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Key considerations in the design of national differentiated re-engagement pathways: The Eswatini experience

Harriet Mamba, National AIDS Programme, Eswatini
15 May 2025
INTEREST 2025

Eswatini's HIV response

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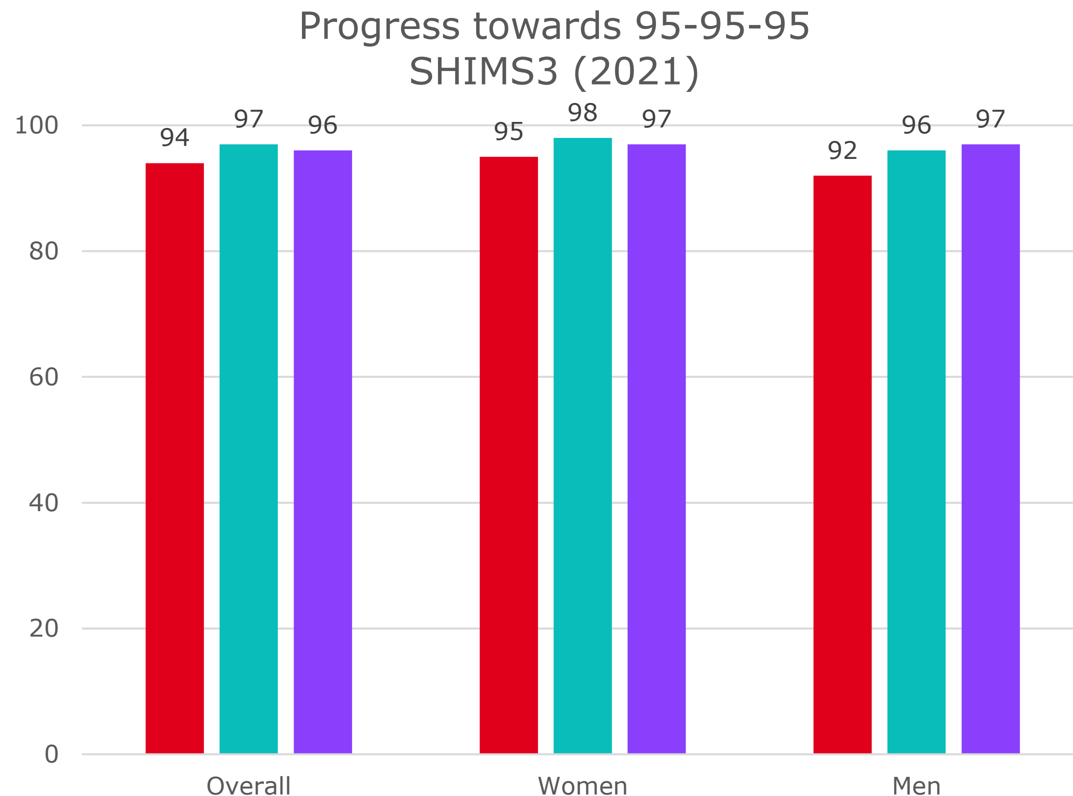
- **Great progress towards 95-95-95**



Recent data on 6 and 12-month retention

- 6-month retention, Apr to June 2024
  - 0-14 years – 89.8% (44/49)
  - 15+ years – 93.3% (1,301/1,395)
- 12-month retention, Oct-Dec 2023
  - 0-14 years – 90.7% (49/54)
  - 15+ years – 90.8% (1,257/1,384)

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While cyclical cascade data are not routinely collected, we know that:

- 98% of clients testing HIV positive start ART within a month
- >90% of new ART initiations are still active on ART 6 months after starting ART
- Approximately 86% of clients with an interruption in treatment (IIT) return to care within 90 days
- Most of the IIT’s are not true IIT’s but due to poor documentation and data abstraction
- 3% of ART initiations are from clients restarting treatment
- Attrition is mostly due to transfer out of the country
- Approximately 1-2% of clients become LTFU within 6 months of ART
- >50% of deaths are not captured in the EMR, so maybe classified as LTFU

What do we know about our current tracing interventions?

