

Re-engagement into Care: Strategies for People Living with HIV in Nigeria

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Friday, July 12, 2024

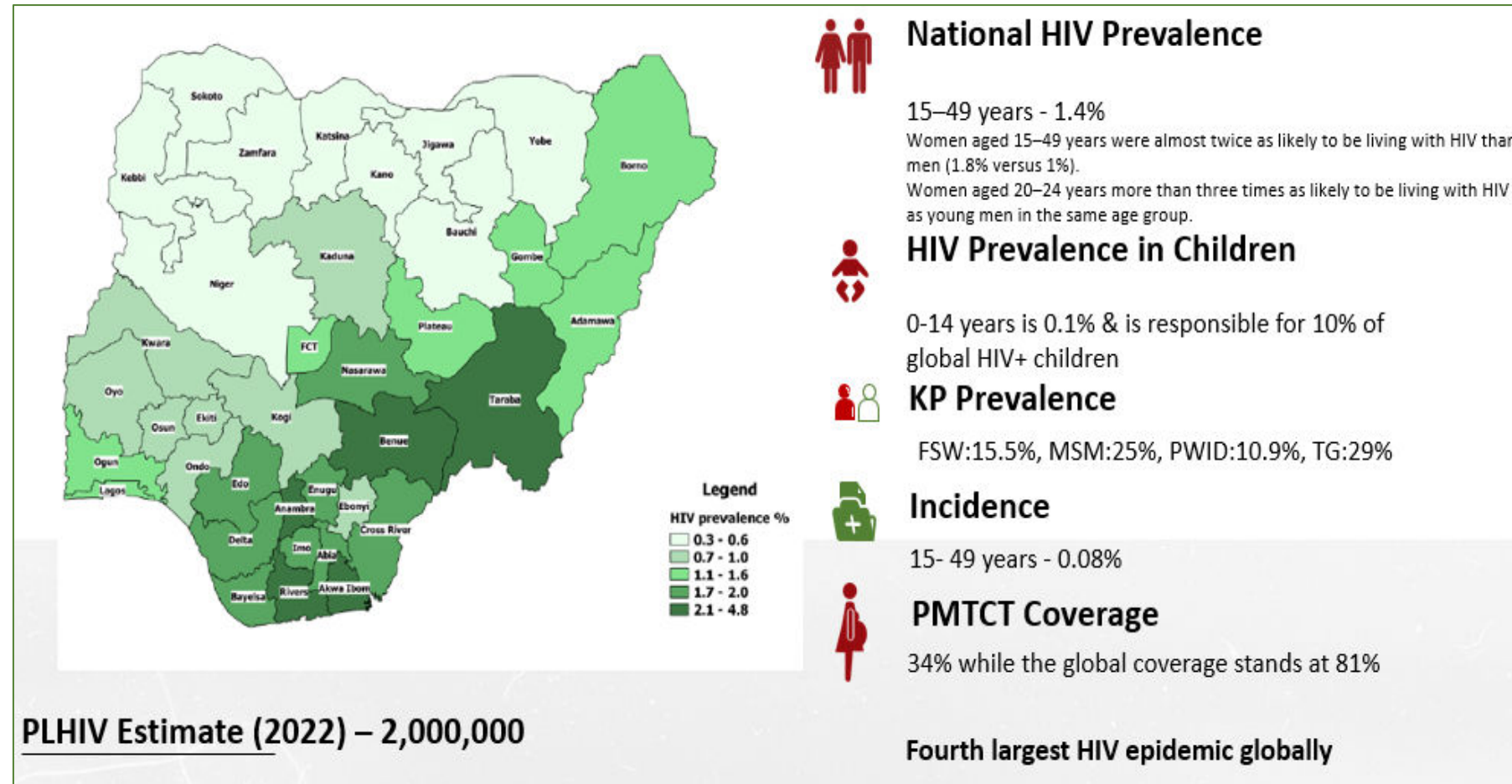


Outline

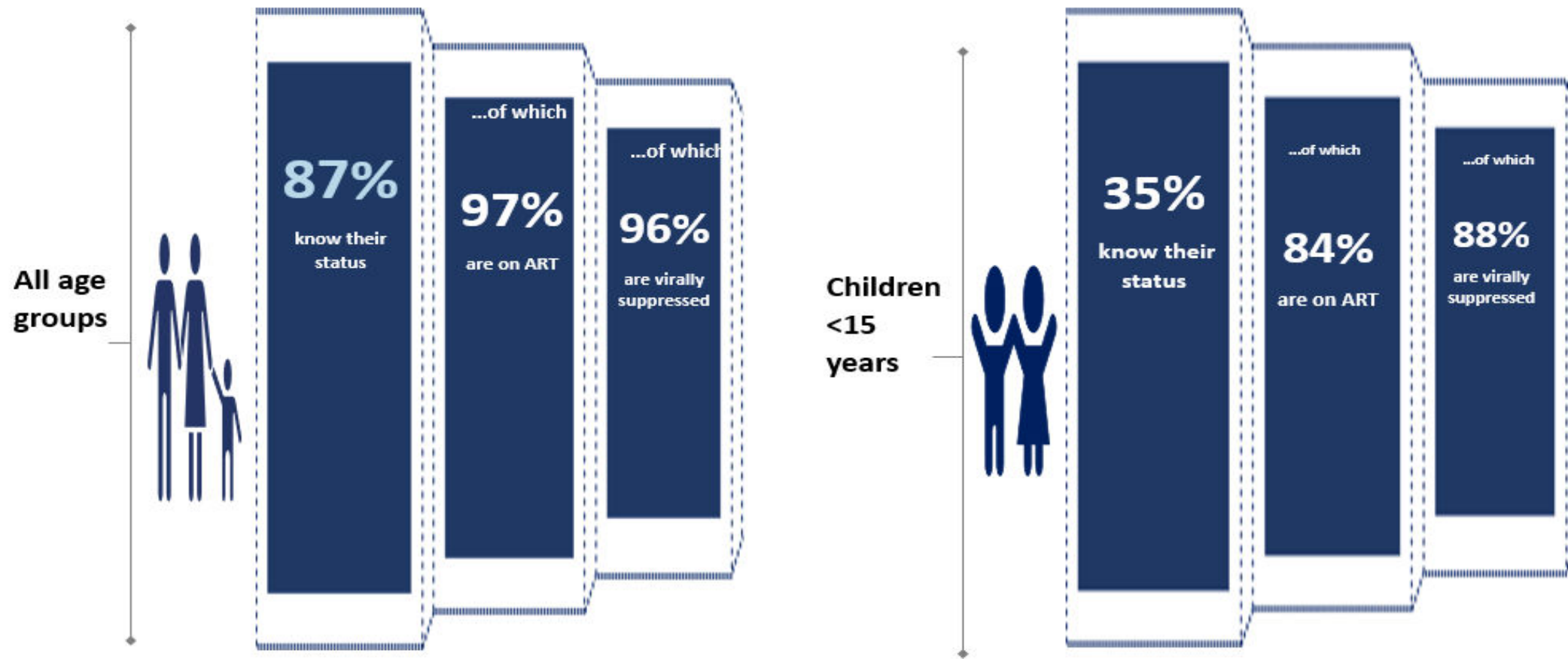


Country's HIV epidemiology

- Nigeria faces a significant HIV epidemic, with around **1.9 million** people living with the virus.
- National HIV prevalence - **1.4%**, though this varies across different regions



Progress Towards UNAID's 95-95-95



Overview of the factors leading to disengagement from HIV care in Nigeria - 1

- **Stigma and Discrimination:**
 - Persistent social stigma and discrimination against PLHIV.
 - Fear of being ostracized by family, friends, and the community.
 - Discrimination within healthcare settings, leading to reluctance in seeking care.
- **Socioeconomic Barriers:**
 - Poverty and financial constraints that limit access to healthcare services.
 - Transportation difficulties, especially in rural areas.
 - Employment and childcare responsibilities that compete with medical appointments.

