

Linkage to Re-engagement

Dr. Baker Bakashaba
Regional Project Manager
TASO

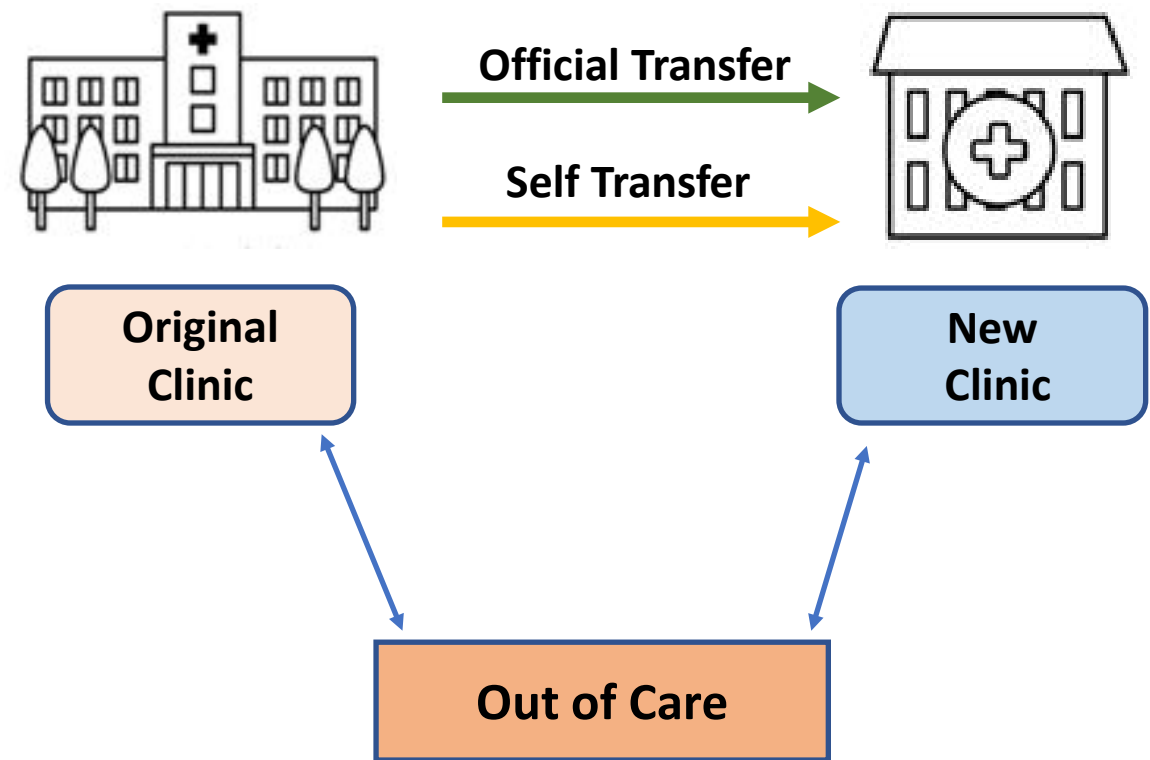
Leveraging DSD Strategies to Optimize HIV Testing and Linkage Services

March 13-16, 2023 | Nairobi, Kenya



Background

- **Treatment goal: Viral suppression which reduces morbidity and mortality and prevents HIV transmission**
- Retention in care and adherence to refill visits and medication is key
- Significant number of people in HIV care in Africa considered lost to follow up (LTFU) or with interruptions in treatment (IIT) at one facility are reportedly accessing care in another
- Others have truly disengaged from care or died, are at risk of poor health outcomes and HIV transmission
- **Re-engagement in HIV care is critical for both individual health and public health**
- **Re-engagement into care:** an encounter with a healthcare worker (phone call or in-person), or when a person re-initiates ART at least 28 days after missing their last scheduled appointment; may vary by national guidelines

