

Clarice Pinto, World Health Organization, Switzerland

Differentiated strategies to support sustained engagement and re-engagement in HIV services in eastern and southern Africa

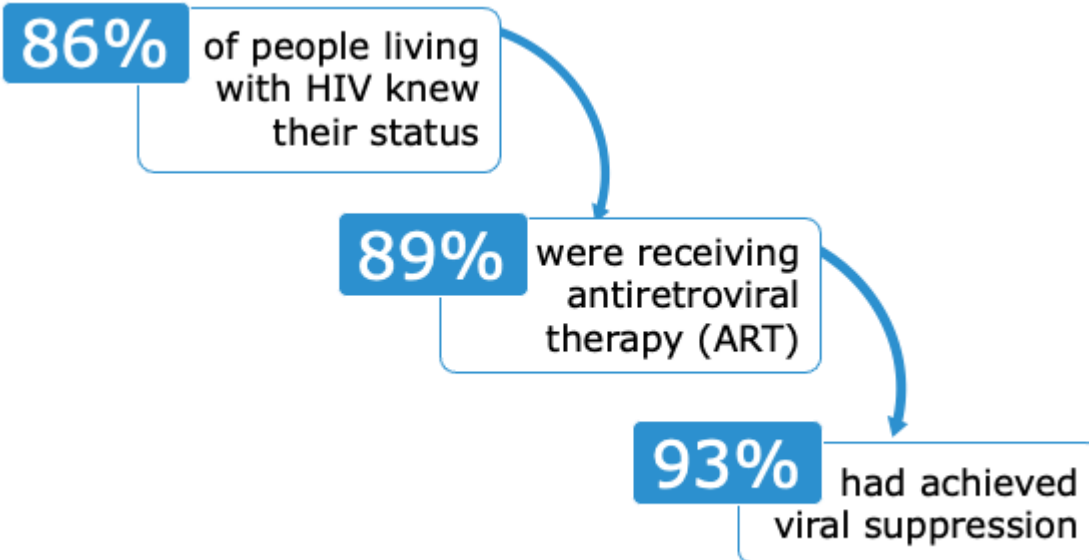
Launch of the WHO policy brief on supporting re-engagement in HIV treatment services



