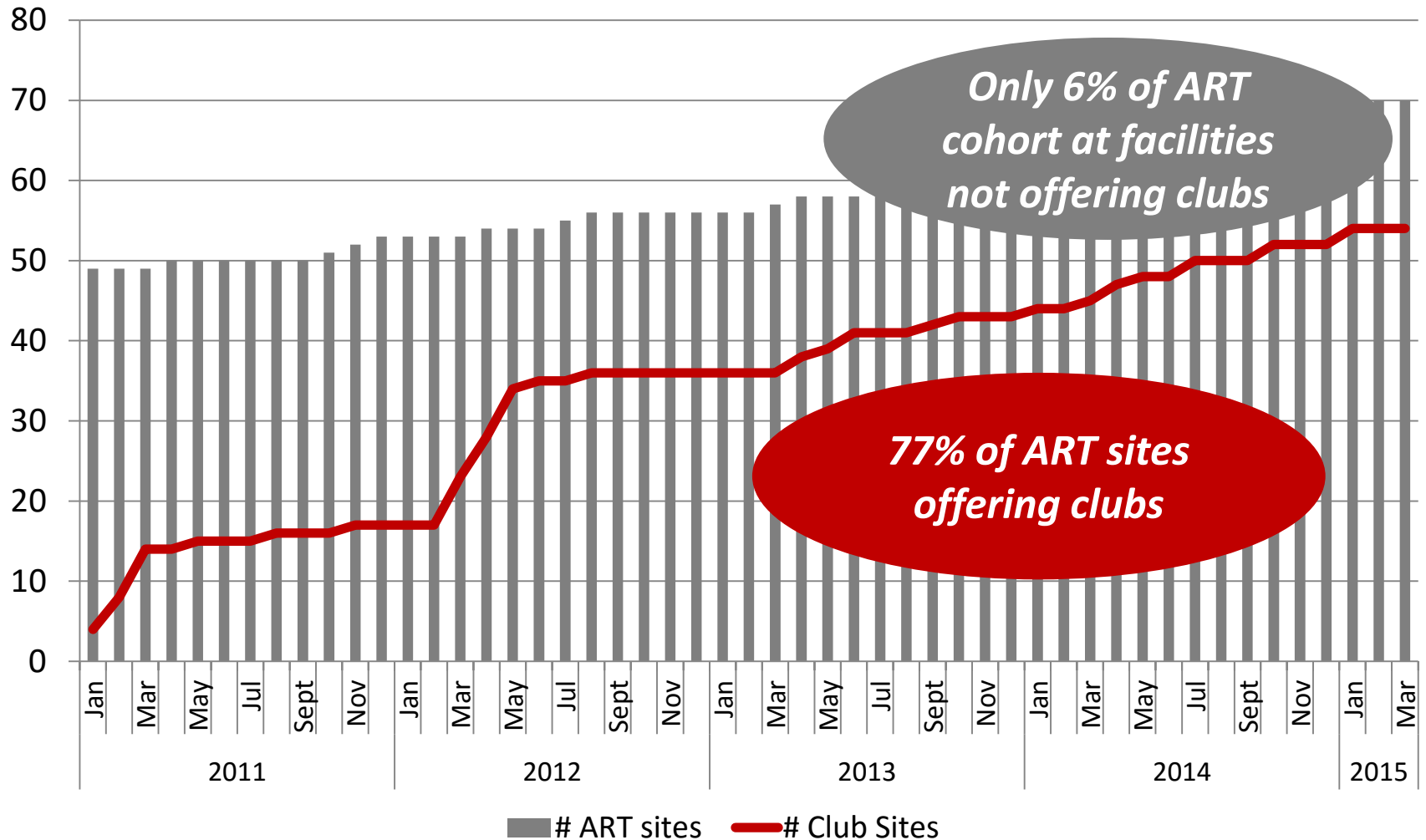
Results

Number of ART facilities

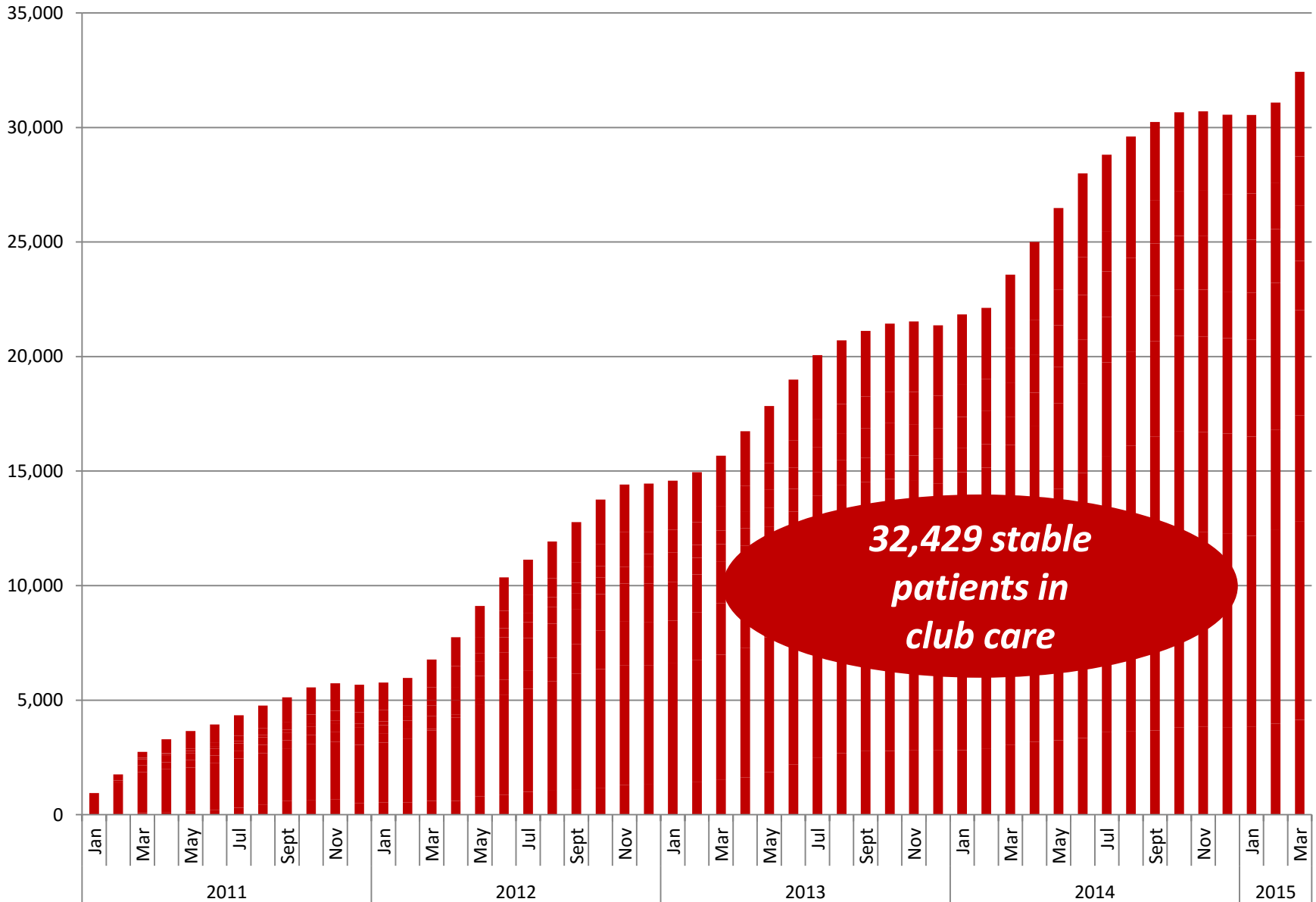


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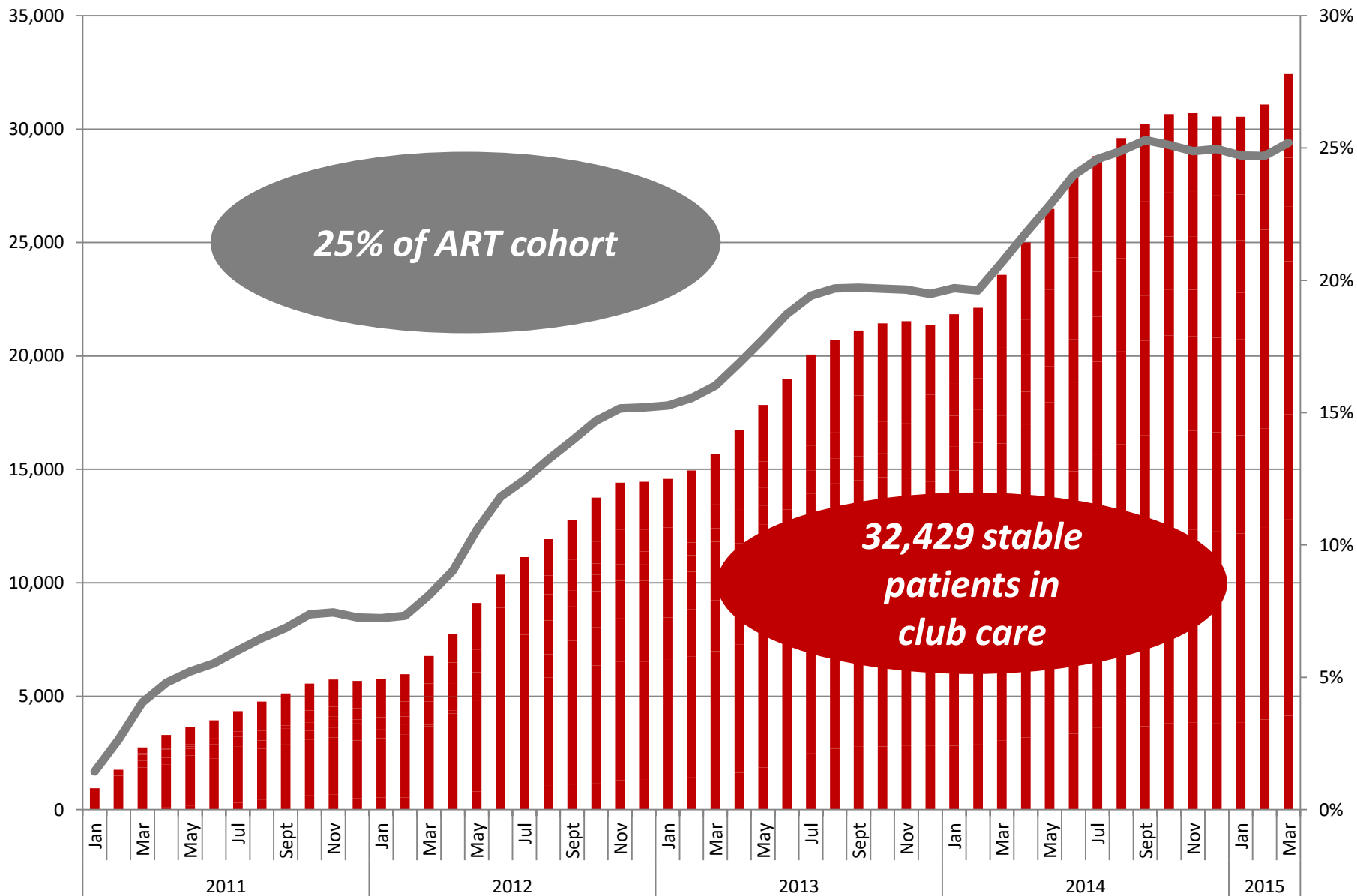
Number of ART facilities & those offering clubs



Number of patient retained in club care



% in club care of the total ART cohort



Model variation in the Cape Metro

Area of adaptation	Types of adaptation
Eligibility criteria	<ul style="list-style-type: none"> • Duration of time of ART • Regimens • Number of suppressed viral loads • Co-morbidities
Patient population	<ul style="list-style-type: none"> • General adult population • Families • Youth • Men • High Risk (experienced viral rebound in the past)
Location of Clubs	<ul style="list-style-type: none"> • 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	<ul style="list-style-type: none"> • Lay counsellor • Community health worker • Nurse (professional or auxillary) • Pharmacy assistant • Club member
ART dispensing strategy	<ul style="list-style-type: none"> • Pre-packed at central dispensing unit • Pre-packed at health facility
Integrated services provided	<ul style="list-style-type: none"> • Condom distribution • Family planning • TB/hypertension/diabetic drug supply

Changes to minimum club eligibility criteria

	2011	2012	2015
Duration on ART	18 months	12 months	6 months
No. of suppressed viral loads	2	2	1
CD4 threshold	>200 cells/ml	None	None
Regimen	1 st line	1 st and 2 nd line	1 st and 2 nd line
Co-morbidities	No co-morbidities	No co-morbidities	No current TB Stable co-morbidities
Age	>18 years	>18 years	Family and youth focused clubs allowed

