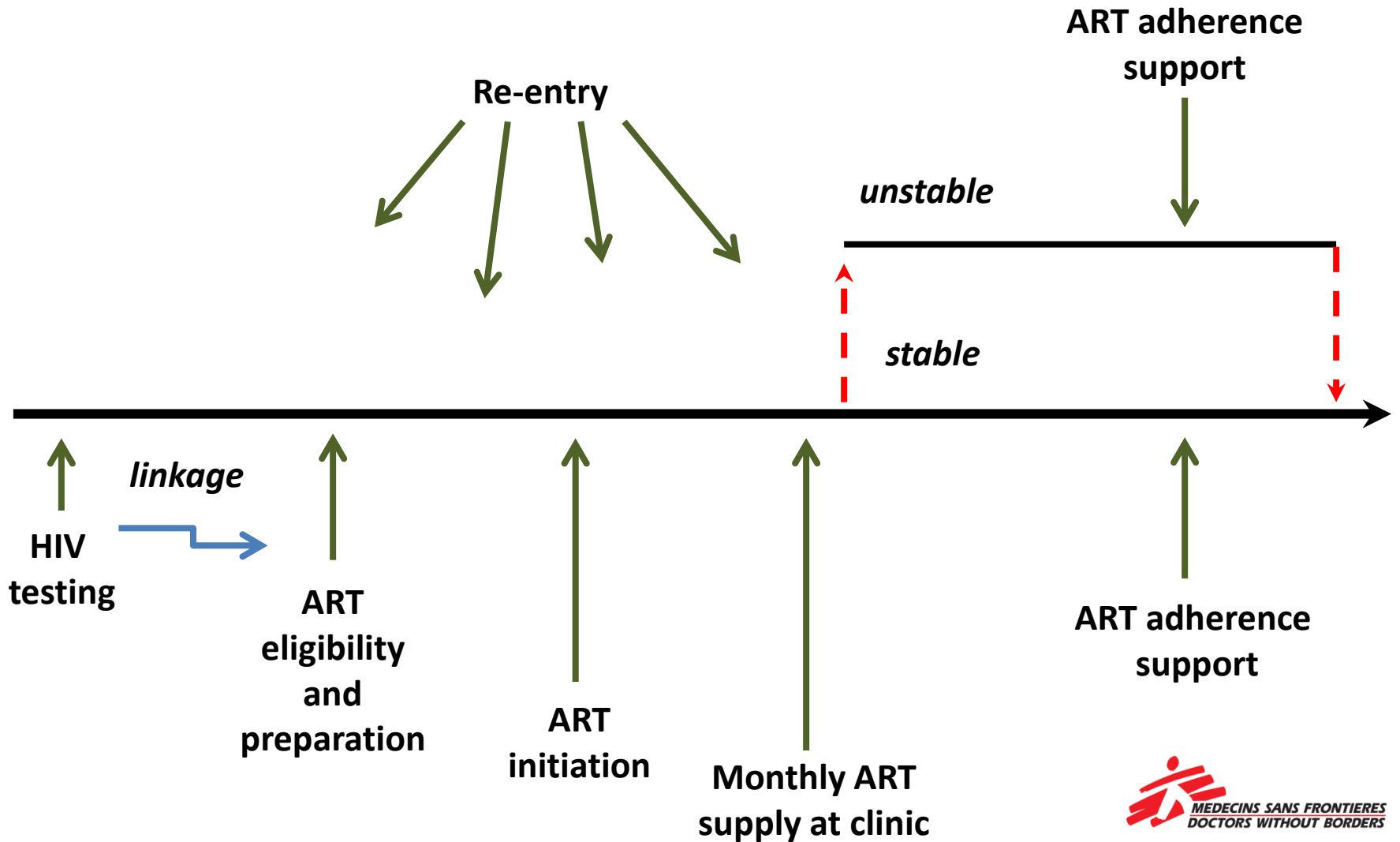




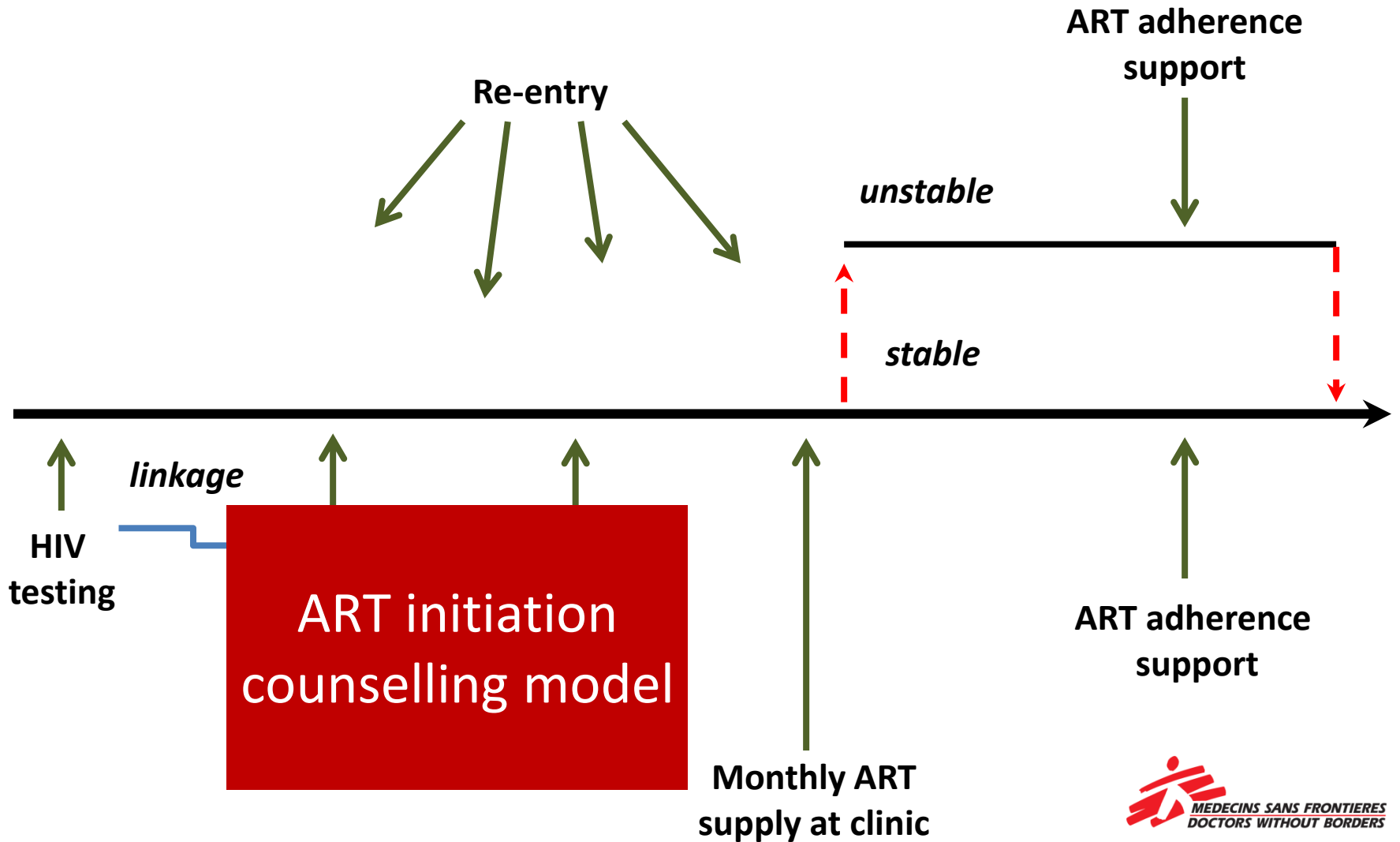
MSF Adherence and Retention Strategies



ART Continuum of Care

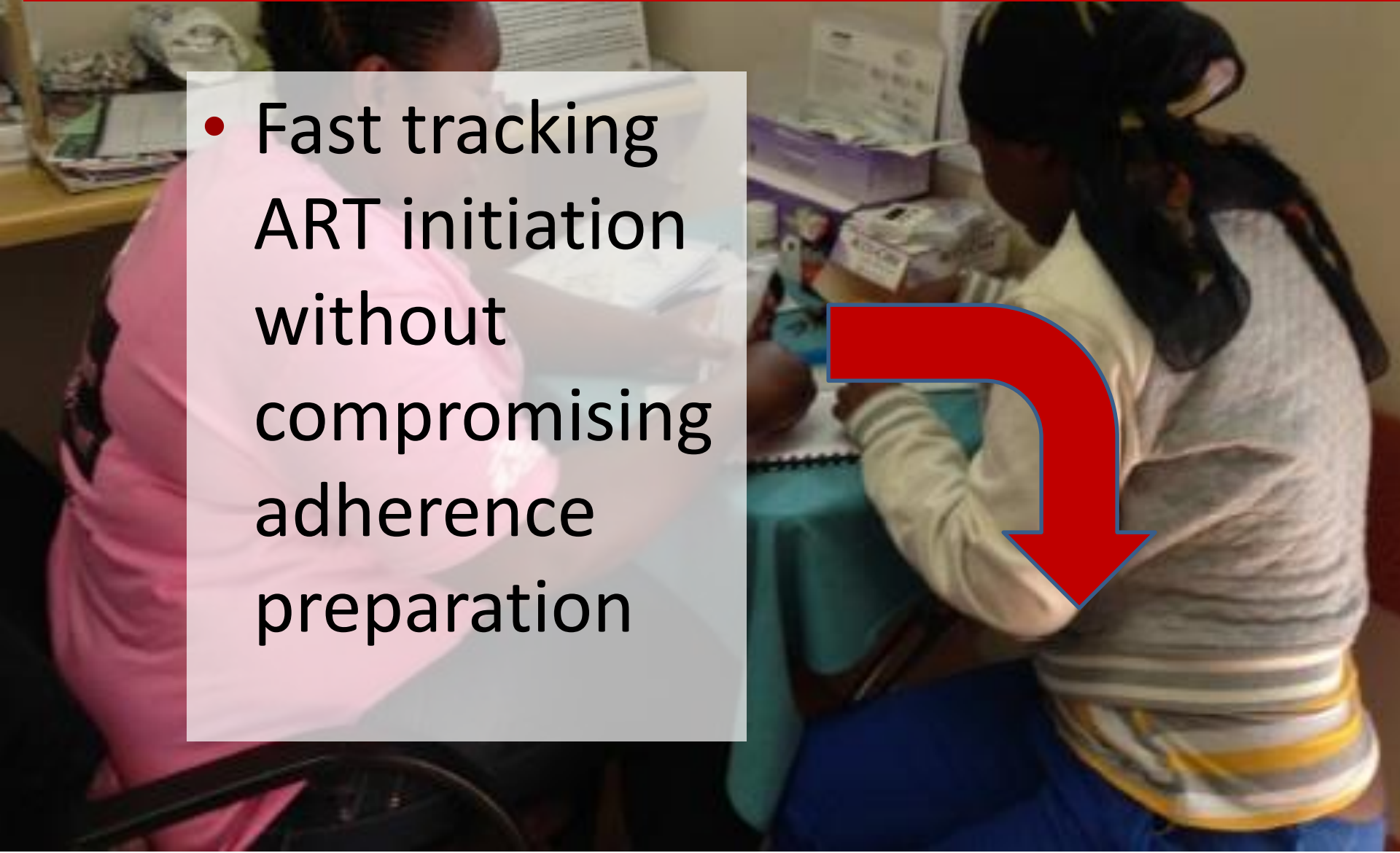


