HIV Learning Network
The CQUIN Project for Differentiated Service Delivery

Drivers of engagement and disengagement in care: Lessons from the BetterInfo study, Zambia

Kombatende Sikombe
Centre for Infectious Disease Research in Zambia (CIDRZ)

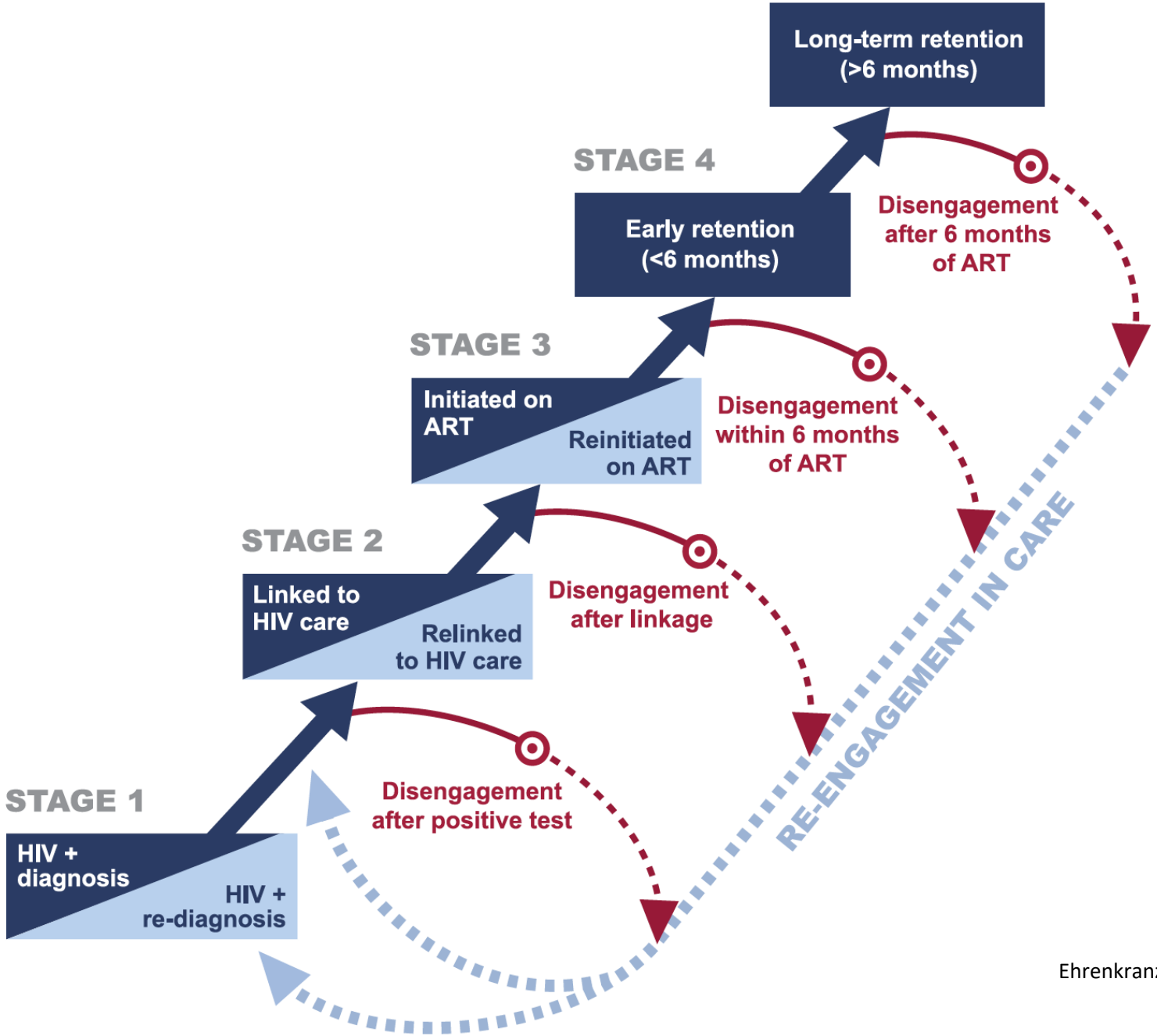
CQUIN Differentiated Service Delivery Across the HIV Cascade Workshop
August 15 – 19, 2022 | Kigali, Rwanda

Outline

- Study background
- Methods
- BetterInfo results
  - Reasons for disengaging
  - Preference results
- Conclusion

A global challenge for HIV programs

- Engagement in HIV care is a critical, but poorly understood, step in the HIV treatment cascade
- The number of people lost to HIV care follow up is large
  - 28.2 million have begun HIV treatment globally
  - Up to 15-20% of those in HIV care are lost to follow-up
- Reducing/minimizing uninterrupted treatment is key for continued epidemic control
  - U=U
  - Reduced morbidity and mortality
  - Reduced opportunity for drug resistance
- More people re-engaging in treatment now than new initiates



Ehrenkranz et al, 2021, PLoS Medicine

Understanding disengaged people living with HIV: A key to care improvement?

