



# Testing for Re-Engagement: Insights from Multi-Country Analysis of National Program Data

**Geraldine Chipendo**

Senior Associate-HIV Testing Services, CHAI

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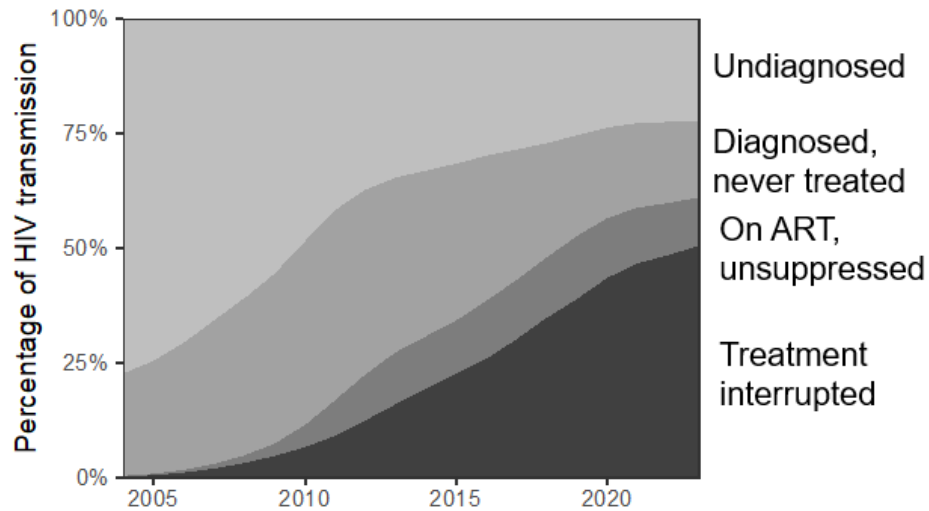


CQUIN dHTS Meeting | July 9 - 12, 2024 – Durban, South Africa

# It is critical that HTS programs recognize the role of testing in re-engagement, to both meet individual client needs and reach overall program goals.

## HIV transmission by client treatment status

*South Africa*



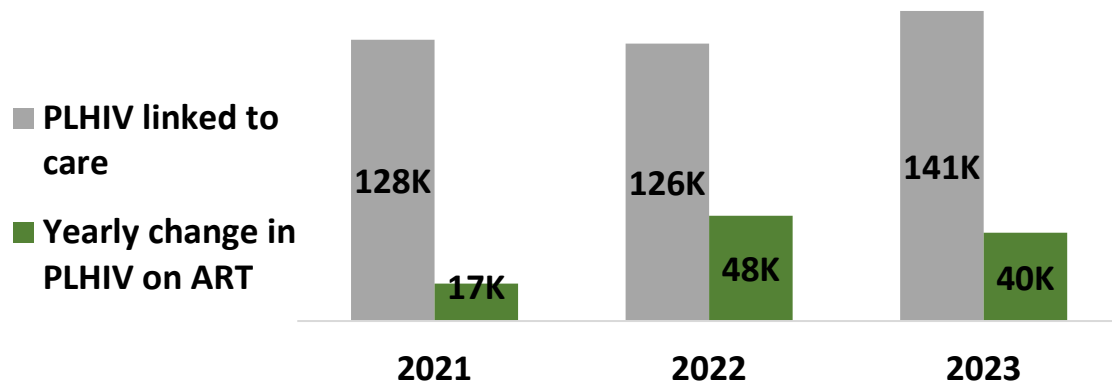
Imai, Eaton- BMGF delivery partners meeting 2023 adapted from Johnson *et al.* JAIDS 2022

- **Re-engaging clients in care is critical for the overall HIV response**
  - Improving individual client health, reducing the risk of AHD
  - Preventing onward transmission
- **Many clients are choosing to re-engage through HTS**
  - Shiny 90 modelling in Malawi estimated that in 2021, 80% of clients testing knew their status, and over 55% were ART-experienced
- **HTS programs must consider the role of testing in re-engagement and ensure policies and systems reflect this**

**A review of existing national program data can help understand trends in testing and re-engagement and highlight remaining gaps for programs to address. This presentation highlights key takeaways from across CHAI-supported countries. A more detailed analysis can be found on the meeting site.**

# HTS volumes are increasingly driven by clients who know their status and are looking to re-engage in care.

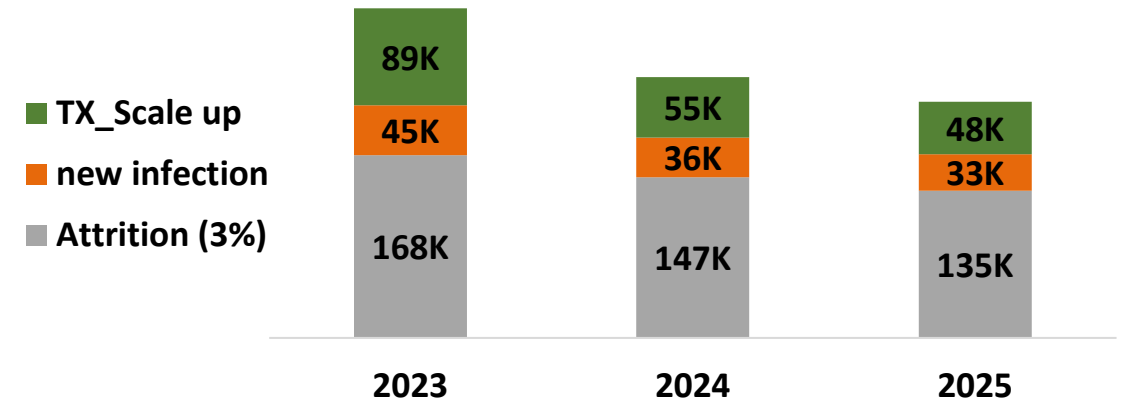
**Uganda |** PLHIV linked to care vs change in PLHIV on ART  
*DHIS2 analysis*



