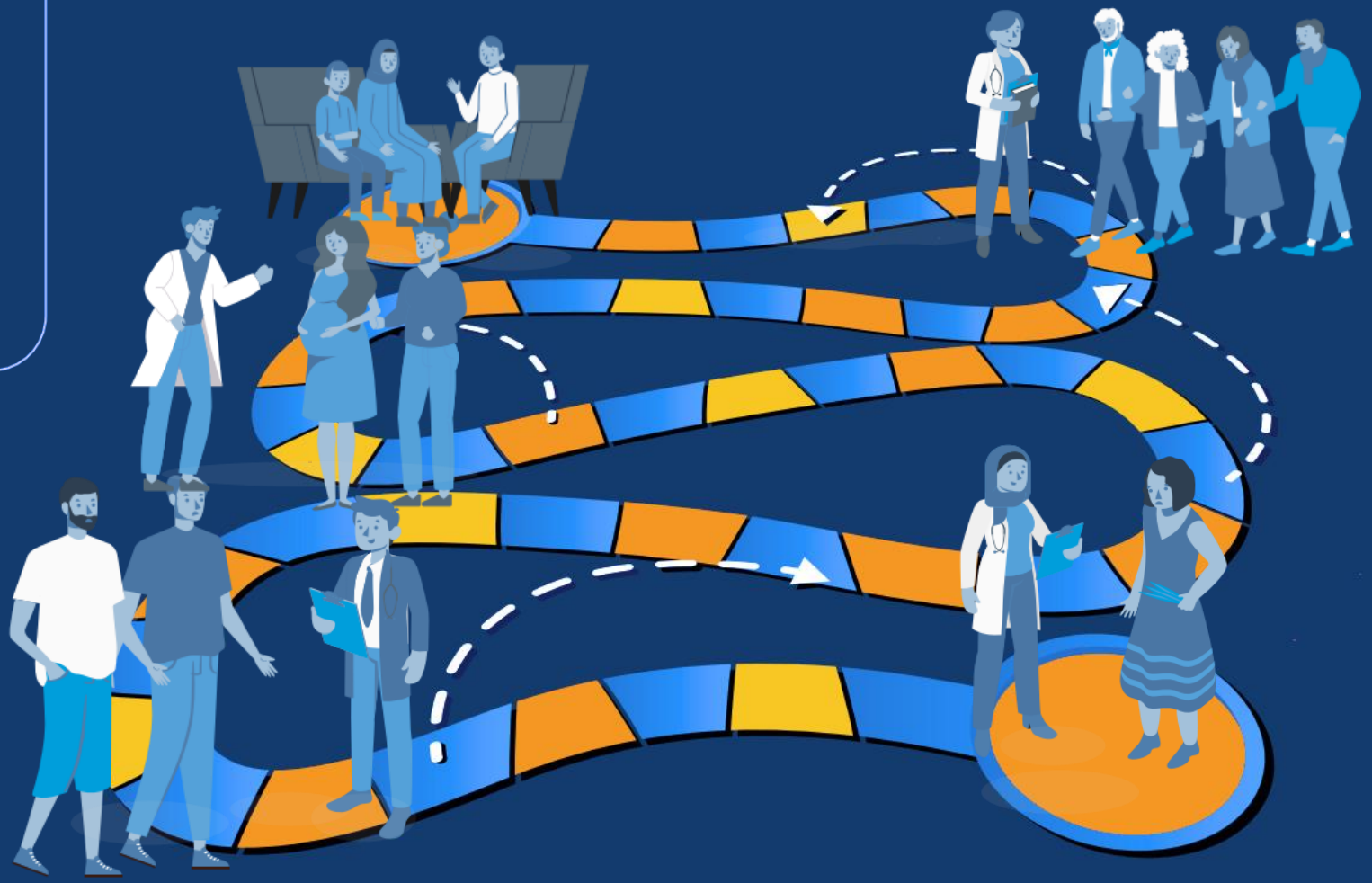
Session 4: WHO policy brief

Supporting re-engagement in HIV treatment Services

Policy brief



Clarice Pinto, WHO Geneva,
Technical officer, DSD ART Focal point

World Health Organization

WHO’s new "Supporting re-engagement in HIV treatment services: 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

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.

