



Session 3A

3.2 Reasons for disengagement

(including considerations for specific
population groups)

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The reasons and consequences of disengagement

Reasons

A recent systematic review identified reasons for disengagement during the "treat all" era.

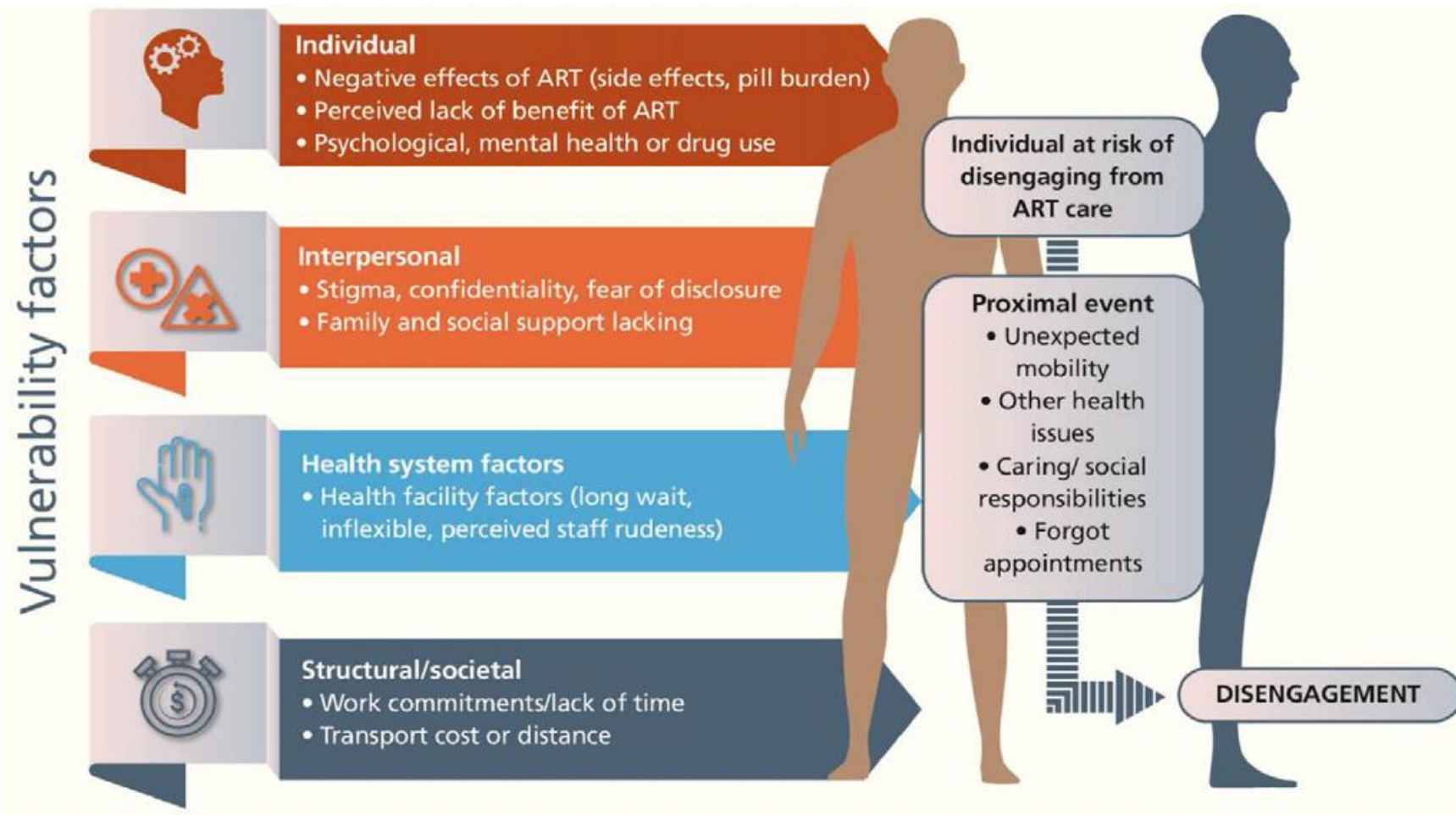
- The review highlighted main factors:
 - Mobility issues
 - Lack of perceived benefits of ART (Antiretroviral Therapy)
 - Structural/societal factors, such as transport costs or distance

Consequences

- **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.

Research findings on Reasons for Disengagement

Conceptual framework for reasons for disengagement



- Disengagement is a multi-dimensional issue influenced by a mix of factors, often driven by immediate life events.
- Addressing these different areas is critical for improving retention in care and supporting continuous ART adherence.



