

# 26th Annual Conference of the British HIV Association 2020



# Care pathways for older people living with HIV in South Africa

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# Declaration of Interests relating to this presentation

Nothing to declare

# Prevalence of HIV in South Africa

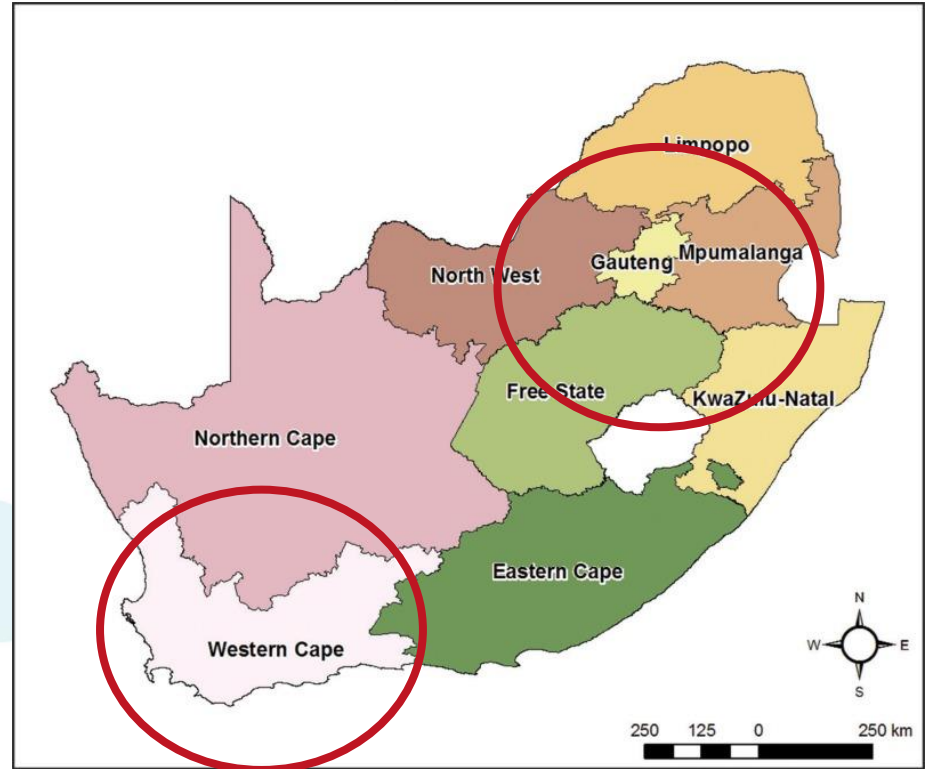
A world map with a light blue background and a grid of latitude and longitude lines. The landmasses are shown in a light yellowish-tan color. South Africa is highlighted in a dark red color. The map is centered on the Atlantic Ocean, showing the Americas on the left, Europe and Africa in the center, and Asia and Australia on the right.

- 7,5 mil people living with HIV
- 19% prevalence in adults (15-49 years)
- 200 000 new infections
- 72 000 AIDS related deaths
- 71% adults on ART
- Aging population

