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Launch of the JIAS Supplement "Differentiated service delivery – beyond HIV treatment for integration and other health needs"

The need to differentiate at re-engagement: Lessons from South Africa and Zimbabwe's re-engagement algorithms

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Why re-engagement matters

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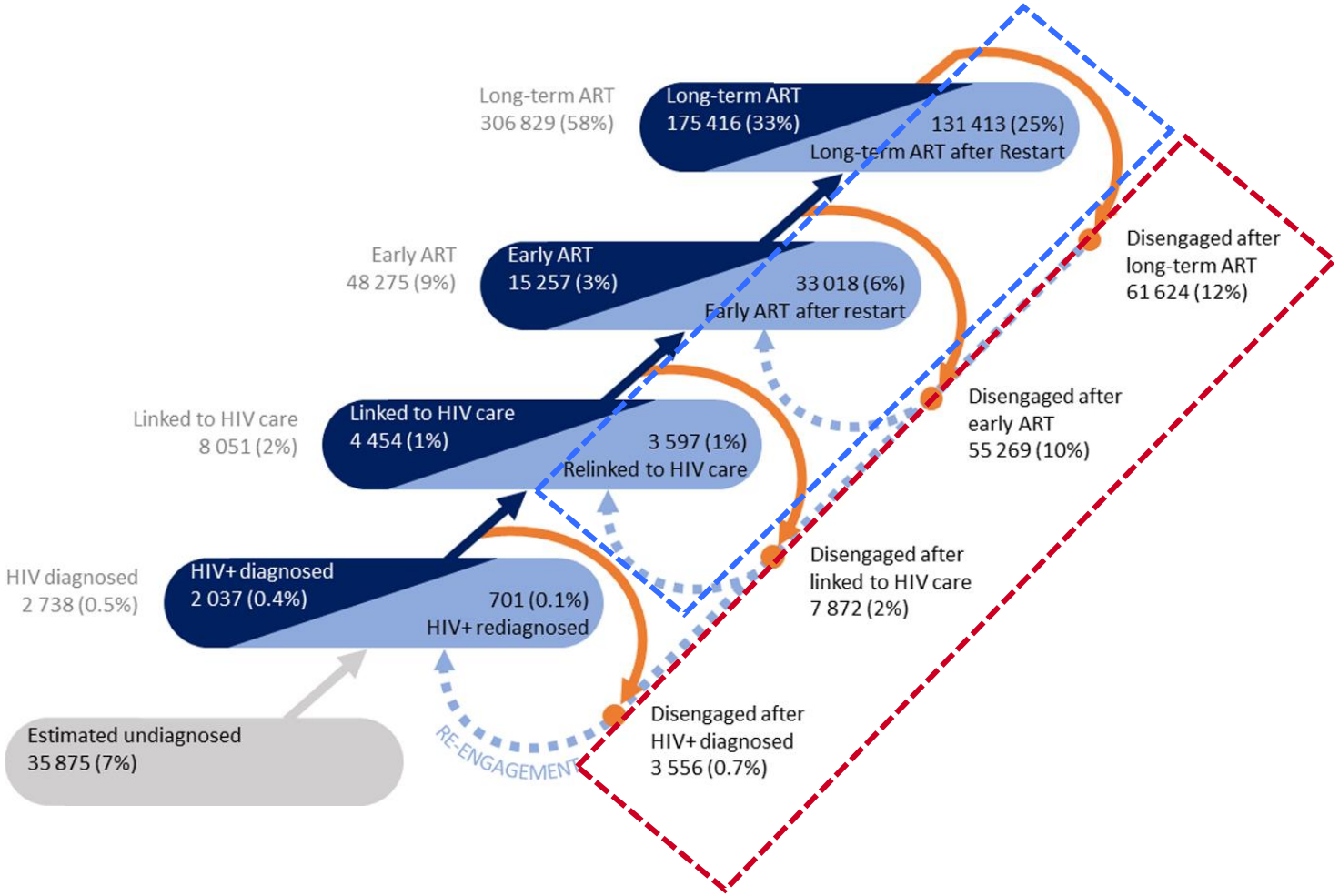
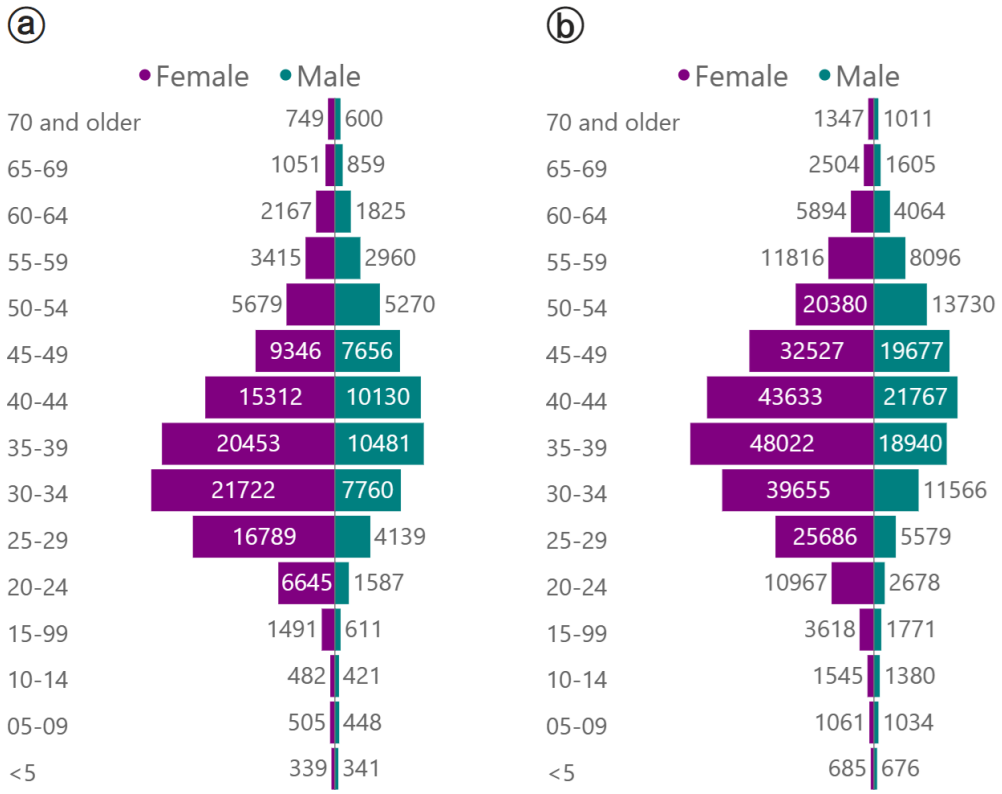


