



Scaling up Male ART Adherence Clinic (MAAC) in men initiating antiretroviral therapy (ART) in public health facilities in Blantyre, Malawi.

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BACKGROUND

- While Malawi is close to achieving the epidemic control targets, men still remain a challenge, with high rates of attrition from antiretroviral therapy (ART).
- Elizabeth Glaser Pediatric AIDS Foundation (EGPAF) in Malawi introduced Male Adherence ART Clinics (MAAC) as a differentiated service delivery model for HIV-positive men initiating ART in HIV/ART clinics in various districts.
- We compared 6-month retention and viral suppression outcomes of men who accessed health care services at the MAAC compared to men who did not enroll in the MAAC services.

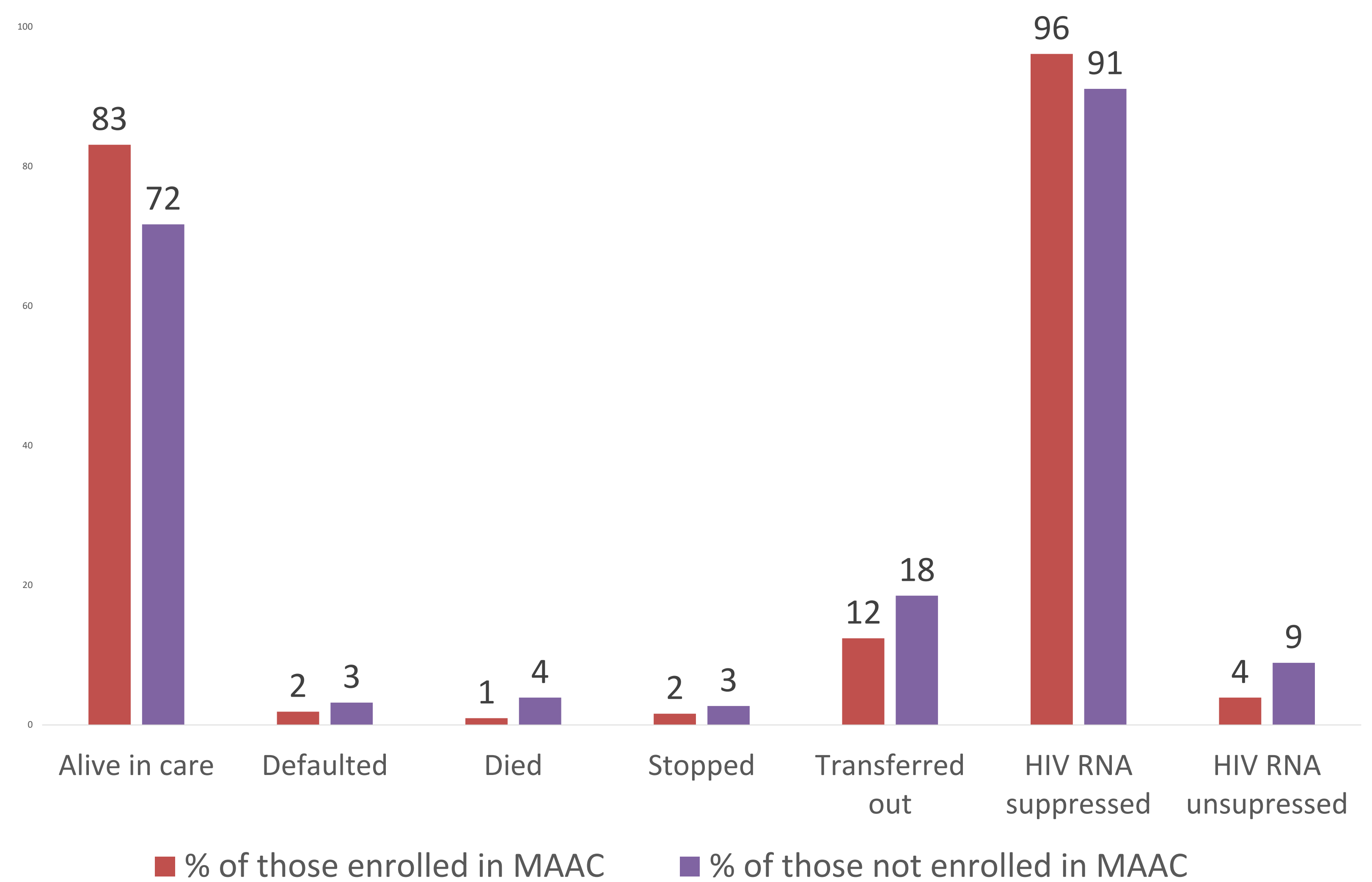
METHODS

- This was a quasi-experimental study comparing intervention vs control group. The study was conducted in 12 health facilities in Blantyre, Malawi and included men who had been newly initiated on ART between April 2021 to March 2022.
- The intervention group included males who voluntarily enrolled in the MAAC clinic while control group were men who declined enrollment in the MAAC clinic. We followed each group for 6 months post ART initiation.
- We had two main outcome variables that included (1) retention in care in care at 6 months, defined as those men that came for treatment refills as per the visit schedule (2) and viral load suppression defined as those men with viral load <1000 copies.
- We abstracted data from the ART patient registers, MAAC register and the electronic medical records database in an Excel file, and these data were analyzed
- Chi-square tests were used to compare proportions of outcomes between men enrolled in MAAC vs those not enrolled in MAAC

RESULTS

- Data for 2126 males was abstracted. Majority (37%) were between 35-44 years of age. Only 43% (934) if the men were enrolled into MAAC.
- Overall retention at 6 months was 77% (1631/2126). A higher proportion of males (83%) enrolled in MAAC clinic were alive and in care at 6 months compare to those not enrolled in the MAAC clinic (71%, p value <0.001).
- The proportion of those that had defaulted/stopped treatment; died; and transferred out to another facility were also lower in enrolled in MAAC compared to those not enrolled (4% vs 6%; 1% vs 4%; 12% vs 18% respectively)
- Viral load testing at 6 months in the study population was low, with only 37% (795/2126) having viral load results available. Viral load testing was higher in men enrolled in MAAC (49%, 457/934) compared to men not enrolled in MAAC (28%, 338/1192).
- Overall, 93% (747/795) of the men were virally suppressed. Viral suppression was higher in men enrolled in the MAAC clinic (96% of them being virally suppressed compared to not enrolled in MAAC (91%, p value 0.004).

Figure 1: Comparison of outcomes among those enrolled and not enrolled in MAAC



CONCLUSION

- Retention and viral load suppression outcomes were significantly better in men enrolled in MAAC compared to those who were not enrolled in MAAC.
- MAAC offers an opportunity for men to receive specialized care, which can result in improved outcomes for PLHIV on ART.
- Our findings also show a relatively low acceptance proportion of the MAAC intervention and there is need to design innovative ways to ensure this intervention is acceptable by men.