Total SA  
population =  
59 million

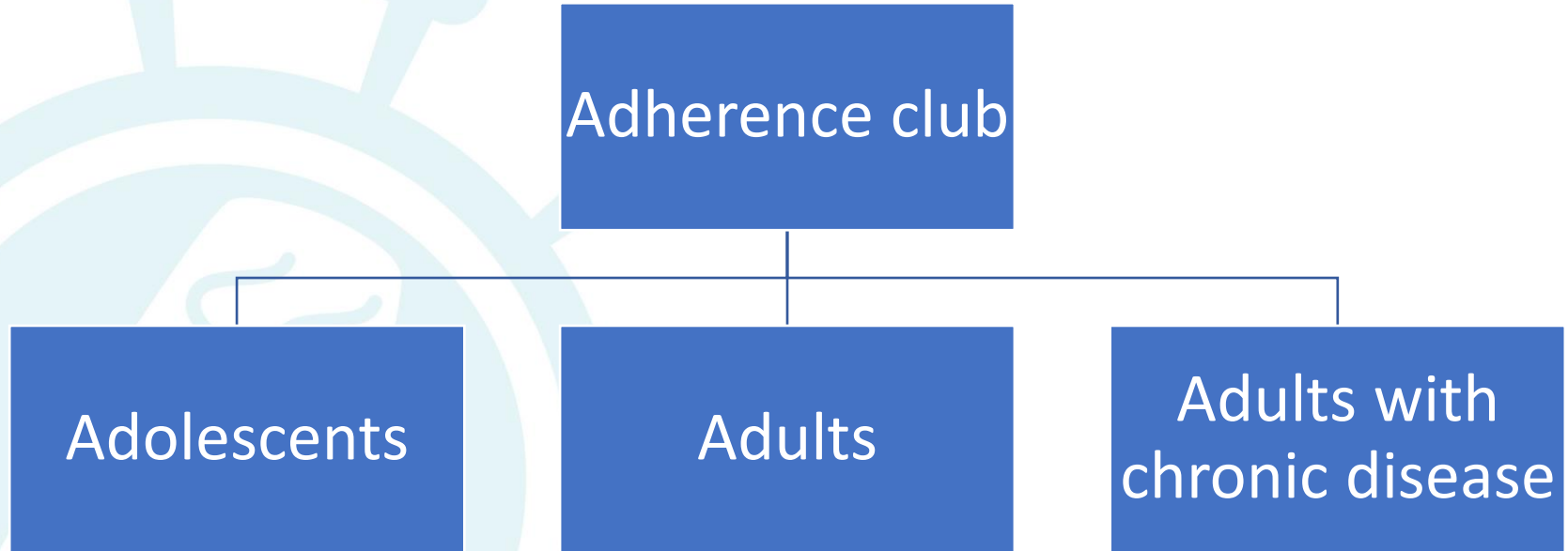
# HIV Clinical Networks and meetings

- HIV clinics/ services:
  - Western Cape (Cape Town)
  - Gauteng (Johannesburg) provinces.
- Face to face or telephonic: clinicians and academics



# Elderly with HIV in SA

No specific or separate services or tests



**Group meeting  
(club facilitator)**



**Quick clinical  
assessment  
(club facilitator)**



**Medication  
distribution  
(club facilitator)**



**Clinical  
consultation  
(club nurse)**



**Club exclusion  
(club facilitator)**



- Meeting of 25-30 stable HIV patients every two-three months
- Session is led by a club facilitator (LHCW)
- Club facilitator conducts support/education support
- Emotional and psychological support
- Referral of ill patients to club nurse
- Track of club members' attendance (club facilitator)

- Weight check of each club member
- Symptom screening of members
- Documentation of the check-up
- Weight loss or ill health of patients → referral to club nurse

- Distribution of two months prepacked medication for members (club facilitator)
- Documentation of dispensed medication

- Clinical oversight by club nurse
- Annual blood tests for all members (CD4 count, viral load)
- Management of symptomatic patients, if referred
- Provision of scripts
- Documentation of test results

- Removal from clubs:
1. non-adherent members
  2. clinical reasons (TB, viral load above 400 copies/mL, change of ART regime, abnormal blood results, further examinations required)
  3. missing five days grace period (time period for members or buddies to collect their medication if club session was missed)

# Chronic Adherence clubs

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## **Aims of the adherence club concept:**

### **Health care facility**

- Reduced patient load
- Increase in available staff capacity to initiate new patients on ART
- Efficient management of unstable patients
- Improvement in quality of care
- Task-shifting to decongest facilities
- Opportunity to reduce the loss to follow-up of patients

### **Patients**

- Time-saving
- Improved accessibility to clinical care and ART supply
- Enhancement of long-term adherence and RIC
- Patient empowerment
- Possible establishment of group dynamics and peer support
- Patient-centred approach adapting to the needs of PLHIV



# Lifestyle treatment and education

- Food insecurity negatively impacting adherence to ART
- Dietitians and physiotherapist not involved in club network
  - Referral system
- Urgent need for lifestyle interventions within the club system
  - Education of lay counsellors / community health worker

# Conclusions and next steps

- Few approaches to screening and integrated multidisciplinary management of comorbidities associated with ageing in HIV have yet been developed in South Africa.
- Development of future services - lifestyle change pivotal for both prevention and treatment.
- Drs Duncan and Harbron have started supervising a Masters and a PhD student in Dietetics in 2020:
  - Dietary adequacy, food insecurity and health outcomes of HIV
  - Lifestyle intervention – educating lay counsellors of clubs

# Thank you!

- British HIV Association (BHIVA) for the funding of the International clinical exchange scholarship programme
- Dr A Duncan