Overview of the factors leading to disengagement from HIV care in Nigeria - 2

- **Health System Inefficiencies:**
 - Long waiting times and inconvenient clinic hours.
 - Inconsistent availability of medications and supplies.
 - Poor patient follow-up and inadequate communication from healthcare providers.

Policy Framework and Strategic Planning on Re-engagement

National Strategic Framework: The NSF outlines the overall strategic direction for the national response to HIV/AIDS in Nigeria. It emphasizes the importance of re-engaging PLHIV in care to achieve the UNAIDS 95-95-95

National Guidelines for HIV Prevention, Treatment, and Care: These guidelines provide detailed protocols for the clinical management of HIV, including strategies for identifying and re-engaging PLHIV who have been lost to follow-up. They highlight the importance of patient tracking, retention strategies, and the use of community-based approaches.

Task Shifting and Task Sharing Policy: This policy allows for the redistribution of tasks among healthcare workers to improve the efficiency and effectiveness of HIV services. By involving a broader range of health workers, including community health workers, the policy aims to enhance the re-engagement of PLHIV in care.

Community-Based Approaches: Nigeria's policies emphasize the role of community engagement and peer support in re-engaging PLHIV. Community health workers and peer educators are trained to provide support, education, and follow-up services to PLHIV, facilitating their return to care.

These policies and guidelines are part of Nigeria's comprehensive approach to managing HIV/AIDS, aiming to reduce the number of PLHIV who are lost to follow-up and ensure that they receive continuous and effective care.

National Operational Plan for HIV/AIDS Control: The operational plan includes specific strategies for monitoring and evaluating the re-engagement of PLHIV in care. It focuses on enhancing the capacity of healthcare providers.

Approach to re-engagement (Collaboration and Partnerships)

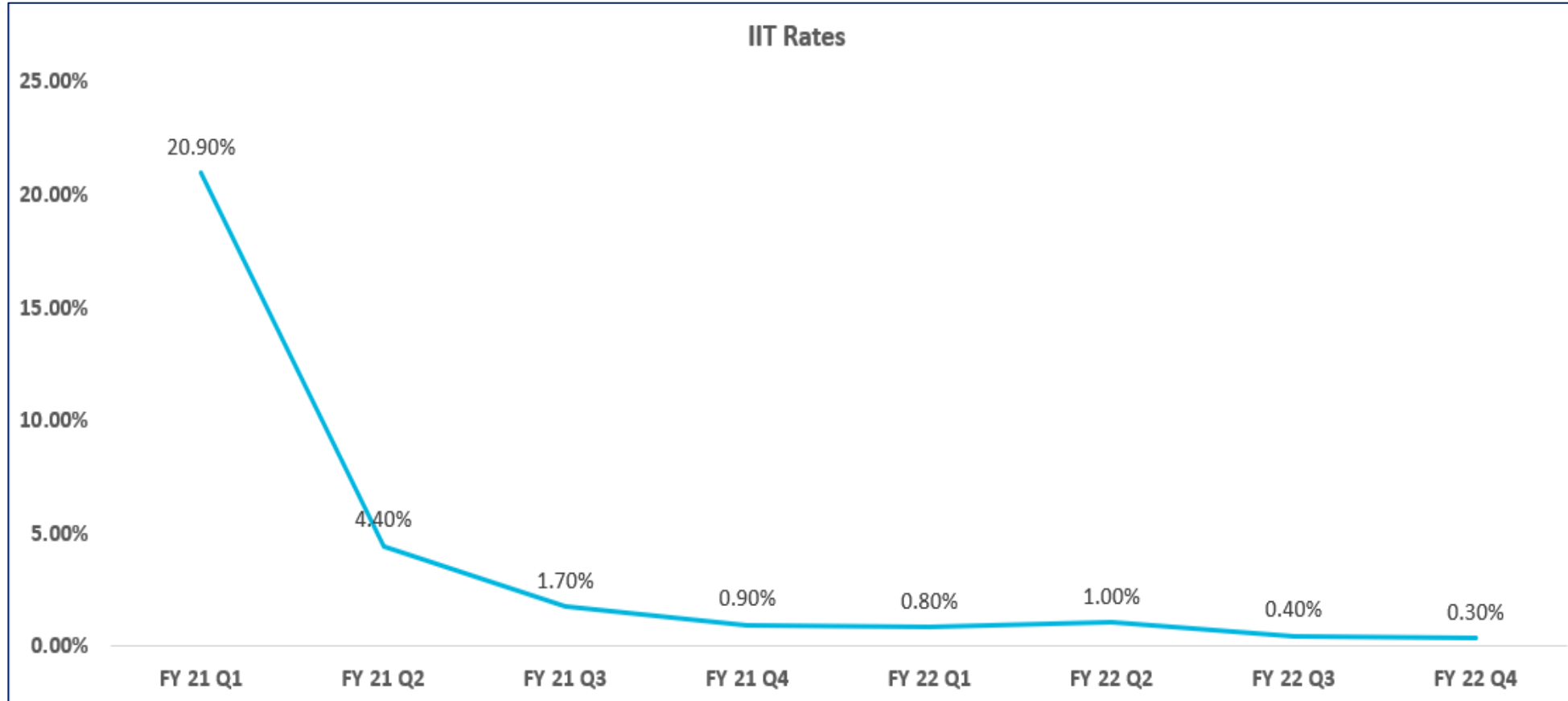
- Effective reengagement of PLHIV requires a **collaborative approach** involving multiple sectors.
- **Public-private partnerships** have proven to be successful in enhancing HIV care. A notable example is the partnership between the *Nigerian government and Chevron*, which has significantly enhanced HIV service delivery and infrastructure through the Global Fund.
- **Case Management Approach** is designed to address challenges along the HIV treatment continuum - access treatment, sustain good adherence, retention in treatment, achieve viral suppression, and attain overall optimal health outcomes.
- The **involvement of PLHIV in program design and evaluation** is critical for ensuring that services are responsive to their needs.