Why?

Why did patients drop out, change clinics or die?

What?

Real outcomes among patients?

Who?

Which patient subgroups are at risk for poor outcomes?

Where?

Are there hotspots for poor outcomes?

When?

What are the vulnerable points in the cascade?

Methods

- Qualitative interviews among disengaged clients
- Semi-structured survey among disengaged clients
  - Classify the prevalence of different barriers to retention
  - Identify site-to-site variability
- Choice experiment among disengaged clients
  - Relative importance of health systems attributes to clients

Population

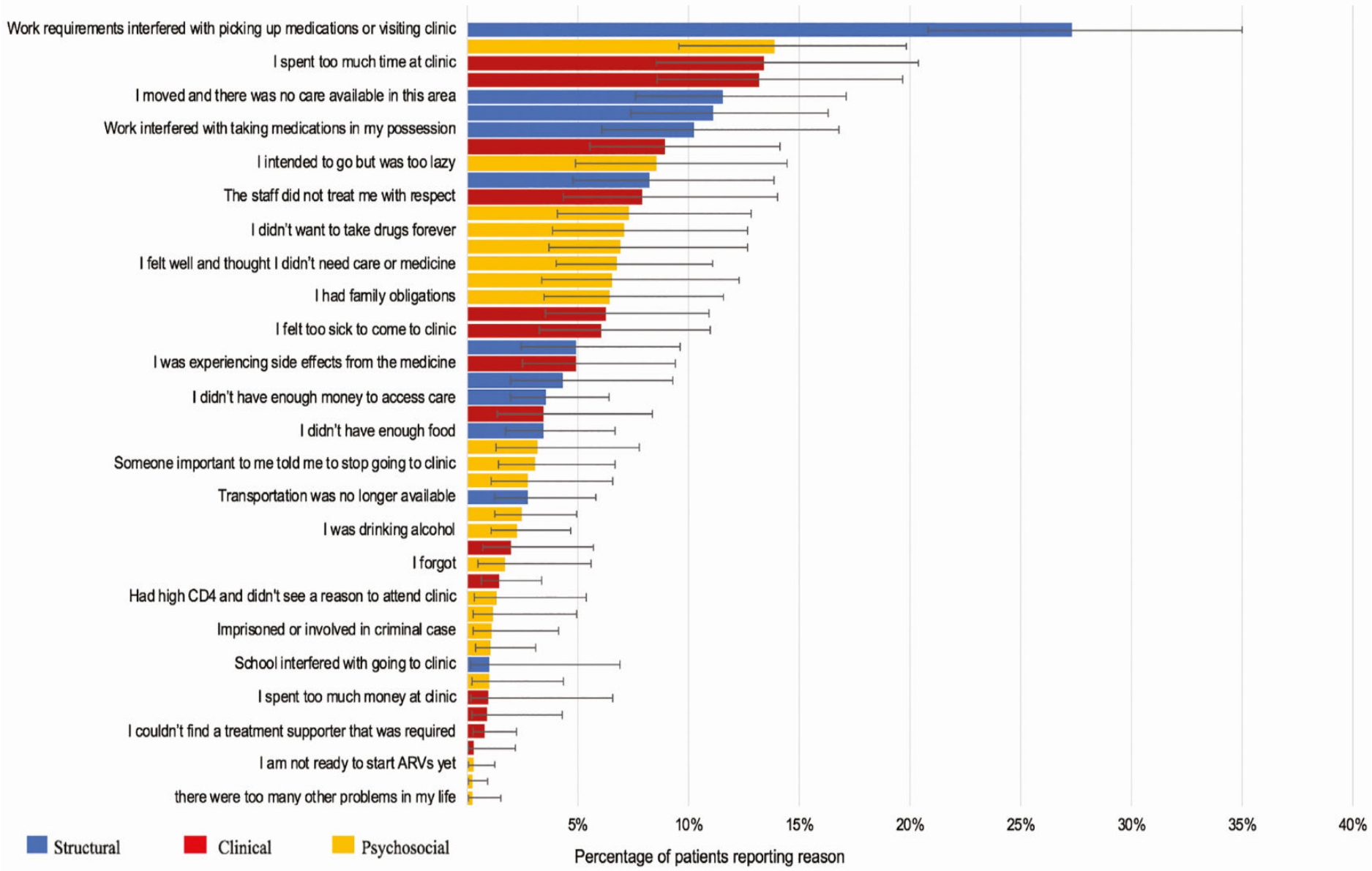
- Target population
  - Ministry of Health, CIDRZ supported ART facilities in Zambia
- Sampling scheme
  - Representative sample of facilities
  - Random sample of lost intensively traced in the community

