

Improving Client Retention in HIV Care through Tailored Re-Engagement strategies: A Mixed Methods Study in Four High-Burden Facilities in Ghana

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Introduction

- The UNAIDS 95-95-95 strategy targets widespread HIV care but faces challenges due to loss-to-follow-up (LTFU)
- Decentralization improves access, but client disengagement across the HIV cascade remains an issue.
- 34% of clients newly diagnosed are not reported as linked to ARV care and some 25% of clients on ARV are LTFU within 30 days
- LTFU poses challenges impacts on individual health outcomes, public health efforts and HIV Program effectiveness

Study objective

- The study aimed to identify the causes of disengagement from HIV services, assess re-engagement strategy outcomes and propose a quality improvement reengagement plan to enhance retention

Design and methods

Four Health Facilities selected in Greater Accra and Central Region

1. Cape Coast Teaching Hospital (CCTH)
2. Greater Accra Regional Hospital (GAR)
3. St Martins De Porres Hospital (SMDPH)
4. St Gregory's Hospital (SGCH)

Quantitative ← Mixed Methods → Qualitative

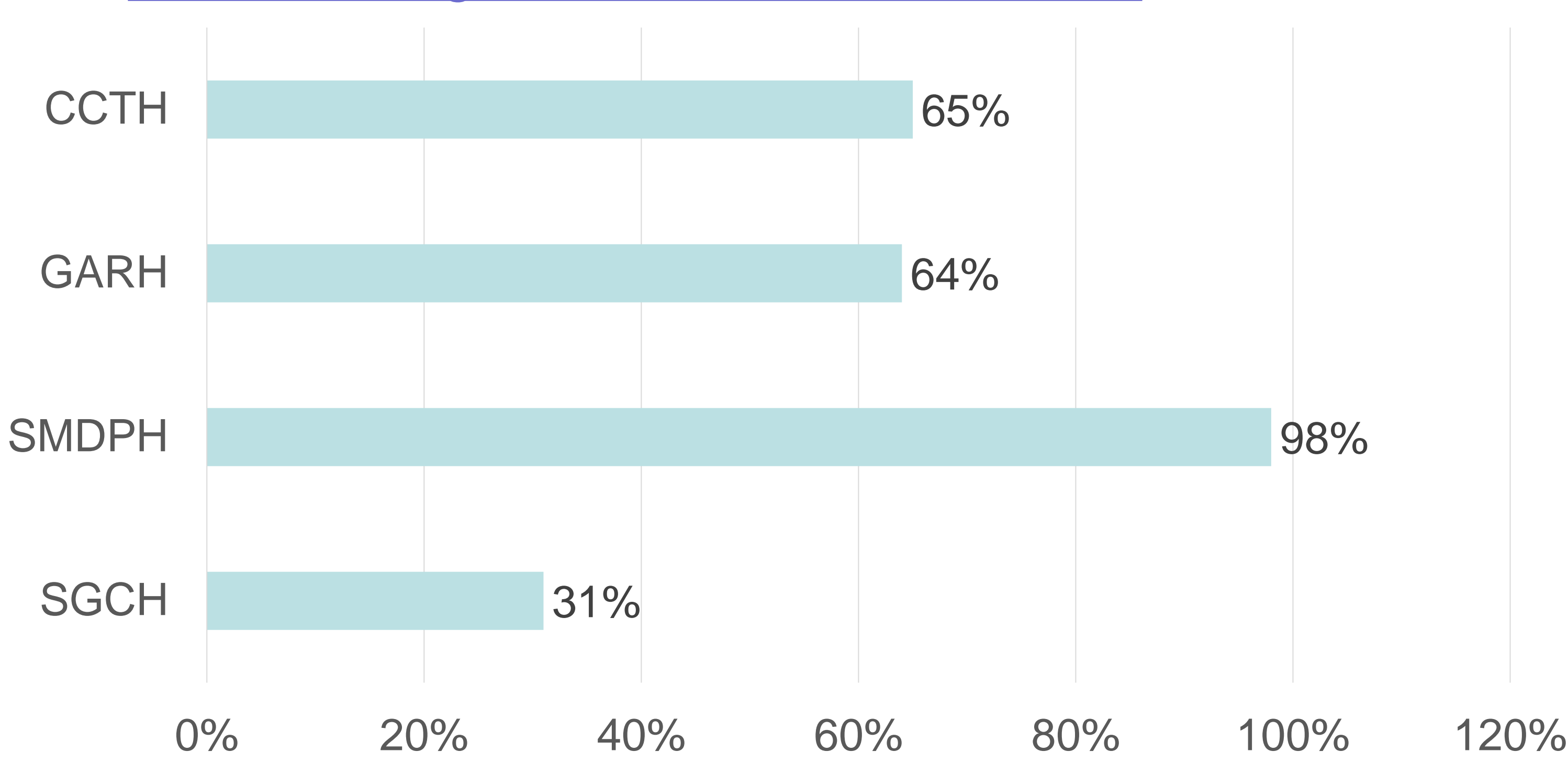
- Cross-sectional analysis
- Desk review process
- Analysis of facility data