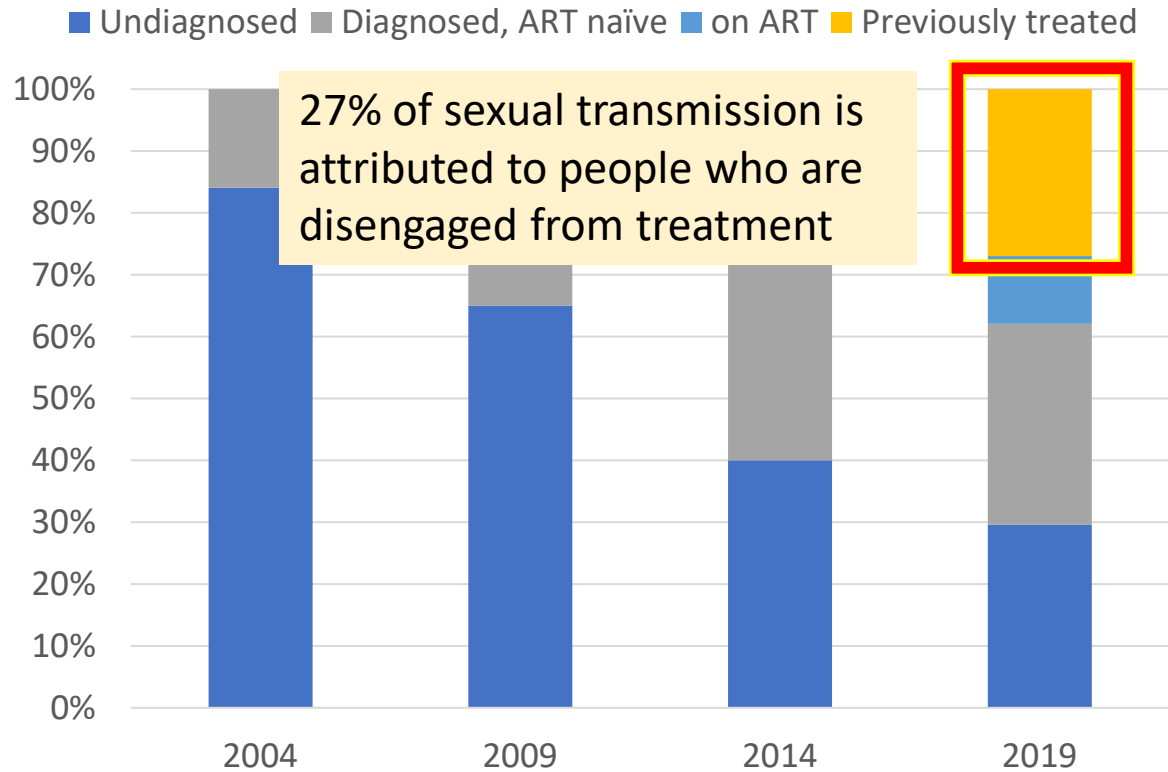


Why is disengagement a problem?

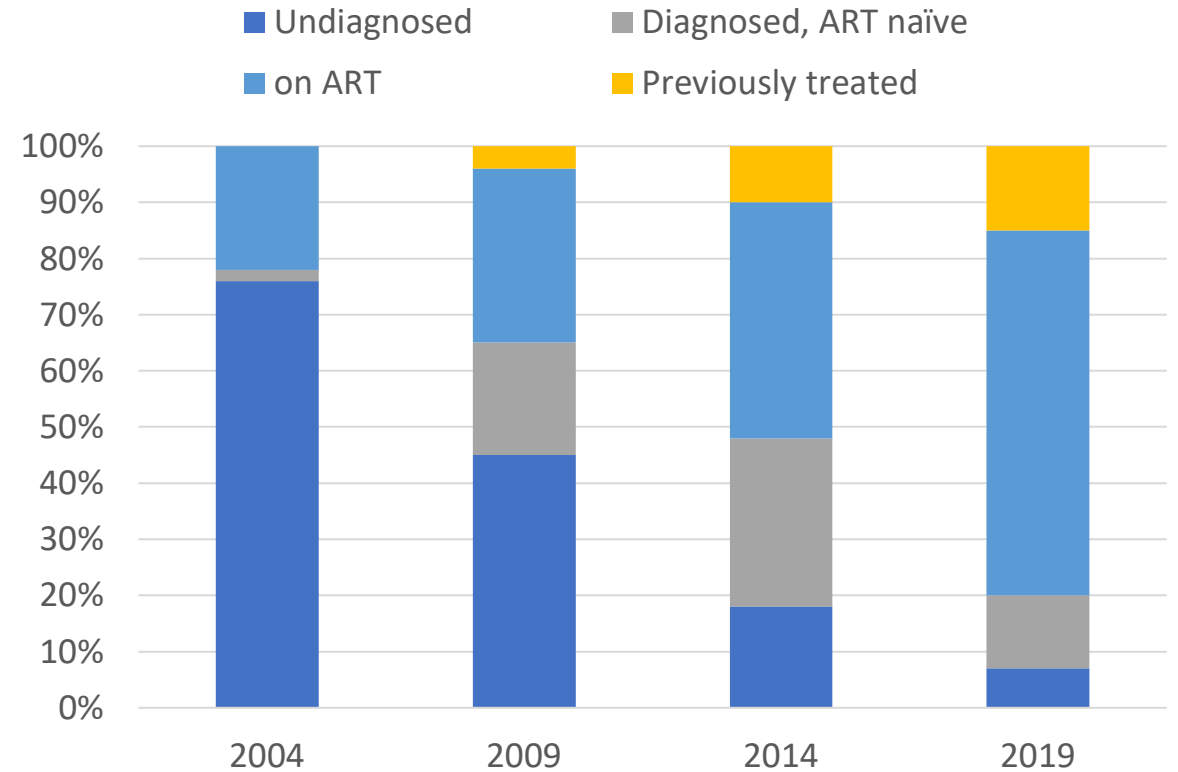
- At the individual level, people who are disengaged from care and treatment are at risk for HIV disease progression, illness and death
- At the public health level, people who are disengaged from care contribute to ongoing HIV transmission
 - For example, in South Africa, people disengaged from treatment contribute almost as much to sexual transmission as those with HIV who are undiagnosed

