

Building partnerships for equitable health systems

Increasing access to chronic HIV care: the value of CHWs in models of differentiated care

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Kampala, February 2017

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HIV
POSITIVE
ARVs



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?

FAST...
FRIENDLY...
2 MONTHS SUPPLY OF ARVS...

ARV adherence clubs are your answer!
ASK YOUR NURSE TO REFER YOU
TO AN ARV CLUB TODAY



Overview

- From 2001, HIV positive patients were officially started on ART in Cape Town.
- Health facilities in high prevalence areas quickly became overburdened with HIV positive patients.
 - led to congestion, concerns about poor quality of care, defaulting, patients being lost to follow up and succumbing to the disease.
- Clinicians started to question whether all patients needed the same level of care.
- In response to this in 2007, Médecins Sans Frontières (MSF) began piloting, in Ubuntu Clinic, Khayelitsha, Cape Town, a model of care to identify and support a category of 'stable' patients from amongst those who were on antiretroviral therapy (ART).

Overview

- Adherence Clubs were designed to provide ART support to groups of approximately 30 stable patients who would meet every 8 weeks and were managed by lay counsellors, and received pre-packed ART, initially from facility pharmacies and later from a centralised distribution unit.
- The model is essentially about decentralising care, task shifting, decongesting increasingly overburdened clinics of stable HIV patients and providing a more flexible and convenient service for stable patients.

Evaluation

- An epidemiological analysis focussing on retention-in-care (RIC) and viral load (VL) suppression was conducted to check the quality of care in the CHW-managed adherence clubs.
- A qualitative study focused on factors influencing implementation of this model. Management, staff and clients in a sample of 15 clinics were interviewed and observed.

Impact/outcomes – service related: AC model

- By the end of March 2016, approximately 32% of 142,000 ART patients (42,600 patients) in the Cape Metro health district were in an AC
- Total patients on ART in ACs in facilities ranged from 10% to 60%
- Of the 3,216 adults sampled cumulative retention, LTFU and Transfer Out (TFO) were 83.7% (95% CI 81.5-85.6), 5.1% (95% CI 4.0-6.5) and 11.6% (95% CI 10.0-13.5) 24 months after AC enrolment.
- After 12 and 24 months in an AC, 95% (95% CI 96-98) and 96% (95% CI 94.8-96.8) were virally suppressed, respectively, with viral load completion in 87% and 84% of patients.

Factors affecting roll out and scale up of the AC model

- Development of a differentiated care model (clinic, ACs, QPUP, specialised ACs, ROTF)
- Task shifting to CHWs (both lay counsellors and community care workers)
- Innovations – pharmacy (pre-packaging), information (registers, data systems)
- Transference to other NCDs: Co-morbidity clubs and other chronic diseases

Role of CHWs

- Run most clinic-based ACs:
 - Prepare for club day
 - Check pre-packaged medicines
 - See patients
 - Check weight and S&S
 - Refer if necessary
 - Dispense medicines
 - Complete registers
 - Do tracking and tracing
- Run community-based ACs
 - Liaise with community structures in addition
- Psychosocial support

Challenges faced by CHWs

- Task shifting or 'dumping'
- Span of control/number of ACs supervised
- Beyond scope of practice
- Tracking and tracing (role CHWs played)

Short and long tracing loops



Conclusion

- Quantitative results: significant ↑ numbers in ACs
- Quantitative results: equivalent RIC and VL suppression data
- Qualitative results highlighted the importance of a number of success factors including piloting, steering committee, mentoring, training, innovations. Also found that
 - Role of NGOs key
 - CHWs key in rolling out and scaling up the model

Conclusion

- The AC programme (from 2007) developed a model that worked and then advocated to change the way the health system served chronic stable HIV+ve patients. NGOs then supported the Western Cape Government (WCG) in implementing and further developing the AC model.

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Thank you