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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Background

ART SCALE UP

13.6 MILLION
People receiving antiretroviral therapy, June 2014

RETENTION

DEMAND

Fox & Rosen, 2015, JAIDS.
**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
97% vs. 85% retention in care of stable patients enrolled in club vs remaining in routine clinic care.
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

# ART sites
Results

Number of ART facilities & those offering clubs

77% of ART sites offering clubs

Only 6% of ART cohort at facilities not offering clubs
Number of patient retained in club care

32,429 stable patients in club care
% in club care of the total ART cohort

25% of ART cohort

32,429 stable patients in club care
## Model variation in the Cape Metro

<table>
<thead>
<tr>
<th>Area of adaptation</th>
<th>Types of adaptation</th>
</tr>
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<tbody>
<tr>
<td><strong>Eligibility criteria</strong></td>
<td>• Duration of time of ART&lt;br&gt;• Regimens&lt;br&gt;• Number of suppressed viral loads&lt;br&gt;• Co-morbidities</td>
</tr>
<tr>
<td><strong>Patient population</strong></td>
<td>• General adult population&lt;br&gt;• Families&lt;br&gt;• Youth&lt;br&gt;• Men&lt;br&gt;• High Risk (experienced viral rebound in the past)</td>
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<td><strong>Location of Clubs</strong></td>
<td>• Within ART facility&lt;br&gt;• Community venue close to facility&lt;br&gt;• Community venue close to club member’s home&lt;br&gt;• Home of Club member</td>
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<td><strong>Cadre of staff facilitating the Club</strong></td>
<td>• Lay counsellor&lt;br&gt;• Community health worker&lt;br&gt;• Nurse (professional or auxillary)&lt;br&gt;• Pharmacy assistant&lt;br&gt;• Club member</td>
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<td><strong>ART dispensing strategy</strong></td>
<td>• Pre-packed at central dispensing unit&lt;br&gt;• Pre-packed at health facility</td>
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<td><strong>Integrated services provided</strong></td>
<td>• Condom distribution&lt;br&gt;• Family planning&lt;br&gt;• TB/hypertension/diabetic drug supply</td>
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<tr>
<td>Changes to minimum club eligibility criteria</td>
<td></td>
</tr>
<tr>
<td>---------------------------------------------</td>
<td></td>
</tr>
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<td></td>
<td></td>
</tr>
<tr>
<td><strong>Duration on ART</strong></td>
<td><strong>2011</strong></td>
</tr>
<tr>
<td>18 months</td>
<td>12 months</td>
</tr>
<tr>
<td><strong>No. of suppressed viral loads</strong></td>
<td>2</td>
</tr>
<tr>
<td><strong>CD4 threshold</strong></td>
<td>&gt;200 cells/ml</td>
</tr>
<tr>
<td><strong>Regimen</strong></td>
<td>1&lt;sup&gt;st&lt;/sup&gt; line</td>
</tr>
<tr>
<td><strong>Co-morbidities</strong></td>
<td>No co-morbidities</td>
</tr>
<tr>
<td>Stable co-morbidities</td>
<td></td>
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<td><strong>Age</strong></td>
<td>&gt;18 years</td>
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• Co-morbidities                      |
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• **Families**  
• **Youth**  
• **Men**  
• **High Risk (experienced viral rebound in the past)** |
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• Community venue close to club member’s home  
• Home of Club member                  |
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|                                     | • Family planning  
|                                     | • TB/hypertension/diabetic drug supply |
Cape Metro ART cohort retained in care (RIC)

- **32,429 club care**
- **96,268 individual clinic-based care**

<table>
<thead>
<tr>
<th>Year</th>
<th>RIC facility</th>
<th>RIC clubs</th>
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<tbody>
<tr>
<td>2011</td>
<td>60,268</td>
<td>32,429</td>
</tr>
<tr>
<td>2012</td>
<td>88,268</td>
<td>54,528</td>
</tr>
<tr>
<td>2013</td>
<td>116,268</td>
<td>74,629</td>
</tr>
<tr>
<td>2014</td>
<td>144,268</td>
<td>94,729</td>
</tr>
<tr>
<td>2015</td>
<td>172,268</td>
<td>114,829</td>
</tr>
</tbody>
</table>
Increase in Cape Metro ART cohort
2011-03/2015
Increase in Cape Metro ART cohort
2011-03/2015
OFFSET by transition to club model

51%
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:

Family club insert:

Alternative MSF community models of care for ART delivery:
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*