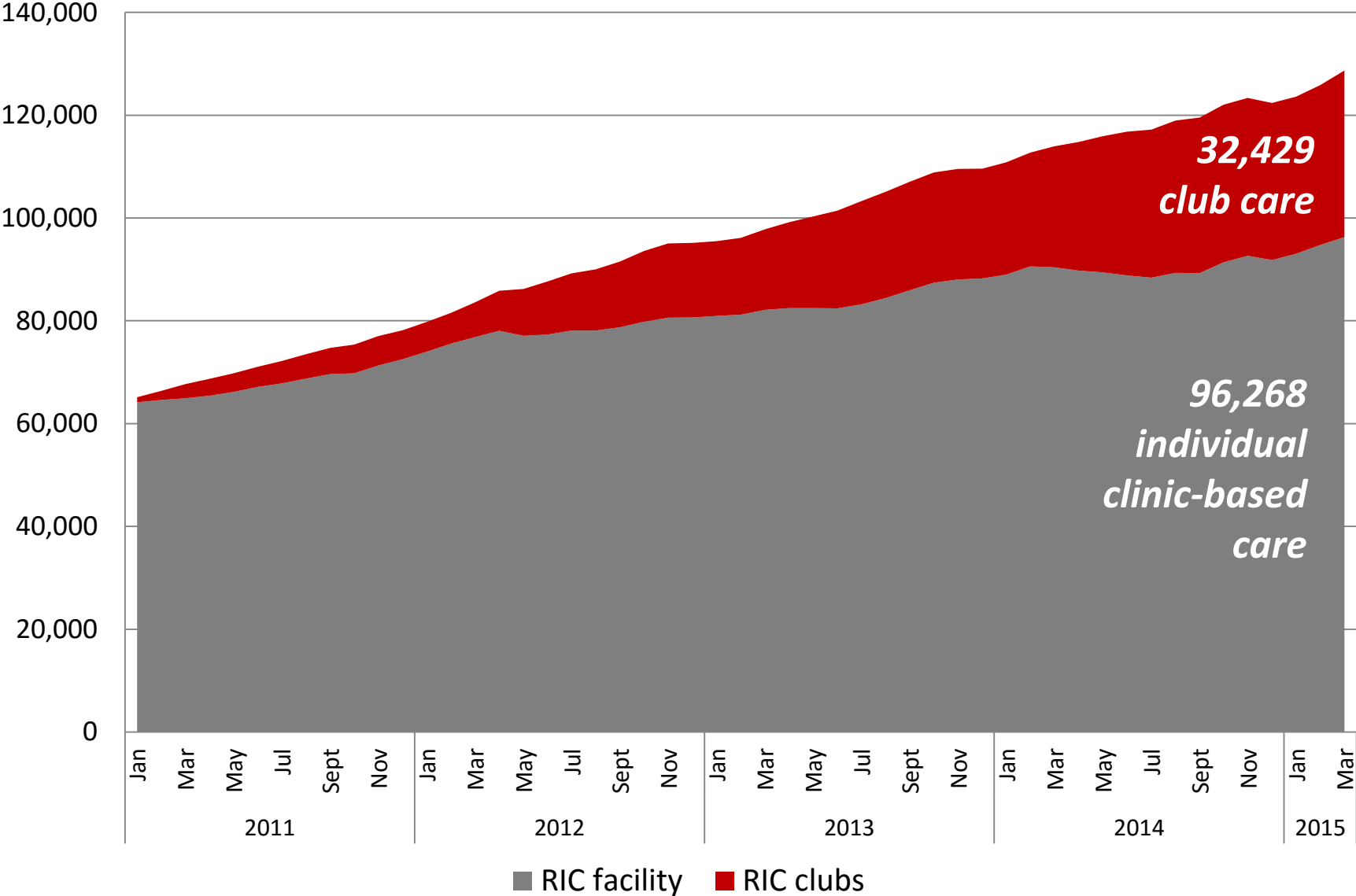
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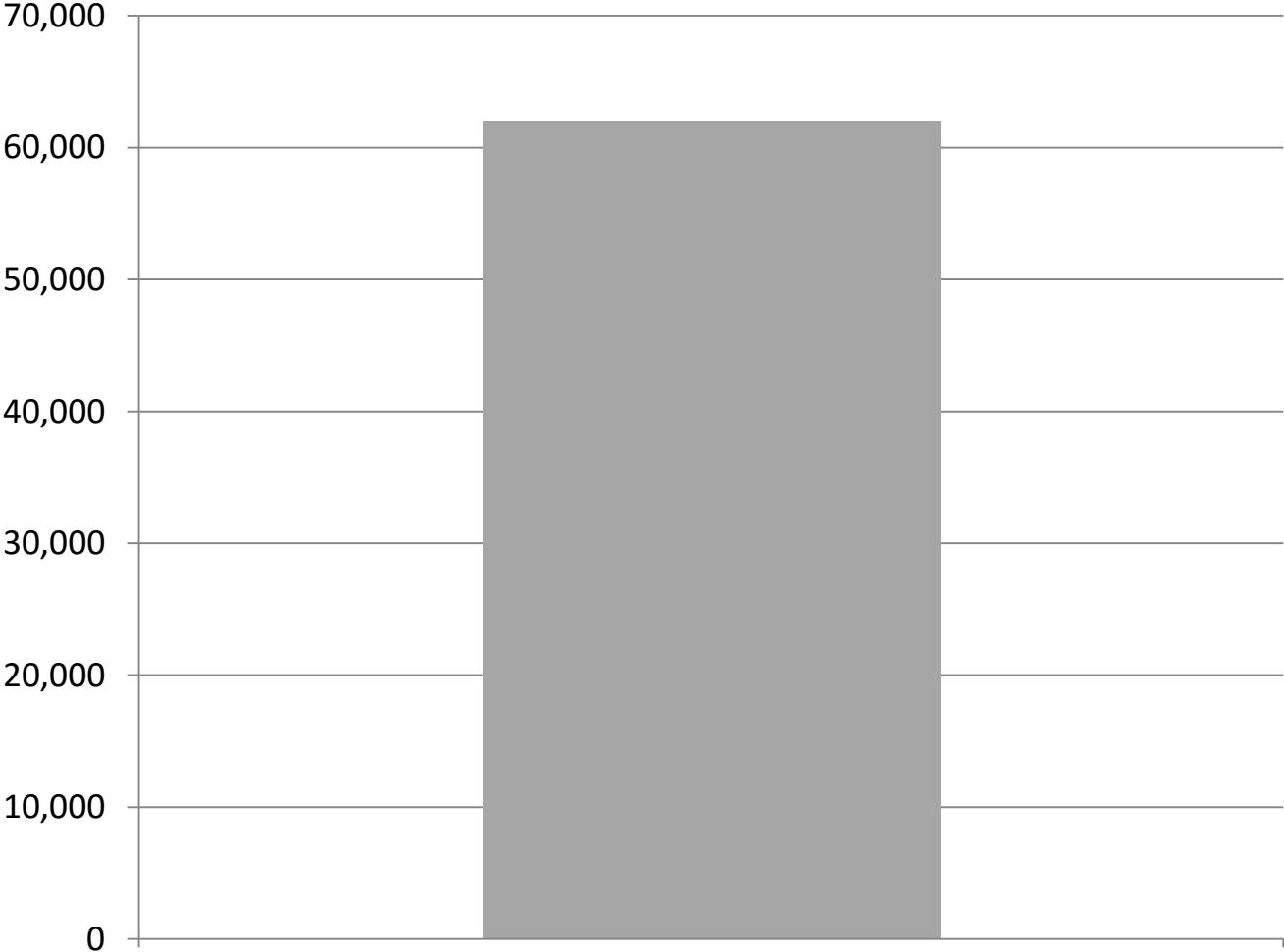
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Cape Metro ART cohort retained in care (RIC)