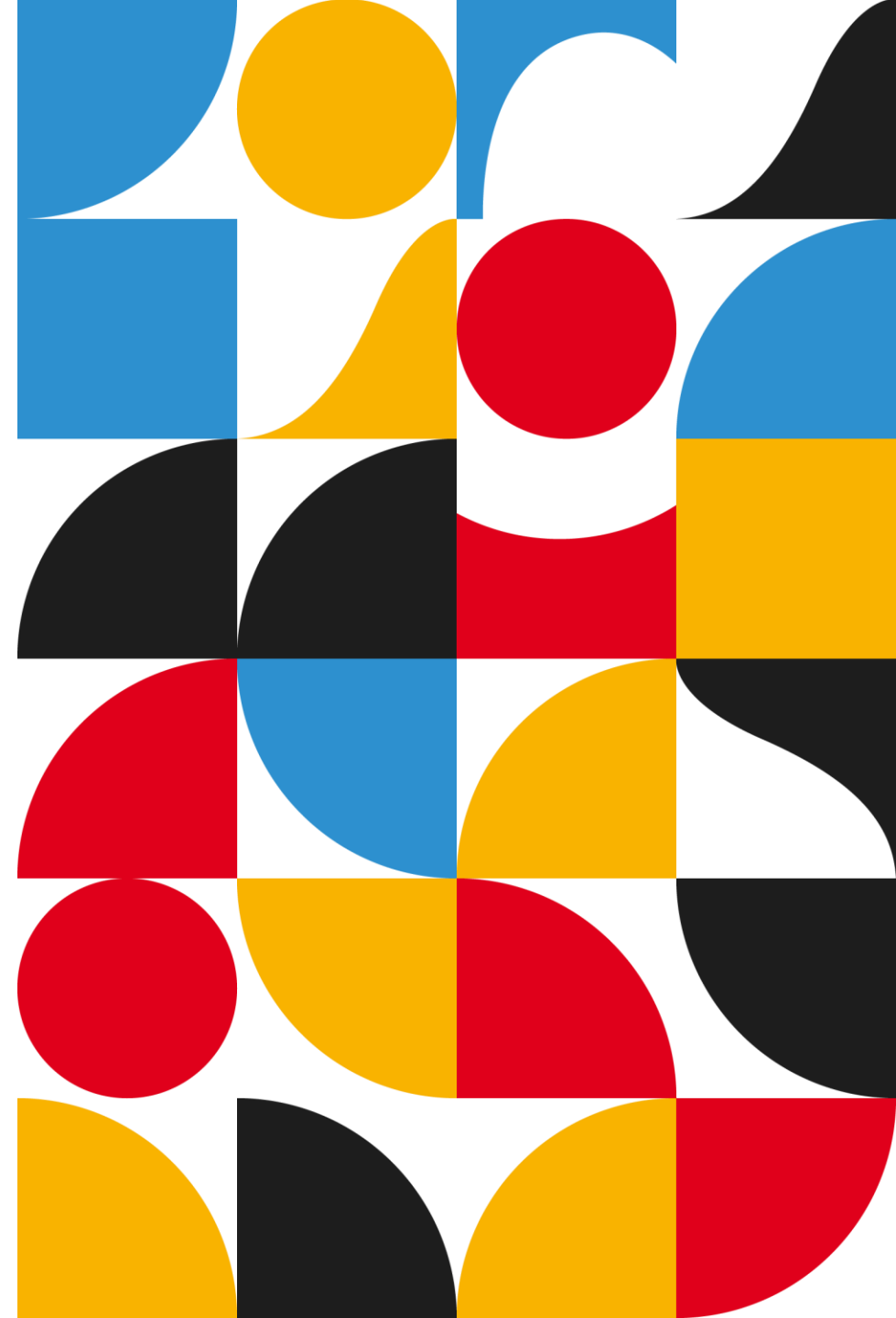


AIDS 2024

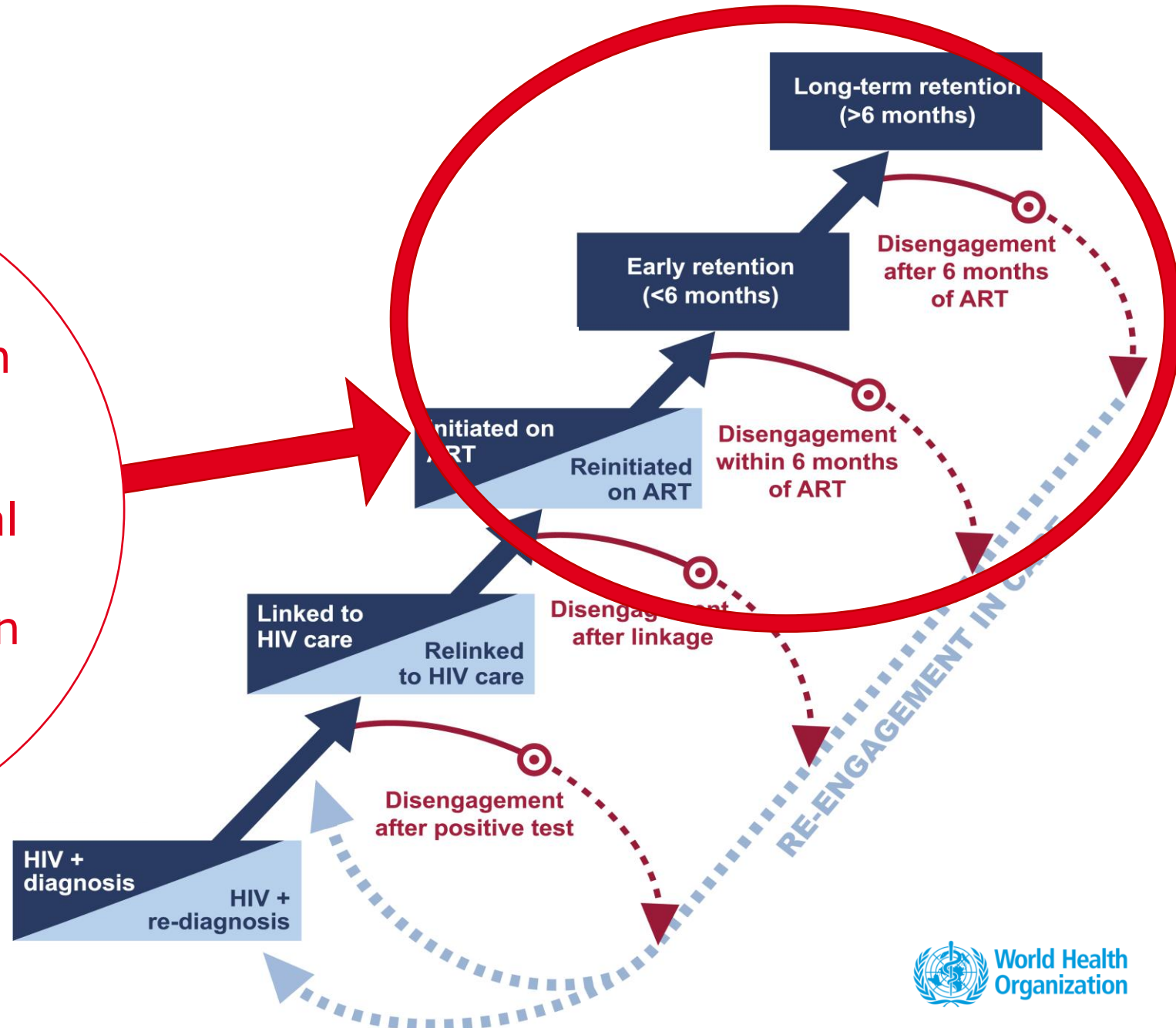
95%-95%-95% targets progress



Source: UNAIDS/WHO estimates, 2023.



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



What is re-engagement in HIV treatment services?