Priority populations when resources are limited

- AHD
- Adolescents 10-19 years
- Pregnant & Breastfeeding Women
- PLHIV with HVL
- Children less than 10 years
- Newly diagnosed & not linked
- New ART initiations 0-3 months.
- Uncontrolled comorbidities

Early

Pre-appointment sms reminder

On time

1-7 DAYS before appointment

Congratulate client for coming early.

Refill

On time

Appointment day

Verify if the client didn't show up

Line list clients

Call from 12 noon

On time

Missed <3 days

Verify & line list

Phone call

Reschedule

Missed appointment

Missed +4-7 days

Verify & line list

Phone call & reschedule

Escalate priority patients to a mental health nurse, social worker or psychologist

Defaulter

Missed +8-28days

Weekly home visit by CHW

Reschedule

Escalate to social worker PRN

IIT

Missed +29-90 days

Bi-monthly follow-up by CHWs

Reschedule

3 phone attempts over 90 days

LTFU

Missed >90 days

Close file

Classify as LTFU

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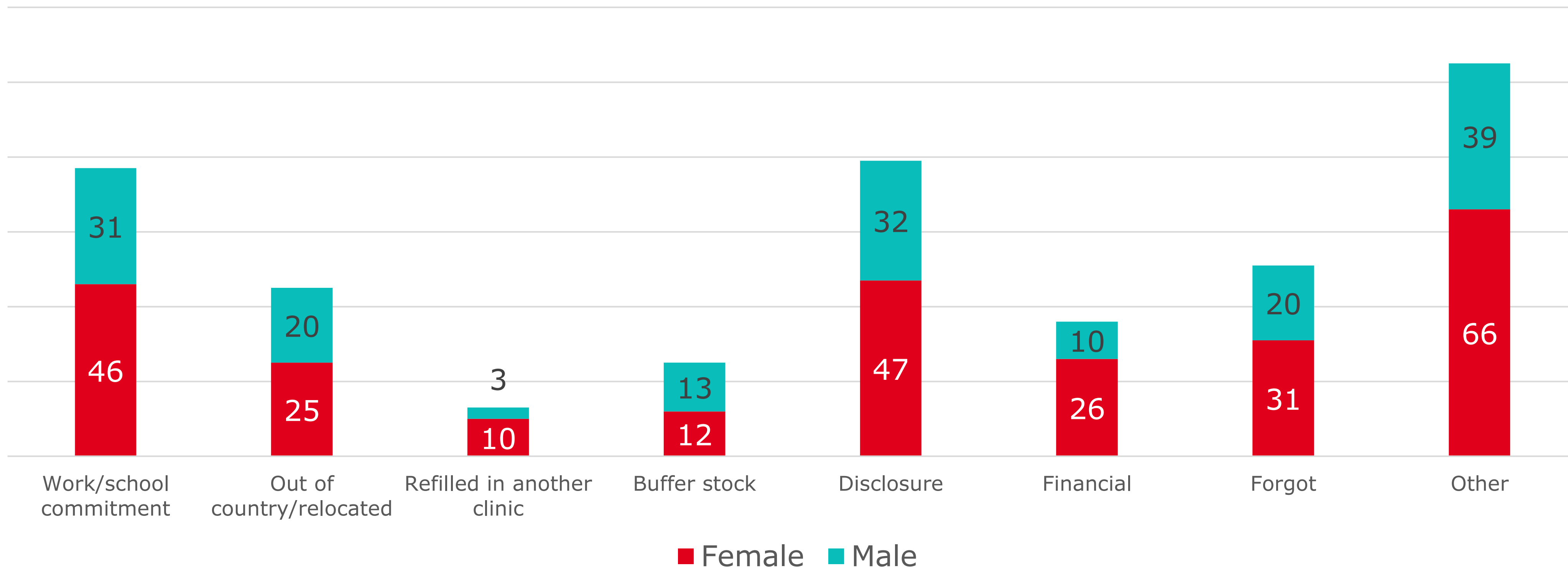
Reasons for missed visits



