



Khumbo Nyirenda, Partners in Hope, Malawi

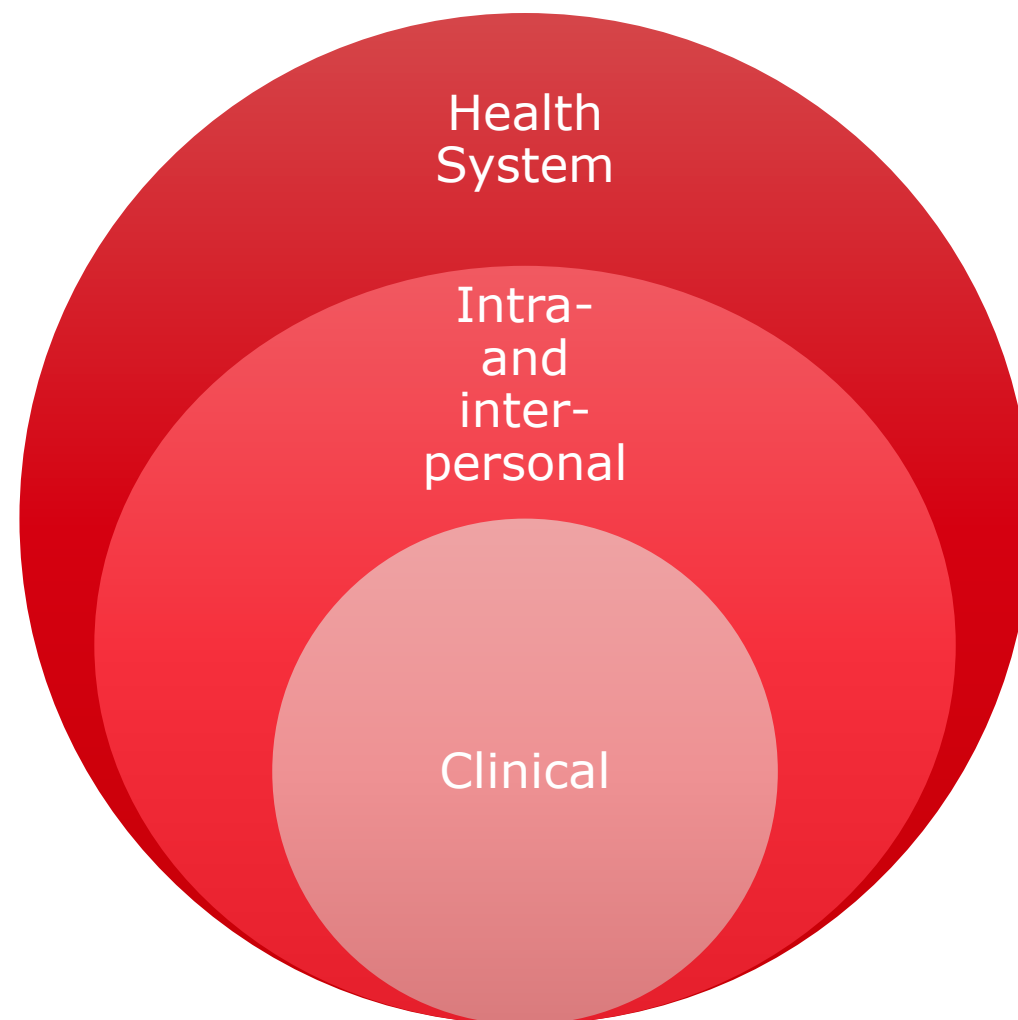
Differentiated strategies to support sustained engagement and re-engagement in HIV services in eastern and southern Africa

Understanding treatment interruptions and the importance of flexibility to support quality re-engagement: the Malawi experience



Why do people disengage?

