

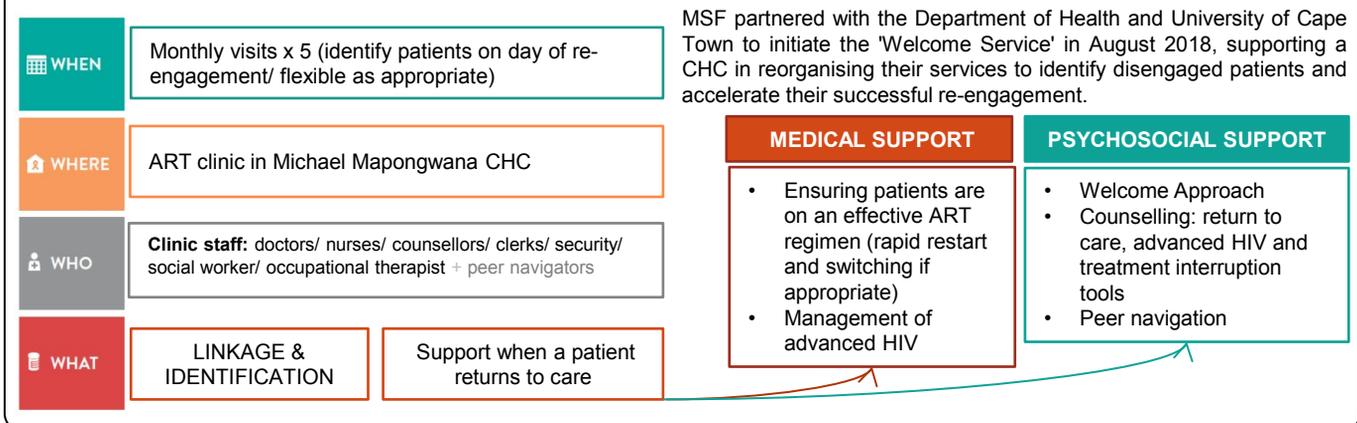
## Introduction

- The rising trend of disengagement from antiretroviral therapy (ART) services threatens to undermine the progress made in reaching the 90-90-90 targets to control the HIV epidemic
- Patients who are no longer in care clinically deteriorate and can potentially develop advanced HIV and resistance to ART
- Because advanced and resistant HIV are more difficult and expensive to treat, in addition to worsening individual patient outcomes, disengagement burdens health systems
- In Khayelitsha, a settlement outside of Cape Town, home to half a million people, 46% of the longstanding ART cohort had disengaged by 2014



# WELCOME SERVICE

## The model: how it works



## Results & Lessons learned

### Results

### Lessons learned

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 ART 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**, however, we acknowledge the need to address health-system-related drivers to create long-term change.



## Next Steps

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. Rather than punishing 'bad behaviour', health systems must adapt to respond to this changing epidemic. 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.

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