- Lower net change in PLHIV on ART compared to new clients linked to care shows we are losing clients

**Is this due to attrition, or are clients failing to disclose previous diagnoses and are misclassified as newly diagnosed?**

**Uganda |** Divers of required PLHIV Identifications by year  
*Modelling from CHAI target setting tool*

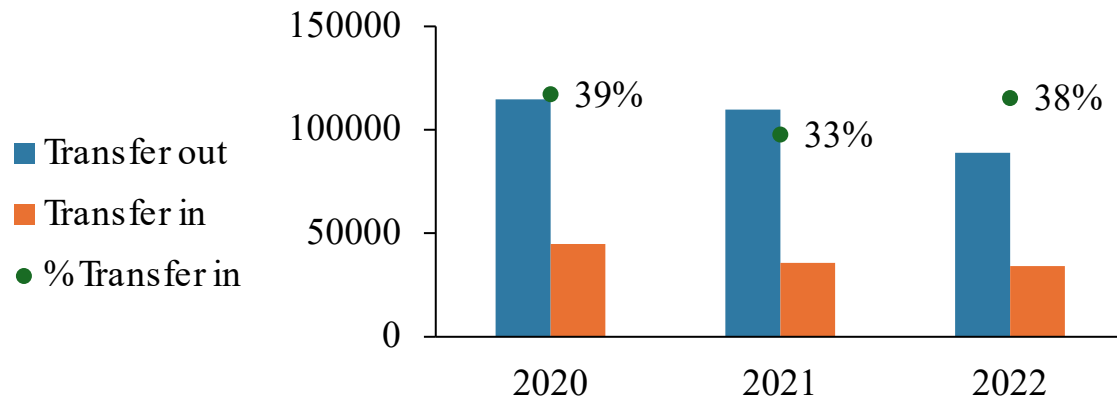


- Testing programs need to test significantly more people to meet treatment coverage targets due to attrition
- Attrition is often seen as an issue for treatment programs, but is a key driver of testing volumes

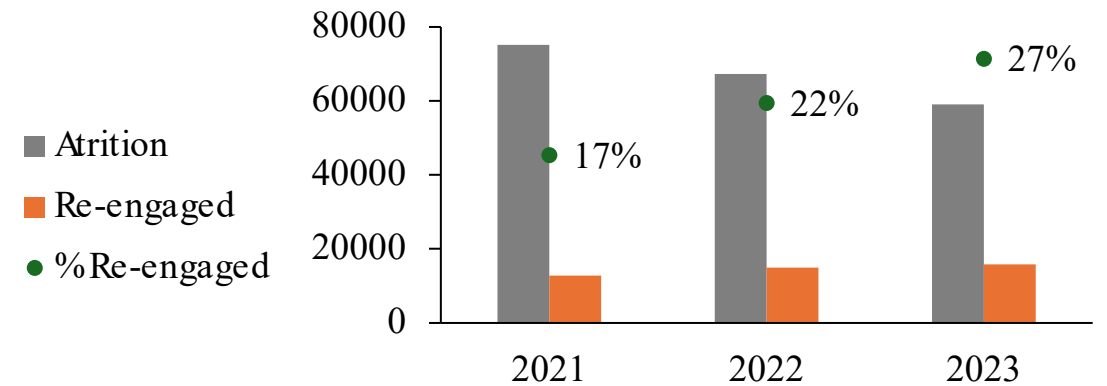
**There is a need to strengthen collaboration between HTS and treatment programs on retention and re-engagement.**

# Client movement in and out of care is inevitable. Systems and processes must be dynamic to track and support client movements effectively.

**Zambia** | Clients transferring out vs in to care  
*DHIS2 CHAI Analysis*



**Zimbabwe** | Re-engagement as % of attrition  
*DHIS2 CHAI Analysis*



Proportion of clients recorded as transfer-in or re-engaging into care is low—likely reflects both losses of clients from care and gaps in data

- Clients may opt to present as new clients if transferring processes are burdensome
- Data systems may not be set up to track client movements between facilities

**Client management systems should be human-centred, supporting clients' needs and understanding their movements throughout their lifelong treatment.**

# As countries position HTS as a re-engagement pathway, critical gaps and questions must be addressed

## ➤ **Balancing risks of false negative results and re-engagement:**

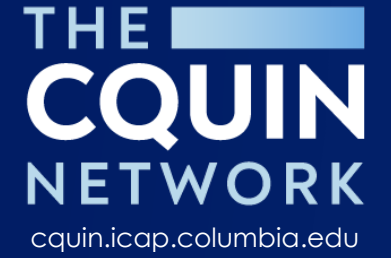
- How can HTS programs balance the potential risks of false negatives without discouraging re-engagement?

## ➤ **Dynamic human-centred systems:**

- Are the current re-engagement and transfer systems posing barriers to re-engagement?
- How can national systems better meet client needs and preferences?

## ➤ **Clear definition of the role of testing in re-engagement:**

- How can HTS best be leveraged as an opportunity for re-engagement and improve client retention in care?
- How can HTS and Treatment programs work in synergy to reduce attrition?



# Thank You!