1. Health system challenges
 - Appointment frequency
 - Inflexible appointment schedules
 - Mobility, competing demands, time and cost
 - Negative experiences with providers
2. Intra- and inter-personal drivers
 - Internal and external stigma
 - Treatment fatigue
 - Poor HIV-related knowledge / ability to navigate health system
3. Clinical reasons
 - Illness





“Time matters”: Time to re-engagement in Malawi

Objective: Understand frequency and duration of interruptions in treatment (IIT) in Malawi (≥ 28 days late for ART visit)

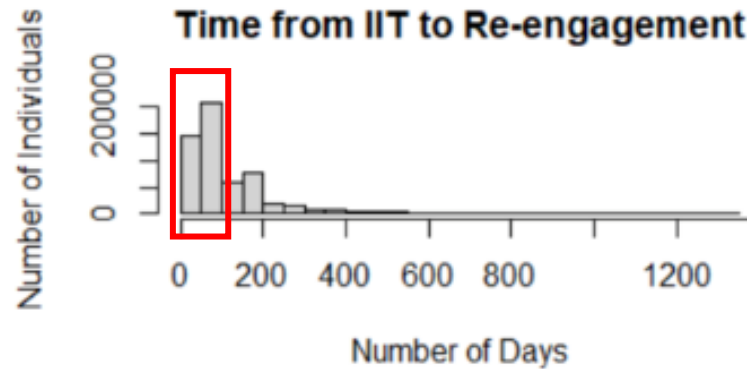
Design:

- Review of national data from Jan 2020-Sept 2023
- N=1,145,215 ART clients reviewed

Findings

- 60% of ART clients experienced IIT
- 81% re-engagement in care
- **Majority returned within 100 days**
- 82% re-engaged in care within 6 months

Among those with IIT



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

Outcomes among men successfully traced

Objective

- Understand outcomes for men documented as disengaged (≥ 28 days late for an ART visit)

Design:

- Medical chart reviews at 20 health facilities to identify men who disengaged from care between August 2020-November 2021
- N=1,303

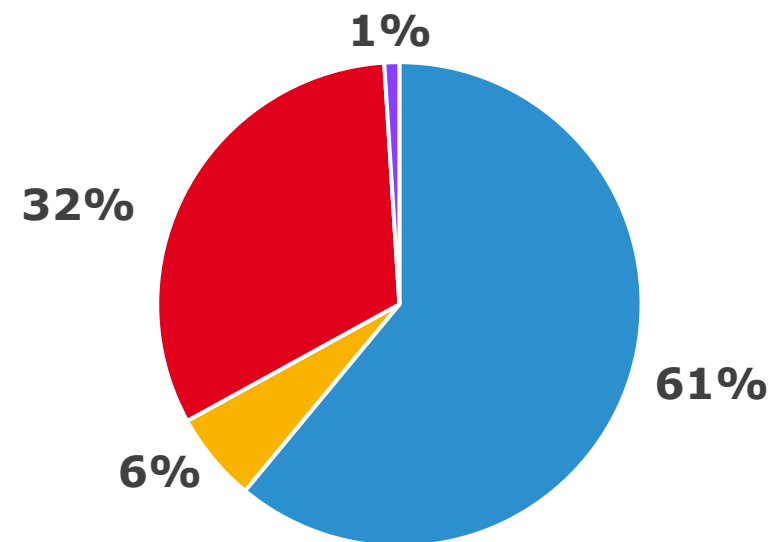
Findings

32% of men categorized as disengaged who were traced were alive and on ART

Among these:

- 53% silent transfer
- 46% active at study facility but poor documentation

Among 682 men successfully traced



- Disengaged from care
- Alive on ART
- Died
- Refused to discuss

Dovel K et al. IDEaL: a study protocol for an individually randomised control trial. *BMJ open*. 2023 Jul 1;13(7):e070896.
Choko AT et al. ENGAGE: A study protocol for a randomized control trial. *PLoS One*. 2023 Feb 24;18(2):e0281472.



AIDS 2024

Why do clients re-engage?

Objective: To understand why individuals miss appointments and how they re-engage in HIV care

Design:

- Qualitative interviews with 44 participants in Malawi
- 21 men; 23 women

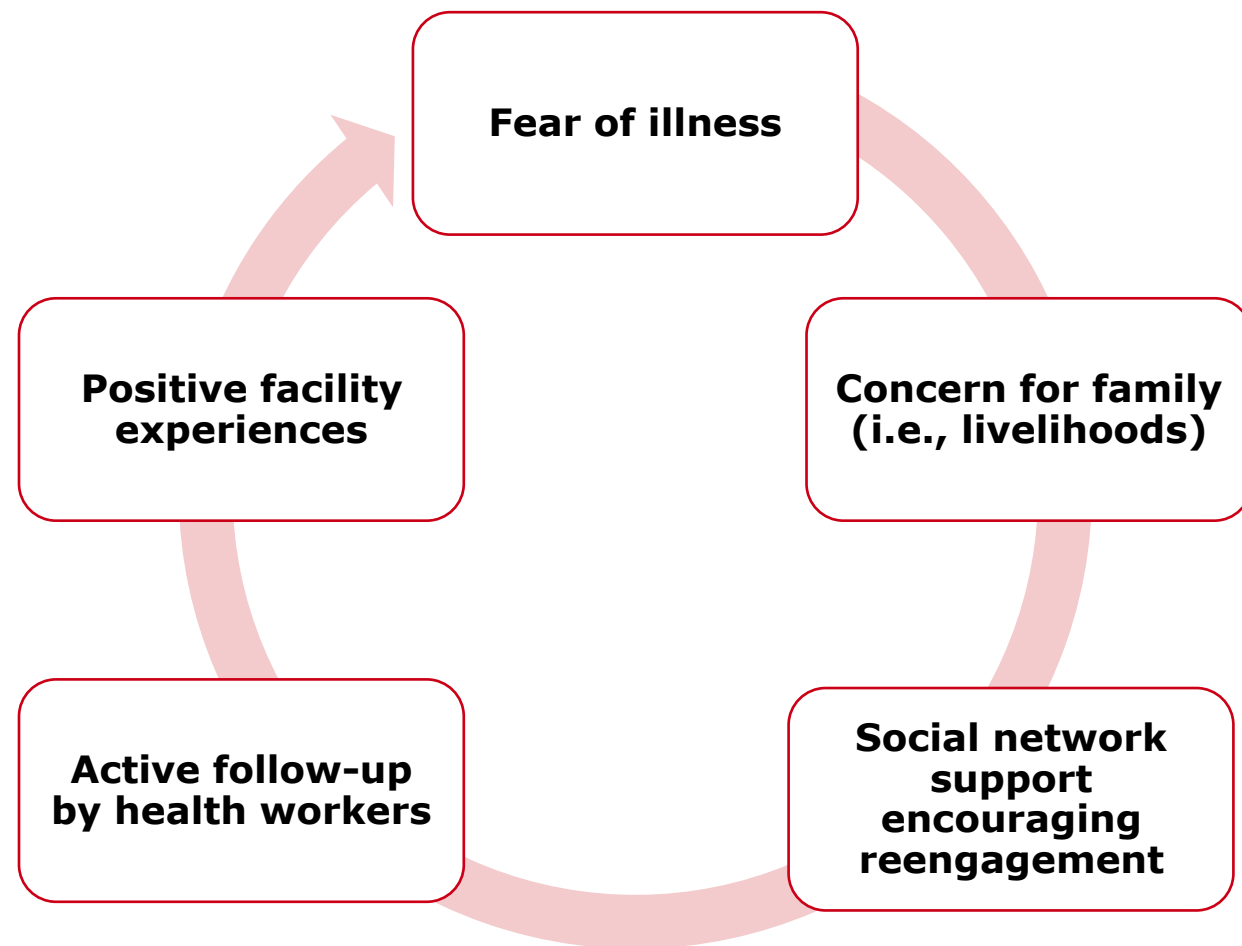
Eligible participants:

- ≥15 years of age & not ART naïve
- 14-60 days late for ART appointment <12m after initiation
- Returned to care
- Non-pregnant/non-breastfeeding

Analysis

- Conducted in Chichewa, transcribed & translated in English, coded in Atlas.ti, analyzed using framework analysis

Re-engagement facilitators



Why re-engagement is delayed?

Objective: To understand why individuals miss appointments and how they re-engage in HIV care

Design:

- Qualitative interviews with 44 participants in Malawi
- 21 men; 23 women

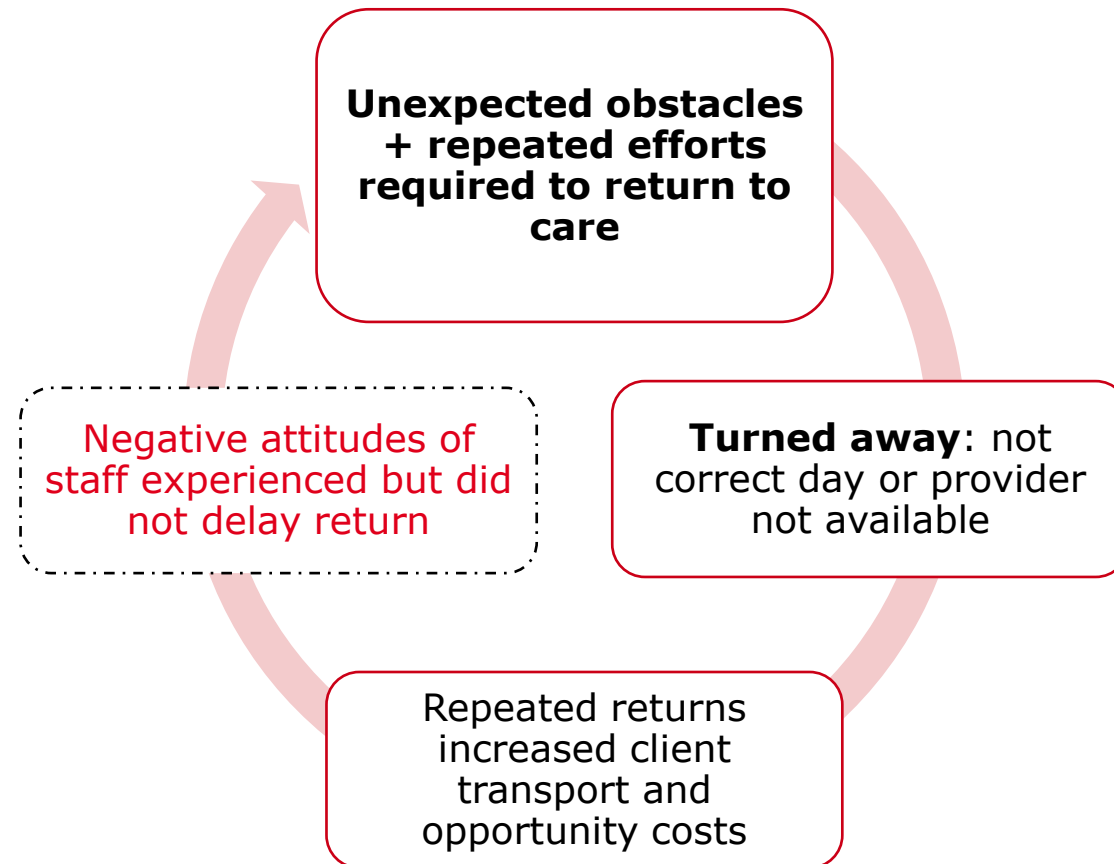
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Barriers to timely re-engagement



The experience at return and how it impacts retention going forward...

IDEaL and ENGAGE trials

Objective Test person centered care strategies to engage and sustain men in ART care

Design

- 2 unblinded individually randomized control trials
 - IDEaL: 12 health facilities
 - ENGAGE: 11 health facilities

Target Population

- Men (≥ 15 years) living with HIV
- Not on treatment (ART naïve or ≥ 28 days late)
- Living within facility catchment area