Analyses

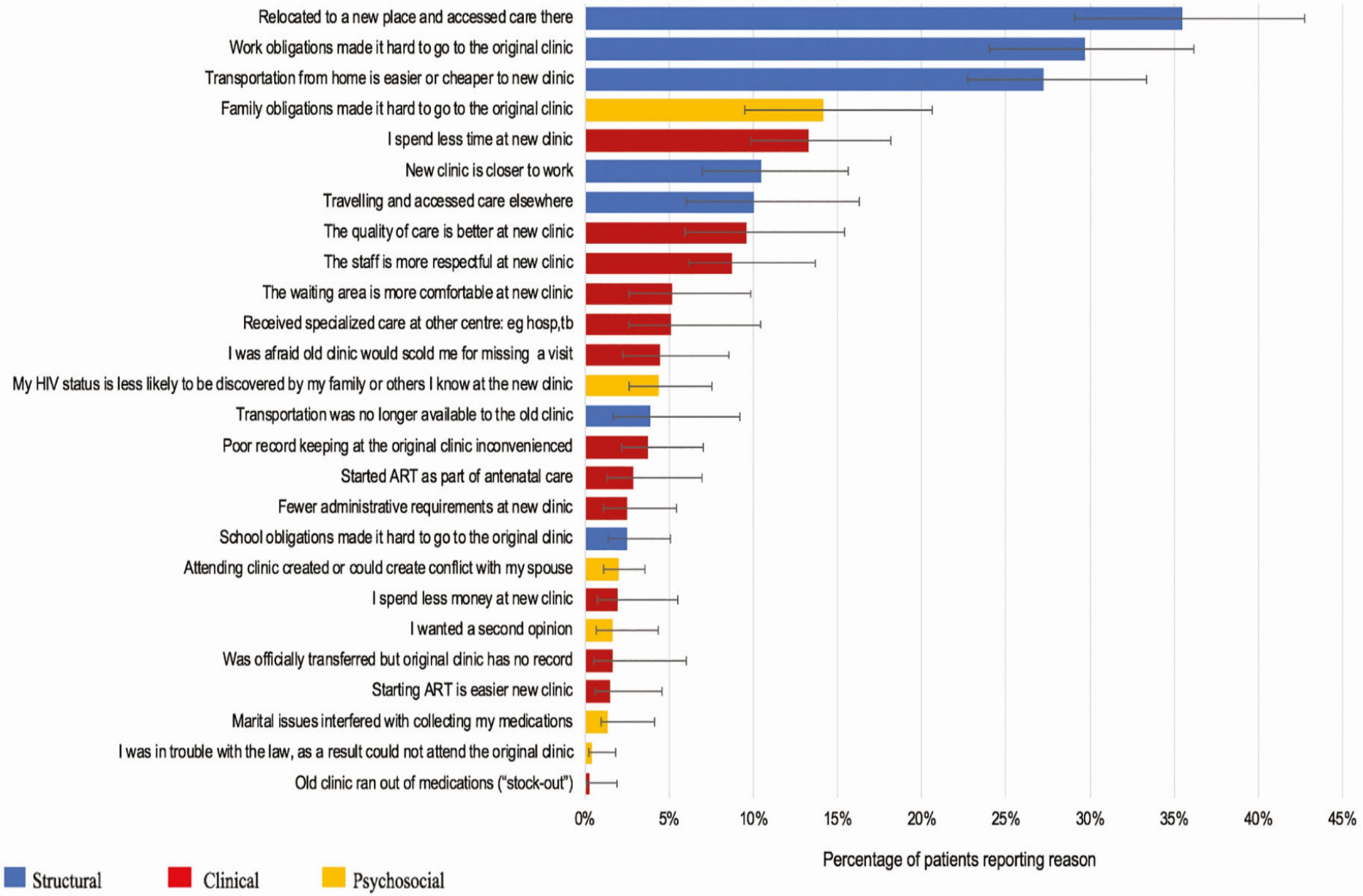
- Patient surveys
  - Simple tabulation, Venn diagrams
- Choice experiment
  - Mixed-logit model; willingness to wait analysis
- Qualitative