Differentiated Approach to Re-engagement - (Who, What, Where, When)

WHAT	WHEN	WHERE	WHO
<p>Home visits, phone calls, SMS reminders, and community-based services.</p> <p>Use of differentiated care models; multi-month ART dispensing; fast-track ART refills; and adherence support programs.</p> <p>Provision of comprehensive integrated services including medical care, psychosocial support, and adherence counseling.</p>	<p>Follow-up after missed appointments, periodic check-ins, and consistent long-term follow-up plans.</p> <p>Regular intervals for follow-up and re-engagement activities to support continuity in care.</p>	<p>Multiple service delivery points such as health facilities, community centers, and mobile clinics.</p> <p>Across communities in areas with high loss to follow-up rates, hard-to-reach locations, and places where key populations congregate.</p>	<p>Case managers, healthcare providers, community health workers, peer educators, and support groups.</p>

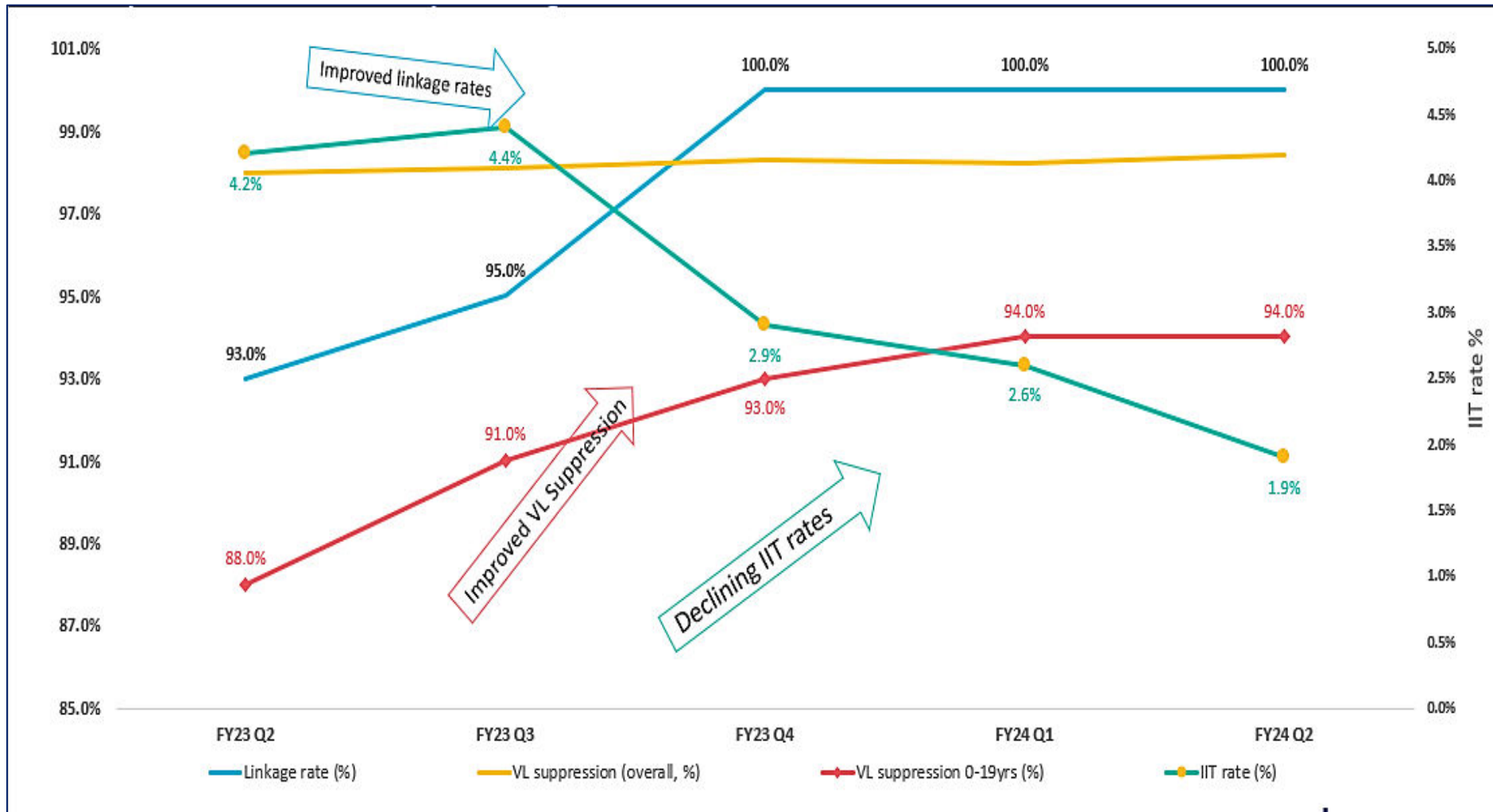
Case Study 1: Impact of Re-engagement in Enhancing Retention and Viral Load Suppression at Wuse District Hospital, Abuja

- The use of **SMS reminders** to alert patients about upcoming appointments and medication refills.
- **Telehealth services** providing remote consultations and support, reducing the need for travel and making it easier for patients to access care.
- **Mobile health applications** offering health education, appointment scheduling, and adherence tracking.



Case Study 2: Impact of Re-engagement on Service Delivery at St. Gerald's Catholic Hospital, Kaduna (TX_CURR = 3,246)

- The implementation of robust **electronic health records (EHR)** systems for better patient tracking and follow-up.
- **Data analytics** to identify patterns of disengagement and tailor interventions accordingly.
- **Real-time data sharing** between healthcare providers to improve care coordination and response times.



Innovative Strategies - 1

Policy Interventions:

- **Policy Reforms to Reduce Stigma:**
 - Enacting and enforcing laws to protect the rights of PLHIV and combat discrimination.
 - Public awareness campaigns to reduce stigma and encourage more people to seek care.
 - Training healthcare providers to deliver stigma-free and supportive care.
- **Financial Support Initiatives:**
 - Programs providing financial assistance for transportation, treatment, and other related costs.
 - Subsidies and insurance schemes to make ART and other essential services more affordable.
 - Conditional cash transfers to incentivize regular clinic visits and adherence to treatment plans.