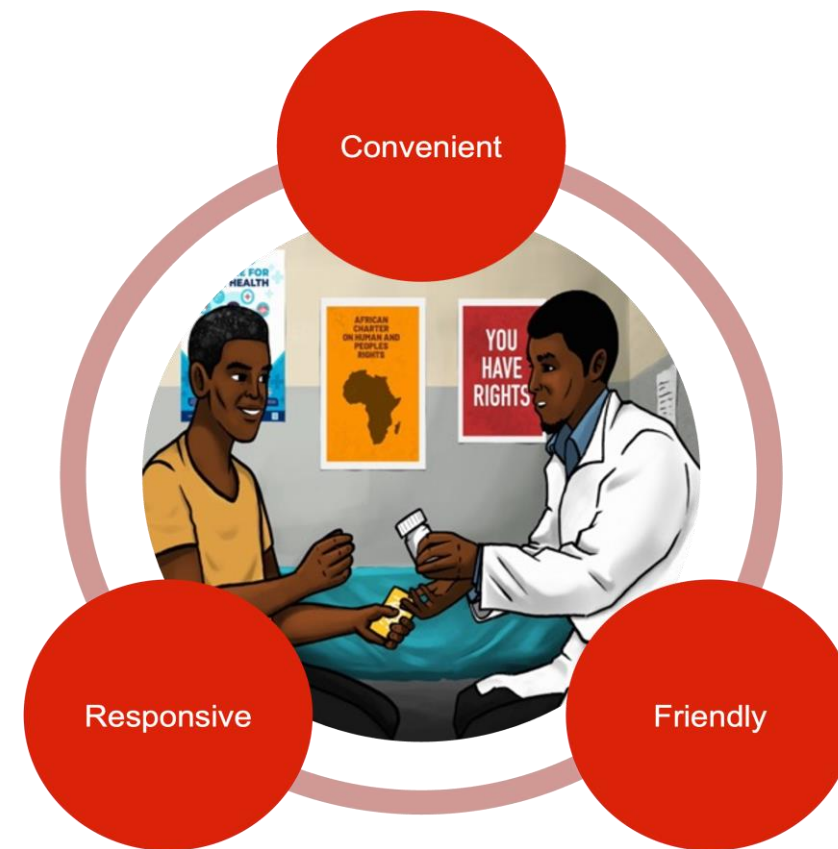
Outcomes

ART (re-)initiation at 3-months and 6-month retention

Combined **1,303** men enrolled from 24 health facilities

Qualitative work

- Male clients – in depth interviews at midline and endline
- Healthcare workers – focus group discussions at midline and endline



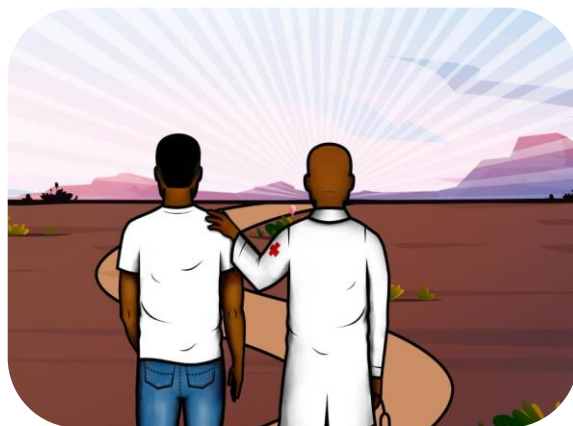
Person Centered Care

Interventions from IDEaL and ENGAGE

Objective:

- Provide kind, meaningful interactions with healthcare workers
- Provide flexible ART services

MALE-SPECIFIC COUNSELING (Low Intensity)



- Men's counseling
- Facility navigation

Lay Cadre

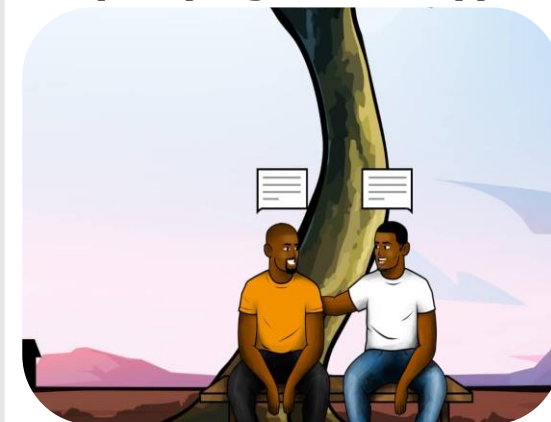
CHOICE OF HOME ART (High Intensity)



