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The implementation of iACT clubs in South Africa

Improving patient Antiretroviral Treatment (ART) outcomes through the implementation of iACT clubs in an Inner City healthcare facility, Johannesburg, South Africa

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Background

ART adherence and retention in care are factors associated with viral load suppression (VLS) and are essential for sustainable HIV epidemic control, however, they remain a challenge globally.¹⁻⁴ Confidence and self-efficacy have been found to be associated with greater medication adherence.¹ The Integrated Access to Care and Treatment (iACT) program is a curriculum-based support group strategy which aims to empower newly diagnosed HIV infected individuals to effectively self-manage and actively engage with HIV healthcare services for better health outcomes.⁵ This study aims to assess the effects of introducing iACT clubs on ART patient outcomes.

Method

Patients who tested HIV-positive and consented to join iACT clubs were taken through iACT curriculum in the first six months of taking ART, and managed as a club cohort for another six months (Fig.1). Patients that did not enrol into iACT were managed according to standard clinic practices. Programmatic Tier.net patient visit data, was exported to Excel and Stata and analysed. Odds ratios were calculated for various patient outcomes, and variables that were significantly associated with various patient outcomes were included in a multivariate logistic regression model.

Results Cont.

A total of 4569 preliminary patients' data was included in the analysis. The study population consisted of 66.2% females (2985/4569), with 27.7% (1249/4569) of the study population enrolled in iACT clubs. Regression results showed that the odds of being transferred out were higher in non iACT patients (OR: 2.64, p=0.040) while the odds of being "in care and on treatment" (OR: 0.24, p=0.000) and having VLS (OR: 0.55, p=0.001) were significantly higher in patients that were enrolled in iACT groups

More patients enrolled in iACT clubs were retained in care and on treatment than non iACT patients.

Conclusion

Preliminary data suggest that iACT program implementation results in improved retention and viral load outcomes in patients that enrol into the program. More robust studies are recommended to further strengthen this evidence. More patients enrolled in iACT clubs were retained in care and on treatment than non iACT patients.

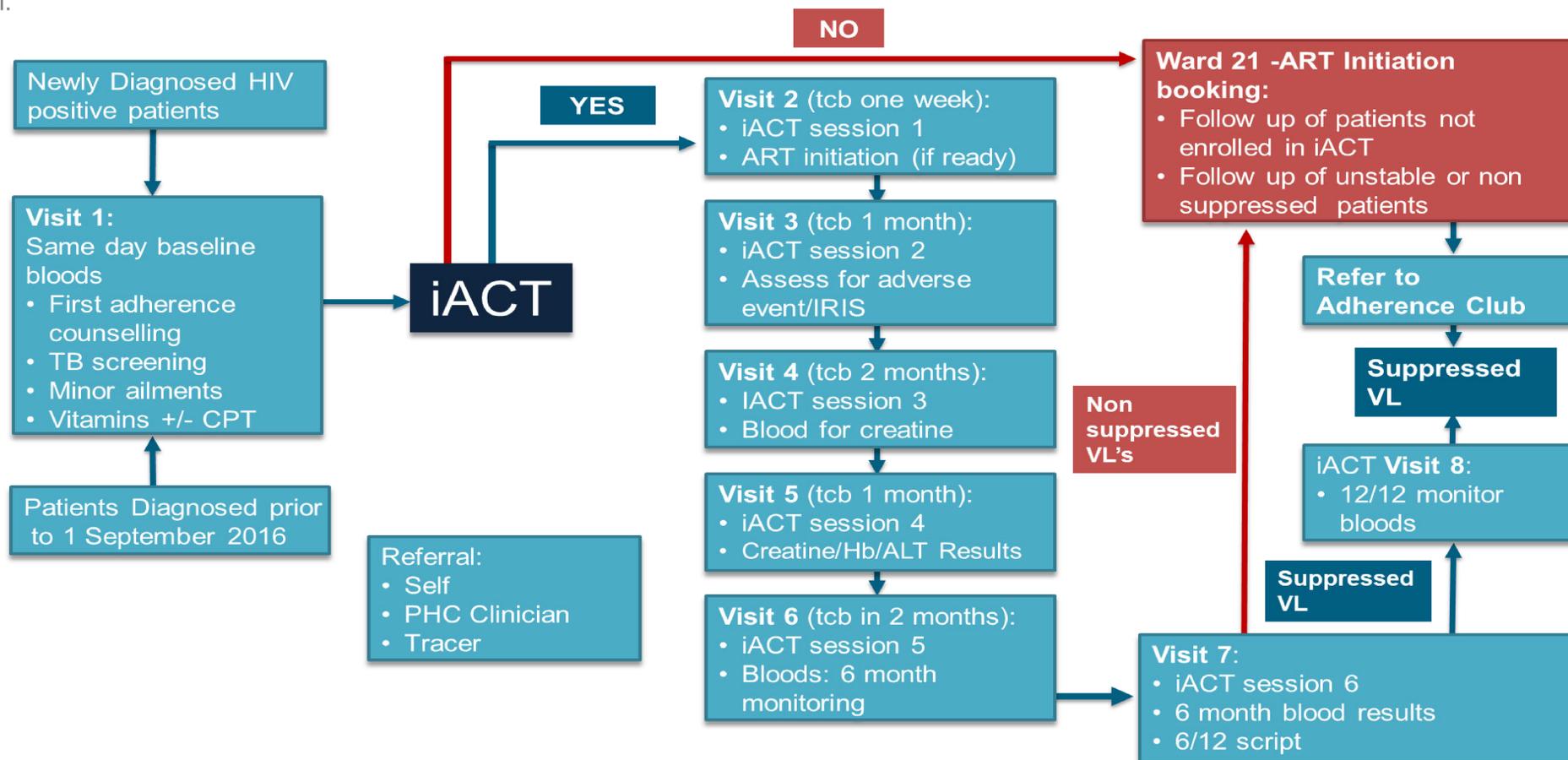


Figure 1: iACT Process Flow, HCHC.

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