

AN OVERVIEW OF STRATEGIES FOR RE-ENGAGEMENT OF PATIENTS WITH LOSS TO FOLLOW-UP THERAPY FOR ARV ODHIV

Eko Septian Insiano¹, Bagoes Widjanarko², Antono Suryo Putro³
Diponegoro University^{1,2,3}
eseptian0909@gmail.com¹

ABSTRACT

This study aims to determine the strategy of re-engaging Loss patients to follow up ARV therapy for people with HIV/AIDS. The method used in this research is qualitative with a case study approach. The results of this research were obtained through analysis using deductive analytics, which focuses on tracing and mentoring strategies, barriers, and partnerships. Follow-up HIV/AIDS ARV therapy, namely a patient-centered approach (client-centered approach) with the tracing method via telephone contact, physical tracing/home visit, and virtual tracing, Barriers to re-engagement of patients who stop or are absent from ARV HIV/AIDS care. Patient contact numbers are unavailable, patients do not have a permanent residence, and partnerships between NGOs and service personnel have been going well. This is evidenced by an MOU between PEKA NGOs and Health Services/PKM.

Keywords: Re-Engagement, Loss to Follow-Up, HIV, Strategy

INTRODUCTION

To end the AIDS epidemic by 2030, UNAIDS has determined what needs to be achieved through the 95-95-95 fast track target, namely by targeting 95% of people diagnosed with HIV to know their status, 95% of people diagnosed with HIV to undergo treatment, 95% of people who diagnosed with HIV who received treatment has been suppressed. (Ministry of Health of the Republic of Indonesia 2020, WHO 2021) but there are many challenges in dealing with HIV, one of which is that people with HIV (PLHIV) do not understand the benefits of ARV therapy, which has an impact on PLHIV's compliance in taking ARV treatment and causes Loss to Follow Up (LTFU), even though antiretroviral therapy is needed to achieve and maintain viral load suppression, restore immune function, reduce the incidence of HIV-related infections and non-infectious morbidity, extend life expectancy, improve quality of life, prevent HIV transmission and reduce side effects of therapy. (S et al., 2021).

Human Immunodeficiency Virus (HIV) is a virus that infects white blood cells, which causes a decrease in human immunity. The global prevalence of the HIV epidemic reached 37.7 million people worldwide in 2020. 1.5 million new people infected with HIV were recorded in 2020, and 1.1 million deaths were due to AIDS. The cumulative number of HIV/AIDS cases in Indonesia is 558,618 (Purbasari & Syaripudin, 2022; Andrianto et al., 2021; Susilowati et al., 2019). The high cumulative number of HIV/AIDS cases in Indonesia is a warning to remain alert to the spread and transmission of the HIV/AIDS virus. The risk of spreading HIV, such as sexual behavior, is one of the handling indicators that continue to be monitored in the 2030 Sustainable Development Goals (SDGs) (Harmita et al., 2022; Tumina, 2020; Andri et al., 2020).

Based on UNAIDS data in Asia and the Pacific, 76% of PLHIV know their status. Still, only around 62% of PLHIV are receiving treatment (United Nations Program on HIV/AIDS (UNAIDS) 2022). In Indonesia alone, the number of PLHIV living and knowing their status is as high as 77%, and 40% of PLHIV are currently receiving ARV treatment. On the other hand, the number of PLHIV receiving ARV treatment with suppressed Viral Load VL results is only 16%. According to the Indonesian Ministry of Health (2022), this condition is still far from the Fast Track 95-95 achievement target. 95-95. Contact tracing needs to be carried out to ensure increased coverage of ARV treatment among PLHIV. LTFU tracking is significant in encouraging PLHIV to restart ARV therapy and retaining patients on treatment (Bershteyn et al., 2017).

Apart from that, in undergoing ARV therapy, PLHIV also face challenges such as boredom, boredom, feeling healthy, switching to herbal medicine, lack of psychosocial support, denial of the disease, the stigma of discrimination, etc. (Hikmah et al., 2020 Lilik & Budiono 2021). Determining the best strategy for identifying and reaching LTFU patients on ARV therapy is very important to reduce the increased risk of transmitting HIV to others and the risk of death.

Previous research states that Database searches, telephone calls, and mail contacts are the most common strategies for finding and tracking LTFU (Palacio-Vieira et al., 2021).

This research aims to explore companion strategies in assisting patients with loss of follow-up ARV HIV/AIDS therapy using qualitative methods, which makes this research different from previous research.