FINDINGS

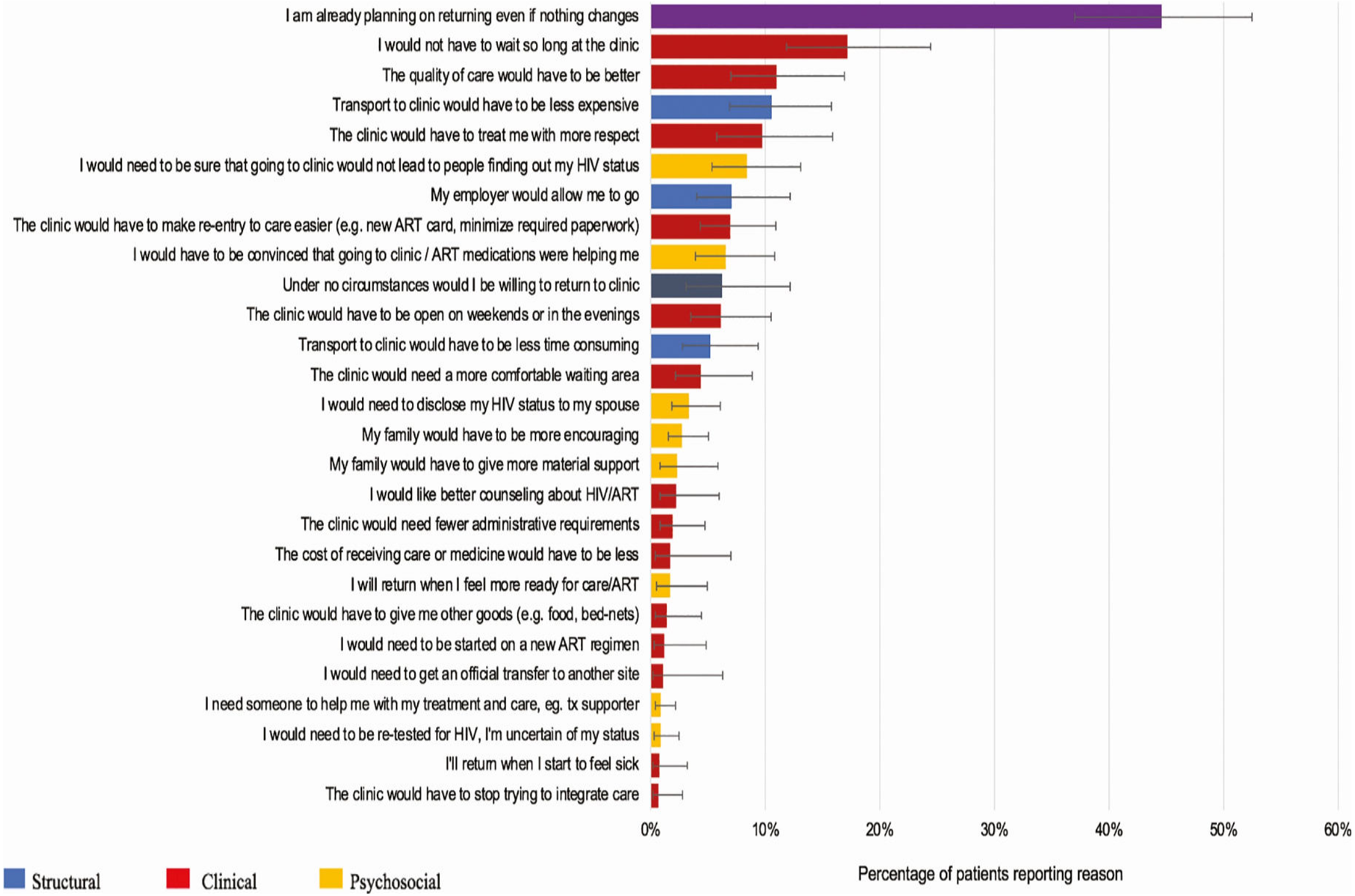
Reasons for disengagement. n = 255