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

- ① This occurs when a person misses scheduled visits or appointments and does not receive treatment for a certain period.

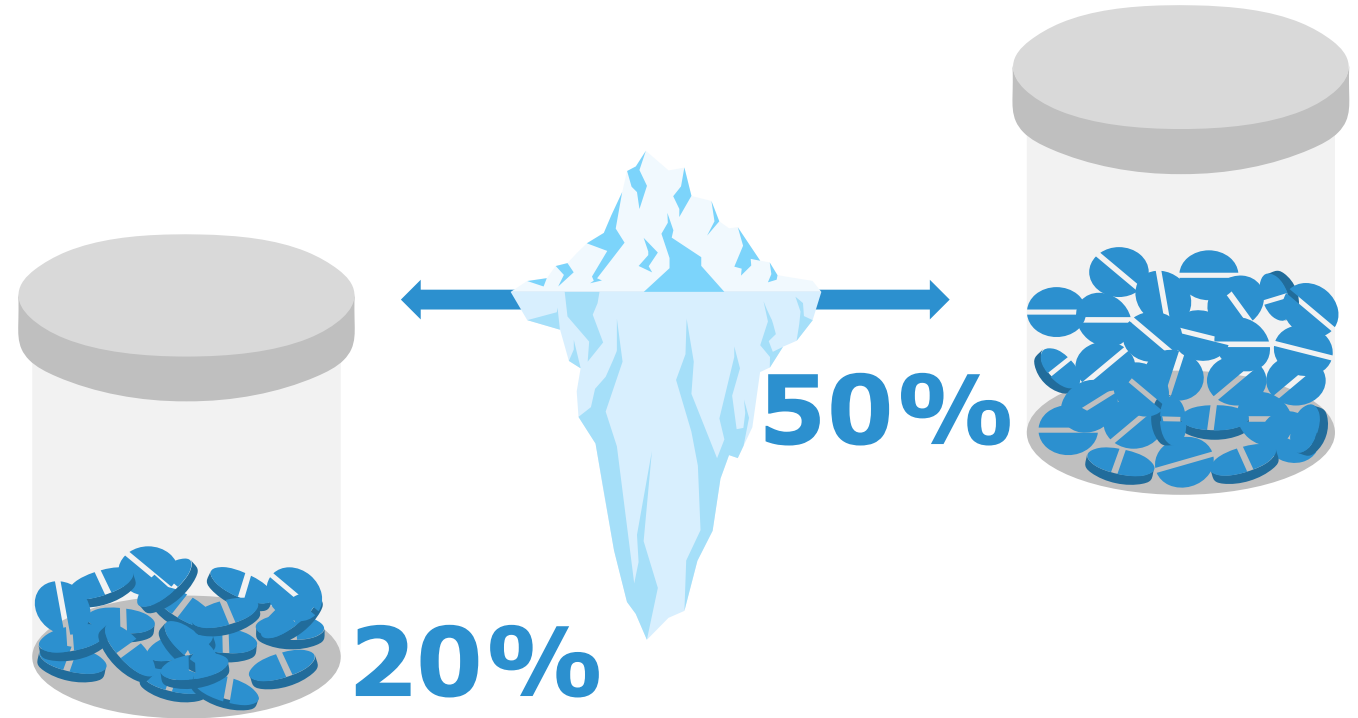
The challenges and consequences of disengagement