RESEARCH METHODS

This research is qualitative with a case study approach, where the researcher focuses on the depth of field data obtained to explore strategies for tracking and mentoring activities for PLWHA LTFU. The subjects in this research were selected using proportional sampling. The primary informants are peer mentors and peer mentor coordinators from the Peduli Kasih Foundation (PEKA). In contrast, triangulation informants come from service officers consisting of HIV program holders, counselors, and CST doctors. Other triangulation informants come from HIV patients and HIV program holders. Semarang City Health Department. Data collection was carried out through in-depth interviews. The researcher acts as the main instrument, while during data collection, the researcher is assisted by supporting agencies in the form of a recording device, field notebook, and interview guide.

To check the validity of the data regarding "Strategies for Companion of PLWHA in Handling Patients Losing To Follow Up ARV Therapy for Hiv/Aids Patients. Based on the data collected, several data validity techniques are then carried out, including credibility, transferability, dependability, and confirmability.

RESEARCH RESULT

Models or Strategies for Supporting PLWHA in Handling Patients Who Stop Continuing Treatment at a Loss to Follow Up HIV/AIDS ARV Therapy

The results of interviews with PLWHA companions stated that in the search process, PS had an Excel table to determine the priority zone for LTFU patients, which consisted of 3 priority zones, namely priority 1, namely LTFU patients who could be found but refused the treatment strategy used for patients who had this condition. Namely by continuing to build good communication with patients and identifying the needs of the patient's health condition and obstacles in ARV treatment. Apart from that, providing education and information regarding the benefits or advantages of starting ART. Again, in priority 2,

namely, LTFU patients whose location is outside the PS work area. In this condition, there are two strategies, namely facilitating access to ARV treatment by sending drugs to the patient's location or connecting patients with peer companions who are in the patient's domicile area, and priority 3 is LTFU patients who cannot be found and whose contact number cannot be contacted. In this condition, PS uses virtual tracing by searching the patient's social media to get the patient while monitoring the patient's condition from status updates or patient posts on their social media.

"... if we have this year, we have an excel table to help us, we can measure the priority zone of LTFU patients, let's say an LTFU patient who is seen but refuses treatment, we will enter priority one, which means they can still be asked to take ARVs again, then if it turns out that the patient is alive but outside the city he can't get the medicine, we put him in priority 2, the sign is that he is between difficult and quite easy, so the next strategy is that if he is in Jakarta, he still has access to ARVs here with the medicine sent to Jakarta or we introduce them to peer supporters in Jakarta, if they really want to get treatment. And there is also priority 3 which is very difficult, usually the person can't be found, they're not at home, the number can't be contacted. We usually use a virtual search strategy, oh, if we meet on Facebook, we still make a story about the location..." (PS1)

Challenges and Obstacles to Companion of PLWHA in Handling Patients Who Stop Continuing Treatment or Lose to Follow Up HIV/AIDS ARV Therapy

Contact numbers that cannot be contacted are also an obstacle in tracing LTFU patients. This causes delays in the search process. This is because patients change telephone numbers without confirmation from the staff so that the stored data is no longer valid.

"Usually on the telephone, that's how it is, but the telephone is rare, bro. Sometimes they don't answer. Well, usually the problem is that when the number changes, you say me or I'm blocked. There are incidents like that often, sir..." (PKM Poncol programmer)

Apart from the patient's contact number data which cannot be contacted, the location of the patient's residence which moves from place to place makes the patient's residence data invalid. This is an obstacle for companions and service officers in carrying out searches in other cases, patients who are outside the companion's work area are also an obstacle. for officers

"...most of the addresses are kso-kosan, so when we go to LTFU patients with their boarding address, when they arrive there, no one is there, sometimes for the PS friends, they've arrived and there's no one..." (PS Choir 2)

Apart from the problems above, the policy is still weak in protecting companions when carrying out their duties in carrying out LTFU PLHIV searches, especially when carrying out home visits.

"... if we look at it, it's not yet 100%... because currently our friends are armed with letters of assignment from the PK... that's not yet able to protect PS friends, because if they are sued that will be a problem too..." (PS Choir)

NGO Partnerships with Health Workers in Health Services

Based on the results of interviews with key informants, the implementation of tracking and assisting LTFU patients is carried out in collaboration with NGOs where the service provides a list of LTFU patients and is then followed up by the NGO.