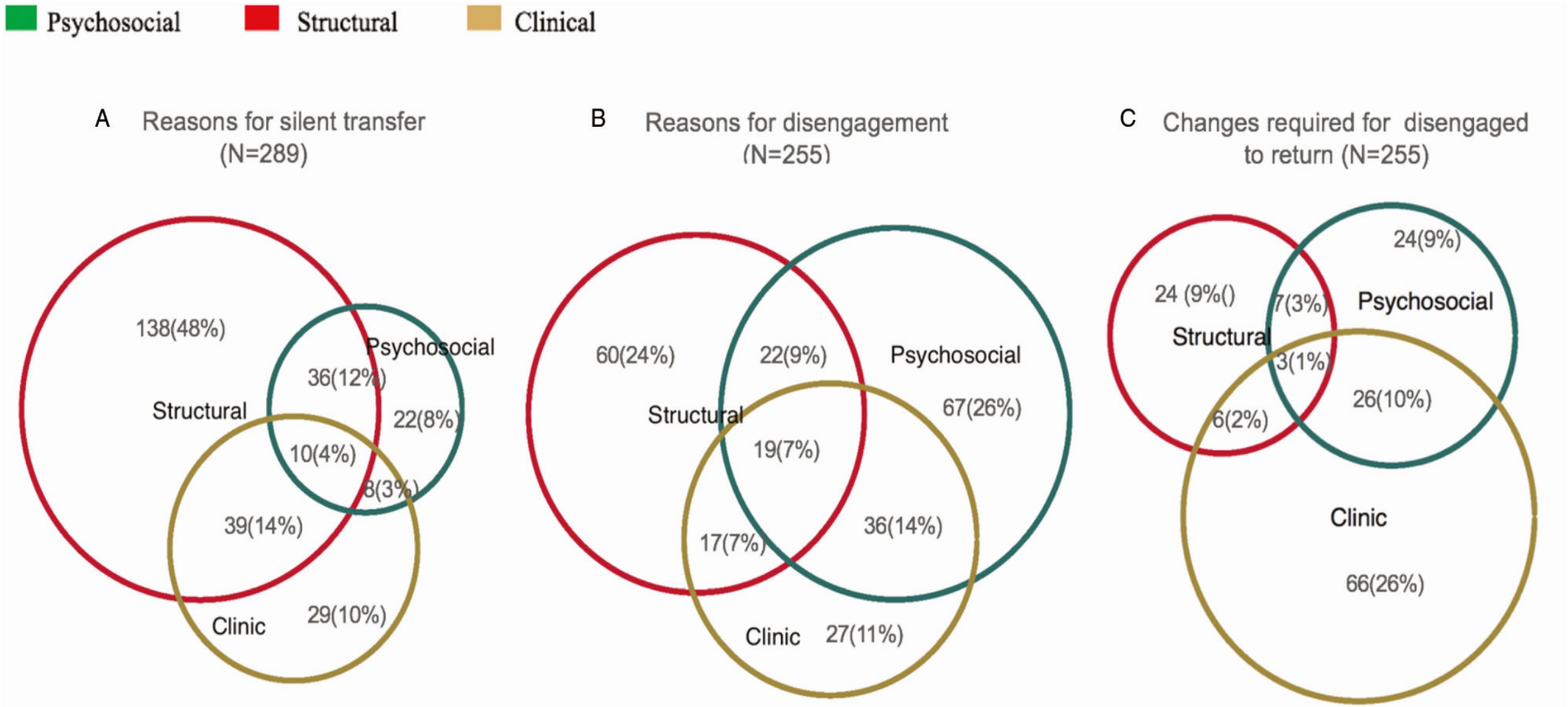
Reasons for silent transfer. n = 289



Reasons to return to care. n = 255