- Men's counseling
- Home ART initiation
- Facility navigation

Nurse

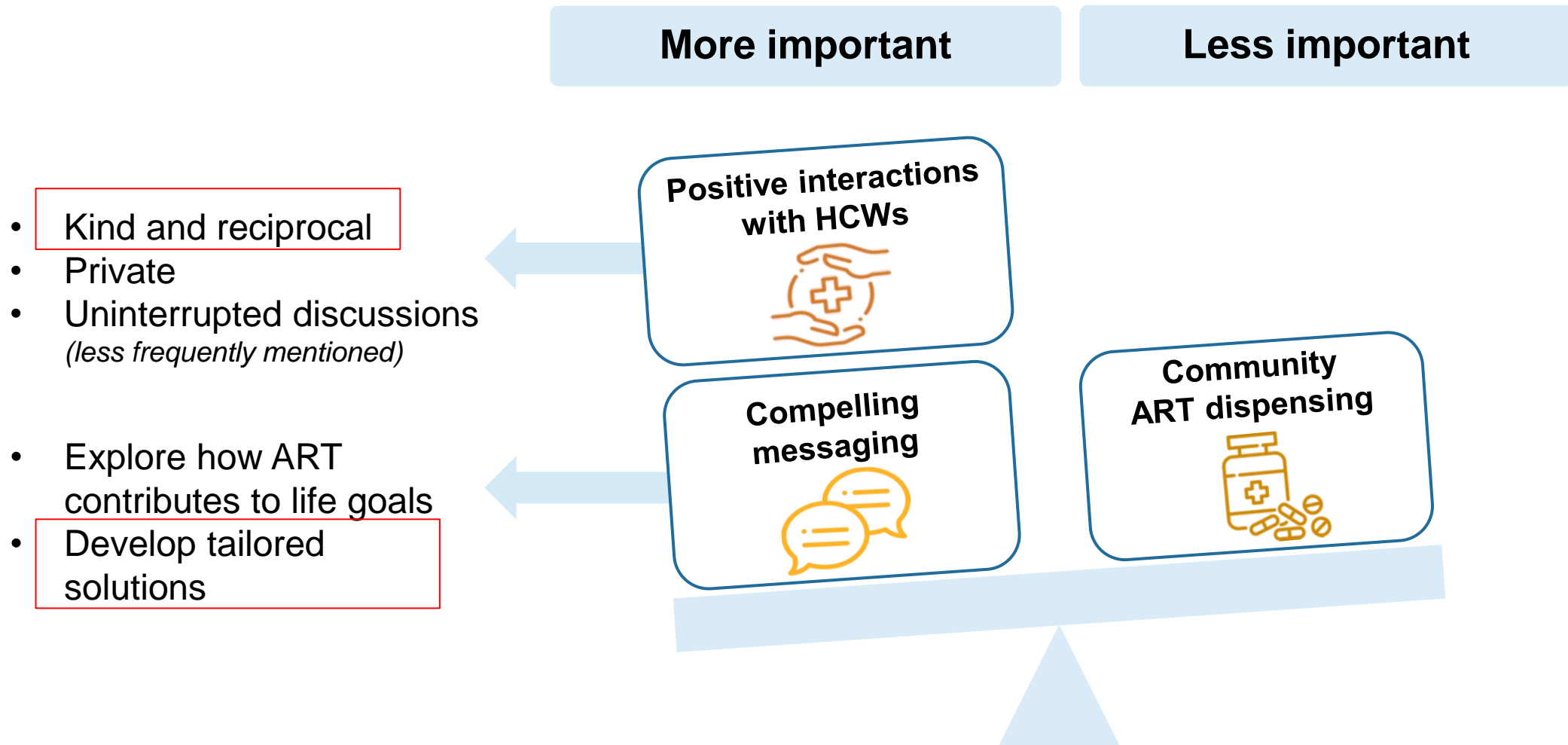
STEPPED INTERVENTIONS (Varying Intensity)



- Men's counseling →
- Ongoing mentorship →
- Home ART initiation →
- Facility navigation

Combination

Lessons learned: Kind interactions and compelling, bi-directional counseling matter most



*Findings from 92 in-depth interviews with men (mid and endline) and 20 HCWs in the trial

Examples of positive interactions and motivating messaging

Positive interactions

- **Kind and reciprocal interactions**

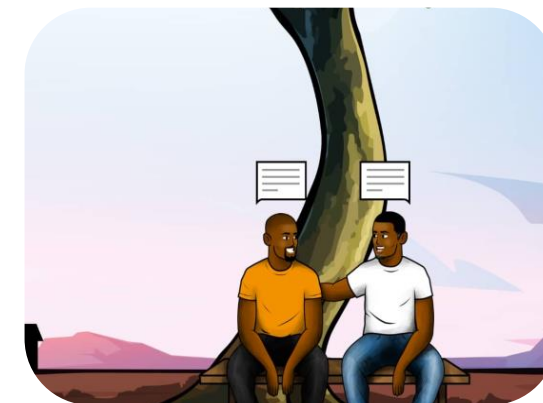
*He opened up to me as a fellow man and there was nothing to hide. So I also opened up to him.
– 32yrs, southern region*