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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

WHO recommendations to support continuous engagement

World Health Organization

Good practice statement

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.

Health systems should invest in people-centred practices

Non-judgmental, tailored approaches to assessing adherence

WHO recommendations to support continuous engagement

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Reduced frequency of visits

Adherence support interventions should be provided to people on ART (2016 recommendation).

People established on ART should be offered clinical visits every 3–6 months, preferably every six months, if feasible. (2021 recommendation).

People established on ART should be offered refills of ART lasting 3–6 months, preferably six months, if feasible (2021 recommendation).

Programmes should provide community support for people living with HIV to improve retention in HIV care (2016 recommendation).

People at the center: Considerations for the Tracing Process

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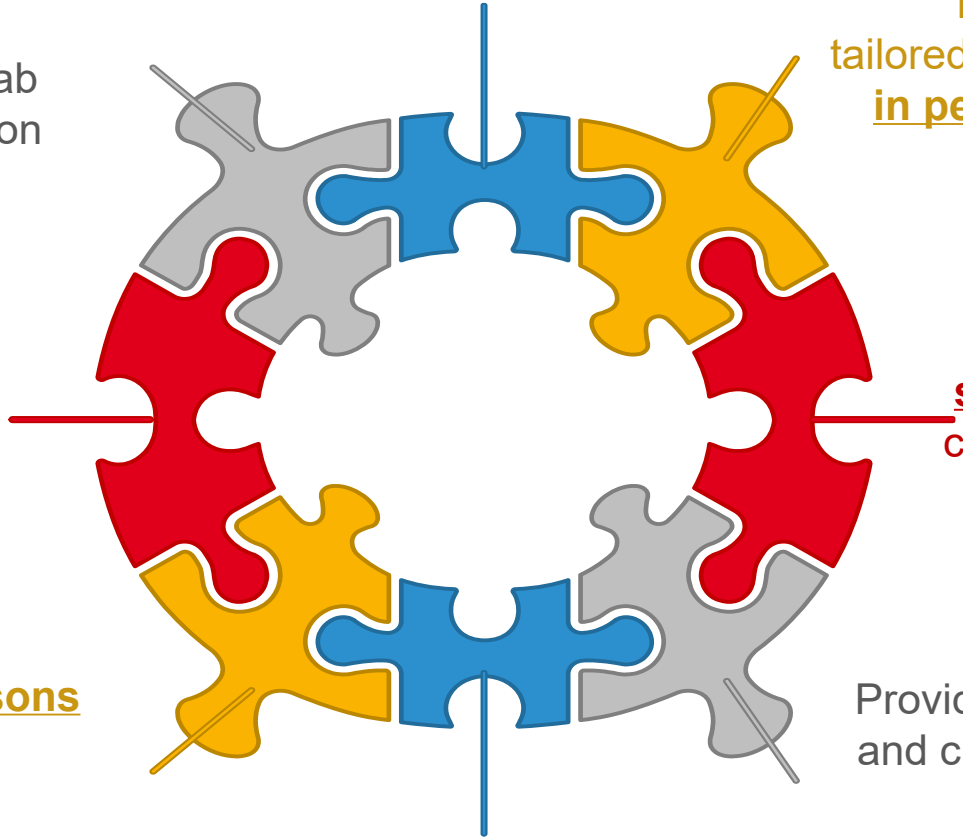
Develop a process to obtain informed **consent** from clients for tracing activities.

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

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



Monitor tracing outcomes to help help improve health systems.