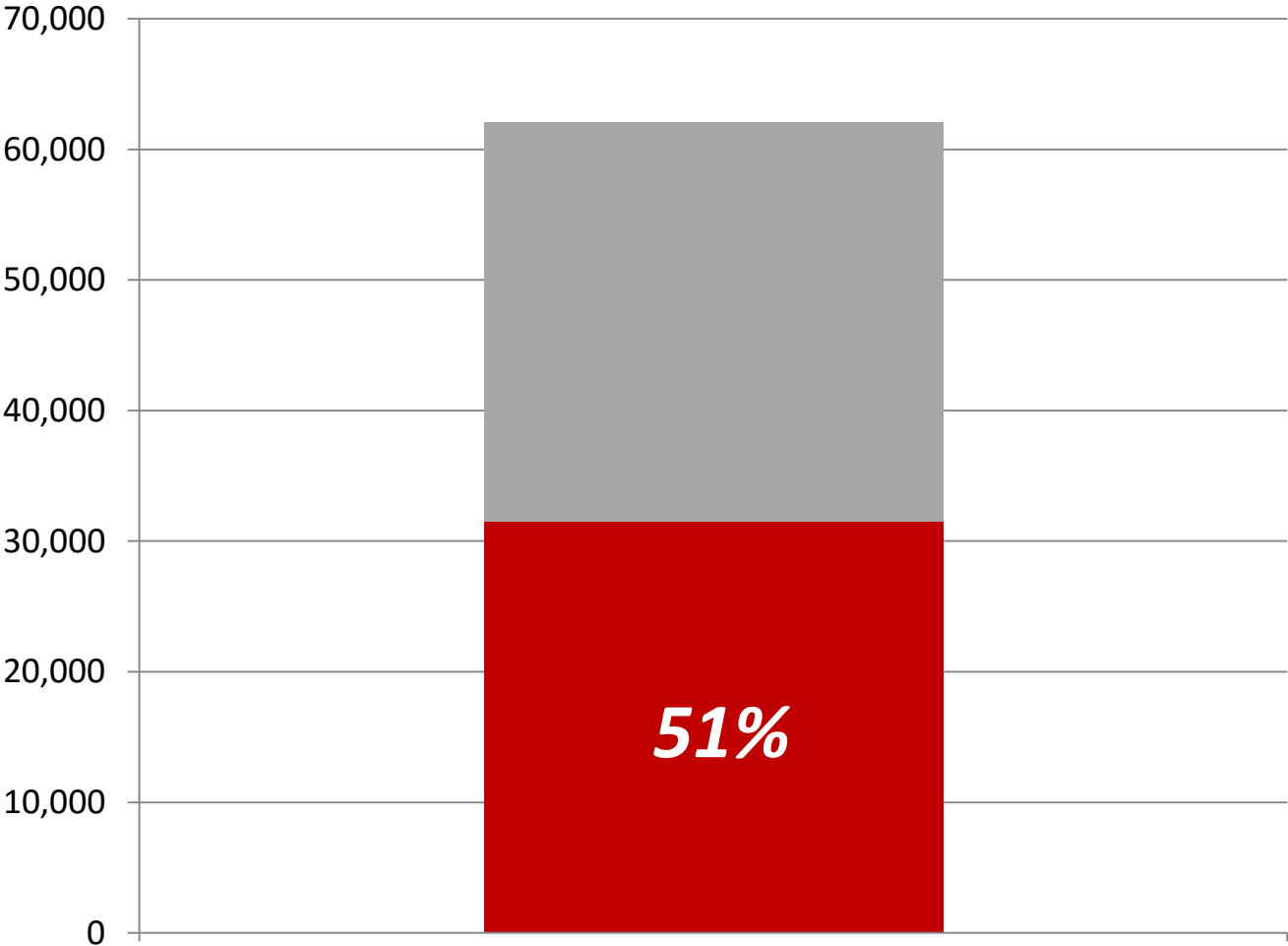


Increase in Cape Metro ART cohort 2011-03/2015



**Increase in Cape Metro ART cohort
2011-03/2015**

OFFSET by transition to club model



Conclusion

- Over 4 years expanded to support 25% of patients in clubs
- Effectively demedicalized HIV care & ART supply for stable patients
- Scaled up implementation feasible
- Accepted by HCWs/patients
- Model variations found show flexibility of model to suit various contexts
- Growth threatened when depending on leveraging existing resources



Recommendations

- *Adaptable* alternative models of care for ART delivery - such as clubs - should be considered for broad implementation
- Implementation requires:
 - reliable drug supply
 - enabling regulatory framework
- While such models are resource efficient – they aren't free requiring sustainable funding



Available resources

ART adherence club report and toolkit:

http://samumsf.org/wp-content/uploads/2014/11/ART-Adherence-Club-REPORT-and-TOOLKIT_OCT2014.pdf

Family club insert:

<http://samumsf.org/documents/2015/06/family-art-clubs.pdf>



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SAMU
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Alternative MSF community models of care for ART delivery:

http://www.msf.org/sites/msf.org/files/reaching_closer_home.pdf

Other adherence club related presentations at IAS



ORAL

Grimsrud, A et al. *Community-based adherence clubs improve outcomes for stable antiretroviral therapy patients: findings from Gugulethu, South Africa*

Wednesday, 22 July (11:00-12:30) WEAD0101

POSTERS

Wilkinson, L et al. *Promoting paediatric antiretroviral treatment (ART) adherence and retention: outcomes of children receiving ART in family ART adherence clubs in Khayelithsha, South Africa*

Wednesday, 22 July 2015 (12:30 - 14:30) WEPED884

Grimsrud, A et al. *Implementation of community-based adherence clubs for stable antiretroviral therapy patients*

Tuesday 21 July (12:30-14:30) TUPED791