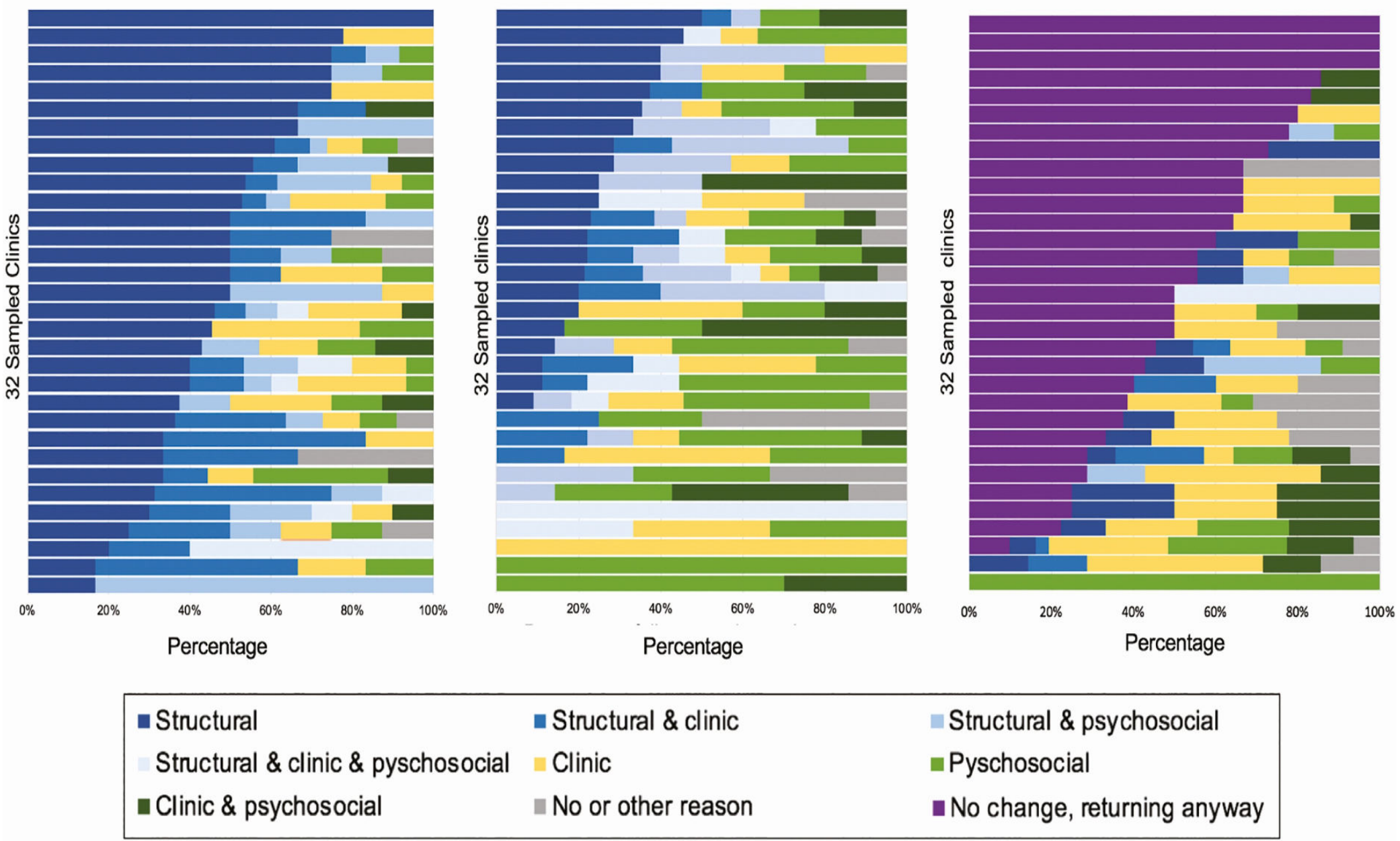
Venn diagrams depicting overlap between barrier domains.