Support a **trained and supervised tracing team** that could include lay workers, peer supporters, community health workers, and outreach teams.

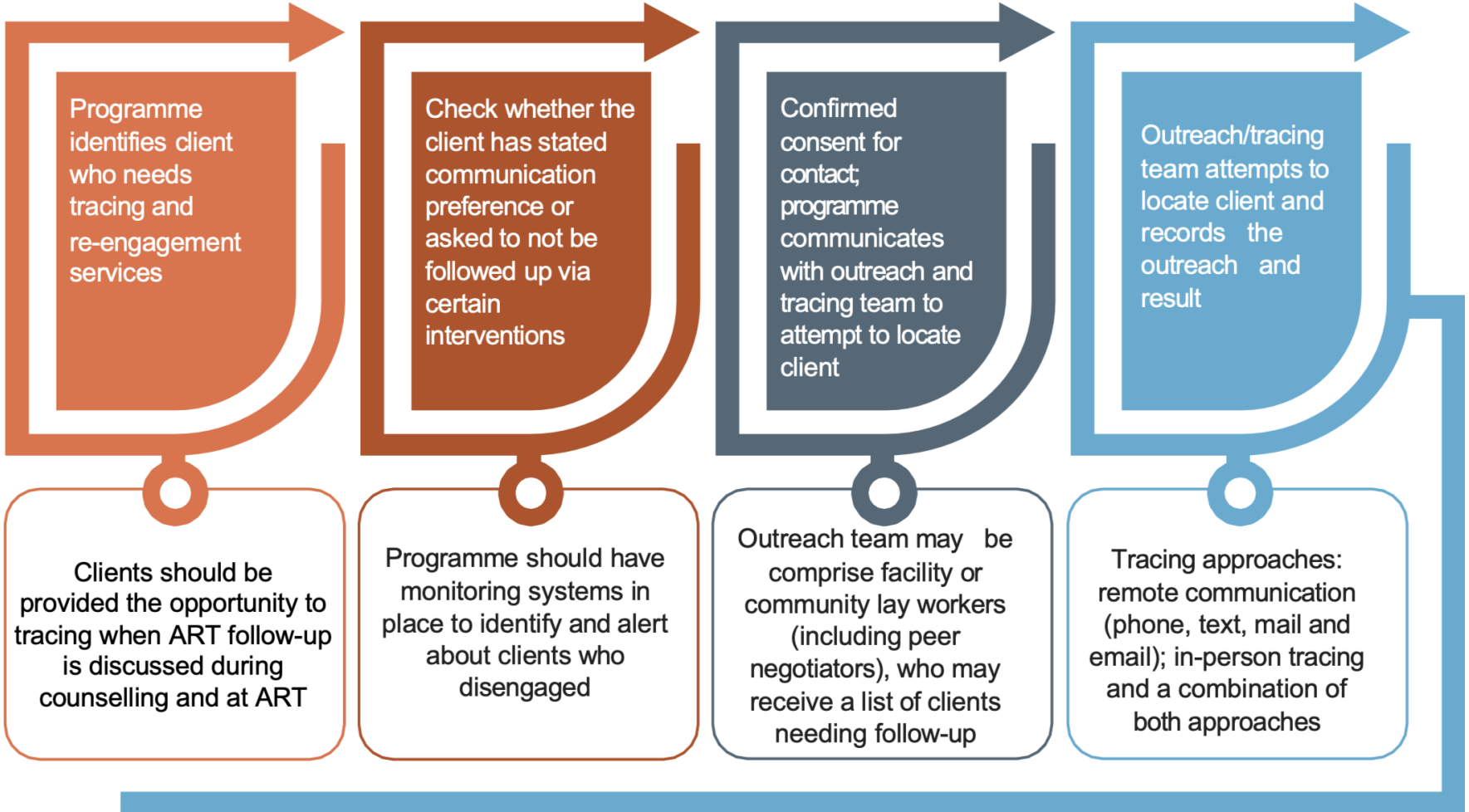
Identify and address **reasons for disengagement**

