

Retention and re- engagement: Supporting people for sustained engagement in HIV care and treatment

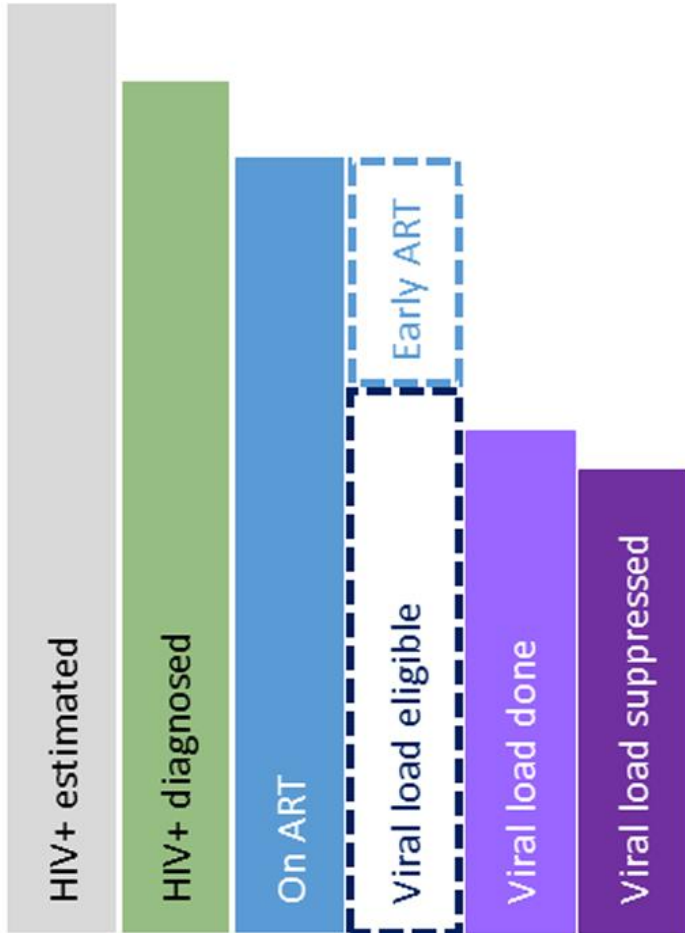
An INTEREST 2025 special session

Overview and speakers

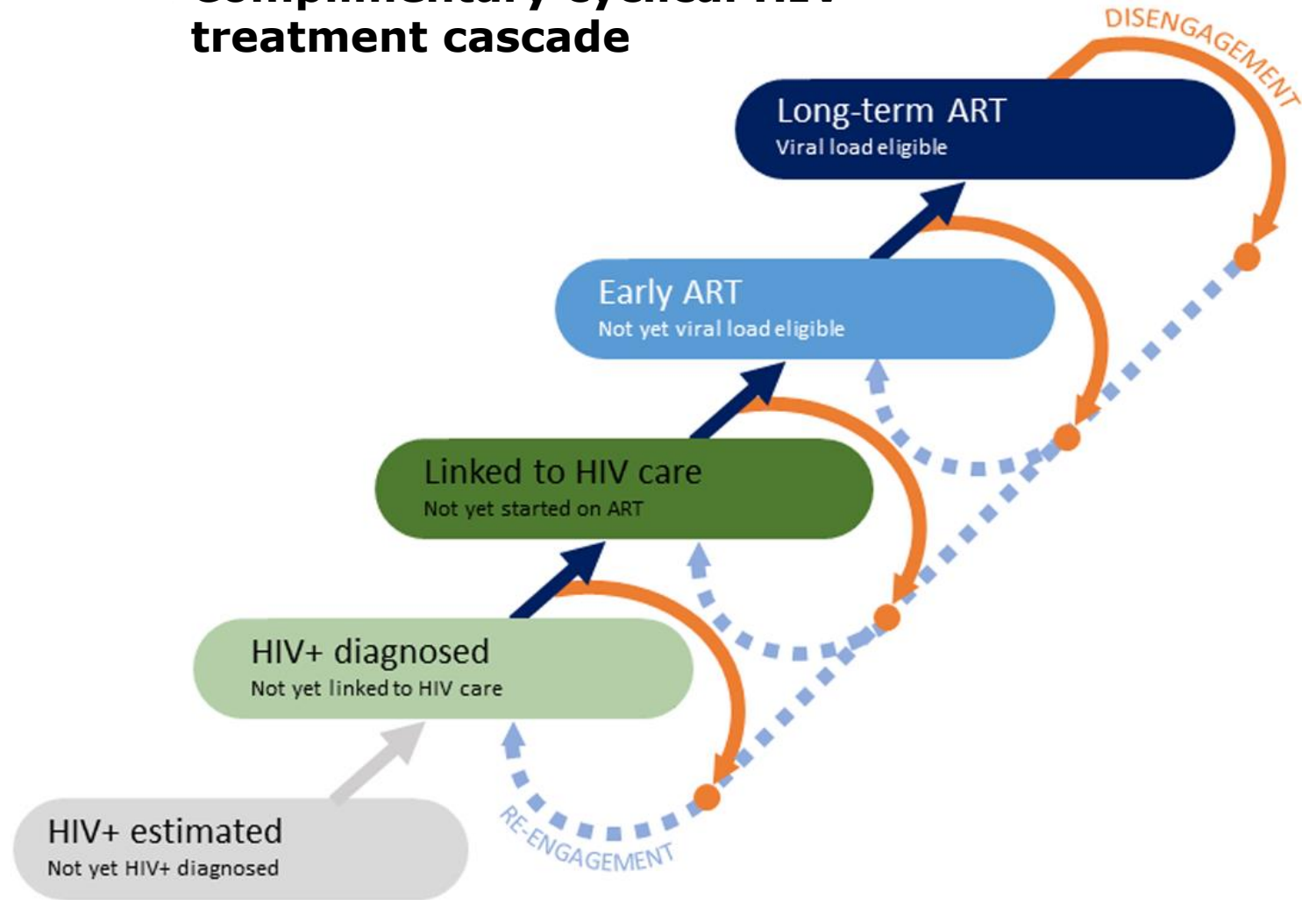
Presentation title	Speaker
An overview of re-engagement & the cyclical cascade	Tendai Nyagura HIV Consultant, South Africa 
Overview of the WHO policy brief on re-engagement	Clarice Pinto WHO, Switzerland 
Removing barriers to re-engagement prolonging treatment interruptions	Lynne Wilkinson IAS, South Africa 
Key considerations in the design of national differentiated re-engagement pathways: The Kenya experience	Lazarus Momanyi Ministry of Health, Kenya 
Key considerations in the design of national differentiated re-engagement pathways: The Eswatini experience	Harriet Mamba National AIDS Programme, Eswatini 
Wrap-up and closing	

