

Overview of the WHO policy brief on re-engagement

What is re-engagement in HIV treatment services?

Re-engagement in HIV treatment services refers to people returning to HIV services after a period of interruption.

- This occurs when a person misses scheduled visits or appointments **and** does not receive treatment for a certain period of time.

○ People who have been diagnosed with HIV can disengage from care after starting antiretroviral therapy (ART) and may do so more than once.

WHO recommendation for re-engagement



- Supporting those who are disconnected from HIV treatment to re-engage in HIV care:
- **Programs should implement interventions to locate people who have disengaged from care and provide support for their re-engagement**



Two re-engagement interventions to consider

- Tracing
- Differentiation of services at re-engagement



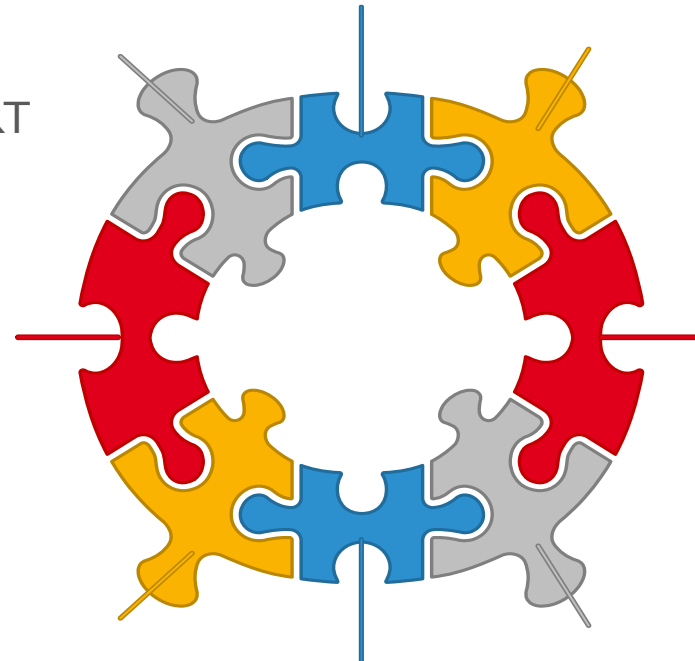
People at the center: Considerations for the tracing process

Establish **criteria** (e.g., recent treatment initiation, abnormal lab results, overdue consultations on ART pick-ups, most vulnerable groups) to prioritize tracing.

Monitor tracing outcomes to help improve health systems.

Identify and address **reasons for disengagement**

Develop a process to obtain informed **consent** from clients for tracing activities.