ART Continuum of Care

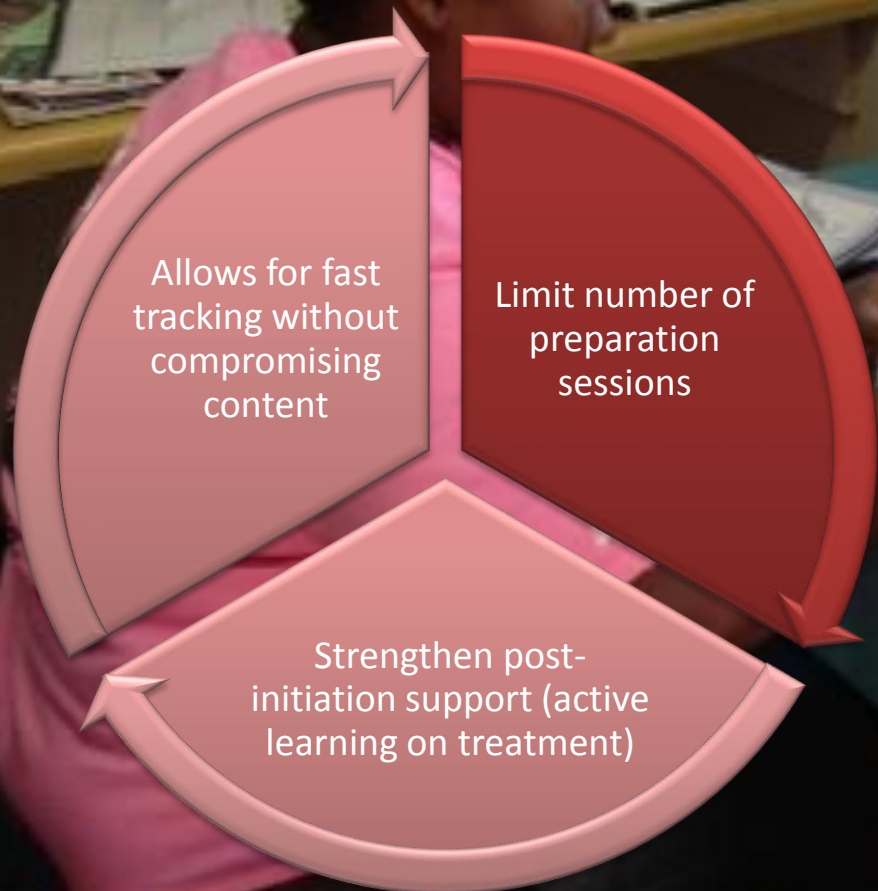


ART initiation counselling intervention

- 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

