

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

Code: EP0665

Authors: P. MUTESI¹, J.B. TUGIRIMANA², D. MUTAMBUKA³, G. MBARAGA⁴, O. NYIRAMUCYO⁵, B. SEBUJANGWE⁶, G. RWIBASIRA⁷

1,2,3,5,6: Rwanda Network Of People Living With HIV/AIDS (RRP+)

4: AIDS Healthcare Foundation (AHF),

7: Rwanda Biomedical Center (RBC)

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.

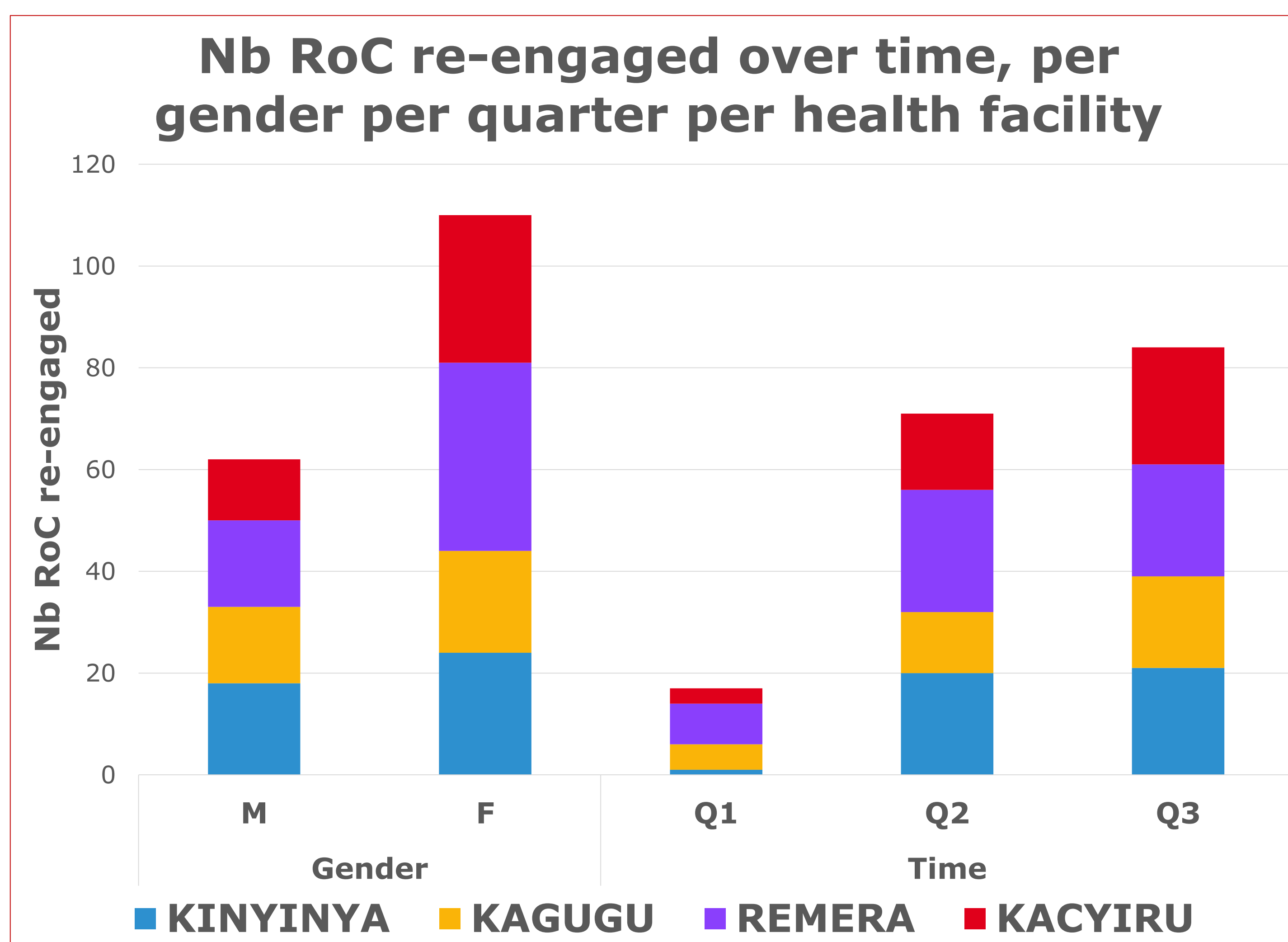
Description

This one-year project, conducted between October 2024 and June 2025, 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

Community centered approach on recipient of care (RoC) retention and adherence and Integrating digital tools like SMS reminders and online tracking with in-person support comprising social health workers, peer educators, and support groups proved instrumental in overcoming barriers to care.

This approach successfully re-engaged 17 individuals (8 women and 9 men) within the initial three months, demonstrating rapid impact. By expanding to the next trimester, the program ultimately re-engaged a total of 155 people living with HIV previously lost to follow-up, out of 275. Highlighting the scalability and effectiveness of combining technological solutions with strong human connections and ethical data practices to achieve significant improvements in health outcomes for people living with HIV in Rwanda.



Conclusion/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.