An overview of the cyclical cascade and re- engagement

Linear HIV treatment cascade

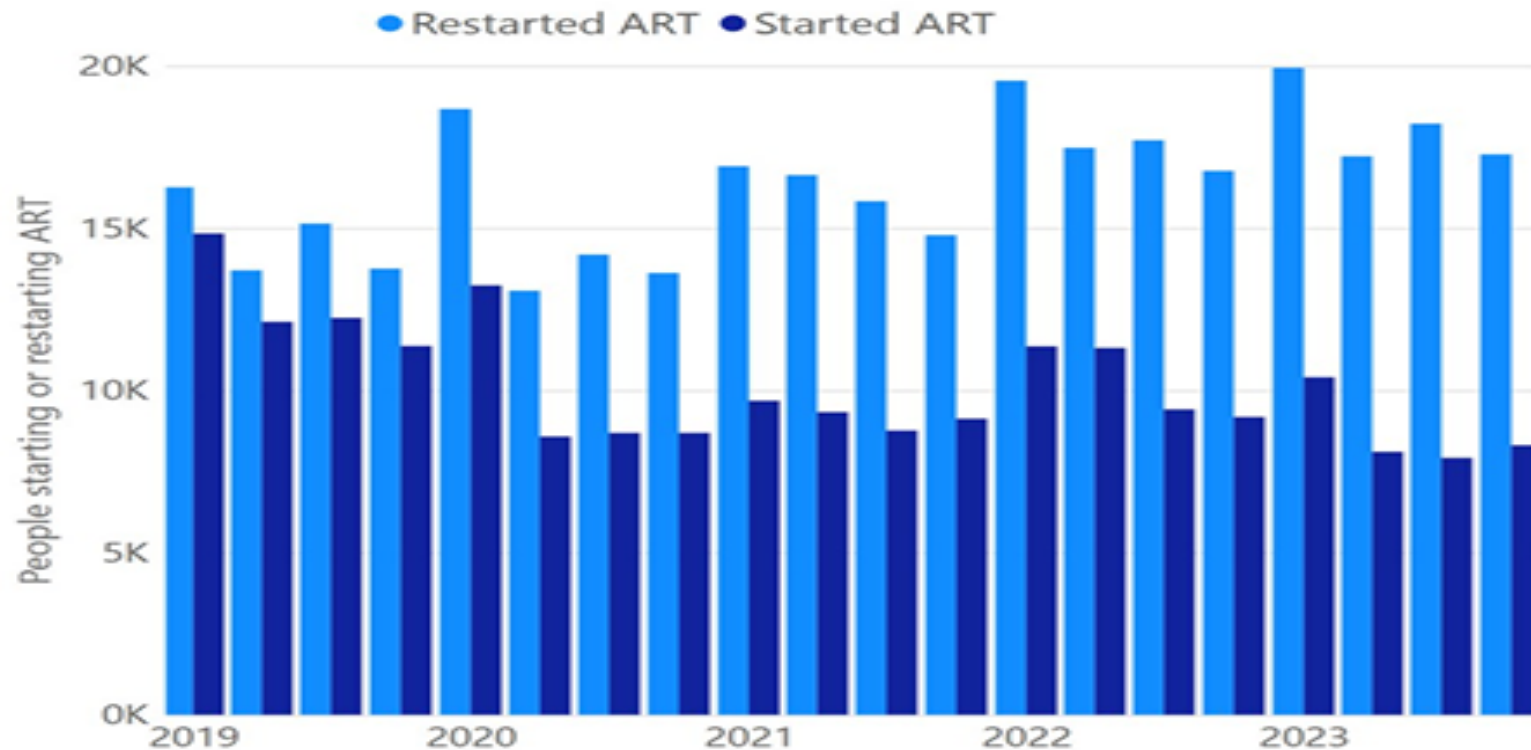