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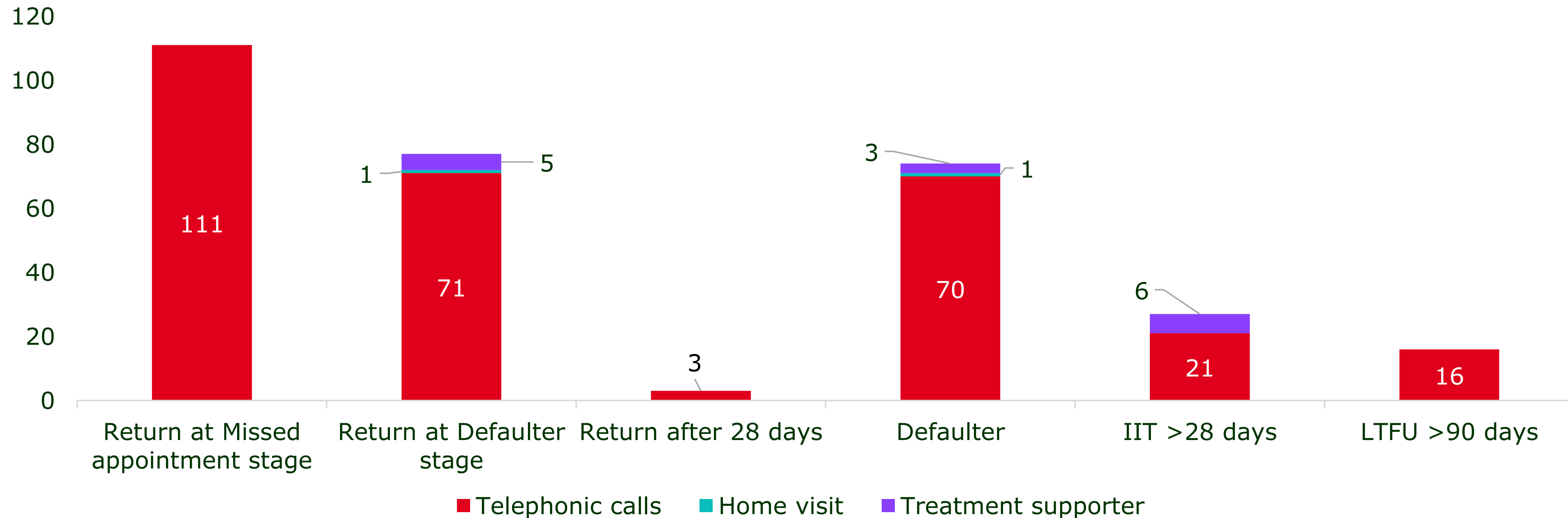
Appointment adherence follow-up outcomes



