

Evaluating the Association of Treatment Buddy (TBy) with Clinic Attendance among Patients on Anti-Retroviral Therapy in Kisumu, Kenya



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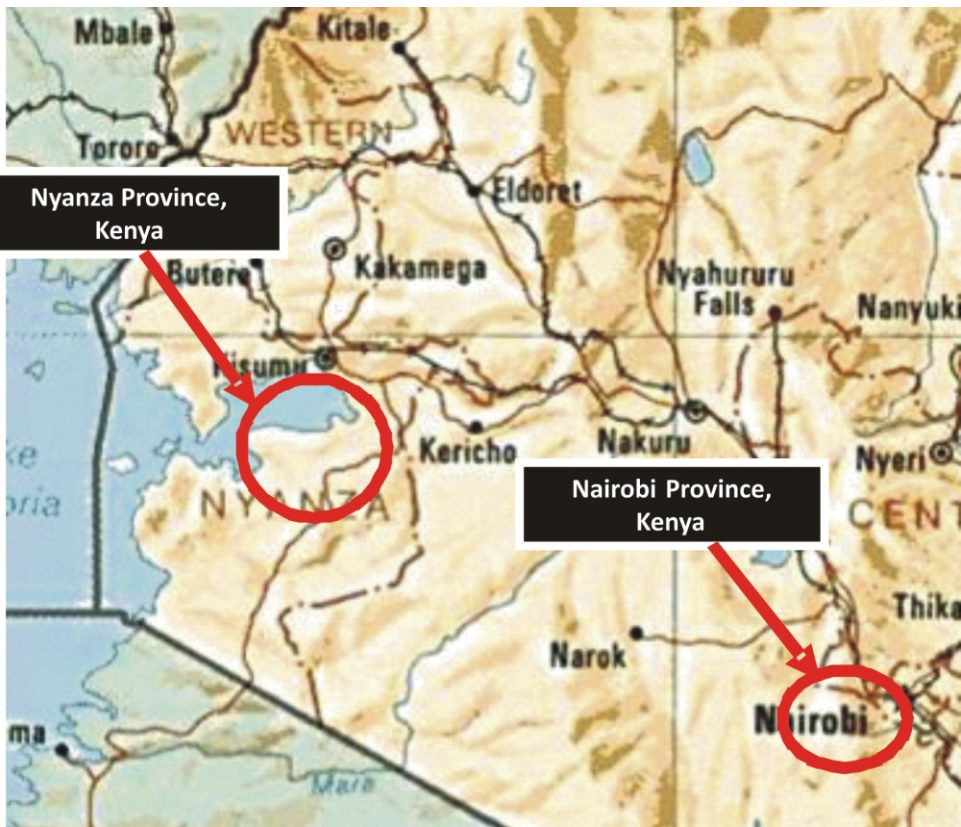
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FACES Program Overview

- FACES launched in September 2004 in Nairobi, Kenya and March 2005 in Kisumu, Nyanza Province, Kenya
 - PEPFAR funded through CDC
- Goal
 - Strengthen local healthcare systems to increase high-quality, comprehensive HIV prevention, care, and treatment services
 - Technical Support in partnership with Ministry of Health (MoH)
 - Service Provision by the MOH
 - Program areas Prevention of Mother To Child Transmission(PMTCT), Providers Initiated Test and Counseling(PITC), Voluntary Medical Male Circumcision(VMMC), Cervical Cancer Screening and Prevention(CCSP), Care & Treatment, TB/HIV

Where we work



One of the FACES site: Lumumba ART clinic in Kisumu - Nyanza

Background

- HIV-infected patients on antiretroviral therapy (ART) who miss clinic appointments risk:
 - Drug interruptions
 - Drug resistance
 - Poorer health outcomes
 - Medical checkups/follow-up
- Kenyan ART Guidelines encourage a Treatment Buddy (Tby) to maximize patient clinic attendance

Treatment Buddy Description

- Treatment Buddy (Tby) / Treatment Supporter
 - Trusted friend or family member patient
 - Selected by patient
 - Helps and supports patient to adhere to antiretroviral therapy (ART) and clinic appointments
 - Both patient & Tby participates in pre ART counseling and education
 - Not required to have, but recommended



Photo by Beth Novey

Study Objective

- To assess whether having a TBy was associated with better clinic attendance within the first six months of ART initiation in both adult males and females

Methods

Sample

- Retrospective cohort design
- All HIV-infected clinic patients ≥15 years of age initiating ART from Aug 1, 2007-Dec 23, 2011
- Four FACES-supported health facilities in Kisumu, Kenya
- Clinic attendance tracked six month from ART start
- Excluded patients who discontinued ART use before six months

Methods (cont.)

Data collection

- Utilized clinic enrollment, follow-up and pre-ART adhering counseling records captured in FACES Open Medical Records System (OpenMRS)
- TBy status assessed immediately prior to ART initiation (first choice) or at enrollment into care (second choice)
- Scheduled return dates compared to completed visits

Variables

- Predictor of interest: TBy (1/0)
- Outcome: Clinic attendance* (1/0)
 - *Defined as completing all appointments within first six months on ART
 - Appointment considered “completed” if patient visited on/up to 3 clinic days after appointment or seen in clinic before appointment

Analysis

- Multivariable Poisson regression with robust standard errors to compare clinic attendance in patients with and without a Tby
- Separate models fitted for males and females
- Adjusted risk ratios (aRR) and 95% confidence intervals (CI) reported

Results

Sample Characteristics

- 2,430 patients
 - 2,199 had a TBy (90%)
 - 231 had no TBy (10%)
- Most patients were female (67%), married (53%), with no more than a primary school education (56%)
- Median age = 33 Yrs (IQR 26-39)
- Median CD4 count = 181 cells/ul (IQR 84-264)

Attended all appointments within first 6 months on ART (n = 2,430)			
	Total n	% attended	aRR*† (95% CI)
Females (n=1618)			
TBy	1,429	61%	1.28 (1.08-1.53)
No TBy	189	47%	REF
Males (n=812)			
TBy	645	57%	1.01 (0.76-1.32)
No TBy	39	57%	REF

*Adjusted for age, marital status, year ART initiated, months from engagement in care to ART initiation, CD4 count at ART initiation, WHO stage at ART initiation, and clinic site
† n for adjusted analysis (males) = 716 n for adjusted analysis (females) = 1405

Conclusion

- Females with treatment supporters had higher clinic attendance within the first six months on Highly Active Antiretroviral Therapy (HAART) than females without treatment supporters
- Males with treatment supporters did not differ in early ART clinic attendance than males without treatment supporters

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