Complimentary cyclical HIV treatment cascade



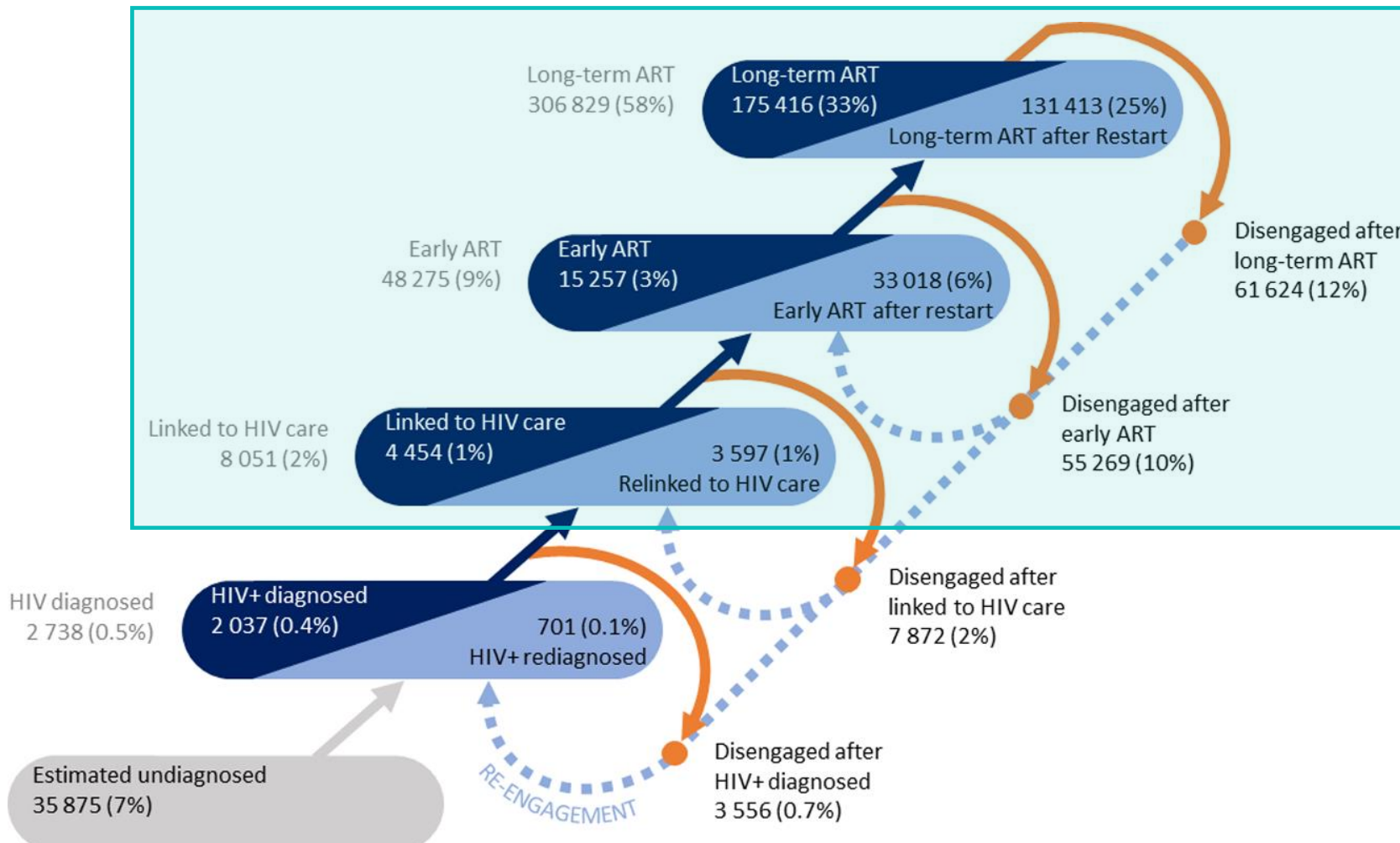
Increasingly, those initiating ART are not treatment-naive