- Follow up calls
- Client interviews: Identify client disengagement factors

- Client follow-up and re engagement into HIV Services
- Reengagement care package delivery
- Data cleaning process

Results

1. Baseline linkage to ART for selected facilities



2. Most common reasons for client disengagement



3. Summary of re-engagement indices

Indicator	CCTH n (%)	GAR n (%)	SMDPH n (%)	SGCH n (%)	Total N (%)
LTFU re-engaged in care	39 (7.4)	13 (19.7)	81 (50.3)	7 (1.8)	140 (12.3)
Self-transfer	29 (5.5)	15 (22.7)	20 (12.4)	152 (39.4)	216 (19.0)
Refusal to re-engage	11 (2.1)	6 (9.1)	0 (0.0)	0 (0.0)	17 (1.5)
Deaths	28 (5.3)	5 (7.6)	13 (8.1)	18 (4.7)	64 (5.6)
Unreachable (incorrect number, no traceable address, no contact information)	418 (79.6)	27 (40.9)	47 (29.2)	121 (31.3)	613 (53.9)
Data entry backlog	0 (0.0)	0 (0.0)	0 (0.0)	88 (22.8)	88 (7.7)
Total	525 (100)	66 (100)	161 (100)	386 (100)	1138 (100)

4. Sociodemographic characteristics of clients reached

- Gender: Females 706 (62%);
- CCTH = 525/1138 (46.1%) GAR = 66/1138 (5.8%)
SMDPH = 161/1138 (14.1%) SGH (*) = 386/1138 (33.9%)

All facilities developed their own plan to ensure client retention.

Discussion and Conclusion

- This study highlights the need for differentiated person-centered retention strategies at the health facility level to meet the 95-95-95 HIV care targets
- The huge number of clients not reached calls for improved systems for collecting client information for contact tracing and follow up
- Health facilities
 - Tailor-made plans to address unique, context-specific challenges that impact client retention
 - Implemented differentiated service delivery to address diverse client needs and operational constraints
- Enhanced support and resources from National Program
 - Coordinating and supporting facilities with evidence-based strategies
 - Adaptable retention strategies are essential for sustained progress in HIV care and treatment
- Partners and donors
 - Collaborative funding environment that promotes flexibility for health facility-level needs and adaptation

Future Perspectives/Next Steps

- The study informed the development of a national framework for improving client retention in care that is currently being implemented with support of civil society actors as part of GC7.
- Integration of QI tools and approach into HIV service delivery at the health facility level – plan to review data quality to better identify true disengagement and disaggregate data.
- Leveraging technology for client engagement:
 - SMS reminders
 - Virtual review and follow-up