- ART interruptions are increasingly common
- But so are ART re-engagements

Euvrard, J. 2024. https://journals.plos.org/plosmedicine/article?id=10.1371/journal.pmed.1004407

Why targeting everyone makes sense....

- Age profiles of patients in care and those disengaged are broadly similar.
- No major differences in characteristics across patient statuses.
- Targeting interventions based on routine patient data is unlikely to yield outsized impact.
- Need broadly focus scalable re-engagement support interventions.



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

Euvrard, J. 2024. https://journals.plos.org/plosmedicine/article?id=10.1371/journal.pmed.1004407

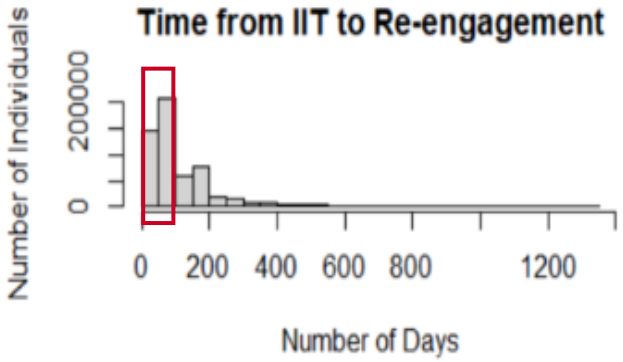
Majority return within 3 months

Almost two thirds of people who had missed their appointment had **missed by less than two weeks**

Design:

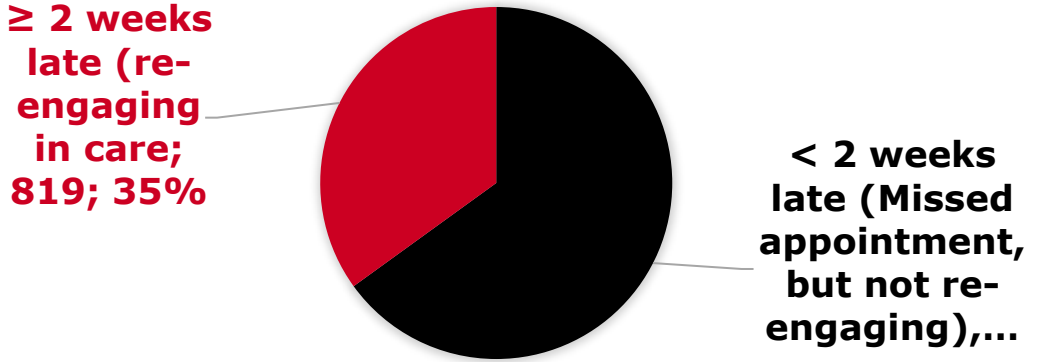
- Review of national data from Jan 2020-Sept 2023
  - N=1,145215 ART clients reviewed

60% of ART clients experienced an interruption. **Majority returned within 100 days** and 82% within 6 months

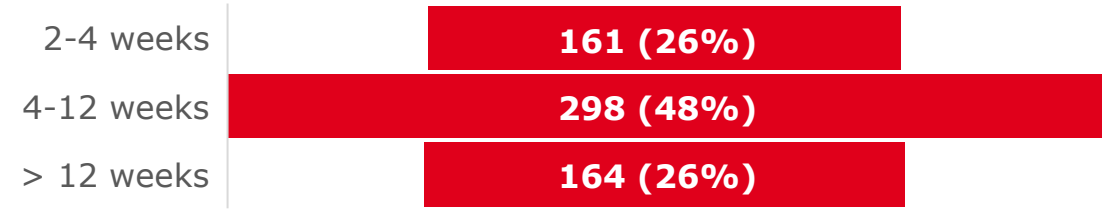


Among those with ITT

IIT Time Period	n (%)
> 28 days to ≤ 6 months	463,415 (82.4)
> 6 months to ≤ 1 year	72,452 (12.9)
> 1 year to ≤ 2 years	21,862 (3.9)
> 2 years	4,949 (0.9)



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



Malawi

Norwood et al, AIDS 2024. Abstract 1265

South Africa (Johannesburg)

Mutyambizi et al 2024 JIAS https://onlinelibrary.wiley.com/doi/full/10.1002/jia2.26395

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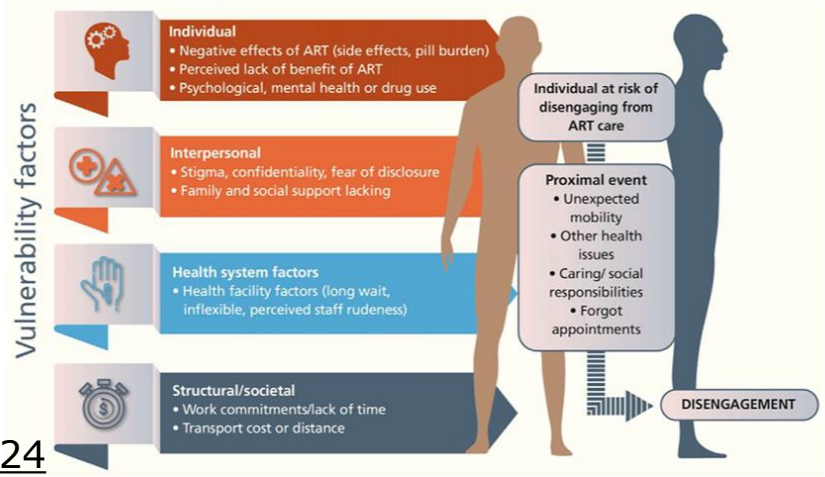
Reasons for disengagement

Unexpected Barriers:
-Travel for funeral or work
-Personal or family illness
-Perceived clinic inflexibility
-Similar barriers for treatment guardians



