

Re-engaging lost to follow-up to antiretroviral (ARVs) care: A community-driven tracking initiative to improve continuity of care in Rwanda

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General

Category: D4: Community-engaged/participatory social science-based interventions

Country of research: Rwanda

Please use the drop down list to indicate if your abstract relates to any of the below People living with HIV, Women, Men

Abstract Text (max 350 words)

Background: Despite Rwanda maintaining an HIV prevalence rate below 3% (RPHIA, 2020) and achieving a 97.5% antiretroviral therapy (ART) coverage rate, a small yet significant proportion (2.5%) of individuals have discontinued ART, posing challenges to achieving UNAIDS' 95-95-95 targets. The "Back to Care Project," launched in June 2024 by the AIDS Healthcare Foundation (AHF) in collaboration with the Rwanda Network of People Living with HIV (RRP+), aimed to re-engage individuals lost to follow-up (LTFU) and improve ART adherence.

Description: This one-year project, conducted between October and December 2024, targeted four health facilities in Kigali city—Remera, Kagugu, Kacyiru, and Kinyinya, with LTFU cases totaling 275 (99, 70, 59, and 47, respectively). The initiative involved: (1) training 4 ARV service social workers, 4 facility heads, and 121 peer educators (PEs) on LTFU tracking methods, (2) facilitating regular follow-ups and coaching for PEs, and (3) fostering trust-building interactions between PEs, health workers, and LTFU people living with HIV to address systemic barriers such as stigma and financial constraints

Lessons learned: By integrating online tools and SMS reminders, the tracking program in Kigali serves as a great example of how to successfully re-engage individuals who have been lost to follow-up on ARVs, improving medication adherence and continuity of care. Data safety is given top priority in this community-centered approach through confidentiality, secure storage, and access controls based on roles. Training for staff as well as regular safety reviews help to ensure that sensitive data is handled ethically. The approach has effectively re-engaged 17 people living with HIV within three months including 8 women and 9 men through integrating social health workers, peer educators and support groups, and developing long-lasting connections.

Conclusions/Next steps: Through efficiently re-engaging individuals who were lost to ARV follow-up, back to care project in Rwanda has improved adherence, resolved treatment gaps, and improved health outcomes, the program has created a scalable and sustainable model by combining specific data and community-driven approaches. The program's potential for wider replication and long-lasting impact is highlighted by its emphasis on forming partnerships and introducing techniques into national HIV programs.

Additional questions

Ethical research declaration: Yes

IAS digital learning platform

IAS+: Quality of care, HIV prevention, Other

Preconference: Co-infections, viral and host diversity: impact on HIV cure strategies: Yes

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