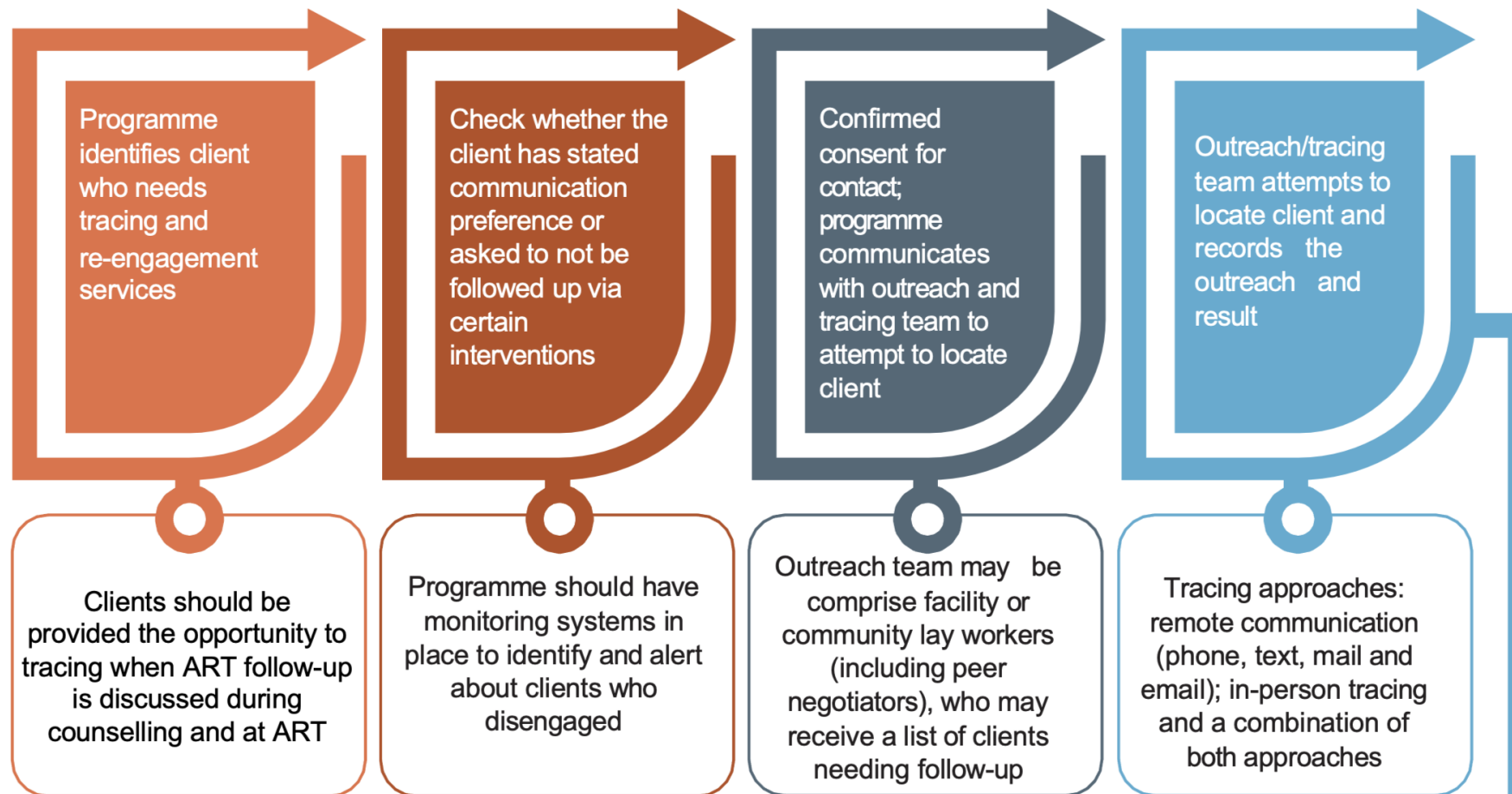
Implement **enhanced monitoring systems** can support identifying disengagement and re-engagement dynamics that trigger tracing efforts.

Ensure respectful, consensual, and tailored **tracing methods (e.g. remote or in person)** to meet the individual needs and preferences of each client.

Support a **trained and supervised tracing team** that could include lay workers, peer supporters, community health workers, and Provide **non-judgmental**, supportive, and clear information and counselling services.

People at the center: e.g., Tracing process

- Importantly,
 - not every client who has disengaged may require tracing to return to care
 - not all traced clients can be located,
 - nor do all contacted individuals necessarily return to care



What to consider when defining DSD pathways to support re-engagement



Clinical assessment and rapid ART re-initiation

- Provide immediate treatment and care, including advance HIV disease identification and rapid screening for opportunistic infections