Burke et al 2024

Missed ART Appointment

Barriers to timely re-engagement
= reasons for prolonged disengagement

Barriers to Timely Re-engagement:
- Inflexible ART clinic schedule
- Limited clinic resources
- Lack of transportation money
- Other competing work or family priorities

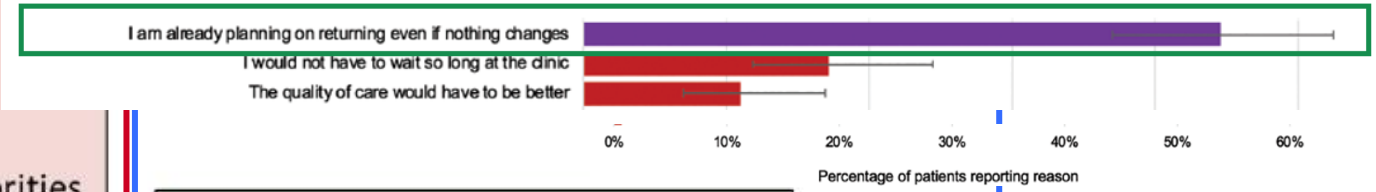
Extended Time Away From Clinic

Chamberlain et al AIDS Behav 2021 https://pubmed.ncbi.nlm.nih.gov/34403022/

Re-engagement facilitators

= Self-motivated to return +

Sikazwe et al Clin Infect Dis 2021 https://pubmed.ncbi.nlm.nih.gov/33011803/



Facilitators to Re-engagement:
-Social support: Encouragement
-Social support: Money and vehicles
-Community Health Worker visits
-Strong dedication to ART
-Internal motivation: fear of illness or not being able to support family

HIV Care Re-engagement

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Prolonged disengagement

↑ **Tracing**
Hospitalization
Morbidity/mortality
Transmission

↓ **Tracing**
Hospitalization
Morbidity/mortality
Transmission

Easy, quick, durable returns

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Support easy, quick, durable returns

Personal motivation to re-engage

REMOVE

Barriers

ADD

Facilitators

→Prioritize **respectful care** for people returning and those observing others returning

→**Reduce waiting time** at clinic when return

→**Complete re-engagement on day of return:** Same day ART provision, avoid multiple visits or transfer documentation collection

→**Increase appointment schedule flexibility** when missing a visit and after return

→**Don't intensify** appointment schedule after return unless clinically necessary

→**Accelerate access** to multi-month dispensing **(MMD)** and less-intensive differentiated service delivery **(DSD) models**

Ministries revising approach to re-engagement

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- Moving **away from one-size fits all approach** with intensified management and multiple adherence counselling sessions for all
- Differentiating pathways for people **"late" versus re-engaging**
- For those re-engaging- **2 key assessments:**

1. Clinical stability
assessed through signs of opportunistic infections, mental health concerns, AHD, or an elevated viral load prior to disengagement

+

2.Time since the missed appointment
indicates potential interruption duration and AHD risk

