Support clients to achieve long-term adherence and retention for sustained viral suppression

1. Agree on what adherence and retention mean and clearly describe the benefits of sustained adherence and retention for reaching treatment goals.

2. Create clear expectations on specific ‘next steps’ after ART initiation to reach adherence and retention goals.

3. Ensure facility-based systems are in place for generating appointment dates, identifying clients defaulting from routine care and supporting return to care.

4. Use Viral Load (VL) testing as a tool for ART monitoring, retaining clients in care and reviewing adherence goals.

5. Provide differentiated models of care to stable clients in line with MOHCC guidance.

High levels of adherence are required to sustain viral suppression on ART

Adherence is not simply a client passively “following instructions” to take medicines, but a shared decision-making process between a client and health care provider. Retention in care is an important part of monitoring HIV treatment and an opportunity to discuss and problem solve barriers to adherence.

Treat All learning phase highlighted the importance of enhancing client preparedness for ART adherence. There is a risk that if not properly prepared for treatment and fully engaged in treatment plans and problem solving barriers, clients that initiate ART soon after diagnosis (many the same day) under Treat All may fail to adhere to ART or be retained in care.

Non-adherence and defaulting from HIV care may lead to development of resistance and failure of 1st line treatment regimens. This will not only undermine client health, but also the public health impact of Treat All in Zimbabwe.

This tool provides health care workers and managers with useful tips to optimize adherence and retention among PLHIV on ART.

Key Definitions

Adherence: extent to which a client’s behaviour coincides with the prescribed health care regimen as agreed through a shared decision-making process between the client and the health care provider.

Retention: continuous engagement in appropriate medical care.
Adherence and Retention

1. Agree on what adherence and retention mean and clearly describe the benefits of sustained adherence and retention for reaching treatment goals

It is crucial that both client and provider agree on a definition and goal for ART adherence.

- **Medication adherence** involves taking medicines in the correct dose (amount) at the right frequency, and at the right time as prescribed by a health care provider.

- **How much adherence is enough?** There is no such thing as too much adherence! While optimal adherence is considered to be 100%, greater than 95% adherence is required to achieve durable viral suppression. This means taking medicines as prescribed 95% of the time. For example, in a 30-day month a client taking a fixed-dose once a day, this means missing no more than 2 doses in one month to remain >95% adherent.

- **Retention in HIV care** means attending clinic appointments and medication pick-ups on time. This is an opportunity to talk about any side effects, problem solve any challenges faced to adherence and monitor the body’s response to treatment.

- **Best indicator of treatment success** is viral suppression and receiving recommended Viral Load Monitoring is an important part of establishing if treatment is working, and provides an opportunity for clients to explore barriers to adherence.

<table>
<thead>
<tr>
<th>Benefits of adherence and retention</th>
<th>Consequences of non-adherence and defaulting from care</th>
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</thead>
<tbody>
<tr>
<td>- Recovery of the immune system is possible</td>
<td>- Further damage to the immune system (CD4 remains low)</td>
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<tr>
<td>- Viral suppression minimizing risk of viral resistance</td>
<td>- Virus continues to reproduce and risk of treatment failure increases substantially</td>
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<tr>
<td>- ARVs remain durable and risk of treatment failure minimized</td>
<td>- Risk of developing drug resistant HIV increases</td>
</tr>
<tr>
<td>- Risk of HIV transmission is reduced</td>
<td>- Risk of HIV transmission increases</td>
</tr>
<tr>
<td>- Improved health, and reduced experience of Opportunistic Infections or HIV disease progression</td>
<td>- Reduced health, increased risk of morbidity and mortality due to HIV-related illness</td>
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2. Create clear expectations on specific ‘next steps’ after ART initiation to reach adherence and retention goals

Reducing time between HIV diagnosis and ART initiation through Treat All will improve client health, however, this also increases the amount of information provided to clients in a single day. Clients will require support to avoid confusion due to ‘information overload’ about what to do next after leaving the health facility.
Adherence and Retention

Health care workers should support clients to break down the specific next steps for adherence and retention into smaller, achievable goals in their treatment plan.

Before leaving the health facility ALL clients newly initiated on ART should have clear plans for the following:

1. **ART medication adherence goals**: which medications to take, what amount, how often.
2. **Barriers to ART adherence**: identified and problem solved.
3. **Date of next HIV care appointment**: specific date for next HIV care appointment and client permission for follow up documented.
4. **Date current medication will run out/next ARV pickup**: don’t wait until medication runs out to collect more – calculate date current medication will run out and identify date at least one week before this to return to care.
5. **Date of 1st Viral Load Monitoring**: All patients should have VL monitoring 6 months after ART initiation – calculate month 1st VL monitoring should be done.
6. **Reminder strategies**: identify strategies for ART adherence that will suit client work and family schedules.
7. **Who can help?**: identify individuals, community and facility-based groups who can provide adherence and retention support.