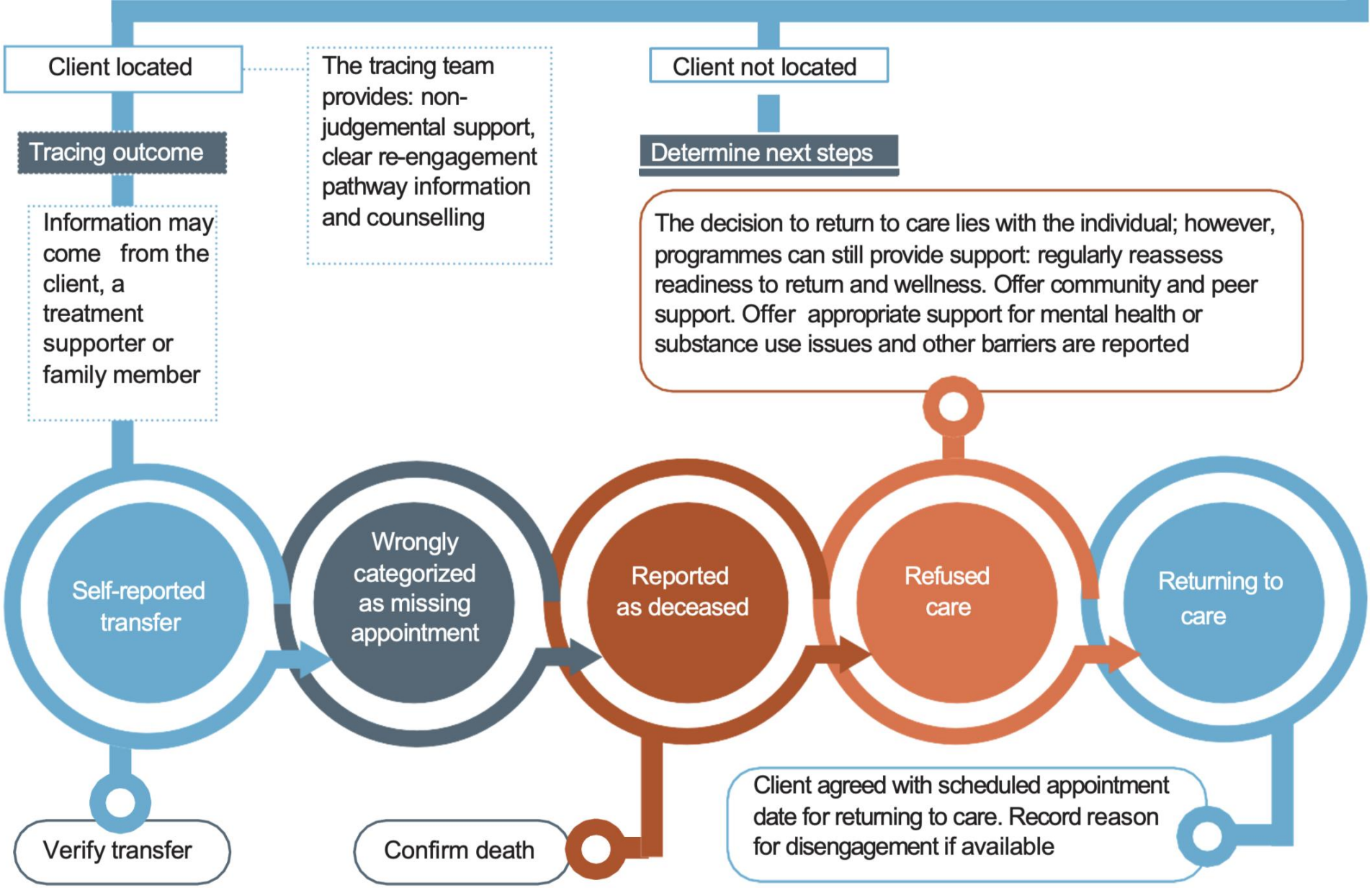
Provide **non-judgmental**, supportive, and clear information and counselling services.