Innovative Strategies - 2

Telemedicine

- Adopting teleservices to provide remote healthcare for HIV clients.
- Consult with healthcare providers, discuss their HIV management, receive adherence support, and provide feedback

Integrated health messages (IHMS)

Integrated messages to sexual contacts of index clients for convenient offering of index testing



Mobile Applications

Jolly 95 app - A self-service app that simplifies access to ART services:
Cool girl's app - provides a safe platform where AGYW can access knowledge on sexual behavior and communication change among AGYW

Remote Monitoring and Adherence Support

Remote monitoring technologies, such as WhatsApp platform and SMS-based reminders are employed to support adherence.

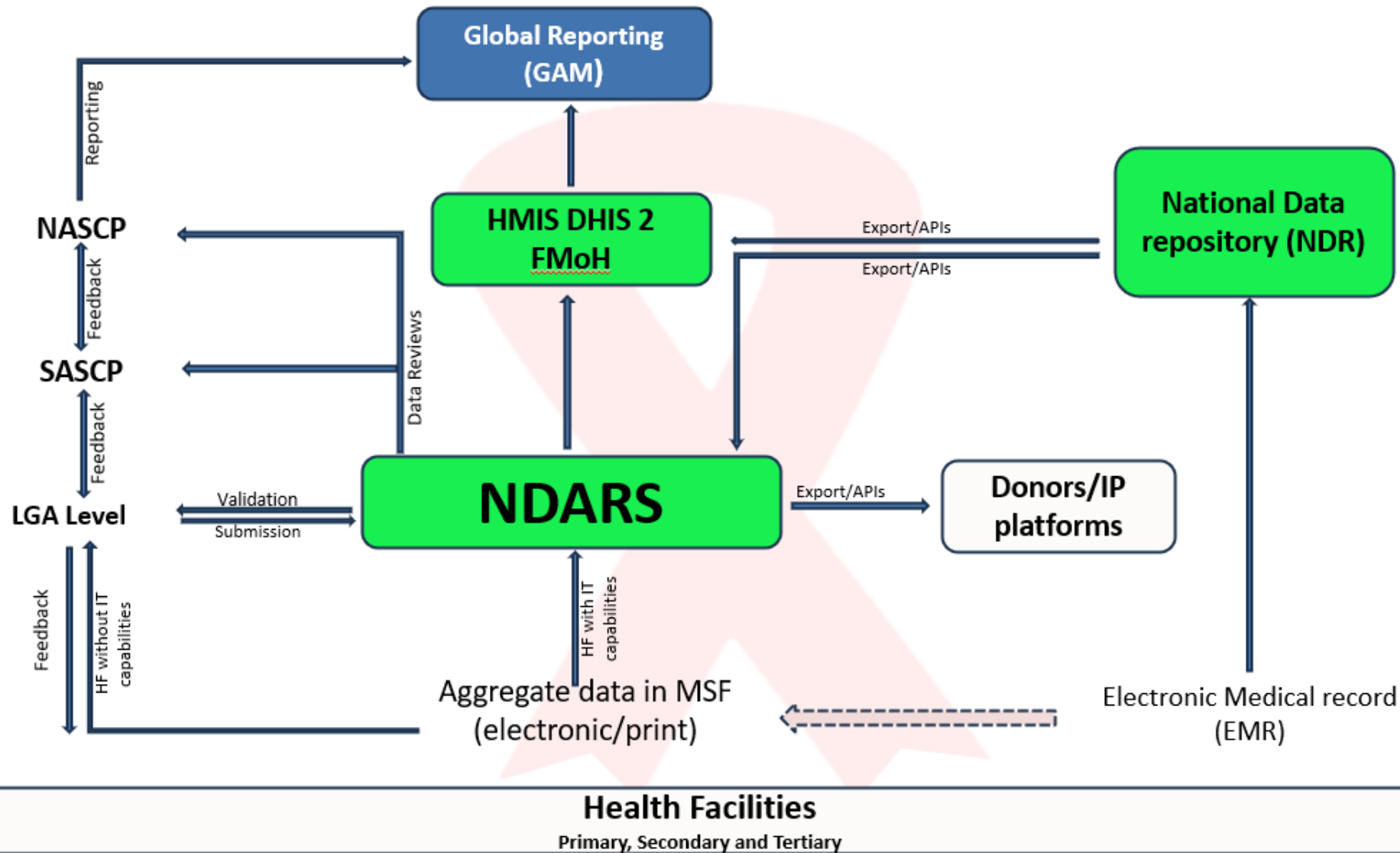
Measuring Success on reengagement efforts - key metrics and evaluation methods