Enrolled in programme in study period: n=292

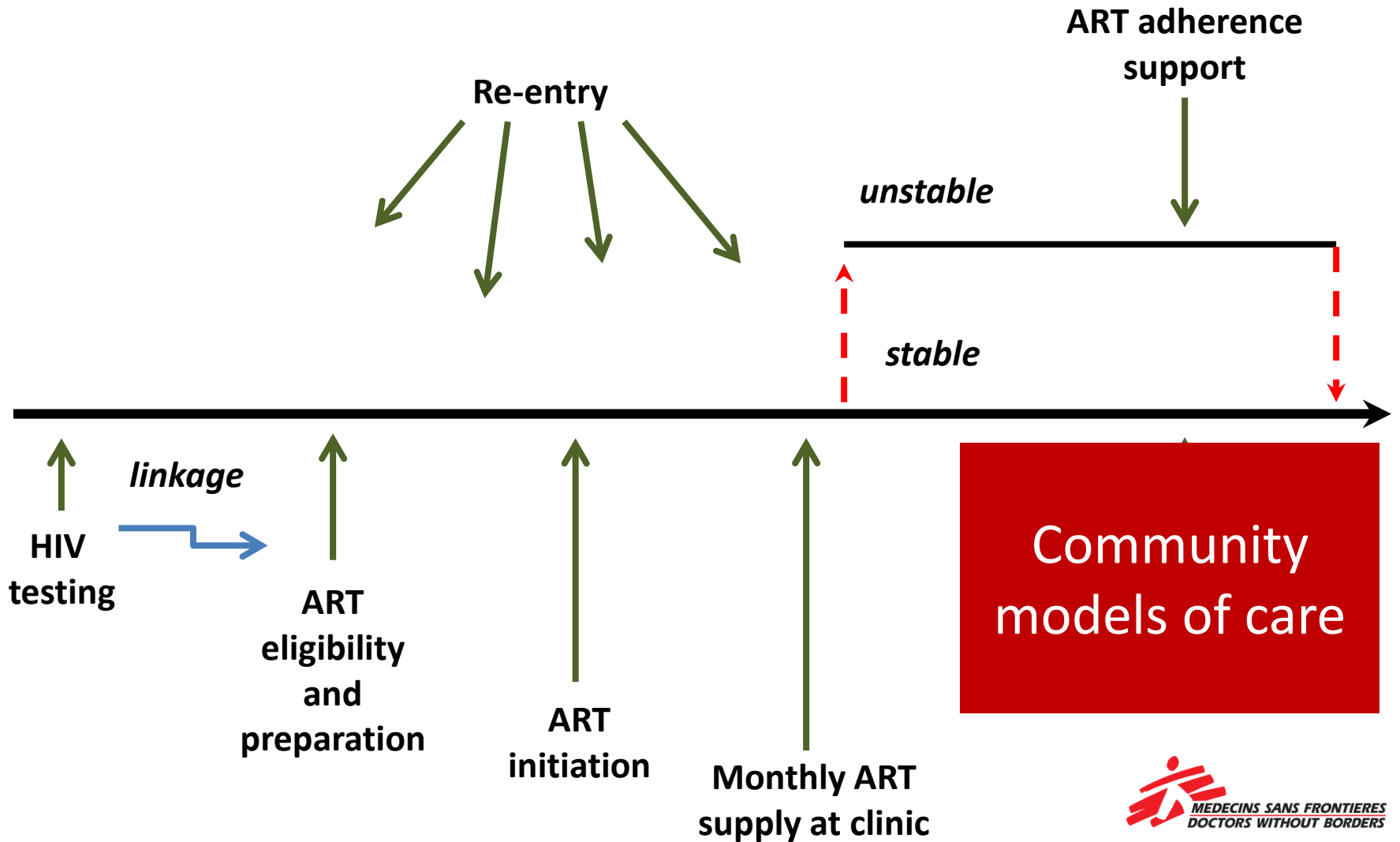
**Limiting pre-initiation counseling
+
strengthening support after ART initiation**