- Health impact:**

- progression to advanced HIV disease,
- increased mortality,
- increased risk of developing antiretroviral drug resistance, and
- higher risk of onward transmission.

- Public health impact:**

- Morbidity, mortality, and HIV transmission resulting from people disengaged from care.



Jouanin N, et al. Prior exposure to antiretroviral therapy among adult patients presenting for HIV treatment initiation or reinitiation in sub-Saharan Africa: a systematic review. *BMJ Open* 2022;13:e071283. doi:10.1136/bmjopen-2022-071283

► Prepublication history and additional supplemental material for this paper are available online. To view these files, please visit the journal online (<http://dx.doi.org/10.1136/bmjopen-2022-071283>).

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Objectives As countries have scaled up access to antiretroviral therapy (ART) for HIV, attrition rates of up to 30% annually have created a large pool of individuals who initiate treatment with prior ART experience. Little is known about the proportion of non-naïve reinitiators within the population presenting for treatment initiation.

Design Systematic review of published articles and abstracts reporting proportions of non-naïve adult patients initiating ART in sub-Saharan Africa.

Data sources PubMed, Embase Elsevier, Web of Science Core Collection, International AIDS Society conferences, Conference on Retroviruses and Opportunistic Infections conferences.

Eligibility criteria Clinical trials and observational studies; reporting on adults in sub-Saharan Africa who initiated lifelong ART, published in English between 1 January 2016 and 11 July 2023 and with data collected after January 2016. Initiator self-report, laboratory discernment of antiretroviral metabolites, and viral suppression at initiation or in the medical records were reported as evidence of prior exposure.