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

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




Client located
The tracing team provides: non-judgemental support, clear re-engagement pathway information and counselling
Client not located
Tracing outcome
Determine next steps
Information may come from the client, a treatment supporter or family member
The decision to return to care lies with the individual; however, programmes can still provide support: regularly reassess readiness to return and wellness. Offer community and peer support. Offer appropriate support for mental health or substance use issues and other barriers are reported
Self-reported transfer
Wrongly categorized as missing appointment
Reported as deceased
Refused care
Returning to care
Verify transfer
Confirm death
Client agreed with scheduled appointment date for returning to care. Record reason for disengagement if available

Guiding principles for differentiated re-engagement

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- 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

Images source: ©WHO

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

Images source: ©WHO

Pathways to support re-engagement in HIV treatment and care

Clients who stopped ART returned

With or without tracing/ outreach intervention

Reception in clinic is respectful and non-judgemental

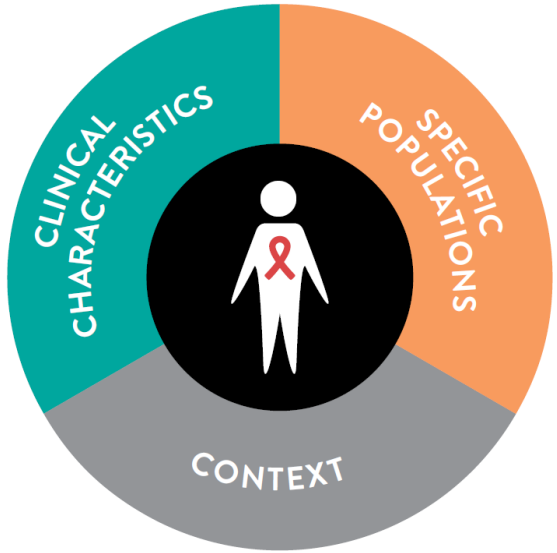
Provide clinical assessment and rapid ART reinitiation

Assessment of previous ART regimen, time spent disengaged, adherence counselling

- **Provide comprehensive clinical assessment** to determine current clinical stability
- **Review all available clinical data**, including the most recent viral load results
- **Conduct a CD4 test** to assess for advanced HIV disease
- Immediately **consider seriously unwell clients as having advanced HIV disease** and manage accordingly
- **Screen for opportunistic infections** to ensure timely diagnosis and treatment
- **Rapidly reinitiate antiretroviral therapy (ART)** on the same day of re-engagement

Psychosocial and adherence support

- Discuss previous adherence success
- Assess factors affecting adherence
- Provide mental health screening
- Refer to specialized support services if needed
- Identify set of adherence interventions to address reasons for disengagement
- Incorporate peer and community support into adherence plan
- Adapt psychosocial and adherence support over time



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.

People at the center: Combination of adherence, retention, DSD and re-engagement support interventions will depend on context, clinical characteristics, specific client's needs and preferences

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Treatment supporters (peer supporters and community-based services)

Tracing: home visits; phone calls/SMS; welcome back services

Health promotion, education & IEC materials

Adherence counselling, Behavioural skills training and medication adherence training and Cognitive behavioural therapy

Mental Health assessment and management

Behavioural

Educational

Socio – Economic - Cultural

Emotional / Psychological

Virtual interventions: Mobile phone text messages (M-heath/ SMS), Reminder devices

Differentiated service delivery ART models, incl. 3-6 monthly ART refills (MMD) and clinical visits

Easy access to treatment (Community ART services)