Psychosocial assessment and adherence support needs

- Support adherence challenges to sustain re-engagement

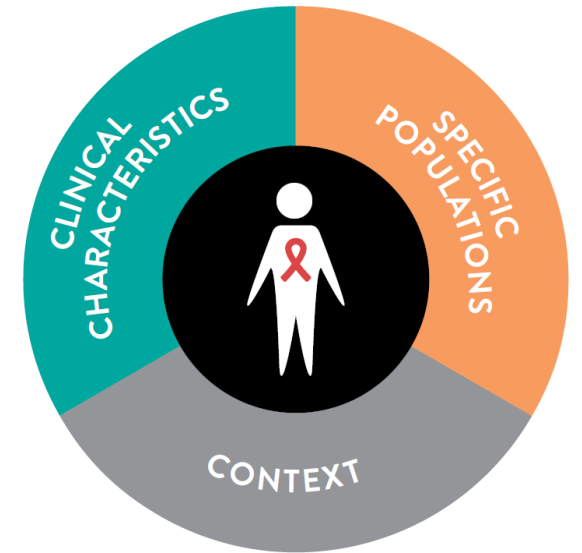
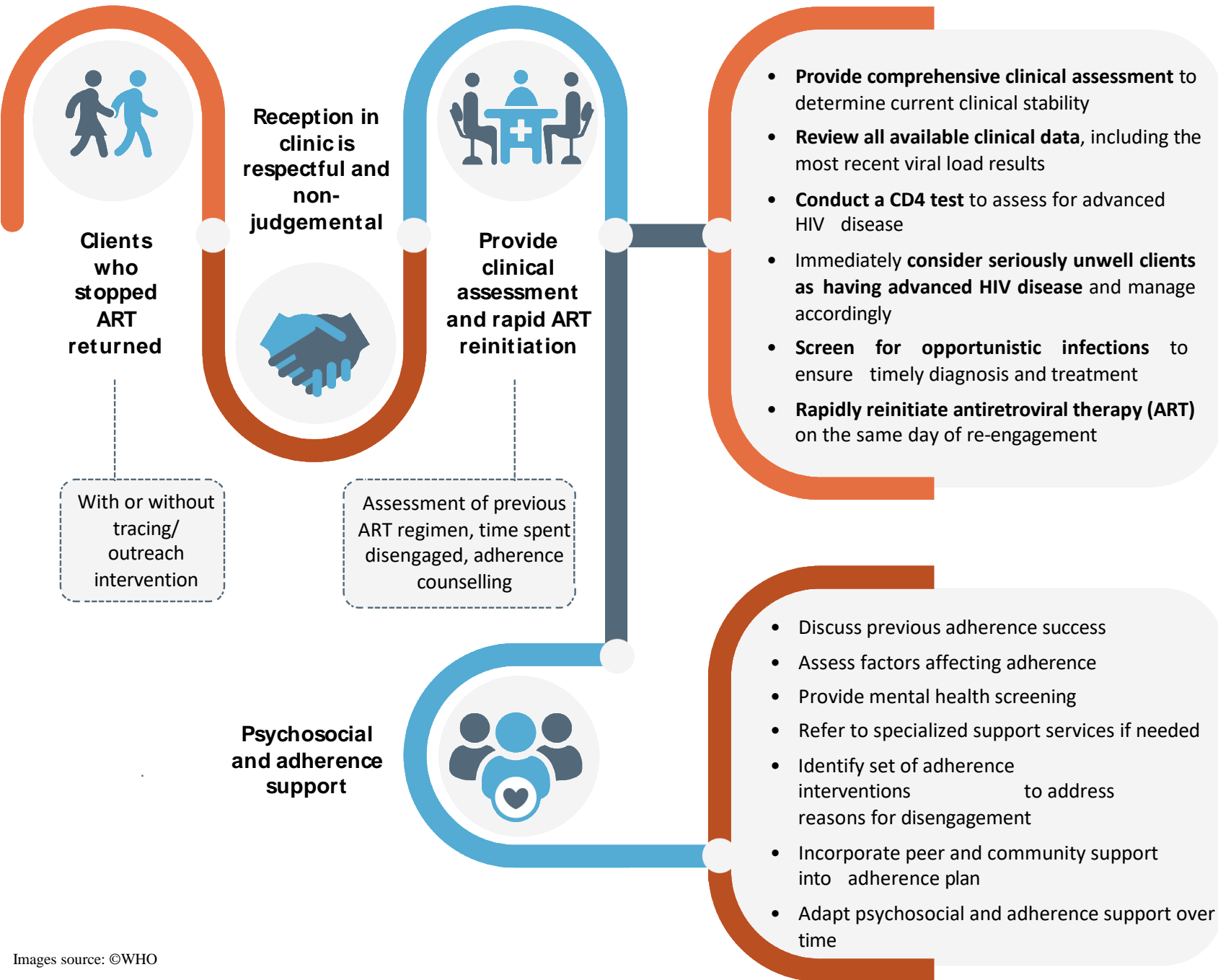
Addressing treatment interruption