Individual Factors

- **Negative effects of ART:** This includes side effects from the medication, pill burden, or general treatment fatigue that can make adherence difficult.
- **Perceived lack of benefit:** Patients may disengage if they do not see or believe in the benefits of continuing their treatment.
- **Psychological, mental health, or drug use:** Issues like depression, anxiety, or substance abuse can interfere with the motivation or ability to stay in care.



Interpersonal Factors

- **Stigma and confidentiality:** Fear of being stigmatized or outed due to their status can deter individuals from seeking or continuing care.
- **Family and social support:** Lack of supportive relationships can lead to feelings of isolation and make it harder to stay engaged in treatment.



Health System Factors

- **Facility-related challenges:** Long wait times, inflexible scheduling, and interactions with perceived rude or unsupportive staff can discourage patients from attending appointments and continuing their care.



Structural/Societal Factors

- **Work commitments and time constraints:** The demands of work and lack of available time can be significant barriers, especially if clinic hours are not flexible.
- **Transport costs or distance:** The cost or difficulty of traveling to healthcare facilities can prevent consistent access to treatment.

Individual at risk of disengaging from ART care

Proximal event

- Unexpected mobility
- Other health issues
- Caring/ social responsibilities
 - Forgot appointments

Moving to a new location or other life changes that disrupt care routines.

New or worsening health problems that take priority over ART.

Having to care for others can divert attention away from personal health.

Missing scheduled appointments due to various reasons can interrupt care.

DISENGAGEMENT

When these factors combine or accumulate, they increase the risk of an individual becoming disengaged from ART care.








Considerations for specific populations at re-engagement



INFANTS, CHILDREN, AND YOUNG ADOLESCENTS

 **Dependence on Caregivers:** Limited agency; rely on caregivers for health management.

 **Caregiver Changes:** Risk of disengagement increases with changes in caregivers.

 **Limited Understanding:** May not fully understand their HIV status if not appropriately disclosed.

WOMEN AND GIRLS

 **Fear of Disclosure:** Worry about revealing HIV status to partners and family.

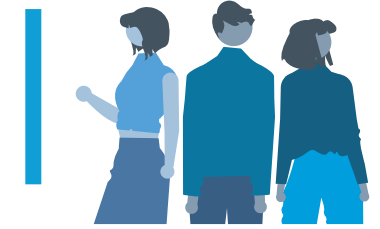
 **Violence and Abuse:** Risk of gender-based violence and intimate partner violence.

 **Gender Inequalities:** Societal norms may hinder access to care.

 **Stigma:** Social stigma surrounding HIV status.



Considerations for specific populations at re-engagement




PREGNANT AND POSTPARTUM WOMEN

 **Pregnancy-Related Conditions:** Symptoms like nausea affecting adherence.

 **New Diagnosis:** Learning HIV status during pregnancy.


 **Fetal Health Concerns:** Worry about the baby's health.

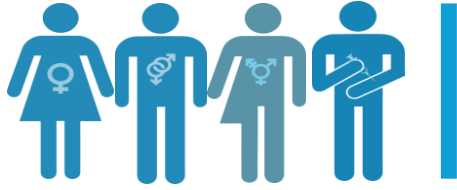
 **Fear During Care Transitions:** Anxiety about disclosing status when moving between services.

ADOLESCENTS AND YOUNG ADULTS

 **School Conflicts:** Attendance and schedules interfere with clinic visits.

 **Incomplete Understanding:** May not fully grasp their HIV status without proper disclosure.

 **Acceptance Issues:** Might engage in care without fully accepting their diagnosis.




Considerations for specific populations at re-engagement




MEN

KEY POPULATIONS: Gay men and other men who have sex with men, Sex workers, People who inject drugs, Trans and gender-diverse people, and People in prison or closed settings

 **Stigma and Discrimination:** Facing social exclusion and judgment.

 **Criminalization:** Legal issues related to behaviors or identities.

 **Lack of Tailored Services:** Services not designed to meet their specific needs.

 **Violence and Rights Violations:** Exposure to abuse and human rights infringements.

 **Privacy Concerns:** Worry about confidentiality in care settings.

 **Stigma:** Societal expectations may discourage seeking help.

 **Perception of Weakness:** Belief that needing care is a sign of weakness.

 **Work Obligations:** Job responsibilities limit time for healthcare visits.




Considerations for specific populations at re-engagement





MIGRANTS WORKERS AND DISPLACED POPULATIONS

 **Unplanned Mobility:** Frequent moves due to work or displacement.

 **Language and Cultural Barriers:** Difficulties communicating or feeling understood.

 **Lack of Resources:** Unaware of available services or how to access them.


 **Stigma:** Fear of discrimination in new environments.

 **Legal Barriers:** Challenges accessing care due to legal status.

OLDER PEOPLE

 **Polypharmacy:** Managing multiple medications.

 **Comorbidities:** Presence of other health conditions.

 **Complex Treatments:** Difficulty with complicated regimens.

Thank you!

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