- **Private**

*They (HCWs) keep our secrets. I trust them because we chat in secluded, private areas.
– 24yrs, central region*

- **Uninterrupted and focused conversations**

[Past HCWs] spent little time with us. But these HCWs ask what challenges I'm facing now, what I faced in the past. – 24yrs, southern region



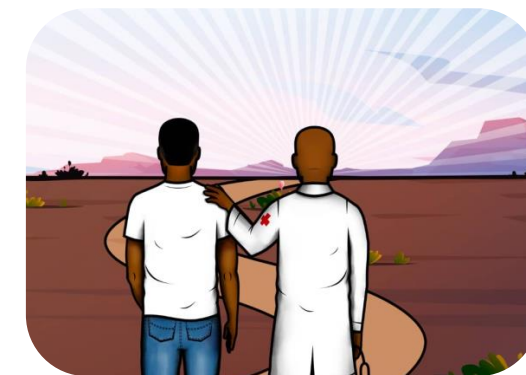
Motivating messaging

- **Explore how ARV contributes to life goals**

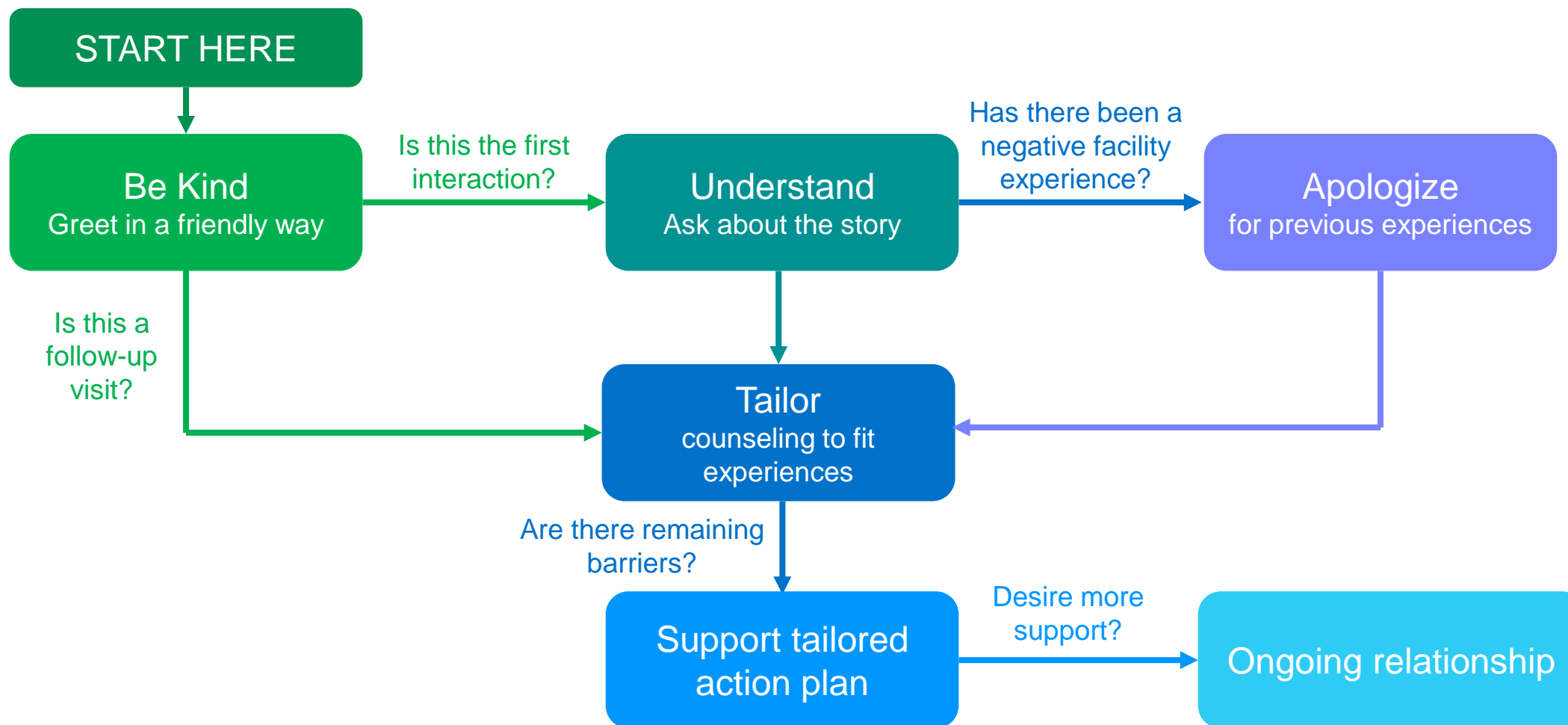
Now I understand: when I take my ARVs, I can be strong, healthy and able to work. When I work, I make money. When I make money, I take care of my family. – 35yrs, southern region