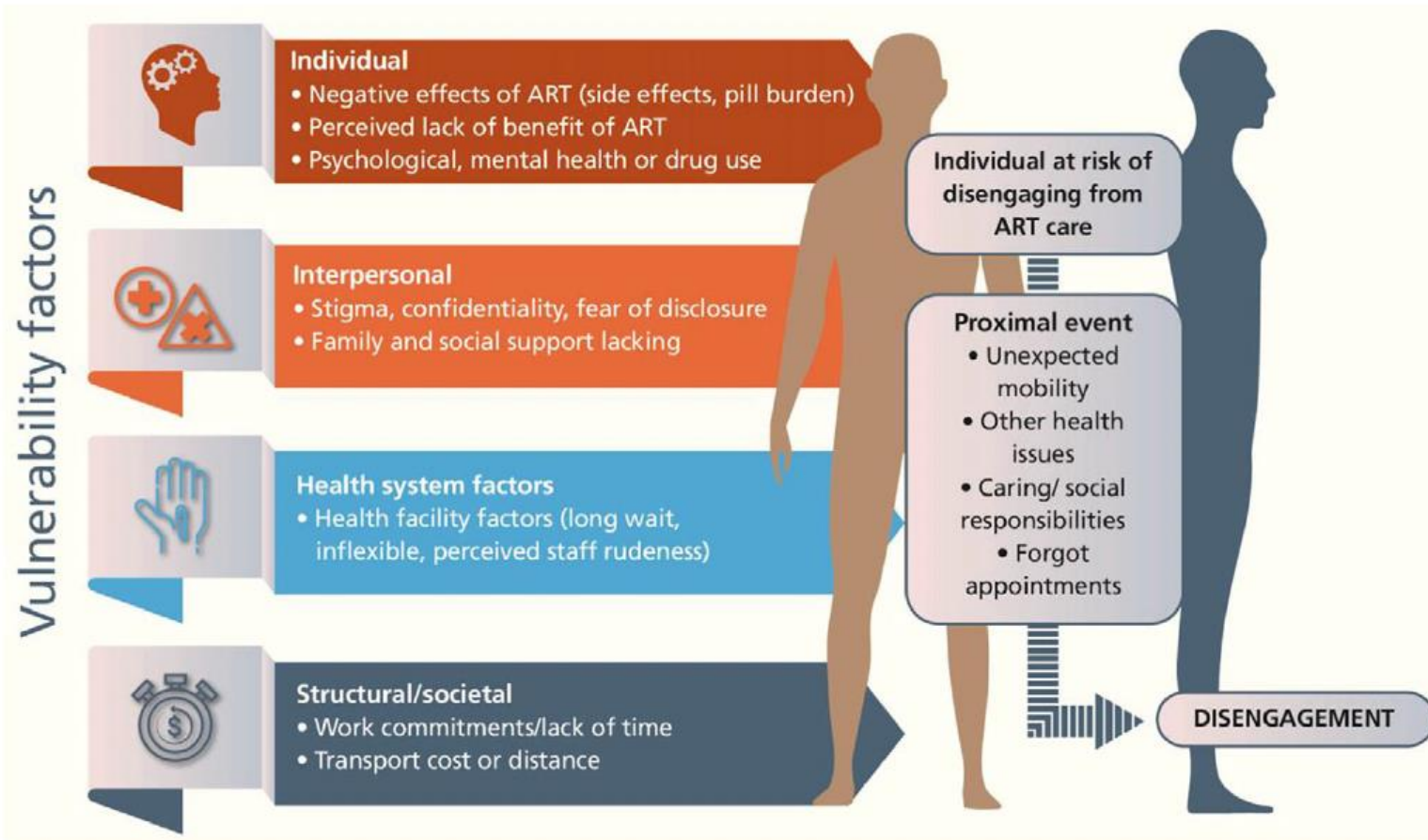
INTRODUCTION

The successful scale-up of access to antiretroviral therapy (ART) for HIV treatment in sub-Saharan Africa has produced a growing population of patients who have experienced

⇒ Comprehensive review using multiple databases and conference abstract archives.
 ⇒ Focused on recent data in the era since access to antiretroviral therapy for HIV became universal, increasing the potential for reinitiation of treatment.
 ⇒ Used best practices to develop search string, with multiple reiterations based on initial findings.
 ⇒ Recognised a wide range of reporting indicators for prior exposure to antiretrovirals medications.
 ⇒ Limited by the lack of standardised reporting of prior antiretroviral exposure.

Benade M, et al. 2023

Reasons for disengagement



Burke R. et al (2024) systematic review identified main reasons for disengagement:

- Unplanned mobility (incl. migration/displacement),
- Lack of perceived benefits of antiretroviral therapy (ART),
- Structural/societal factors (such as transport costs or distance).

WHO's new "Supporting re-engagement to HIV treatment: policy brief"

Overview of challenges and reasons for disengagement and re-engagement



Highlights key WHO guidance on continuous engagement, tracing and re-engagement



Key differentiated re-engagement guiding principles



Differentiated pathways to support re-engagement in HIV treatment and care



Assist countries and communities adopt and adapt tracing and re-engagement recommendation



WHO recommendations to support continuous engagement and re-engagement



Good practice statements

- Health systems should invest in **people-centred practices** (2016 guidance)
- The offer of **same-day ART initiation** should include approaches to improve uptake, treatment adherence and retention such as **tailored patient education, counselling and support**. (2021 guidance)
- **Non-judgmental**, tailored approaches to assessing adherence (2021 guidance)