- Tracking of recipients of care begins as soon as a recipient is observed to have missed their clinic appointment.
- NASCP, jointly with in-country stakeholders, determined key re-engagement metrics as well as an integrated data flow system
- Routine monitoring and reporting of these indicators are conducted on a monthly and quarterly basis, depending on the specific indicators

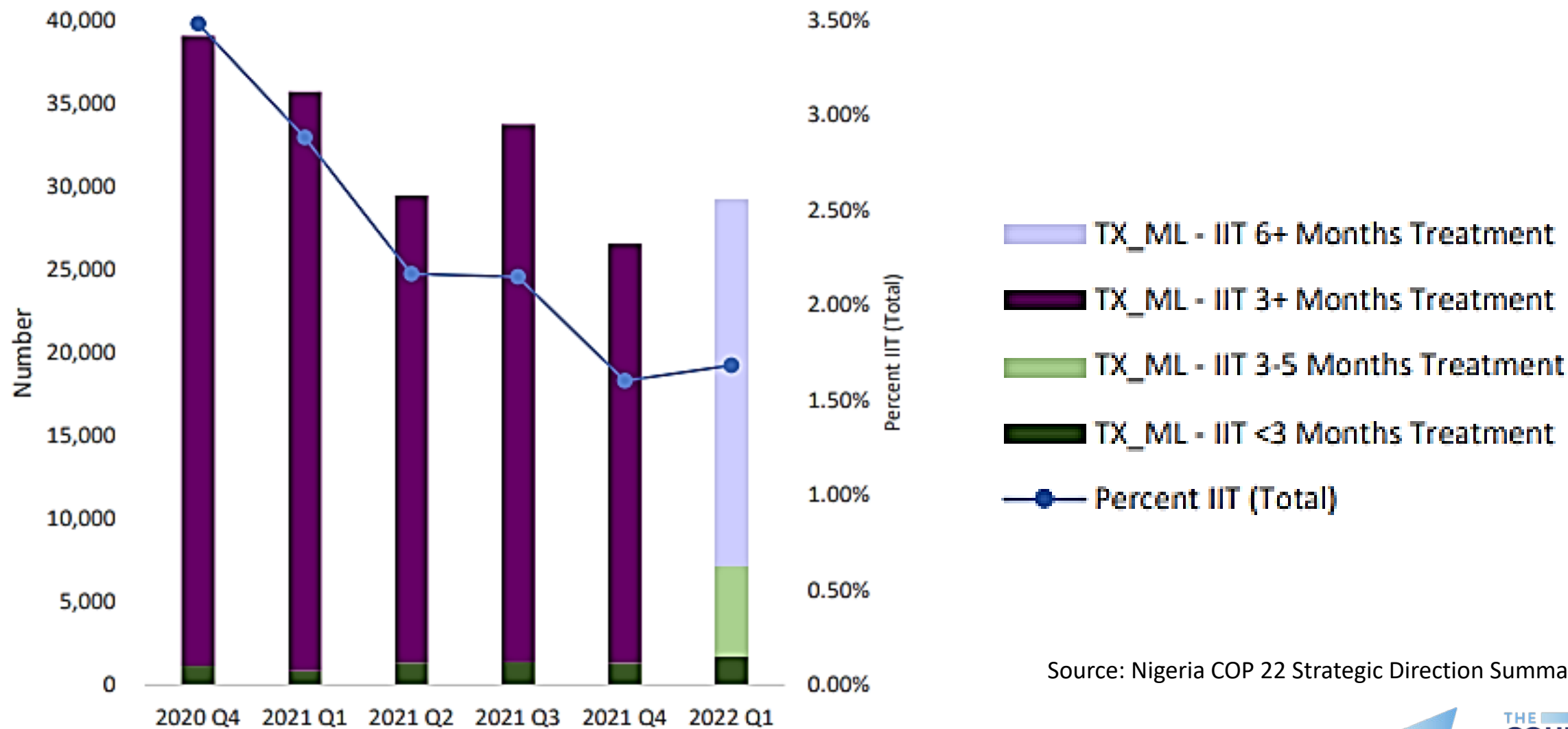
The Key Re-engagement Metrics in Nigeria Include:

Retention Rate	The percentage of patients who remain engaged in continuous HIV care after re-engagement efforts. This metric helps evaluate the effectiveness of interventions aimed at keeping patients in care.
Viral Suppression Rate	The proportion of re-engaged patients who achieve and maintain an undetectable viral load.
Re-engagement Rate	The number or percentage of patients who return to care after being lost to follow-up.
Appointment Adherence	Tracks the regularity with which patients attend scheduled healthcare appointments post-re-engagement.
Dropout Rate	Measures the number of patients who disengage from care again after being re-engaged. Lower dropout rates indicate more effective long-term re-engagement strategies.
Time to Re-engagement	The average time it takes for a patient who has been lost to follow-up to re-enter care.
Patient Satisfaction	Evaluates how satisfied patients are with the care they receive upon re-engagement. Higher satisfaction can improve adherence to treatment and retention in care.

HIV Data Flow and Feedback Mechanism in Nigeria



Data on Re-engagement from Nigeria – 2020 to 2022



Source: Nigeria COP 22 Strategic Direction Summary

Challenges

- Insufficient and inconsistent **funding** can hinder the sustainability and scalability of re-engagement programs.
 - Limited resources may affect the availability health workforce e.g., case managers as well as essential services.
 - Allocating resources efficiently to ensure maximum impact remains a critical challenge.
- Persistent **stigma and discrimination** against PLHIV in communities and healthcare settings.
- **Socioeconomic disparities** that limit access to care, such as poverty and lack of transportation.
- **Health system inefficiencies**, including poor infrastructure, inadequate staffing, and long wait times.

Future Opportunities

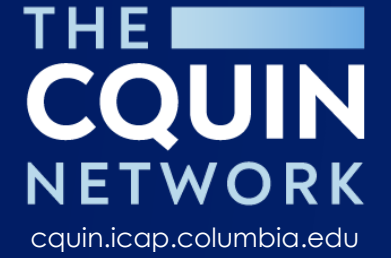
- Expand **proven re-engagement strategies**, such as community health worker programs, mobile clinics, and integrated care models.
- **Leverage technology** to enhance patient tracking, data management, and telehealth services.
- Replicate successful **public-private partnerships** and **community-based initiatives** in other regions.
- Strengthen the **involvement of PLHIV** in program design, implementation, and evaluation to ensure services meet their needs.
- Increase **community awareness and education** to reduce stigma and encourage care-seeking behavior.
- Foster **collaboration among stakeholders**, including NGOs, government agencies, and community groups, to create a supportive environment for reengagement efforts.

Conclusion - 1

- Continuous care is crucial for the health and well-being of PLHIV and everyone has a role to play in supporting reengagement efforts, from policymakers to healthcare providers, community leaders, and PLHIV themselves.
- Effective re-engagement strategies reduce health deterioration, improve viral suppression, and decrease transmission risk.
- National programs in Nigeria, supported by international collaborations, continue to demonstrate successful re-engagement models - best practices include community-based approaches, healthcare system improvements, patient-centered strategies, and innovative technologies.

Conclusion - 2

- Scaling up of best practices and innovative strategies is essential for overcoming barriers and improving retention in care.
- Stakeholders, including governments, NGOs, and community organizations, should prioritize and fund re-engagement initiatives.
- Collaboration and partnerships are key to creating a supportive environment for PLHIV.
- Continuous monitoring, evaluation, and adaptation of strategies ensure sustained success and positive outcomes.



Thank You!