South Africa's re-engagement algorithm

1 **1st differentiated pathway:** Routine versus re-engagement care

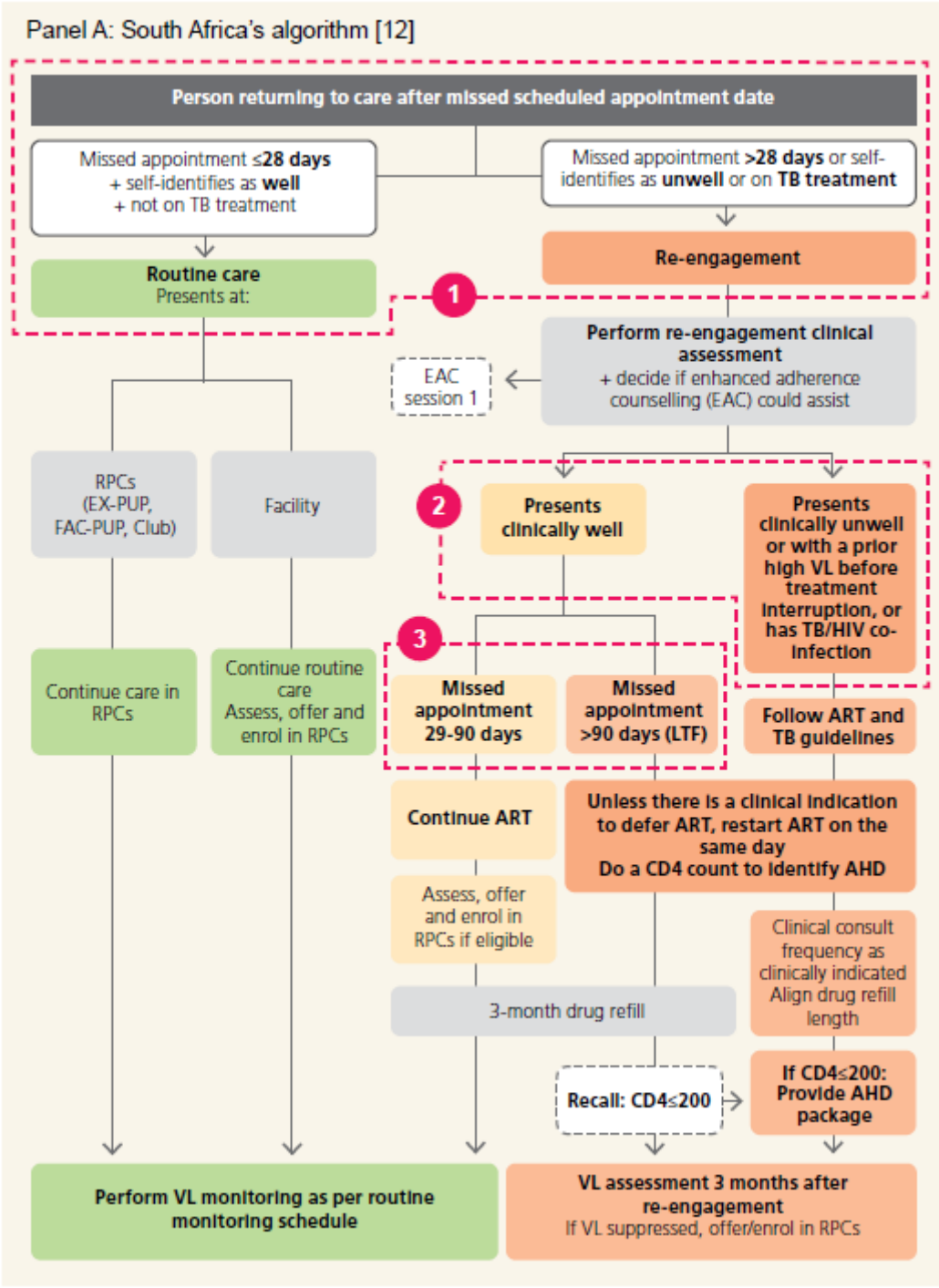
- Late by ≤28 days and self-identify as well = routine client → continue/enrol in DSD models

2 **2nd differentiated pathway:** Clinically well or unwell

- People > 28 days late or self-identifying as unwell = re-engaging → undergo a clinical assessment
- Clinically unstable (regardless of interruption duration) → restart + CD4 test to identify AHD
- Follow-up schedule determined by need until VL 3 months after restart. If VLS offer DSD

3 **3rd differentiated pathway:** Time interval since missed appointment

- Clinically stable assess time since the missed appointment
- > 90 days late → restart + CD4 testing + 3MMD until VL 3 months after restart
- 29-90 days late →continue ART + assess DSD/3MMD



Zimbabwe's re-engagement algorithm

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1st differentiated pathway: Routine versus re-engagement care