Engagement recommendations

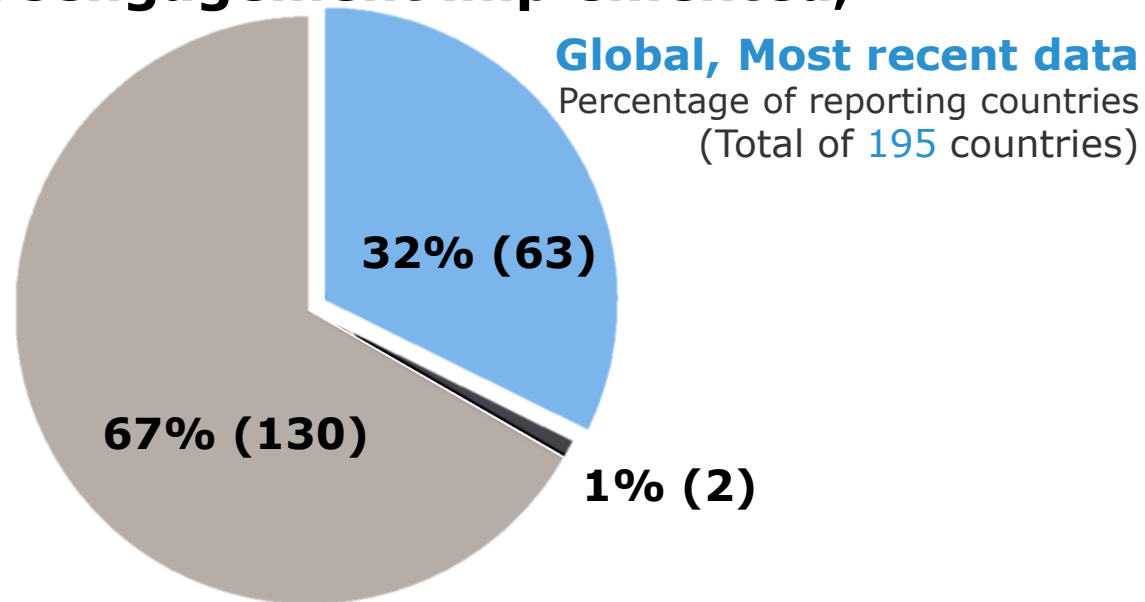
- **Adherence support interventions** should be provided to people on ART (2016 guidance)
- People established on ART should be offered **clinical visits every 3–6 months**, preferably every six months if feasible (2021 guidance)
- People established on ART should be offered **refills of ART lasting 3–6 months**, preferably six months if feasible (2021 guidance)
- Programmes should provide **community support** for people living with HIV to improve retention in HIV care (2016 guidance)

Re-engagement recommendations

- **To support those who are disengaged to re-engage in HIV care** (2021 guidance)
Programmes should implement interventions to trace people who have disengaged from care and provide support for re-engagement
- **To improve re-engagement and retention in care** (2023 guidance)
Use of person-centred patient data is recommended to continuously assess interruption of HIV treatment to improve re-engagement and retention in care

WHO recommendations on tracing and re-engagement: Policy adoption

Interventions to trace people who have disengaged from care and support reengagement implemented,



Source: WHO Policy Data 2022



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- **67%** of reporting countries have not implemented interventions to trace and support reengagement of people who have disengaged from HIV care.
- Only **32%** have implemented these interventions, indicating a substantial gap in global HIV care efforts.



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Tracing approaches

Remember:

- Not every disengaged client requires tracing.
- Some traced clients may not be located or may not return to care.

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

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

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

Monitoring tracing outcomes can help improve health systems.

Trained and supervised Tracing Team: Lay workers, peer supporters, community health workers, and outreach teams.