=

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)

VL < 400 cells/µl: 126 (93%)***

ART Continuum of Care



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

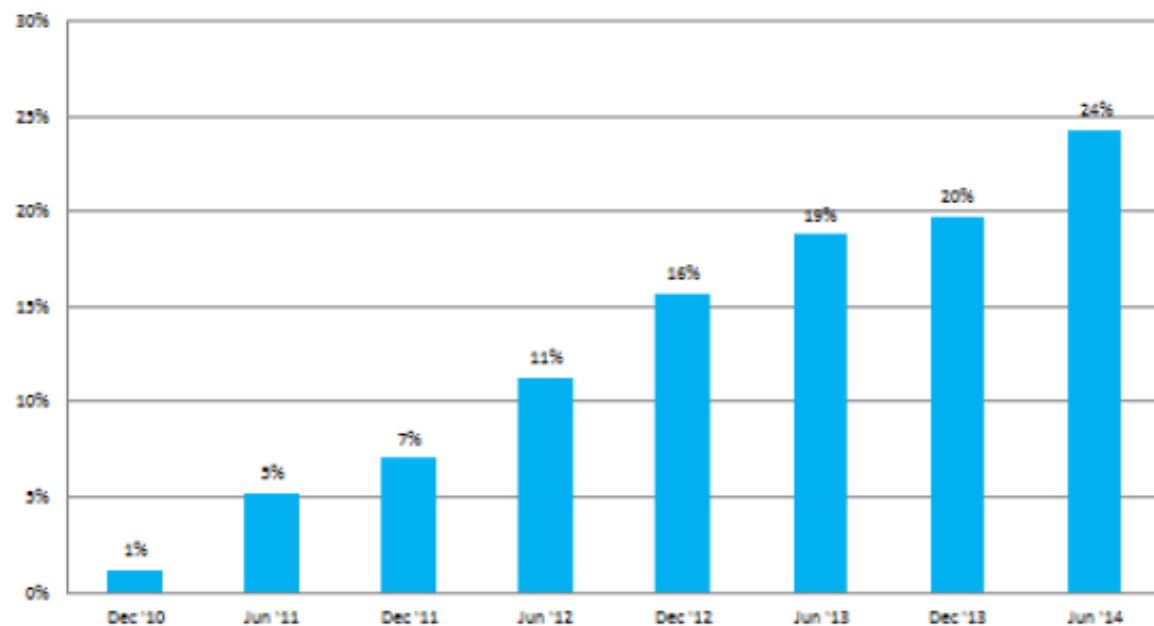
- Immediate referral support
- Blood investigations
- Annual check up and re-scripting

ART adherence clubs

27 800 patients
retained in club care

Cape Metro club roll out

Percentage of RIC patients who receive care in Clubs over time





Appointment Adherence Clubs Community ART Community ART (s)