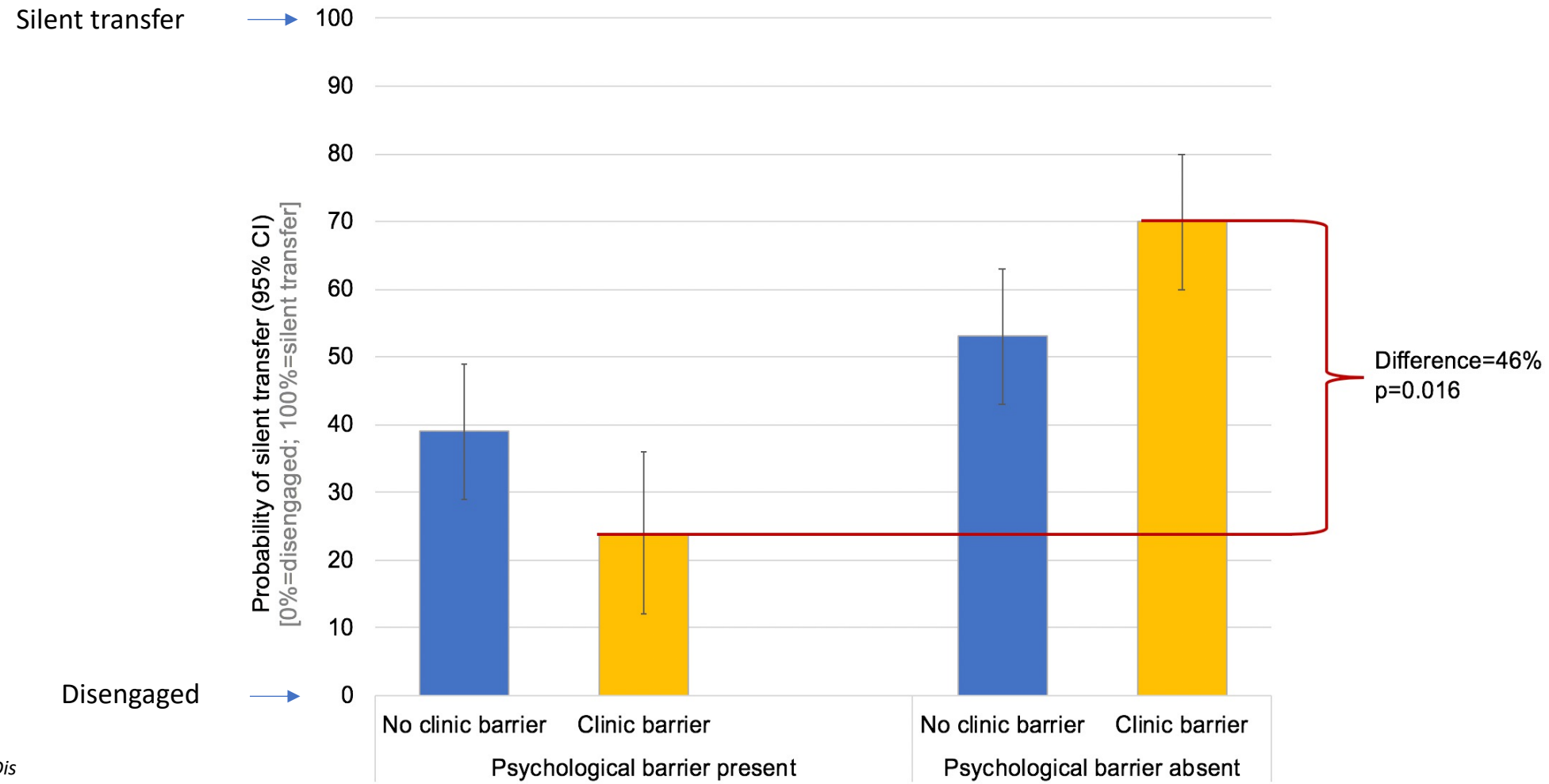
A. Reasons for silent transfer. n=289

B. Reasons for disengagement. n=255

C. Changes required to return. n=255



Probability of silent transfer and disengagement: Interaction of barrier domains



Sikazwe et al 2021. *Clin Infect Dis*
https://doi.org/10.1093/cid/ciaa1501

Qualitative Interviews

- **Clinic based factors**

"Sometimes you might not be used to the process, instead of telling them where to go…you answer them rudely. So that makes us so angry at last we even stop coming to the clinic…" *(Urban disengaged, Lusaka)*

