Community adherence support sustains improved three year outcomes for children on ART

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Kheth’Impilo

- SA NGO supports district scale up of quality services for the management of HIV/AIDS at PHC level, focusing on providing a family centered comprehensive & integrated service;

- KI operates in: 96 sites in the Eastern Cape, KwaZulu Natal, Mpumalanga & the Western Cape with >90 000 patients RIC;

- Programmes: Health Services Cluster (HSC) – ART (Adults & children), TB, HCT & PMTCT linked to Community Services Cluster (CSC) – for Adherence & Psychosocial support
PA Support Structure

NATIONAL OFFICE

DISTRICT OFFICE

COMMUNITY HEALTH CENTRE

PRIMARY HEALTH CARE CENTRE (Clinics)

Roving SWAT TEAM

- Doctor
- Nurse
- Pharmacist
- PMTC Quality Mentor
- Social Worker
- Data Quality Manager

- CSC District Coordinator
- CSC Trainer

- Site Facilitator

- Site Facilitator

- Site Facilitator

PA Support Structure

- Primary Health Care Centre (Clinics)
- PA
- PA
- PA
- PA
- PA
- PA
- PA

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PAs assist with patient treatment readiness & assess:

1. Psychosocial barriers to adherence including non-disclosure are identified

2. Pre-treatment initiation education to ensure the understanding around the need for adherence

3. Plan support services to suit individual client needs through planned home visits and clinic support

4. Regular follow-ups.

Information gathered is presented at the treatment initiation Multidisciplinary Team meetings.
Methods

• ART-naïve children enrolling at 47 facilities in four provinces in SA between Jan 2004-Sept 2009 included.
• Outcomes: Mortality and patient attrition.
• The vital status of children LTFU were cross-checked with national death records.
• Corrected mortality was estimated using Kaplan-Meier and multivariable Cox regression to determine effect of children who were attached to PAs.
Results

• Database records for a total of 6442 children < 16 years of age were screened for eligibility for the study
  – 1134 Children excluded commenced ART within 6m of closure of the site database,
  – 1381 ART experienced,
  – 269 who had zero days of follow-up time &
  – 95 children for whom it could not be definitively ascertained as to whether they had support from a PA or not.
Results II

- 3563 ART-naïve children were included in analyses
  323 (9.1%) with PAs, 3240 (90.9%) without PAs
- Baseline characteristics: Median age 6.3 years
  (P=0.49); CD4% 12.0% (P=0.18); advanced clinical
  stage 60.0% (P=0.18) between groups
- At the start of treatment, children with PAs had a
  higher proportion below one year of age, a higher
  proportion who received treatment at PHC facilities
  and a higher proportion who received AZT instead
  of d4T

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2. KI patient advocates (PAs) assigned to children on ART:

Retention in care

logrank $P = 0.027$

Adjusted hazard of attrition of patients with PAs: 0.57 (CI: 0.35–0.94)
2. KI patient advocates (PAs) assigned to children on ART:

Adjusted hazard of mortality of patients with PAs: 0.40 (CI: 0.15–1.06)
Results IV

– Other baseline factors independently associated with mortality were

• age below two years,

• WAZ-scores below -3,

• severe immunodeficiency

• receiving treatment for tuberculosis
Conclusions

• Community adherence support is critical for ensuring good survival and remaining in care outcomes & need to be closely linked and coordinated with primary level health services.

• Monitoring & evaluation is key to quality of delivery as services are dynamic & require constant review & support.

• Community adherence worker training should be seen as part of career pathing in an environment of critical health care shortages & can be a cost effective support of the delivery of primary health services in the community.
Thanks to

Our patients
Patient Advocates
Donors
Staff

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