Best strategy:
Reliable/flexible drug supply
Recognition of lay cadres

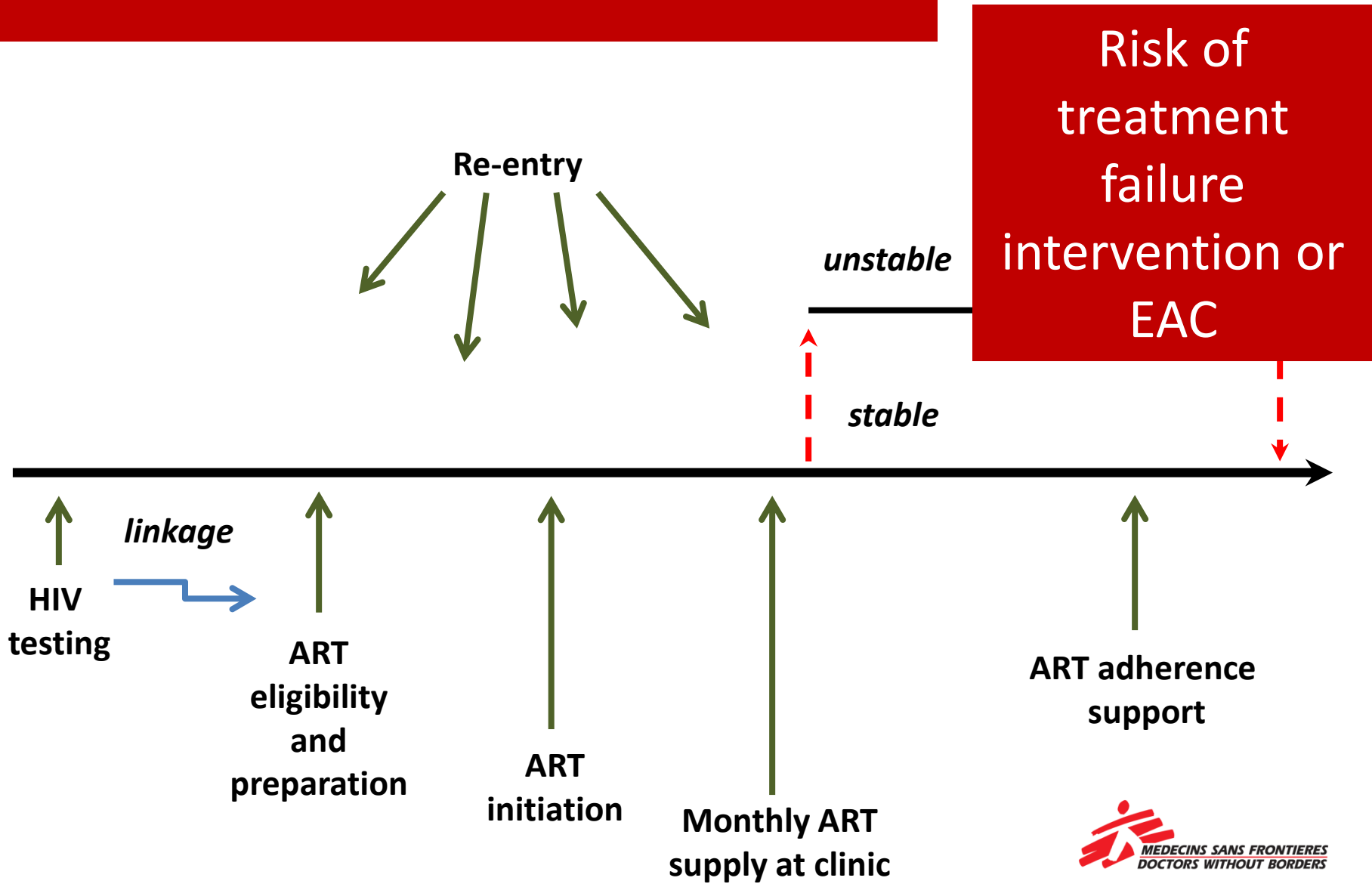
Open for debate:
management by clinic of their community model of care
Optimal adherence monitoring
Monitoring and evaluation
Interaction of models

Patient's Perspective

Healthcare Service Perspective

Key Objectives					
Reduce (time + cost)					
Increase adherence					
Enhance patient participation					
Reduce (cost, time, effort)					
Maintain health status					
Improve self-management of patients					
	Unknown Yes	Yes Yes	Unknown Unknown	Unknown Yes	Unknown Yes
	Individual patient empowerment	Adherence support	Adherence support and tracing	Organisation of services for drug refill, adherence support, tracing and testing	Drug refill, adherence support, tracing, testing