(b) ART start and restarts



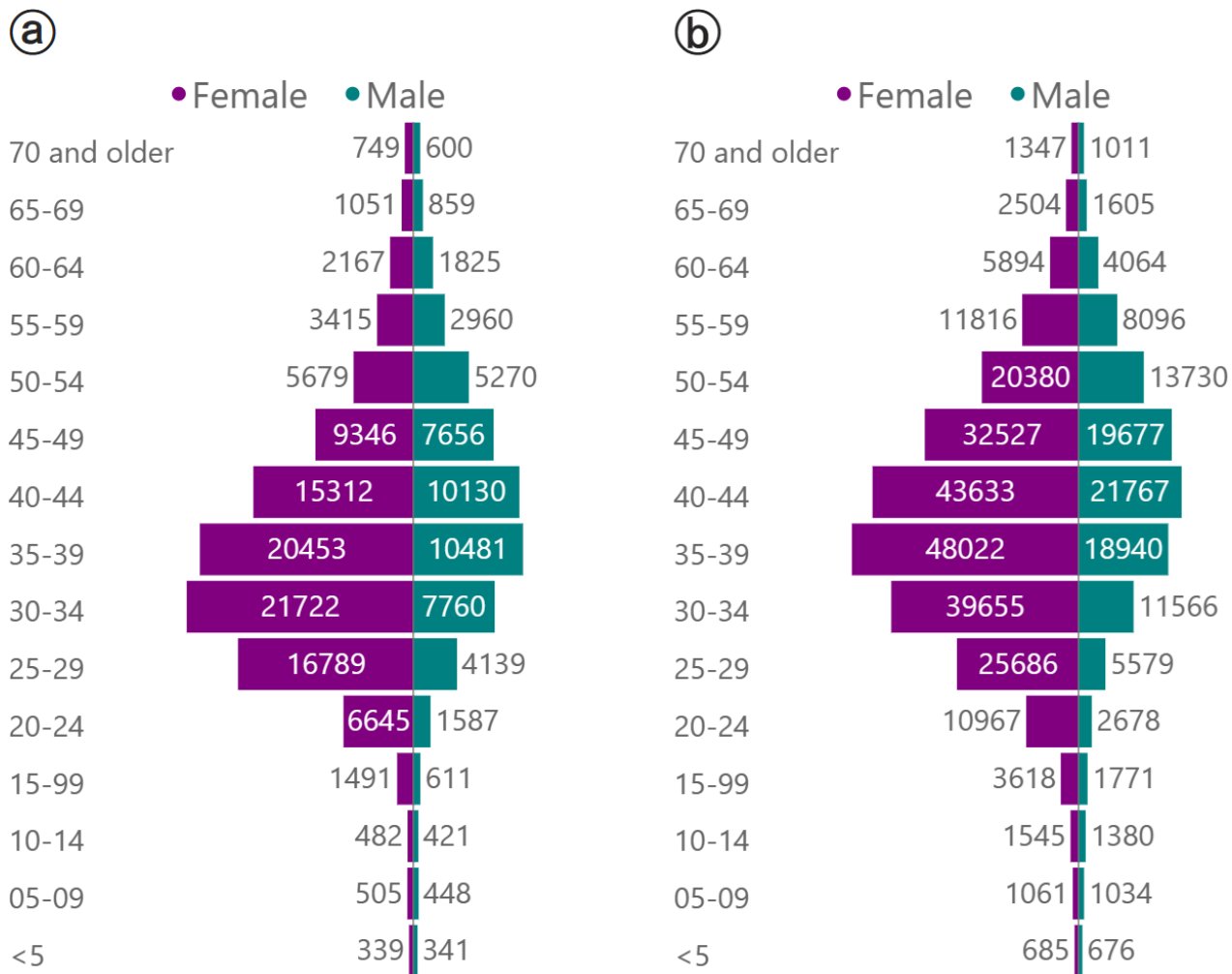
In the Western Cape province of South Africa, among those starting ART now, 2/3rds have previously been on ART

Cyclical cascade data from the Western Cape, South Africa



- “Substantial disengagement from HIV care was evident at every point on the cascade.”
- “Early treatment emerged as a period of higher risk of disengagement, but it did not account for the majority of disengagement.
 - 55,269 of 103,544 or 53% of those in “early ART” are disengaged whereas 61,624 of 368,543 or 17% of those in long-term ART are disengaged
- “Almost all those currently disengaged had prior experience of treatment.”

Comparing the age and sex distribution of (a) people engaged in care to (b) people disengaged from care.



- “Among males and females, the age profiles of those in care are broadly similar to those disengaged from care.”
- “there were no obvious stand-out differences in patient characteristics when comparing patients in different statuses.” This suggests that an outside impact of an intervention for patient retention or re-engagement which is targeted based on routinely available patient characteristics, is unlikely.