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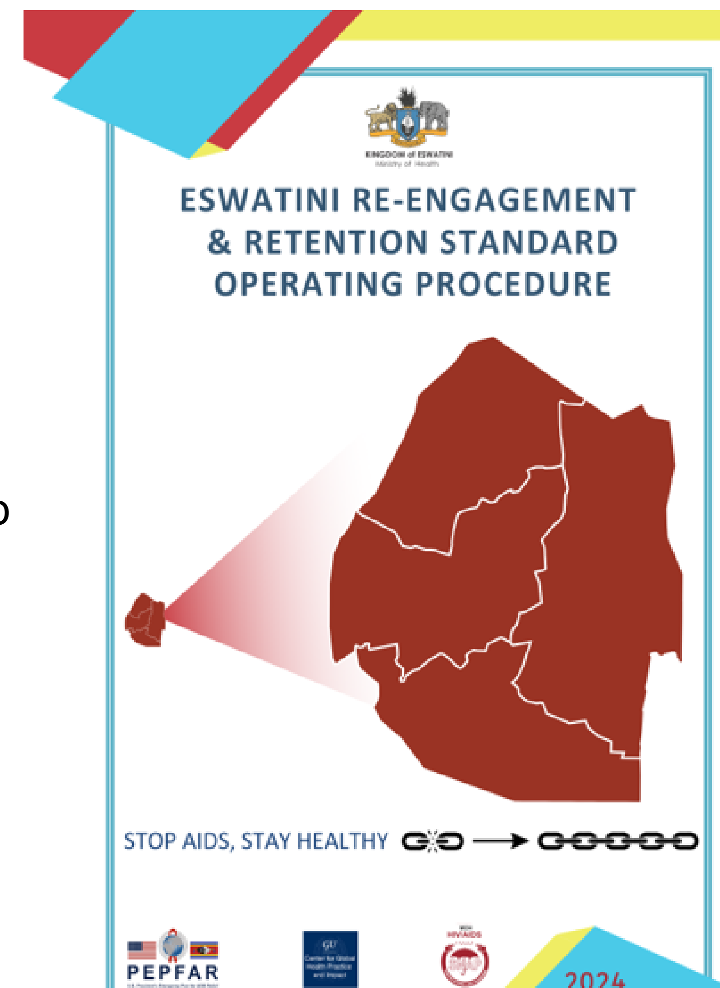
Why the re-engagement SOP?

- Disengagement is inevitable, and the country needs to understand why
- Poor documentation wrongfully classified clients as IIT
- Some clients return to care with AHD or HIVDR
- Some clients use HTS as an entry back into care
- Reports of intimidation of some clients when they return
- There was no guidance for healthcare workers on how to manage clients who have interrupted treatment

The SOP

- Encourages welcoming clients back into care and being non-judgmental
- Understand reasons for disengagement and use psychologists and social workers to address identified gaps
- Identifying clients who are unwell and providing a different package of care



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Why Eswatini designed a re-engagement pathway

TO IDENTIFY WHO CAN RETURN DIRECTLY TO A DSD MODEL

TO IDENTIFY WHO NEEDS SOME ADDITIONAL SUPPORT

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How Eswatini designed a re-engagement pathway

- Client-centred approach to motivate clients to return to care
- Some reasons for IIT are beyond the client's control
- 1st VL now taken 3 months post-ART (re)initiation
- Classify patients based on:
  - Duration of interruption
  - Clinical presentation at time of reengagement
  - Psychosocial needs
  - Whether the client has AHD or not

Re-engagement pathway

Client attends

Expert client: (a) confirms missed appt (>3 days late) (b) assesses and documents reasons for treatment interruption and for returning to care (c) explains future DSD models (d) baseline psychosocial assessment

Nurse: (a) clinical assessment (b) assesses psychosocial, SUAC and eLCM needs ᶲ

WELL

missed 3-28 days *

Continue same ART regimen.

Enroll into DSD

3-6MMD

Missed 29-90 days

3MMD

Missed >90 days

UNWELL

POC-CD4

AHD

AHD Package

Monthly follow-up

No AHD

Clinical management

Restart ART ᶿ

3MMD

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Process for the development of guidance

- Stakeholder consensus on definitions
- Updating of patient follow-up SOP and aligning with other programs
- In general, no priority populations for patient follow-up
- In the face of reduced funding, prioritise clients at highest risk, identified as:
  - AHD
  - Adolescents 10-19 years
  - Pregnant & Breastfeeding Women
  - PLHIV with HVL
  - Children less than 10 years old
  - Newly diagnosed & not linked
  - New ART initiations 0-3 months
  - Uncontrolled comorbidities

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Thank you and acknowledgements

- MoH-SNAP
- PEPFAR and its IPs
- IAS
- RoCs