“It’s not just about giving the drugs”
Medication Adherence Clubs (MACs) for HIV and Non-Communicable Disease (NCDs)

Emilie Venables¹, Kelly Khabala², Walter Kizito², Jeffrey Edwards², Helga Ritter², Tony Reid³,
Joseph Kibachio⁴, William Etienne¹, Saar Baert⁵, Helen Bygrave⁵

¹Médecins Sans Frontières (MSF), Brussels, Belgium; ²MSF, Nairobi, Kenya; ³MSF, Operational Research Unit, Luxembourg; ⁴Ministry of Health, Non Communicable Diseases Control Unit, Nairobi, Kenya; ⁵MSF, Southern Africa Medical Unit, Cape Town, South Africa
Introduction

• 9 million people on lifelong treatment (ART)
• Challenges = drug refills, adherence, LTFU
• Solutions for high volume ART delivery by MSF:
  ✓ fast track drug refills
  ✓ collecting drugs in clinic or community-based clubs
Context

Burden of non-communicable diseases (NCDs) & HIV in Kibera, Kenya:

- diabetes 5.3%, hypertension 12.3%
- HIV 12.6%
- MSF Kibera cohorts: HIV 5,000  NCD 2,000
- Patient waiting times = 4-6 hours

Objective is to off-load clinic of stable chronic patients so more complex patients can be cared for...

By 2020, WHO goal is 90% of eligible HIV patients on ART = 22 million… in SSA
What are Medication Adherence Clubs (MACs) in Kibera?

- Up to **30 members** with HIV, diabetes *and/or* hypertension
- Sessions last **30 minutes - 1 hour**
- Take place at the clinic in the **afternoon**
- Cohort (>1700) coordinated by **1 clinical nurse**
- **2 health promoters** conduct each MAC
What is the MAC model of care?

Patients receive:
✓ weight / blood pressure check
✓ 4 symptom screening questions
✓ 3 months medication
✓ health education talk
✓ peer support

Annual clinical consultation with monitoring blood tests

Alternative for HIV patients =
✓ q6 month fast-track drug refill + clinic consult
### Who can join a MAC?

<table>
<thead>
<tr>
<th>Type of patient</th>
<th>HIV</th>
<th>NCD (diabetes or hypertension)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age of patient</td>
<td>( \geq 25 \text{ years} )</td>
<td>( \geq 25 \text{ years} )</td>
</tr>
<tr>
<td>Time on treatment</td>
<td>On ART ( \geq 12 \text{ months} )</td>
<td>On medication ( \geq 6 \text{ months} )</td>
</tr>
<tr>
<td>Viral load</td>
<td>Undetectable (&lt;450 copies/ml)</td>
<td>-</td>
</tr>
<tr>
<td>CD4 count</td>
<td>( \geq 200 \text{ cells/}\mu l )</td>
<td>-</td>
</tr>
<tr>
<td>WHO stage</td>
<td>No active WHO stage 3 or 4</td>
<td>-</td>
</tr>
<tr>
<td>BP (if hypertensive)</td>
<td>-</td>
<td>Below 150/100</td>
</tr>
<tr>
<td>HbA1c (if diabetic)</td>
<td>-</td>
<td>Below 8%</td>
</tr>
</tbody>
</table>
A mixed methods study in Kibera South Clinic

Objective:  
- evaluate quantitative outcomes 12 months after MAC implementation (August 2013-2014)  
- qualitative perspectives of HCWs and patients

Methods:  
- Routine program data collection with analysis  
- 10 focus groups with health-care workers & patients  
- 19 interviews (HCWs, MAC and non-MAC patients)  
- Participant observation in clinic and MACs  
- Random chart review of MAC patients
Results 1: Quantitative Outcomes

- 5028 HIV and NCD patients in Kibera South cohort
- 2212 (44%) were eligible to join MACs
- 1432 (28% of total cohort) were enrolled into MACs
- 109 MAC sessions were held in 12 months, equal to 2208 individual consultations

- 71% of MAC members are HIV positive
- 64% of MAC members are female

- Protocol adherence = 98%
- Returned to clinic care = 1.7%
- Loss to follow up = 3.5%
- No deaths
Results 2: Acceptability of MACs

- Acceptable to HCWs and patients as a time-saving means of collecting drugs
- Patients enjoyed the health talks
- Not all MAC members fully understood the concept of MACs when joining
- Non-MAC patients were enthusiastic about MACs, but had limited knowledge of them
Results 3: What about stigma?

• MACs were believed to both reduce and increase stigma
• Patients are not required to disclose their HIV status in MACs
• Model approaches HIV as a chronic disease, like diabetes or hypertension
• HIV positive patients were more likely to fear being stigmatised when compared to others with NCDs

“The stigma becomes less and less. It is all a chronic disease. HIV is no longer what it used to be.”

- Nurse, Kibera South
Results 4: Combined care effects: NCD + HIV

- Combining HIV / NCD patients is logistically easier, more efficient and allows for co-morbidity treatment
- HCWs recognised benefits and uniqueness of this model of care
- Health talks enabled patients to learn about diseases other than their own
- Not all HIV positive patients felt comfortable disclosing in a MAC
- Some patients were not aware MACs were combined
Results 5: Patient preference of drug refill

- Qualitative data revealed decision to join a MAC was often driven by clinician referral
- Non-MAC patients were interested to explore other drug refill strategies that would save them time
- HIV patients had less knowledge of the fast-track drug refills as an alternative to MACs
Discussion Points

Scale-up challenges

- required dedicated space for groups
- pharmacy still with heavy burden of refills
- empowerment of patients for choice
- legal limitations of community dispensing
- further research is needed on “peer support” measurement
Conclusions

- MACs are an innovative group treatment model, largely acceptable to patients and health-care workers.
- MACs provide a high volume of HIV / NCD patients with efficient medication refills.
- Process / outcome indicators reflect care quality maintained.
- MACs provide peer support, however disclosure is a challenge for some HIV patients.
- There needs to be increased promotion of drug refill options to improved patient choice in receiving refills.
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