Identify and address **reasons for disengagement**

Provide **non-judgmental**, supportive, and clear information and counselling services

Enhanced monitoring systems can support identifying disengagement and re-engagement dynamics that triggers tracing efforts

Guiding principles for differentiated re-engagement

Ensuring a welcoming, non-stigmatizing environment

Ensuring equitable access to care

Engaging communities



Supporting adherence challenges

Providing advanced HIV disease identification and rapid screening for opportunistic infections

Providing immediate treatment and 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

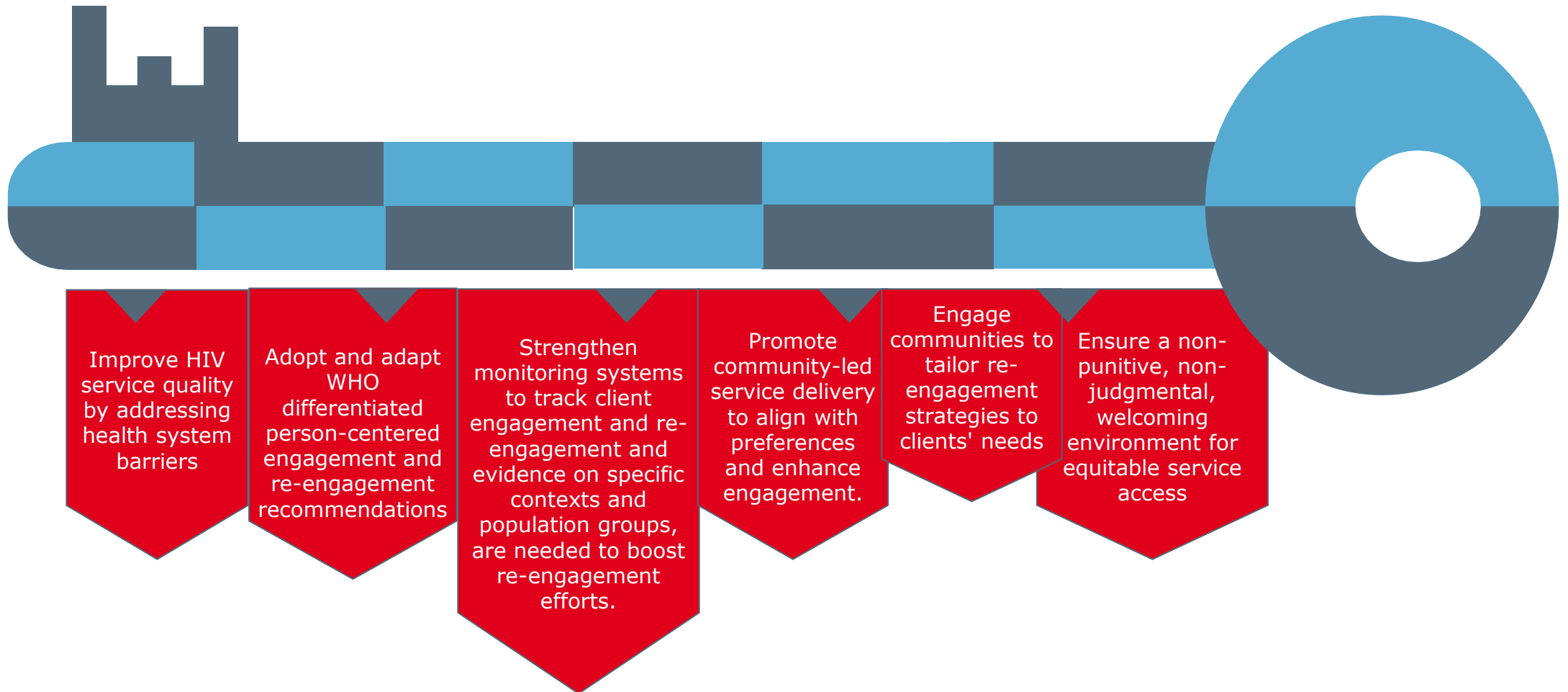
Addressing treatment interruption

- 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

Key takeaways



WHO NEW TECHNICAL PRODUCTS



Supporting re-engagement in HIV treatment services



POLICY BRIEF




World Health Organization

WHO highlights 25th International AIDS Conference


20 - 26 July 2024, Munich - Germany



We Lead in Preventing HIV/AIDS



World Health Organization



AIDS 2024
22 – 26 July

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Thank you!

22 – 26 July · Munich, Germany and virtual

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European Region

EQUALIZE ACCESS TO END AIDS.

All people living with HIV are eligible for and should have access to HIV treatment

Images source: ©WHO