- **Tailored solutions**

My client always travels to Mozambique, but for a very good reason: to make sure that there is food on his table. This means I need to support him, despite his travels, to make ARVs a priority. –Lay Cadre, 37yrs, southern region



Evidence to practice: HCW Job Aid





Next Steps: INTEGRATE

Objective

Pilot core PCC curriculum at 8 facilities as part of routine care, to promote and expedite scale up

Easy to scale “add-on intervention package”

Core Curriculum

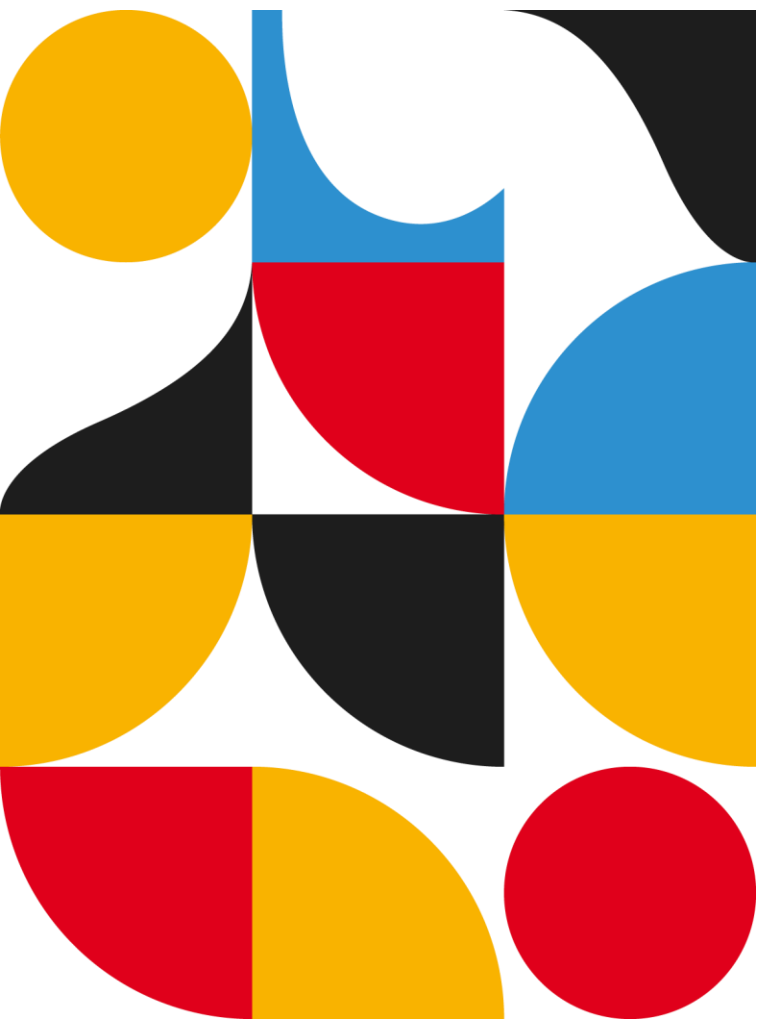
- Tips for 2 min interactions
- 10-15 min counseling
- 30 min advanced counselling

Implementation

- Brief training (assessing intensity of training needed)
- HCW job aids and curriculum materials
- Mentoring and monitoring and evaluation plans (lightest touch to still achieve quality)



To support re-engagement going forward



Facilitate positive
HCW-client
interactions

Implement prioritized
tracing programmes

Ensure flexible refills
when clients are late

Do not require
repeated visits to
restart ART

Provide accelerated
access to DSD for
those re-engaging and
eligible

Provide differentiated
counselling and
support, depending on
need and client
preference

Support screening for common co-morbidities, including around mental health

Acknowledgements

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