- Re-engaging = missed appointment any duration + stopped ART

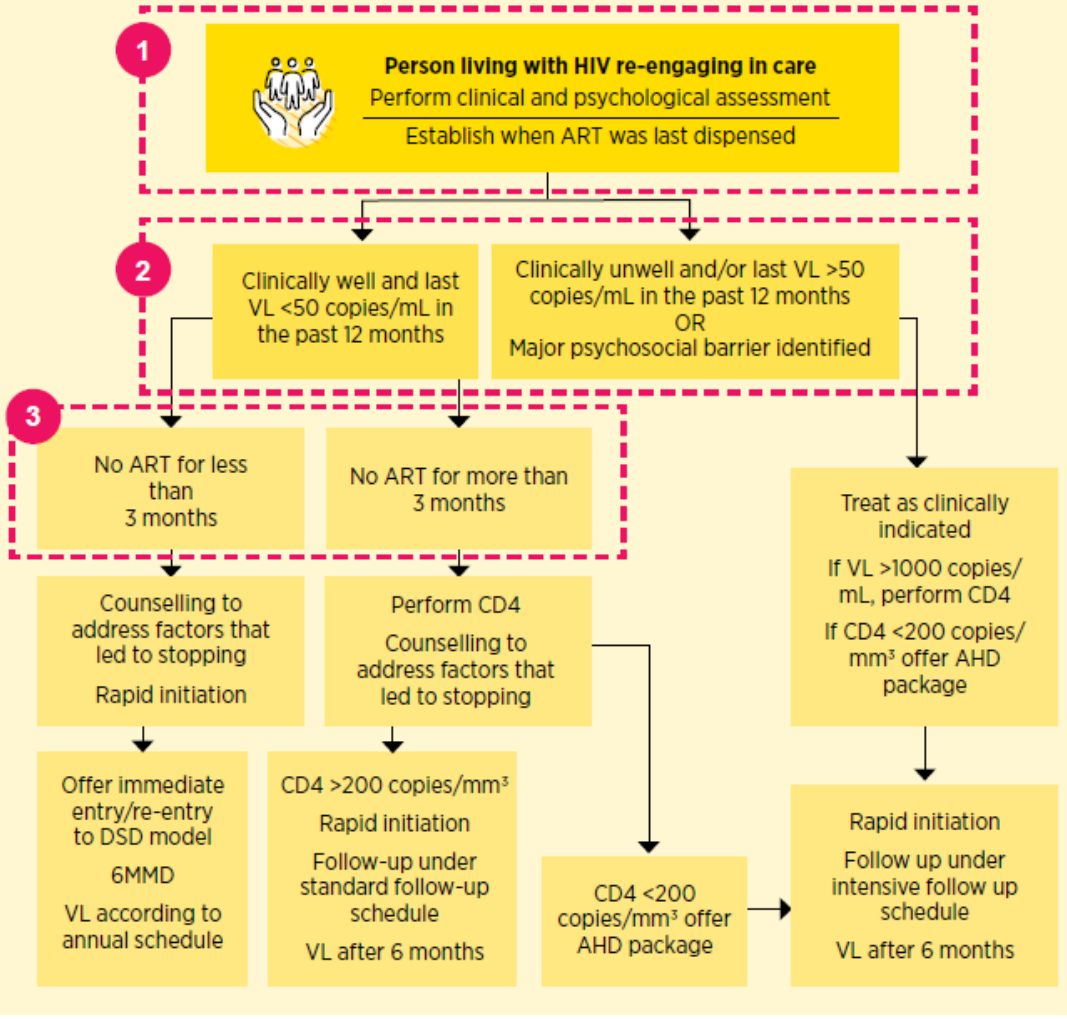
2nd differentiated pathway: Clinically well or unwell

- All undergo a clinical assessment
- Clinically unstable → CD4 to identify AHD if last VL>1000 copies/ml
- Intensive follow-up schedule until VL 6 months after restart

3rd differentiated pathway: Time interval since missed appointment

- Clinically stable assess time since the missed appointment
- > 90 days late →adherence counselling + CD4 for AHD + M1, M3, M6 follow-up schedule until VL 6 months after restart
- <90 days late → adherence counselling + assess for DSD

Panel B: Zimbabwe algorithm [14]



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Take-aways

- SA and Zimbabwe use **algorithm-based, person-centred re-engagement pathways** that:
  - **mitigate barriers** that may lead to prolonged interruptions and repeat disengagements
  - **broadly targeted and scalable**
- **Reduce burden for clinically stable** people re-engaging and for the health system while ensuring **clinical oversight for those with clinical needs** including AHD risk