Why is disengagement a problem? - continued

Contribution to Sexual Transmission



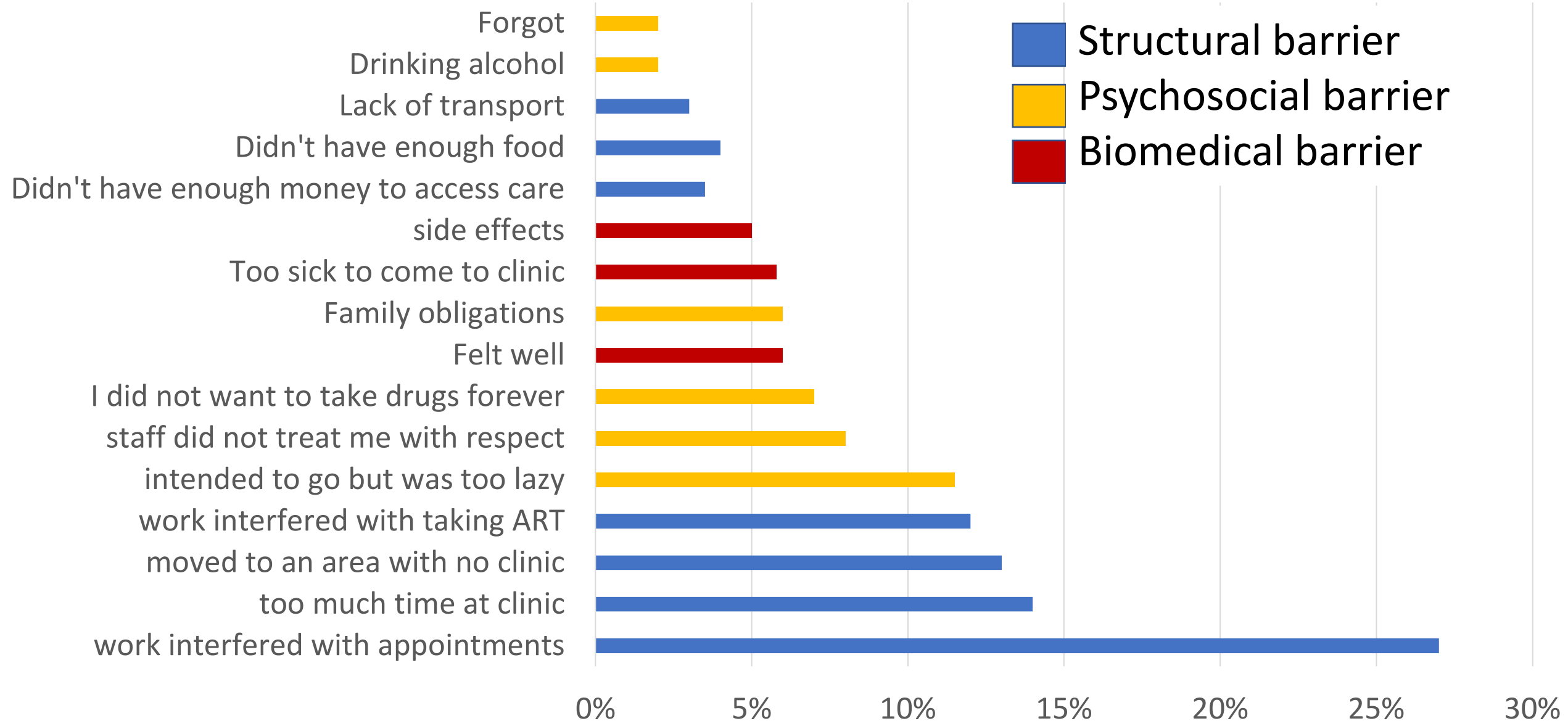
Proportion of Prevalent ART in Adults



Leigh et al, JAIDS 2022

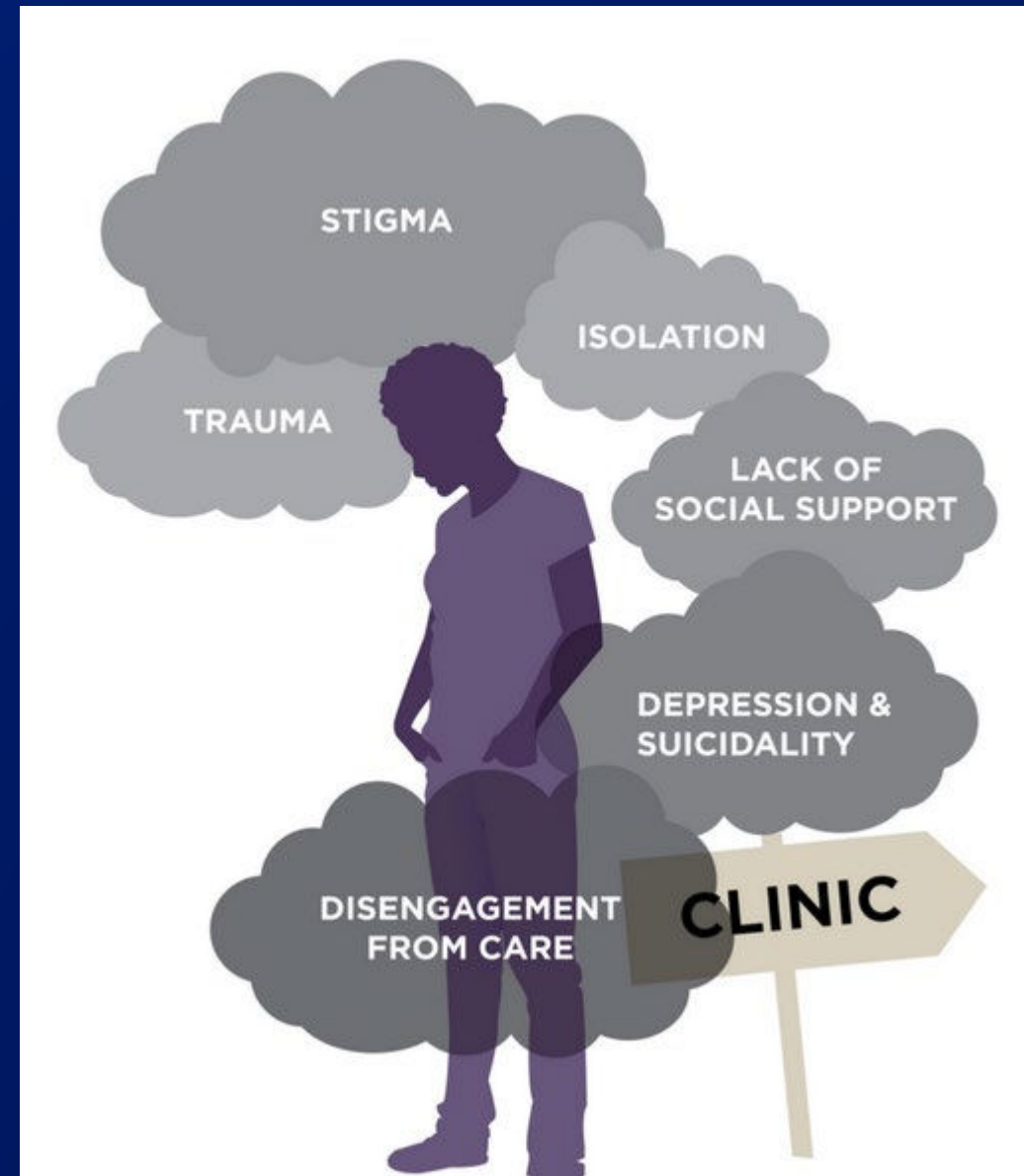
Reasons for Disengagement

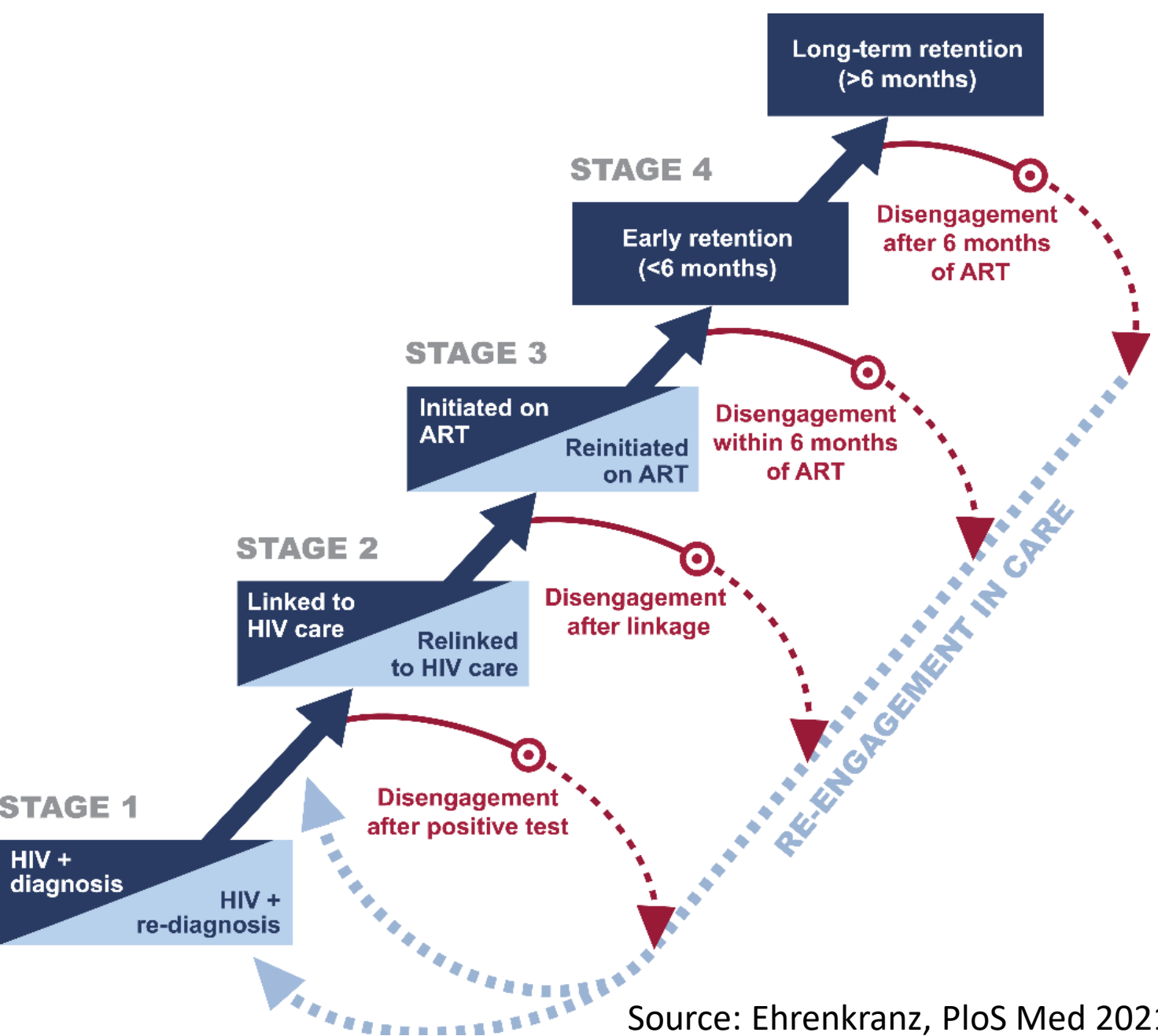
Adapted from: Sikazwe, Clin Infect Dis, 2021



Barriers to re-engagement

- HIV testing, prevention and treatment services are **often offered separately from each other** – challenging to navigate and emphasize division of people with HIV and those that need prevention
- **Separating HIV services from other routine healthcare**
- **Stigma** may make people avoid health providers labeled as “HIV” or “STD” clinics
- **Implicit biases** of healthcare and other service providers on race/ethnicity, sexual orientation, gender identity, age and others





The Revolving Door of HIV Care

- Many PLHIV start and stop ART multiple times over the course of their lives, creating what has been termed a “revolving door” into the cascade through which individuals who have left the system reenter it.
- Some people perceive it as more acceptable to retest and restart ART at a new facility as a “new” patient rather than facing censure from healthcare staff



PATIENTS NOT ENGAGED IN CARE

PEOPLE WHO HAVE NEVER ENGAGED IN CARE/NOT BEEN ON ART (TREATMENT NAÏVE)

PEOPLE WHO DO NOT KNOW THEIR STATUS

People who have not been offered a test

People who have avoided/refused a test

People who are newly infected (may have a previous negative test)

PEOPLE WHO KNOW THEIR STATUS but have never initiated treatment

People who need/want time to accept their diagnosis, link to care and initiate treatment