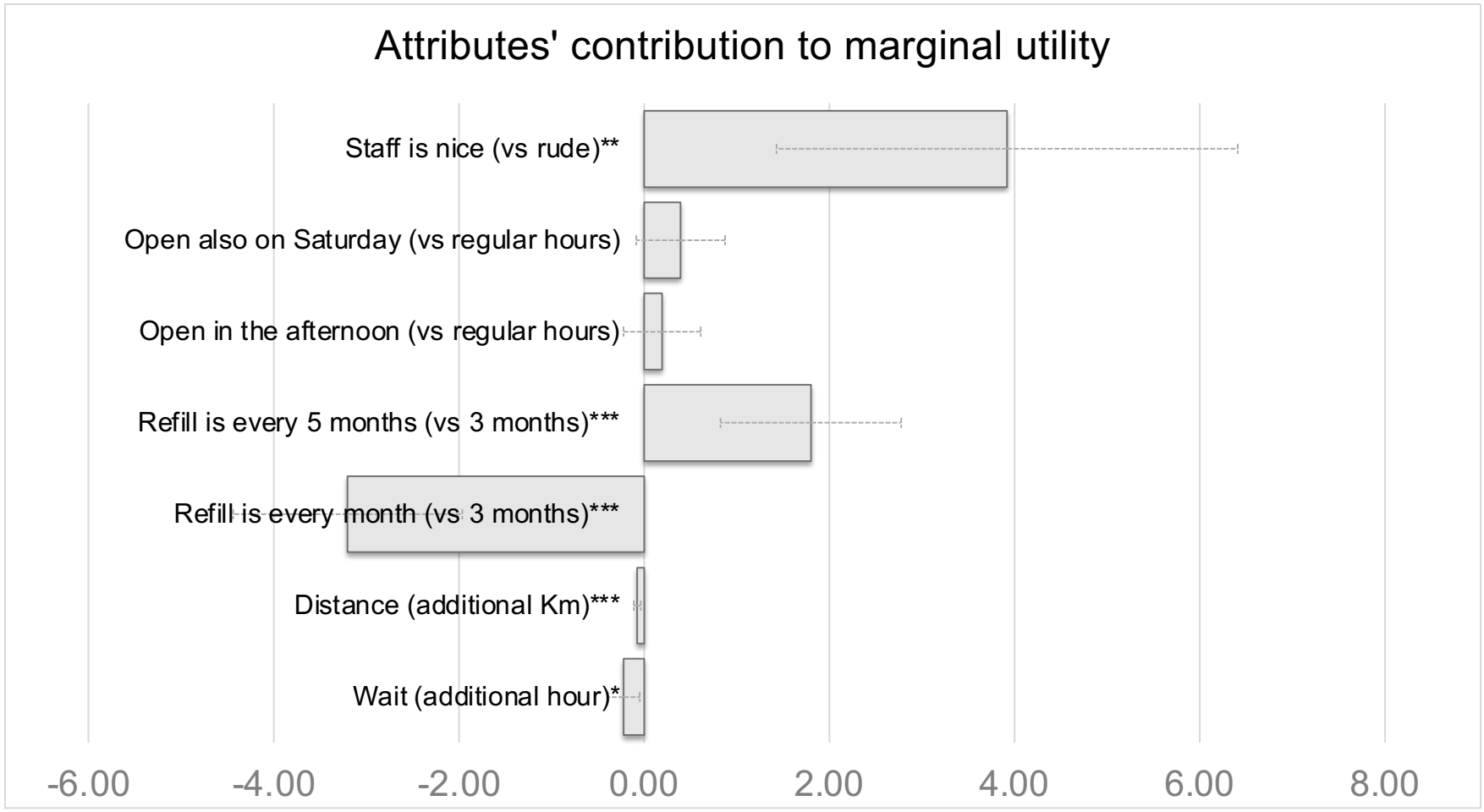
- **Structural factors**

"…Because what I used to do was leave at night and coming back at night because it was far and I used to be scared alone and money to use for transport I also never had" *(Rural transfer, Western)*

- **Psychosocial factors**

"I was thinking that maybe people will know me and say that: She is receiving the ART treatment so she is positive… and they would be laughing. That was the one which gave me fear" *(Rural transfer, Eastern)*

Discrete Choice Experiment Results (N=272)



CIDRZ for a healthy Zambia 20 years

Conclusion

- Routine surveys can offer rich insights into how to improve health systems
  - Drivers of loss and potential re-engagement at each site vary across structural, psychosocial and facility-based factors
  - Consistent prominence of patient-reported facility-based challenges (respect, scolding, wait times) as reasons for stopping care
- Patients have varying priorities
  - Make choices based on their experiences with the health system and perceived ease of care and satisfaction
- If reasons differ, then you must do things different (clinic to clinic variability) but there's differences within the clinic (individual to individual)

CIDRZ for a healthy Zambia 20 years

Acknowledgements

Recipients of Care

Ministry of Health

BILL & MELINDA GATES foundation

CDC
CENTERS FOR DISEASE CONTROL AND PREVENTION

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Washington University in St. Louis

LONDON SCHOOL of HYGIENE &TROPICAL MEDICINE

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Georgetown University

Thank you!