Acceptability of community and clinic-based adherence clubs for stable ART patients

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Background

**Adherence clubs**

- Groups of 20-30 stable, virally suppressed patients on ART
- Meet bi-monthly for medication pickup & counselling ~ 1 hr
- Retains stable patients in care, and promotes viral suppression compared to standard of care [Grimsraud, 2015,2016; Luque-Fernandez, 2013]
- Promotes task shifting from nurse/physician to lay counsellors

No clear evidence whether **clinic-based adherence clubs** are superior to **community-based clubs** in terms of:

  - Viral suppression?
  - Retention in care?
  - **Acceptability**?
Study Objective

We aimed to compare the patient acceptability of community versus clinic-based adherence clubs
Methods

• Nested within a 2 yr study comparing viral suppression and retention in care between community and clinic-based adherence clubs

• Conducted at Witkoppen Health & Welfare Centre, a high volume PHC in northern Johannesburg, serving Diepsloot and surrounding communities
Methods

Adherence club inclusion criteria:
• Adults (≥18 years)
• Stable on ART (≥1 year) and virally suppressed
• No significant comorbidities (well controlled hypertensives on 1 drug allowed)

Interventions:
Patients randomized to attend adherence clubs every 2 months:
• At Witkoppen Health and Welfare Centre (WHWC)
• At one of 6 community locations in Diepsloot, Msawawa, Cosmo City and Fourways
  • Community centers, churches, mobile container, NGO facilities

Acceptability questionnaire administered at annual clinical exam
• Location, convenience, timing, quality of care, privacy concerns
Results

Participants:
• March 2014-July 2015, 759 stable ART patients enrolled into clinic or community adherence clubs
• 485/759 (64%) completed acceptability questionnaires by April 2016

<table>
<thead>
<tr>
<th>Characteristic</th>
<th>Community club</th>
<th>Clinic club</th>
</tr>
</thead>
<tbody>
<tr>
<td>n (%)</td>
<td>235 (48%)</td>
<td>250 (52%)</td>
</tr>
<tr>
<td>Median age, years (IQR)</td>
<td>39 (33-45)</td>
<td>38 (33-43)</td>
</tr>
<tr>
<td>Female</td>
<td>156 (66%)</td>
<td>161 (64%)</td>
</tr>
<tr>
<td>On FDC</td>
<td>210 (89%)</td>
<td>219 (88%)</td>
</tr>
<tr>
<td>Employed</td>
<td>181 (77%)</td>
<td>212 (85%)</td>
</tr>
</tbody>
</table>
Results

The chart shows the proportion agreeing with various statements regarding community and clinic settings:

- Likes club location
- Club is convenient
- Likes club length
- Receives quality medical care
- Receives quality counselling
- Club rules acceptable
- Concern over HIV disclosure
- Concern over lack of privacy

The chart indicates a higher agreement for the community compared to the clinic in most categories.
Results

“Would you advise a friend to attend an adherence club?” Yes- 99%

Favorite Club Aspect:

<table>
<thead>
<tr>
<th>Aspect</th>
<th>Community club</th>
<th>Clinic club</th>
<th>p</th>
</tr>
</thead>
<tbody>
<tr>
<td>Club Location</td>
<td>82 (35%)</td>
<td>38 (16%)</td>
<td>&lt;0.001</td>
</tr>
<tr>
<td>Length of visit</td>
<td>90 (38%)</td>
<td>106 (43%)</td>
<td>0.270</td>
</tr>
<tr>
<td>Counselling at club</td>
<td>32 (14%)</td>
<td>70 (29%)</td>
<td>&lt;0.001</td>
</tr>
</tbody>
</table>
Results

For community-clubs only:

• Concerned that club is not in a health-care setting? Yes 4%
• Could run into people I know at the club location Yes 7%
• Club is not in a safe area Yes 3%
• Don’t feel welcome by staff at the club location Yes 2%
Conclusions

• Overall satisfaction with adherence clubs intervention is high
• Concerns over lack of privacy, HIV disclosure and personal safety were low
• Satisfaction is similar by club location
• Evidence that community location is preferred to clinic

Further evidence on clinical outcomes by adherence club location are needed to inform implementation and scale-up
Acknowledgements

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