**TIPS FOR EFFECTIVE GOAL SETTING**

- **Write it down**: goals that are written down are more likely to be achieved.
- **Set a timeline**: time-limited goals are easier to track progress and measure success.
- **Identify barriers to achieving goals before they occur**: clients should be assured that challenges faced when working towards the adherence and retention goals are to be expected. These will be client-specific.
- **Problem solve barriers using existing resources**: Refer clients to available facility and community support.

**REMEMBER**: HIV care and treatment is not one size fits all!

Client-centred care means supporting clients to plan for medication adherence and uptake of HIV care services in a way that takes family, work and other individual factors into account.

3. **Ensure facility-based systems are in place for generating appointment dates, identifying clients defaulting from routine care and supporting return to care**

Learning phase assessments highlighted that many facilities are lacking standard operating procedures (SOPs) for identifying which clients are defaulting from care and systems for conducting follow up with clients to return them to care. Within the same facility, different health care workers were using different methods.

All health care workers involved in HIV care and treatment at facilities should be aware of **Standard Operating Procedures (SOPs)** for:

- **Appointment setting** – know which clients are due for care: use your appointment diary and/or Electronic Patient Monitoring System (EPMS). Health care workers to ensure that date of next appointment is recorded in client hand held card.
- **Identifying defaulters** – timely identification of clients who have missed appointments/drug pick ups: conduct regular review of green book cohorts for clients defaulted from care; run EPMS report print outs for clients with missed appointments latest every 2 weeks.

- **Taking action to return to care** – procedures for contacting defaulting clients and returning them to care: Are there cadres responsible for contacting clients with missed appointments? Are these procedures uniformly implemented? After how long is follow-up done? Is the client called 1st? What community-based cadre conducts tracing at your site?

**REMEMBER:** for HIV care and treatment - if it is not documented, it never happened!

Be sure to clearly document all actions taken and outcomes.

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*VL & HIV ‘Treatment Success’ Q&A:*

**Q:** What is HIV Treatment Success? How do health care workers know if a client’s ART is successful?

**A:** The purpose of HIV treatment is to achieve viral suppression. This means that a patient’s HIV viral load result is ≤1000 copies/ml. Viral suppression is linked both to improved client health and wellbeing AND reducing the likelihood of HIV transmission (Treatment as Prevention or TaSP).

All health facilities should be offering viral load differentiated care to stable clients. Refer to the Operational Service Delivery Manual.

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**4. Use Viral Load (VL) testing as a tool for ART monitoring, retaining clients in care and reviewing adherence goals**

It is important for both health care workers and clients to understand that the **goal of HIV treatment is to achieve viral suppression.** While a client’s general health and experience of OIs is a good indicator if treatment is working – the only reliable way to know if viral suppression has been achieved is to conduct viral load monitoring.

MOHCC is rapidly increasing access to viral load monitoring across Zimbabwe.

All health care workers should know how to: explain to clients when and why they should uptake viral load monitoring (demand); identify how to correctly interpret and explain VL results to clients; and options for providing VL differentiated care in line with MOHCC guidance in the OSDM.

See Tool 8: Viral Load Monitoring

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**5. Provide differentiated models of care to stable clients in line with MOHCC guidance**

In addition to supporting clients to understand the clinical benefits of long term treatment adherence and retention in care on health and wellbeing, clients should also be made aware that reaching the **goal of viral suppression also has benefits for the type of care received.** Clients with high levels of adherence and retention whose bodies are responding well to treatment require less time in clinic.

MOHCC recognizes that **stable clients require less intensive HIV Care and treatment.** Viral load differentiated models have the potential to reduce the number and frequency of visits required by clients: fast track ART refill, increase the amount of medication dispensed at any one time (multi-month dispensing), community-based ART refill (Community-based ART Refill Groups (CARGs)).

Similarly, clients with **high viral load will also receive** enhanced adherence counselling (EAC) to identify and problem solve reasons for non-adherence, or explore reasons for non-response to treatment, including potential need to switch to 2nd line therapy.

Differentiated models of care are also intended to support health care workers to make care provided more efficient, reduce congestion and workload, and improve use of resources on clients most in need.

All Health Care Workers should ensure they are familiar with **Chapter 2.4 to 2.6 on Differentiated ART Delivery** of the OSDM to review recommended differentiated models for stable and unstable clients.