People who want repeated confirmation of diagnosis

People who are non-initiators

PEOPLE WHO ARE IN A TREATMENT INTERRUPTION (NON-NAÏVE)

People who immediately interrupt following ART initiation

People who interrupt early (within the first six months on ART)

People who interrupt later (after six or more months on ART)

Testing is the “Side Door” to re-engagement

- 16% retesting in Western Cape, RSA
- 75% of those testing HIV positive had a prior diagnosis
- In Uganda and Ethiopia, 37% and 13% of those testing positive already knew their status respectively
- Overall, reengagement programs were able to return 39% of all patients who were characterized as LTFU
- Reengagement contact resulted in 58% return among those found to be alive and out of care (Grimsrud et al, Curr HIV/AIDS Rep, 2020)
- 20-50% and likely at least 30% of patients presenting for ART are re-initiators (Benade et al, medRxiv, 2022)

Source: Grimsrud, Curr HIV/AIDS Rep 2020

Back to Care models

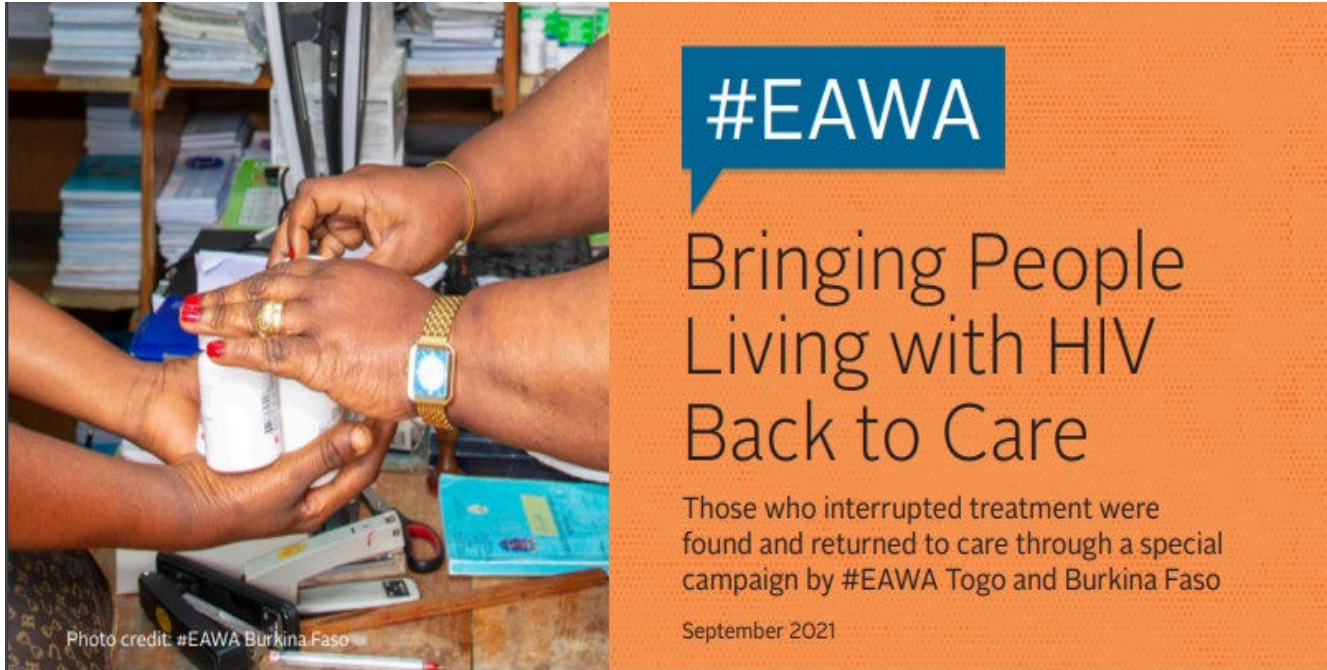
4D The Concept of 4D strategy

- 1st D:** Deflate the fears of returning to care
- 2nd D:** Discuss the reasons for interrupting treatment
- 3rd D:** Direct the client to appropriate services
- 4th D:** Decorate the client for continuing treatment



https://cquin.icap.columbia.edu/wp-content/uploads/2022/08/Chione_Lighthouse-strategies-for-clients-re-engaging-in-care_FINAL.pdf

