

Strengthening Linkage to and Retention in HIV Care in Mozambique



Can an integrated service package implemented in public health facilities increase entry and retention in HIV care among individuals newly diagnosed with HIV in Mozambique?

A CRITICAL PROBLEM





Many people who test positive for HIV wait until they are sick before entering care. Once enrolled in care, many are lost to follow-up over time. Determining how best to organize and deliver HIV services to maximize linkage to and retention in care among people newly diagnosed with HIV is essential to safeguarding their own health and to achieving UNAIDS' ambitious global 90-90-90 targets.

SPOTLIGHT ON MOZAMBIQUE

- 10.5% of adults (1.5 million people) are living with HIV.
- Poor HIV care linkage and retention are significant problems in the country.
- Barriers to HIV care linkage and retention include, among others, the need for multiple clinic visits, long wait times, long distances to clinics, transportation costs and work- and child care-related constraints.

THE ENGAGE4HEALTH STUDY

10 public primary health clinics with HIV testing and counseling (HTC) services were randomly assigned to provide patients newly diagnosed with HIV either the standard of care, as dictated by national guidelines or Engage4Health's package of services. The study sites were in metropolitan Maputo and semi-rural Inhambane Province.

SERVICE COMPONENTS	STANDARD OF CARE	ENGAGE4HEALTH PACKAGE	ENGAGE4HEALTH PACKAGE + FINANCIAL INCENTIVES
 POC CD4 count testing	In the laboratory after HIV care enrollment; results returned in 2–4 weeks	Point-of-care (POC) testing in the HTC clinic immediately following HIV diagnosis; results delivered immediately	
 Antiretroviral therapy (ART) initiation (eligible clients)	1–2 months after HIV care enrollment, lab tests and 1–3 ART counseling sessions in the HIV clinic	Within 1 week of diagnosis following 1 ART counseling session in the HTC clinic	
 SMS messages	None	Health messages before and after entering care and appointment reminders once enrolled over 12 months	
 Financial incentives	None	None	Mobile phone time vouchers upon entering and remaining in care over 12 months



STUDY PARTICIPANTS: 2,004 patients enrolled in the study across the 10 facilities.

64%
Female

56%
Living with a partner

32
Mean age

54%
Had another household member living with HIV

RESULTS

Patients who received Engage4Health's services were more likely to link to and remain in HIV care for 12 months compared to those who received the standard of care.

More than half the patients in the intervention groups linked to care within one month and remained in care 12 months after diagnosis. The same was true for only about a third of patients who received the standard of care.

Most patients in HIV care credited the Engage4Health package in supporting their care enrollment and retention.

Participants found receiving POC CD4 count testing and ART preparatory counseling in the HTC clinic immediately following diagnosis to be the package's most useful components in supporting their immediate linkage to care. The financial incentive made little difference in participants' decision to enroll and remain in care.

The linkage and retention benefits of the basic Engage4Health package could be achieved with just a 9% increase in per-patient costs.

The per-patient costs of providing the standard of care and the Engage4Health package (not including the financial incentives) were approximately US\$281 and US\$307, respectively. This difference of US\$26 represents a 9% increase in costs per patient.

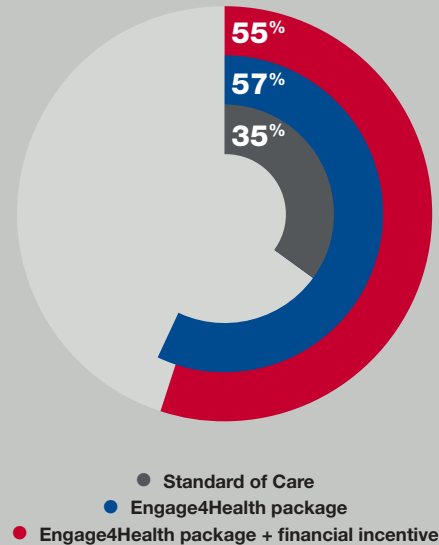
RETENTION IN CARE: WHY SO LOW?

Patients cited both individual and health systems barriers to explain their low retention in care:

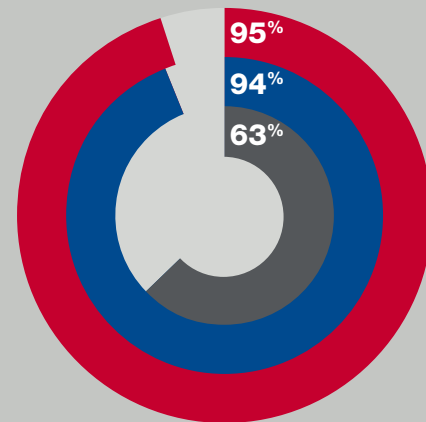
- Not feeling sick;
- Work/school commitments;
- Clinic is too far away;
- Clinic wait time is too long.



Linked to care within one month of diagnosis and retained in care 12 months after diagnosis*.



Linked to care within one month of diagnosis.



*p<0.0001 for standard of care vs. Engage4Health package with and without financial incentives.

EVIDENCE TO ACTION

This implementation science study found that streamlining HIV service delivery in primary health clinics increased linkage to and retention in care among adults newly diagnosed with HIV. Of particular importance to patients was providing POC CD4 count testing and ART counseling within the HTC services, which contributed to high levels of enrollment into care within one month of diagnosis.

While these results are promising, retention in HIV care in both study arms fell far short of what will be needed to end the HIV epidemic in Mozambique. As countries begin to adopt the "Test and Start" approach, it will become even more critical to build on these findings by identifying additional strategies to increase successful patient engagement in long-term HIV care.



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