Key terms in WHO re-engagement brief

Supporting
re-engagement
in HIV treatment
services

Policy brief



“Disengagement refers to individuals who were diagnosed with HIV, initiated ART **and subsequently interrupted treatment.** *Disengagement is distinct from missing a visit and being lost to follow-up”*

Key terms in WHO re-engagement brief



“Re-engagement [is] the return of those that have previously disengaged”

There are multiple ways to re-engage in HIV services

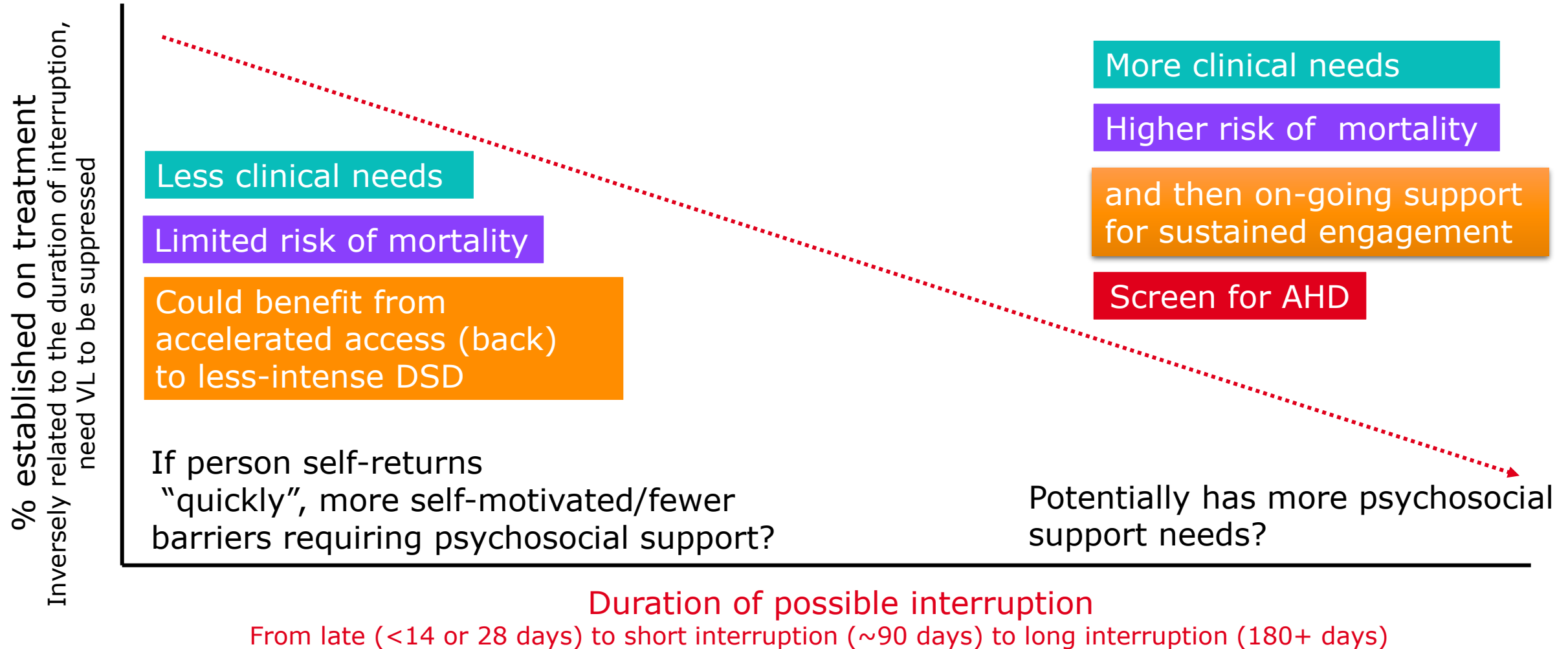
Return to the
ART
programme
(late)