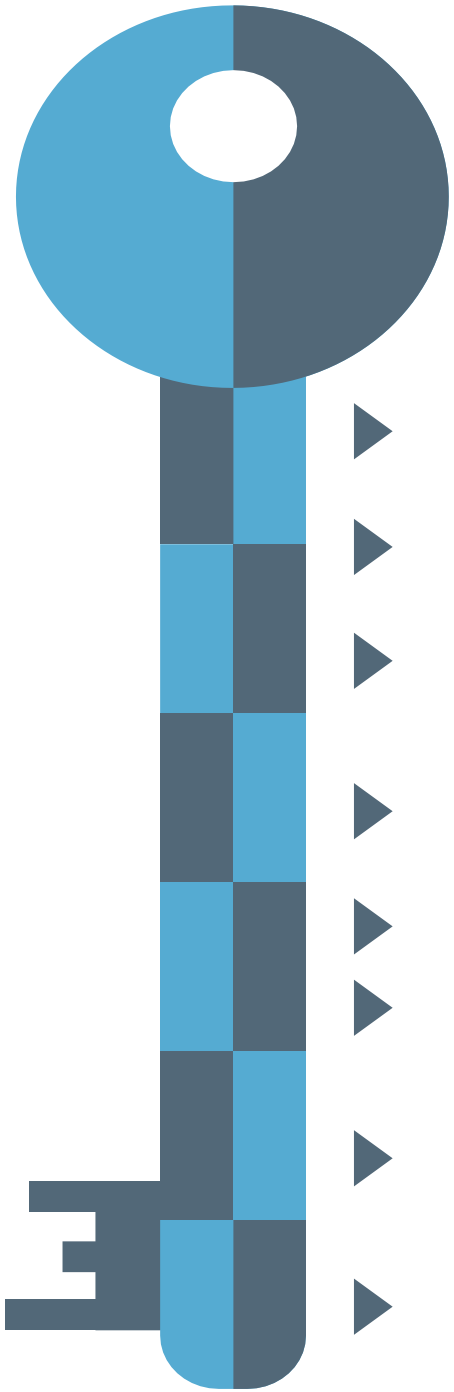
Individual and family/couples **Counseling**

Psychosocial support

Home visits & Palliative care

Adherence Support Groups

KEY CONCLUSIONS



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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Specific Interventions by Population Group: INFANTS, CHILDREN, AND YOUNG ADOLESCENTS

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Challenges:

👶 **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.

Interventions:

👫 **Caregiver Counseling**: Include caregiver well-being and mental health in counseling.

👥 **Peer Support for Caregivers**: Establish support groups for caregivers.

👫 **Joint Service Models**: Enroll child and caregiver in paired service delivery models.

💊 **Child-Friendly Medication**: Provide appropriate antiretroviral formulations.

🏥 **Accessible Pediatric Care**: Offer decentralized and child-friendly healthcare services.

🗣️ **Age-Appropriate Disclosure**: Provide HIV status disclosure counseling suitable for the child's age.

📅 **Aligned Scheduling**: Sync ART visits with immunization and maternal health appointments.

🚀 **Smooth Transition**: Facilitate move to adolescent services with appropriate support.

Specific Interventions by Population Group: WOMEN AND GIRLS

World Health Organization

Challenges:

😟 **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.

Interventions:

💬 **Disclosure Support**: Provide assistance for voluntary HIV status disclosure.

🛡️ **Violence Prevention Services**: Offer services to protect against gender-based violence.

📚 **Education Programs**: Conduct educational interventions on adherence and reproductive health.

👩‍⚕️ **Women-Friendly Services**: Create a supportive environment tailored to women's needs.

Specific Interventions by Population Group: PREGNANT AND POSTPARTUM WOMEN

World Health Organization

Challenges:

🤢 **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.

