MSF Adherence and Retention Strategies
ART Continuum of Care

- Re-entry
- HIV testing
- ART eligibility and preparation
- ART initiation
- Monthly ART supply at clinic
- ART adherence support

Linkage

- Unstable
- Stable

ART adherence support
ART Continuum of Care

Re-entry

HIV testing → linkage → ART initiation counselling model

Monthly ART supply at clinic

ART adherence support

unstable → stable

ART adherence support
• Fast tracking ART initiation without compromising adherence preparation
ART initiation counselling intervention

- 4 sessions
  - 1 pre initiation
  - 1 at initiation
  - 2 post initiation
- 14 standardized adherence steps
- Limit repeated treatment literacy
- Patient centred readiness to initiate
- Focus on goal of undetectable VL!
ART initiation counselling intervention

Limiting pre-initiation counseling +

strengthening support after ART initiation =

Potential to reduce pre-ART attrition

Time to initiation had no impact on short term retention (HR 1.11, 95% CI 0.95 – 1.30)

Enrolled in programme in study period: n=292

VL<400 cells/μl: 128(93%)***
ART Continuum of Care

Re-entry

- HIV testing
- ART eligibility and preparation
- ART initiation
- Monthly ART supply at clinic
- ART adherence support

Community models of care

unstable

stable
ART adherence clubs

Quick service option groups of 30 stable ART patients

Lay worker led
- Quick clinical assessment
- Collection of 2m supply of ART
- Quick optimized peer support session

Nurse supported
- Immediate referral support
- Blood investigations
- Annual check up and re-scripting
ART adherence clubs

Pilot outcomes:
- 97% versus 85% RIC over 40 months
- 67% less virological rebound

27 800 patients retained in club care

Cape Metro club roll out

Percentage of RIC patients who receive care in Clubs over time
**Best strategy:**
Reliable/flexible drug supply
Recognition of lay cadres

**Open for debate:**
management by clinic of their community model of care
Optimal adherence monitoring
Monitoring and evaluation
Interaction of models
ART Continuum of Care

Risk of treatment failure intervention or EAC

- Re-entry
-不稳定
- 稳定

- HIV testing
- 纵向
- 链接
- ART eligibility and preparation
- ART initiation
- Monthly ART supply at clinic
- ART adherence support

图示来源：Doctors Without Borders
Risk of treatment failure intervention

- Flag patients with high VL
- Structured adherence focused support group
- Integrated clinical and adherence consultations for patients with 2 high VLs with NIMART nurse
- VL repeated per guidelines (4 adherence sessions)
Risk of treatment failure intervention

ANALYSIS OF PATIENTS ENTERING THE ROTF PROGRAMME -

- 722 patients entered the ROTF programme
- 69% entered on first-line ART
- 31% entered on second-line ART

RESULTS OF THE ROTF PROGRAMME -

- 32% resuppressed on first-line ART
- 52% resuppressed on second-line ART
- 78% resuppressed after switch from first to second-line ART

Posters 75-77
What we know:
- Support groups (29%) non-inferior to individual counseling (25%) [OR 1.20, p=0.52]
- Switch to 2nd line with adherence support achieves high rates of re-suppression
- Minimal PI resistance but low re-suppression rates on 2nd line

What we don’t know:
- Optimal and feasible adherence intervention – adaptable models
- Duration of adherence support with 2nd line failure
- When to genotype
ART Continuum of Care: children, youth, pregnant women

- Re-entry
  - POC and ART initiation counselling
  - ART initiation
  - Monthly ART supply at clinic

- Risk of treatment failure intervention
  - Youth clubs

- Stable
  - Unstable
Youth specific retention model

- POC CD4
- ART initiation counselling model
- Youth clubs: combine pre-ART/new ART/stable ART
- Risk of treatment failure intervention
Youth specific retention model

POC + fast tracked ART initiation counselling model

= Reduced losses to care between HCT and ART initiation
Children specific adherence and retention

- (Child ART initiation counselling model)
- Child disclosure caregiver support intervention
  - Throughout continuum
- Family clubs
  - Caregiver/child
- Paediatric risk of treatment failure intervention
Children specific adherence and retention

Evidence:
Paediatric HIV treatment failure is a silent epidemic
Disclosure is essential
Adolescents are less likely to re-suppress (74% vs 62%)
Half of children on PI regimen are resistant
Gap in paediatric care between nurses and tertiary care

Unknowns:
Family clubs (for stable) and support groups (at risk of failing) may enhance RIC
Adaptation of adult ART initiation approach
Feasible adjustment of paediatric failure approach
Pregnant women – PMTCT B+

Survey:  
94% of women are willing to start ART at any CD4 for PMTCT

Questions/Gaps:  
Short term retention in care
30% uncomfortable with same day initiation
Implementation of standardized Option B+ counselling

Poster 98
DR-TB patient support strategies

- Counselling model: four initial sessions from initiation to end of intensive phase
- Home visit
- Additional sessions on treatment interruption, XDR-TB, and palliative care
- Self administered continuation phase DR-TB treatment
Results:

• Urgent need to improve patient support for patients with DR-TB
• Treatment interruption support increases RIC (100% RIC at 6 months)
• Self administered continuation phase treatment results in lower loss from treatment than DOT
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