

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

Colleen Hanrahan¹, Petronella Soyizwaphi², Valerie Keyser², Sheree Schwartz¹, Nora West¹, Lillian Mutunga², **Joel Steingo**², Jean Bassett², Annelies Van Rie³

¹Johns Hopkins University, ²Witkoppen Health and Welfare Centre, ³University of North Carolina



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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 Witkopp 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

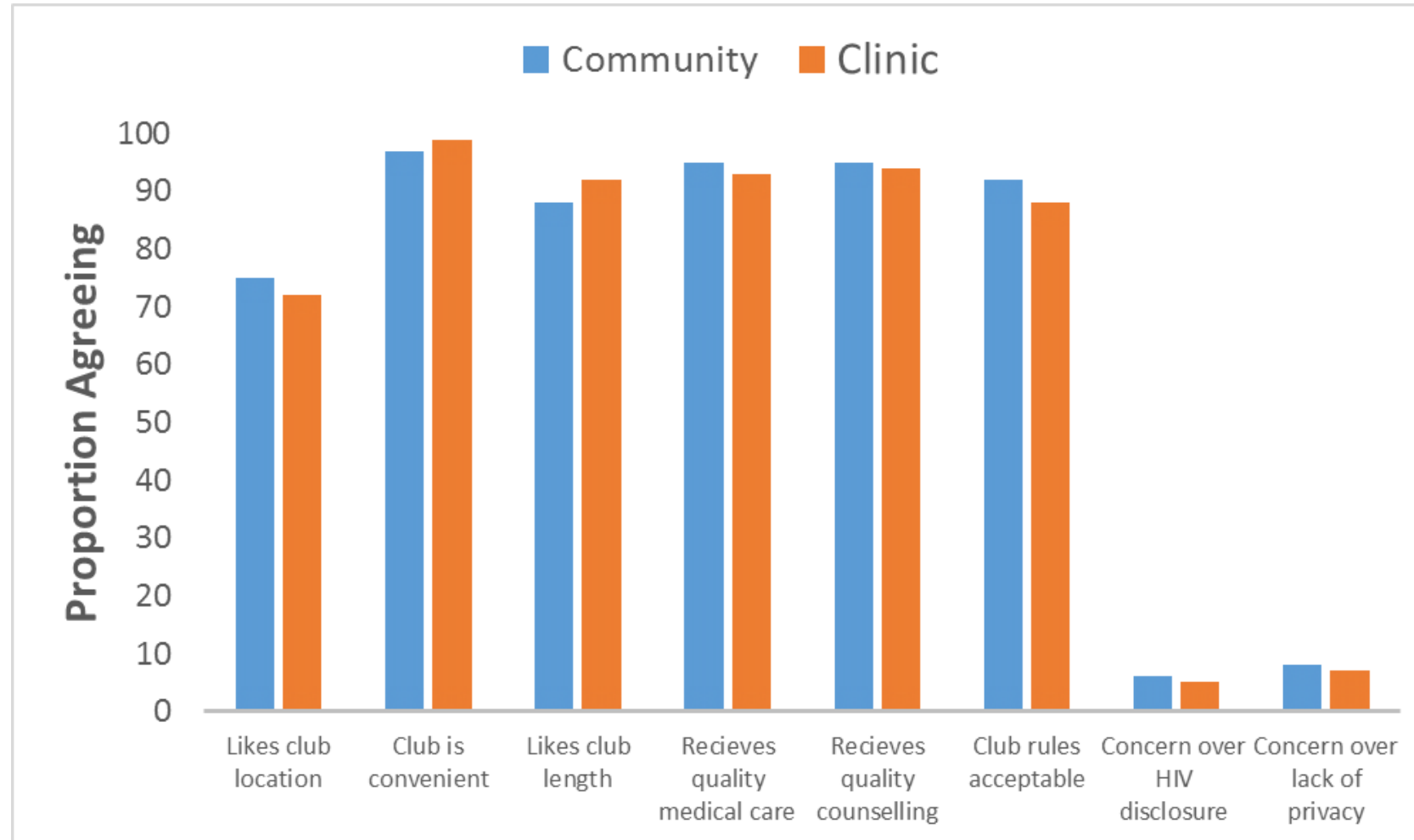
Results

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

Characteristic	Community club	Clinic club
n (%)	235 (48%)	250 (52%)
Median age, years (IQR)	39 (33-45)	38 (33-43)
Female	156 (66%)	161 (64%)
On FDC	210 (89%)	219 (88%)
Employed	181 (77%)	212 (85%)

Results



Results

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

Favorite Club Aspect:

Aspect	Community club	Clinic club	p
Club Location	82 (35%)	38 (16%)	<0.001
Length of visit	90 (38%)	106 (43%)	0.270
Counselling at club	32 (14%)	70 (29%)	<0.001

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

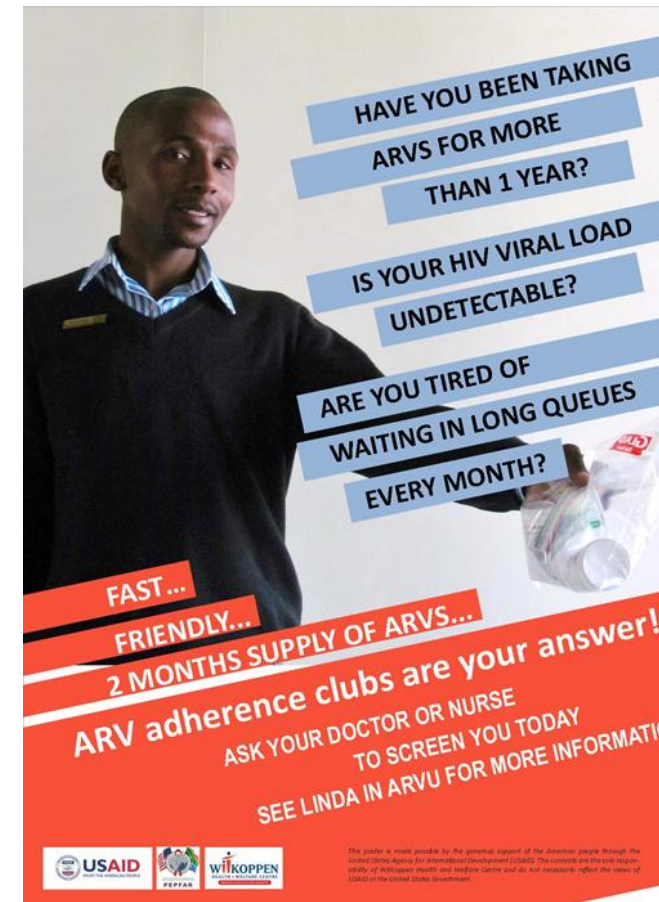
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Advertisement for ARV adherence clubs. A man in a dark sweater is shown holding a bag of ARV medication. The text asks: "HAVE YOU BEEN TAKING ARVS FOR MORE THAN 1 YEAR?", "IS YOUR HIV VIRAL LOAD UNDETECTABLE?", "ARE YOU TIRED OF WAITING IN LONG QUEUES EVERY MONTH?". The bottom text says: "FAST... FRIENDLY... 2 MONTHS SUPPLY OF ARVS... ARV adherence clubs are your answer! ASK YOUR DOCTOR OR NURSE TO SCREEN YOU TODAY SEE LINDA IN ARVU FOR MORE INFORMATION". Logos for USAID, PEPFAR, and Witkoppen are visible at the bottom.