

### **Abstract 3: Medecins Sans Frontieres' Welcome Service: a collaborative reorganisation of HIV services to address disengagement from care in Khayelitsha, South Africa**

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#### **Background:**

Despite HIV's evolution to a chronic disease, the required lifelong adherence is rarely achieved and disengagement from care is a growing issue: increasing the burden of antiretroviral resistance and advanced disease. The linear 90-90-90 strategy neglects disengagement, ignoring the maintenance of targets and cycling of patients in and out of care. In Khayelitsha, a peri-urban settlement in South Africa, 46% of the longstanding cohort of patients on treatment had disengaged by 2014. Rather than punishing 'bad behaviour', health systems must adapt to respond to this changing epidemic. To support patient re-engagement in Khayelitsha, MSF partnered with the Department of Health and University of Cape Town to initiate the 'Welcome Service' in August 2018.

#### **Methods:**

MSF supported clinic staff to reorganise their services to identify disengaged patients and accelerate their successful re-engagement. Patients are rapidly medically assessed, restarted or switched to an effective regimen and receive individual return-to-care counselling and peer support over nine sessions.

#### **Results:**

At baseline (1/07/2018), the clinic had 7656 patients on treatment and 1003 lost to follow-up within the previous 12 months. In the first five months, 209 patients were re-engaged in services (median age 36, 33% male, 43% with CD4 < 200, travel the major reason for disengagement and 93% attending their first follow-up visit, as of the 3-month sub-sample folder audit).

The light mentorship approach developed strong staff ownership, but requires constant adaptation to address challenges. Despite local guidelines and risks of prolonged ineffective treatment, staff are reluctant to restart antiretrovirals without results or rapidly switch patients before solving adherence issues. Strict triage definitions exclude patients who could potentially benefit from increased support despite intervals out of care shorter than the standard definition of disengagement (>180 days). Judgemental staff attitudes to 'defaulting' patients also remain a challenge, requiring repeated encouragement of a welcoming approach.

#### **Conclusions:**

As the HIV epidemic matures, health systems must evolve to meet the changing needs of high risk patients who struggle to consistently engage in lifelong treatment. The Welcome Service shows the

potential for facilities to adapt existing resources and staff attitudes to be more responsive to patients' needs and this burgeoning trend of disengagement.