Interventions:

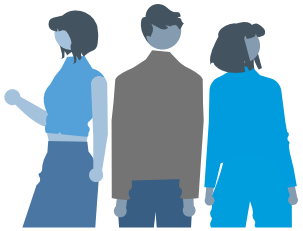
📅 **Integrated Scheduling**: Align ART with antenatal/postnatal visits and infant care schedules.

🤱 **Mother-Infant Services**: Integrate ART with immunization and breastfeeding support.

🩺 **Comprehensive Care**: Provide combined prenatal, postnatal, ART, and contraceptive services.

🤗 **Psychosocial Support**: Offer peer support through mentor mothers and counseling.

👥 **Mother-Specific Groups**: Facilitate adherence groups tailored for mothers.



Specific Interventions by Population Group: ADOLESCENTS AND YOUNG ADULTS

World Health Organization

Challenges:

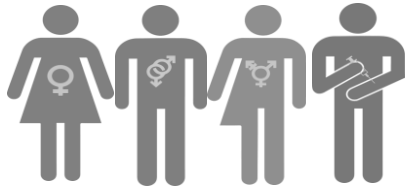
📚 **School Conflicts**: Attendance and schedules interfere with clinic visits.

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

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

Interventions:

👥 **Peer Support**: Encourage participation in adolescent peer groups.
🗣️ **Age-Appropriate Counseling**: Provide counseling suited to their developmental stage.
🎓 **Treatment Literacy**: Educate on treatment adherence and health management.
🕑 **Flexible Scheduling**: Offer appointments outside school hours and during holidays.
🚀 **Transition Assistance**: Help move from pediatric to adult services smoothly.
🏥 **Youth-Friendly Services**: Create welcoming environments for young people.



Specific Interventions by Population Group:

KEY POPULATIONS

- Men who have sex with men,
- Sex workers,
- People who inject drugs,
- Trans and gender-diverse people, and
- People in prison or closed settings

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Challenges:

😔 **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.

Interventions:

🧭 **Peer Navigators**: Use peers to guide and support re-engagement.

🤝 **Rights-Focused Counseling**: Provide supportive counseling respecting their rights.

🏠 **Decentralized Services**: Offer care in community settings.

💻 **Online Platforms**: Utilize digital case management where available.

💊 **Multimonth Dispensing**: Provide extended ART supplies to reduce clinic visits.

🌈 **Community Services**: Implement peer-led programs to reduce stigma

.🚫 **Non-Restrictive Practices**: Avoid endorsing harmful practices like conversion therapy.

Specific Interventions by Population Group: MEN

World Health Organization

Challenges:

😔 **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.

Interventions:

🏢 **Male-Friendly Spaces**: Create men-specific areas in clinics (e.g., men's corners).

📣 **Health Education**: Provide targeted education campaigns for men.

🏥 **Men's Clinics**: Establish clinics specifically catering to men's health needs.

🏠 **Community Outreach**: Offer services in community settings accessible to men.

Specific Interventions by Population Group: MIGRANTS WORKERS AND DISPLACED POPULATIONS

World Health Organization

Challenges:

- 🛫 **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.

Interventions:

📦 **Extended ART Refills**: Provide multimonth supplies to ensure continuity.

📄 **Transferable Records**: Offer client-held medical documents for use elsewhere.

🗺️ **Navigation Support**: Assist in finding and accessing new care facilities.

🌍 **Cultural Sensitivity**: Provide services respectful of cultural differences.

Specific Interventions by Population Group: OLDER PEOPLE

World Health Organization

Challenges:

💊 **Polypharmacy**: Managing multiple medications.

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

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

Interventions:

🤝 **Adherence Support**: Tailor support to consider other health issues.

🏥 **Integrated Services**: Combine HIV care with other medical services.

🌀 **Simplified Regimens**: Use treatments that reduce pill burden.

📆 **Less-Intensive DSD ART Models**: Include in service models requiring fewer clinical visits and refills.

Thank you!

World Health Organization
European Region

EQUALIZE ACCESS TO END AIDS.

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