60% returned to HIV care in Togo and Burkina Faso

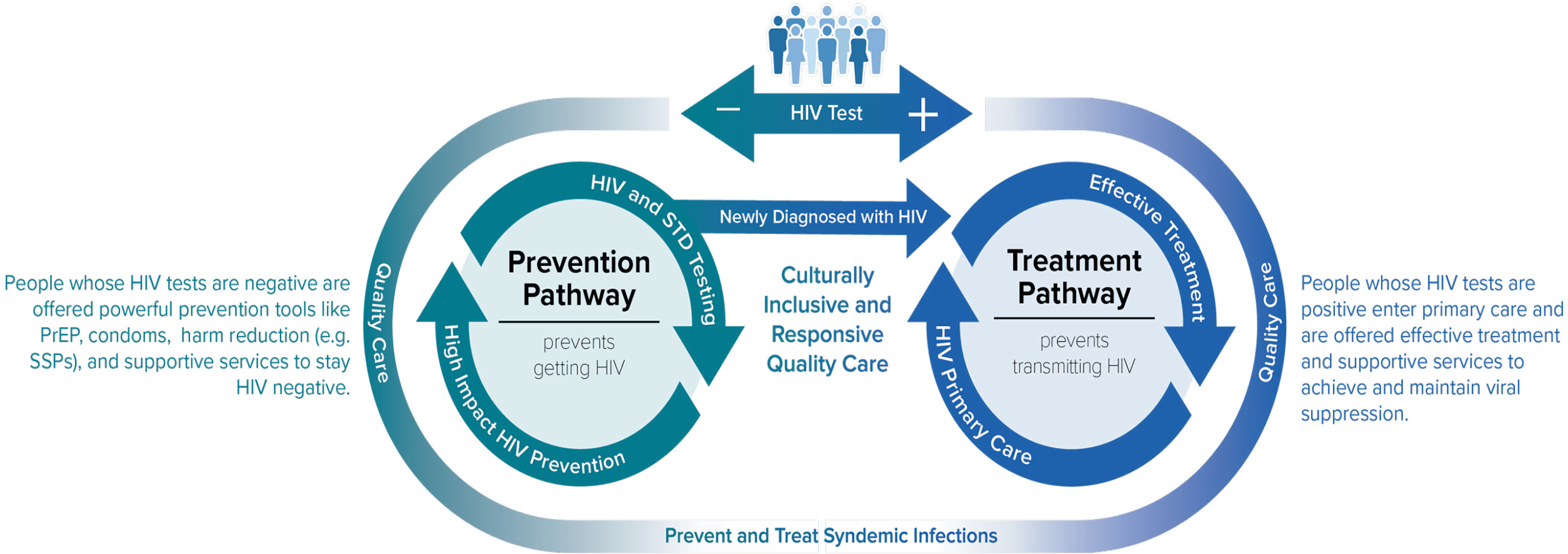


In August 2020, six months into the COVID-19 pandemic, the Ending AIDS in West Africa (#EAWA) project in Togo and Burkina Faso noticed that the number of people living with HIV (PLHIV) experiencing interruption in treatment (IIT) was increasing. The Back to Care campaign was launched in response, mitigating the impact of COVID-19 and reducing the rate of PLHIV interrupting treatment by more than 60 percent.