- Consider impact of interruption on an individual's clinical well-being needs to develop the appropriate pathway

Specific population considerations

- Consider each population unique challenges to sustained engagement in HIV treatment services

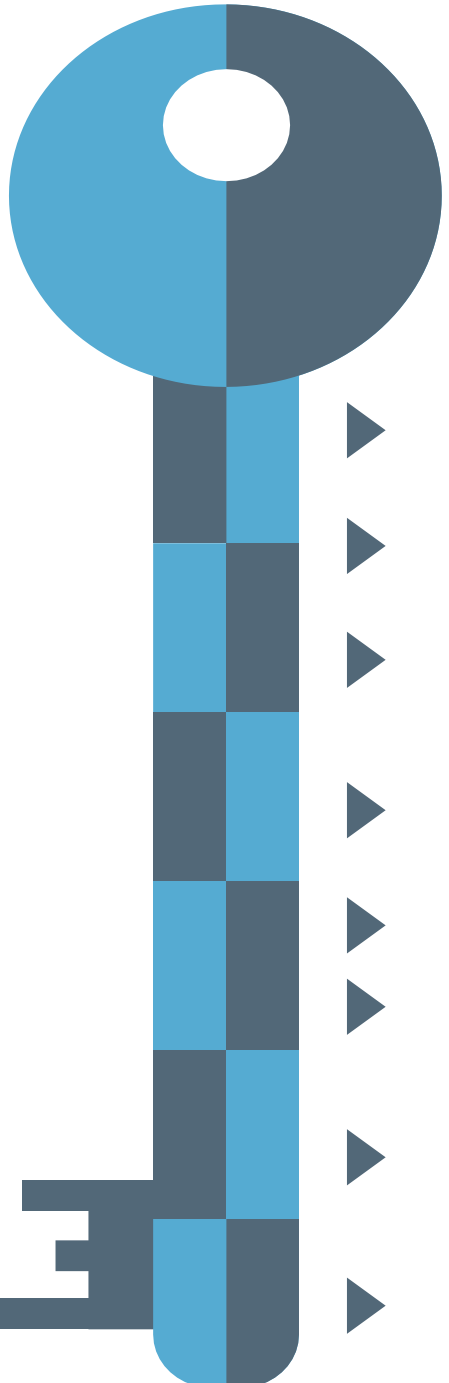
Pathways to support re-engagement in HIV treatment and care



PEOPLE AT THE CENTER:

The combination of interventions to support adherence, retention, DSD and re-engagement will depend on the context, clinical characteristics, specific needs and preferences of the user.

KEY CONCLUSIONS

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- **Health systems and HIV programs should:**
 - **Be equipped to prevent and address disengagement.**
 - **Understand the factors that lead to disengagement** (e.g., structural, clinical, individual, other).
 - **Implement interventions to address them:**
 - Improve quality and user experience to minimize disengagement.
 - reduce frequency of ARV visits and pick-ups for clients established on ART.
 - track people who have disengaged and provide support to re-engage.
 - Promote community-led service delivery to align with preferences and improve participation.
 - Engaging communities to tailor re-engagement strategies to client's needs and preferences
 - Ensure a non-punitive, non-judgmental, and welcoming environment for equitable access to services.

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Thank you!!
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