(Silent)
transfers to
new facility

Present for
HTS

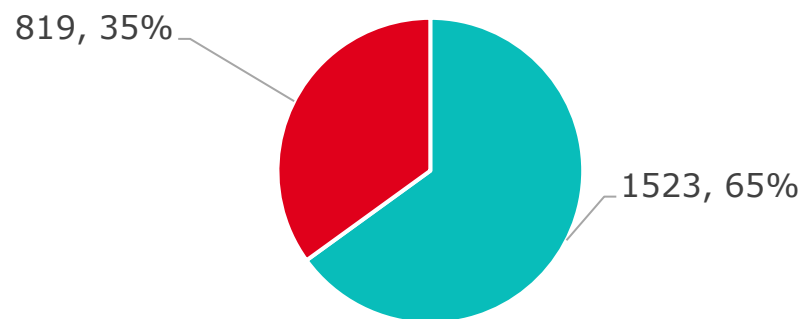
Focus of today's session

Why is TIME since last appointment important?



Results from a cohort study in Johannesburg, South Africa

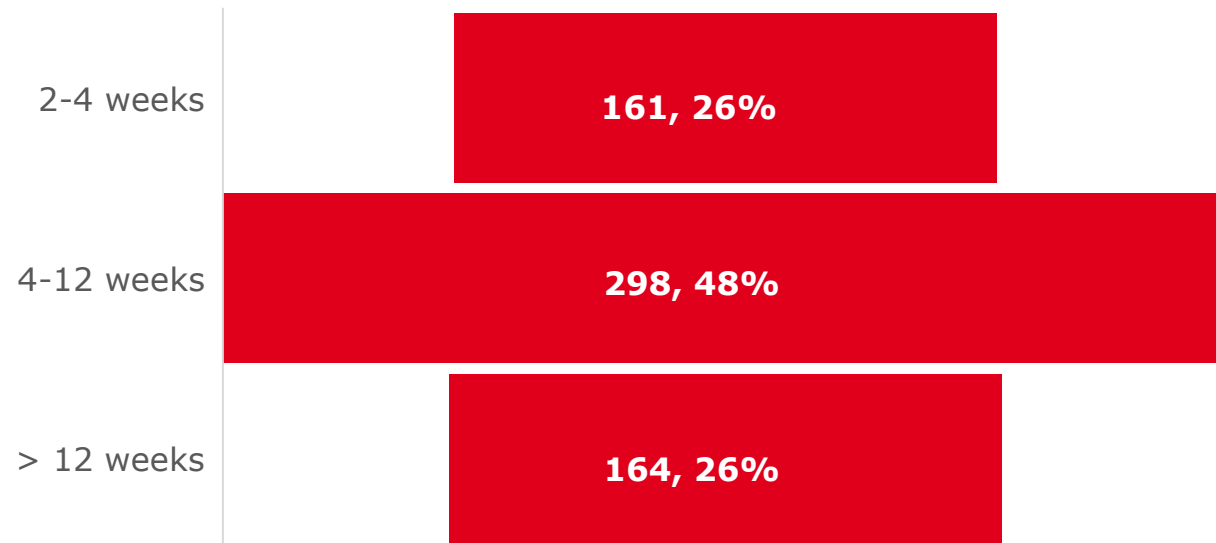
Time since scheduled ART appointment (n=2,342)



- < 2 weeks late (Missed appointment, but not re-engaging)
- ≥ 2 weeks late (re-engaging in care)

Close to two thirds of people who had missed their appointment had missed **by less than two weeks.**

Time since scheduled ART appointment among re-engaging with further data (n=623)



Among those re-engaging, **less than a third** have been out of care for **more than three months.**

In summary

- The cascade is cyclical
- Disengagement is happening across the cascade among all population groups, and at all time points
- We need to define re-engagement – duration of disengagement is key
- There is potential to design person-centred and differentiated re-engagement pathways