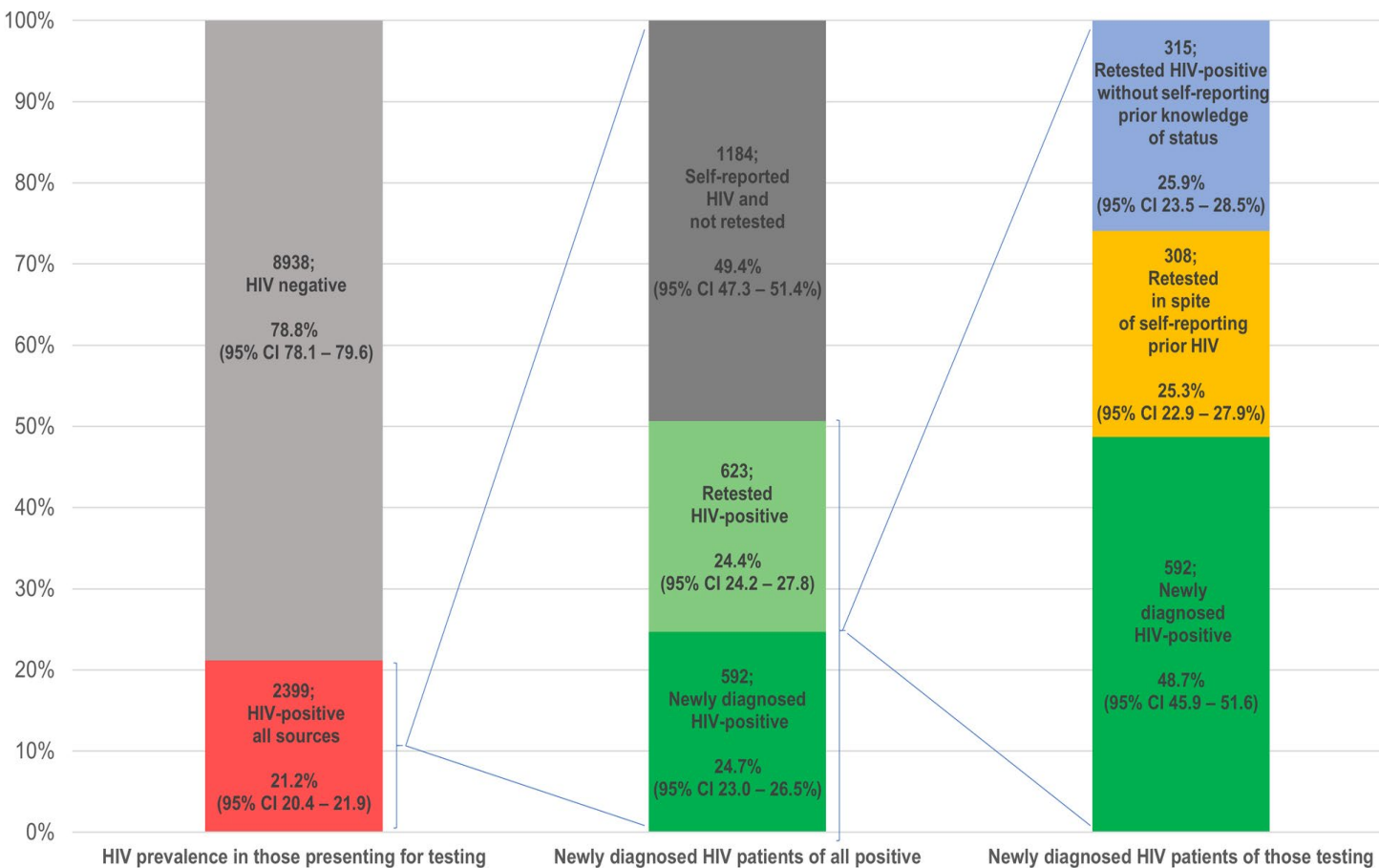
<https://www.fhi360.org/sites/default/files/media/documents/eawa-brief-back-care.pdf>

- Implemented by FHI360 in Togo and Burkina Faso
- Mixed methods: quantitative using data from e-tracker and qualitative from interviews
- A unique identifier is used in the e-tracker.
- Allows tracking across sites
- Pre- and post- appointment calls
- Home or workplace delivery of ART refills by mediators who also conduct interviews
- Scale up of MMD

Redefining HIV prevention and Care: Testing for re-engagement



Adapting M&E systems for dHTS



Source: Nisha Jacob, PLoS ONE, 2020

Centralised data repository in Western Cape

- A Provincial Health Data Centre (PHDC) set up in Western Cape, RSA
- A carbon copy of Point-of-Care test (PoCT) form is routed to central point and digitized for PHDC.
- Person level routine electronic data from all PoCT sites is consolidated, leveraging the unique identifier system.

Key Recommendations

- Ensure that the health system is ready to support patients re-engaging in care, while concurrently reducing the likelihood of disengagement.
- Tackle provider resistance to offer repeat testing among those previously diagnosed. This is usually driven by funder priorities. Linkage and ART initiation or re-engagement appear to increase in retesting group
- Adapting HTS M&E systems to individuate PoCT data. Digitisation of PoCT results provides individuated HIV testing data to assist in linkage to care and in differentiating newly diagnosed patients from positive patients retesting.
- Unique identifier systems are a critical element in measuring disengagement and assessing re-engagement

Continue the Discussion at Parallel Session 13c

Co-Moderators: Baker Bakashaba, TASO Uganda and Nkechi Okoro, NEPWHAN Nigeria

Objectives:

- To understand why people who were previously engaged in treatment/on ART re-test
- To identify how to address some of the reasons people use testing as a re-engagement strategy

Panelists:

- Maureen Syowai, ICAP Kenya: Framing remarks
- Raphael Adu-Gyamfi, MOH Ghana: Understanding re-testing rates
- Khumbo Namachapa, MOH Malawi: Re-testing as a pathway to re-engagement
- Pido Bongomin, Georgetown University, Eswatini: Characteristics of clients re-testing in Eswatini
- Jean-Jacques M'bea: M&E of re-engagement in Burundi
- Lindiwe Simelane, Eswatini AIDS Support Organization

Thank you!