ART Continuum of Care



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

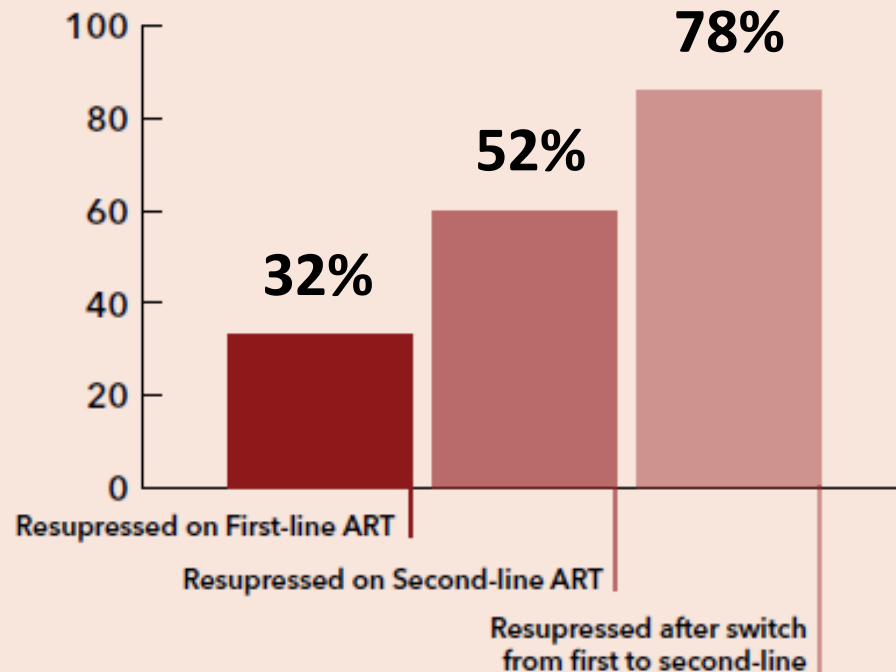
ANALYSIS OF PATIENTS ENTERING THE ROTF PROGRAMME -

722 patients entered the ROTF programme

69% entered on first-line ART

31% entered on second-line ART

RESULTS OF THE ROTF PROGRAMME -



Posters
75-77

MSF KwaZulu Natal Enhanced

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

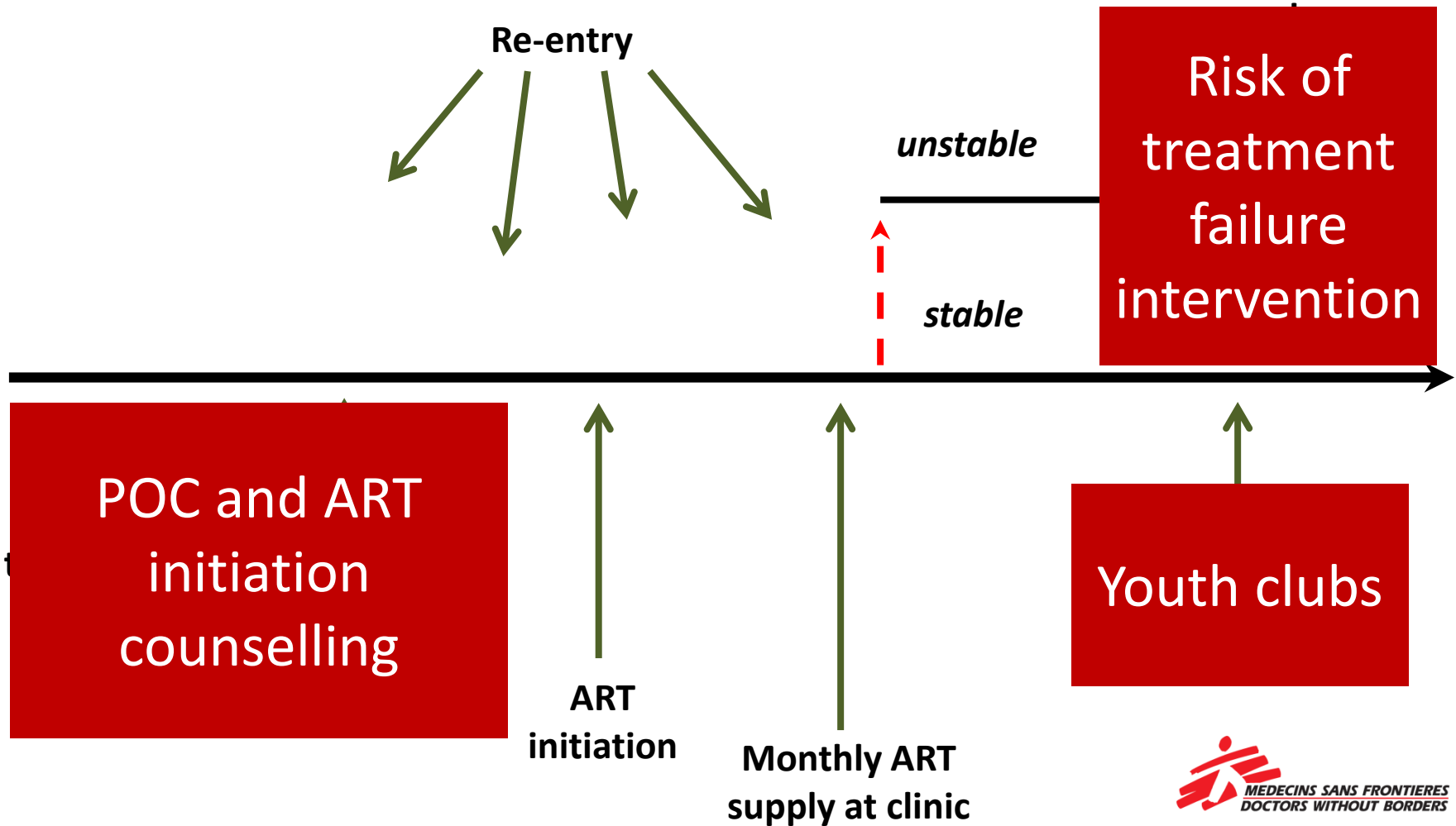
Minimal PI resistance but low re-suppression rates on 2nd line

What we don't know:

Optimal and feasible adherence intervention – adaptable models

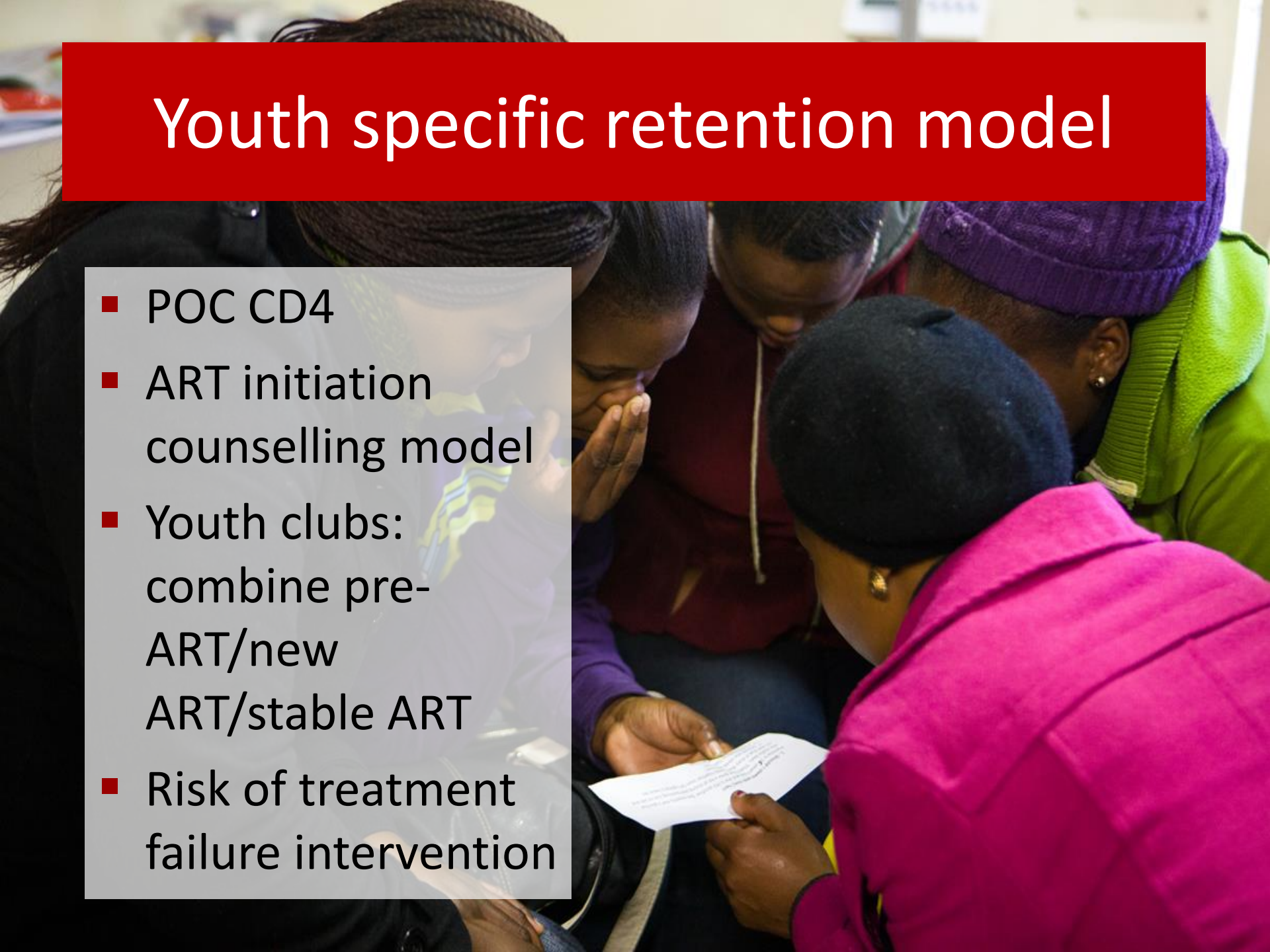
Duration of adherence support with 2nd line failure
When to genotype

ART Continuum of Care: children, youth, pregnant women

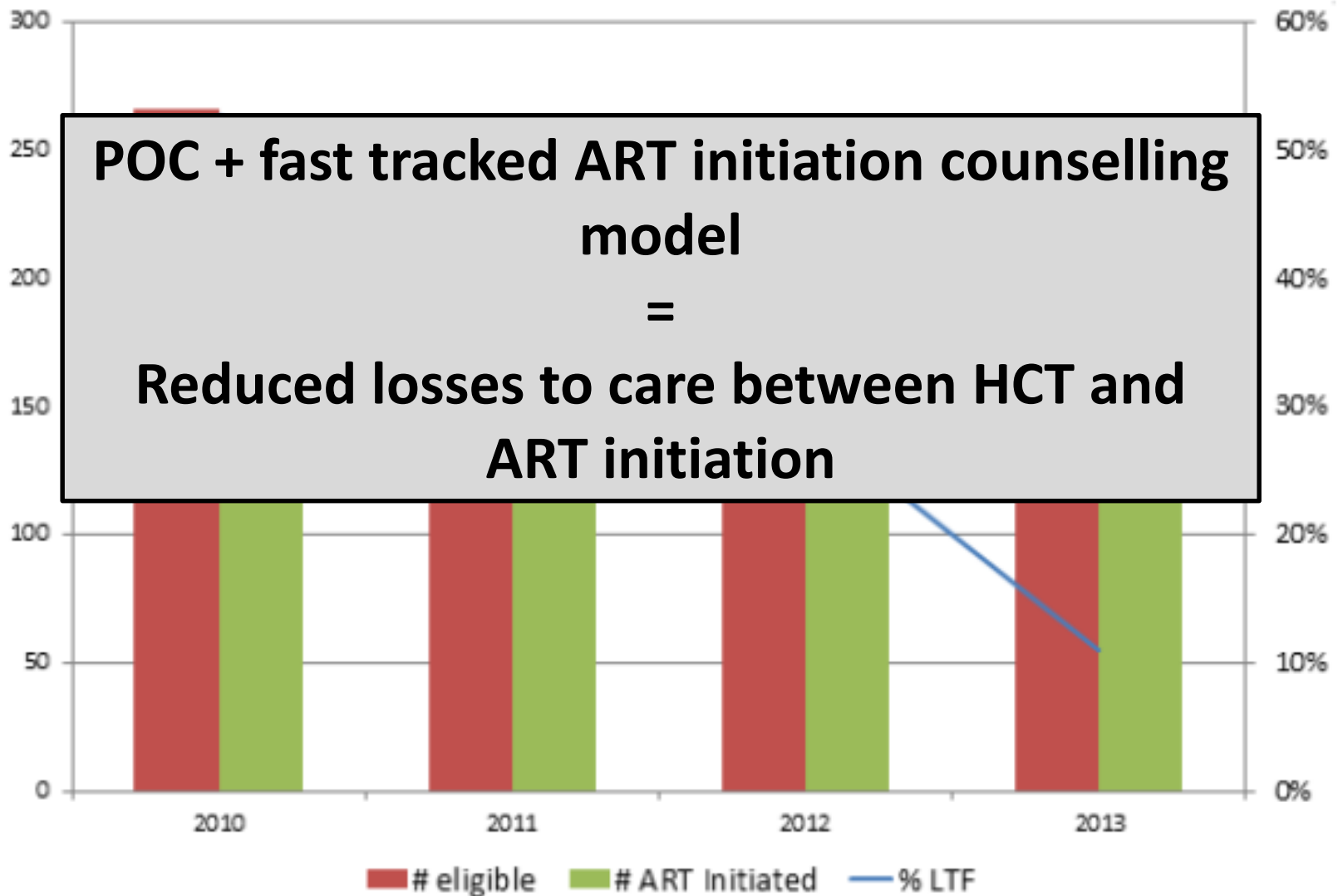


Youth specific retention model


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



Youth specific retention model



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

Posters 20 - 21

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:

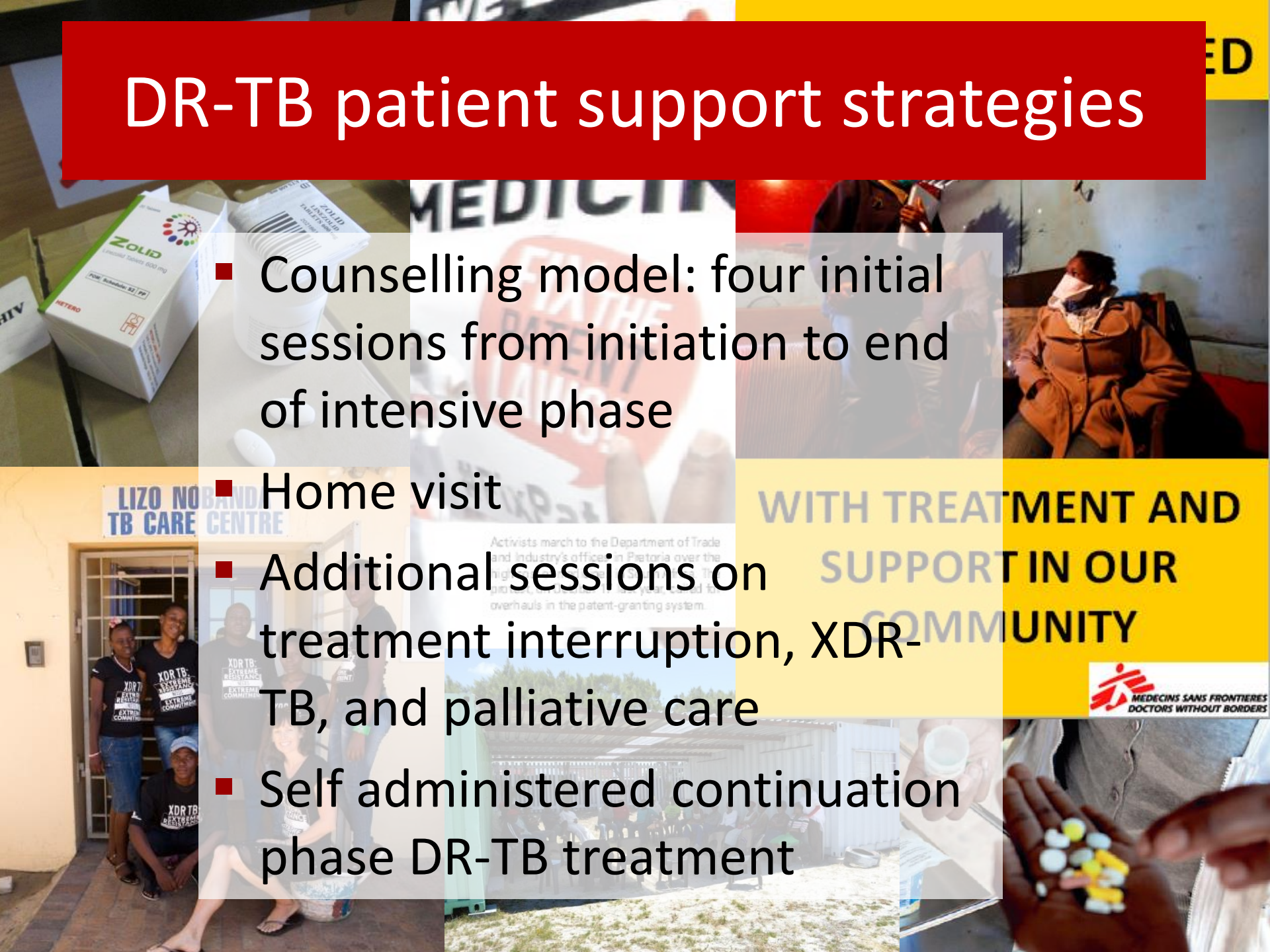
Short term retention in care

30% uncomfortable with same day initiation

Implementation of standardized Option B+ counselling

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



DR-TB patient support strategies

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**

Total pre

Discharged Tx

Returns

Default after retu

Still on Tx after

Tx success after

Transferred after

FRONTIERS
WITHOUT BORDERS

Acknowledgements:

Lynne Wilkinson

Gilles van Cutsem

Eric Goemaere

City of Cape Town Health Department

Western Cape Government Health

MSF Khayelitsha team



Reaching Closer to Home

Progress implementing community-based and other adherence strategies supporting people on HIV treatment.
Experiences from ANC, Lesotho, Malawi, Mozambique, South Africa & Zimbabwe

ART ADHERENCE CLUB REPORT AND TOOLKIT

HIV / AIDS

Preventing Mother To Child Transmission

Medecins Sans Frontieres Khayelitsha
SUPPORTING ADHERENCE TO ANTIRETROVIRAL TREATMENT
A FACILITY APPROACH TO REDUCE THE RISK OF TREATMENT FAILURE
REPORT AND TOOLKIT

HIV / AIDS

Preventing Mother To Child Transmission

Medecins sans Frontieres Khayelitsha
PATIENT SUPPORT INTERVENTIONS TO IMPROVE ADHERENCE TO DRUG RESISTANT TUBERCULOSIS TREATMENT
COUNSELLING TOOLKIT