"...If the search takes more time, it's a collaboration, bro, between the DKK and the community health center and the PEKA community health center, so they are the ones who take part in the search because they accompany the patient, but usually the data comes from us..." (PKM Poncol Programmer)

Based on information from informants from PKM Halmahera, there is an MOU between PKM Halmahera and the NGO PEKA in the framework of cooperation in handling HIV/AIDS cases

"...we have an MOU, just two with PKBI and PK, the MOU is accompanied by a letter of assignment for peer mentors, we follow up every year if for example it has expired, right..." (PKM Halmahera Programmer)

DISCUSSION

Based on the results of research conducted on accompanying informants, PLHIV who have lost follow-up on ARV treatment are classified into three priority zones: priority 1 is a condition where PLHIV LTFU cannot be found but can still be contacted, priority 2 is a condition where PLHIV LTFU are outside the area or assistance area, and the last priority is the condition where PLHIV LTFU cannot be found and cannot be contacted.

In implementing the search and assistance for PLHIV LTFU, there is a strategy used by the companion, namely a patient-centered system (client-centered approach), where this strategy focuses on the need for care, participation, independence, and respect. It is a mutually beneficial partnership-based approach to healthcare planning, delivery, and evaluation. It is well designed, implemented, measured, and evaluated in interdisciplinary collaboration where clients have an updated care plan and services plan.

Search method via telephone contact, physical tracing/home vision. Provided the system can identify individuals to be traced in real-time, the involvement of community-based strategies that focus on increasing treatment re-engagement through telephone calls and home visits should be included in this client-centered approach strategy (Plazy et al., 2023). Maria Sarah et al found that seven out of ten HIV-infected people returned to HIV treatment after active home visits and telephone monitoring (Nabaggala et al. 2018).

According to information from informants (service staff), for some patients, the telephone number registered by the patient was only active at the beginning of treatment. This was because the patient had changed his telephone number so that staff would not contact him. Apart from that, some patients choose not to respond. When the service staff or companion reaches the patient, the second challenge is that the patient has a permanent place of residence. Based on information from the informant (Koor. PS), several of the patients accompanied are residents who come from outside the city and live in a rented or boarding house, so sometimes, when doing a home visit, the patient no longer lives in that place, this becomes an obstacle for companions in carrying outDo searches, especially when doing a home visit. Research conducted by David Etori shows that one of the challenges in implementing effective tracking procedures is problems related to data, documentation, and recording (Etoori et al. 2020).

According to the research results, it was revealed that the collaboration between the NGO PEKA and health institutions/PKM Poncol and PKM Halmahera in carrying out tracing and assistance activities for PLHIV LTFU has been quite successful. NGOs are actively involved in carrying out a more intensive approach and assistance in implementing LTFU patient tracking and assistance activities. In addition, there are regular meetings between the NGO PEKA and service parties to discuss evaluations of case management activities.

The Semarang city government policy also contains partnership programs with non-governmental organizations. The community and non-governmental organizations have the broadest possible opportunity to participate in preventing and controlling HIV and AIDS, including. Provision of resources and financing following regional treatment strategies in coordinating and developing KPA. (Regional Government of Semarang City 2013).

CONCLUSION

The strategy for accompanying PLWHA in dealing with patients who stop continuing treatment or lose follow-up ARV HIV/AIDS therapy is patient-centered (client-centered approach) with tracing methods via telephone contact, physical tracing/home visits, and virtual tracing.

Barriers to reengaging/reengaging patients who stop or are lost to ARV HIV/AIDS treatment, namely. The patient's contact number is unavailable, and the patient has no permanent residence.

The partnership between NGOs and service workers has been going well. This is proven by the MOU between NGO PEKA and Health Services/PKM.

SUGGESTION

For NGOs, the Caring for Love Foundation needs to develop strategies for tracking and assisting PLHIV LTFU, especially in using application technology. For Health Service Officers/PKM, it is necessary to improve the patient data recording system, especially in updating patient contact data to assist in patient tracing and assistance by companions and service officers.

For the Health Service, there needs to be policy support and high commitment from the city Health Service to carry out LTFU PLHIV search and assistance activities so that they can allocate budget/funds for the program. For future researchers, it is hoped that further research can be carried out in more depth regarding the effectiveness of implementing companion strategies for PLWHA in treating LTFU ARV patients.

BIBLIOGRAPHY

- Andri, J., Ramon, A., Padila, P., Sartika, A., & Putriana, E. (2020). Pengalaman Pasien ODHA dalam Adaptasi Fisiologis. *Journal of Telenursing (JOTING)*, 2(2), 127-141. <https://doi.org/10.31539/joting.v2i2.1397>
- Andrianto, M. B., Padila, P., Andri, J., Sartika, A., & Harsismanto, J. (2021). Religious Practices on HIV/AIDS Patients. *JOSING: Journal of Nursing and Health*, 2(1), 8-14. <https://doi.org/10.31539/josing.v2i1.2976>
- Bershetyn, A., Odeny, T. A., Lyamuya, R., Nakiwogga-Muwanga, A., Diero, L., Bwana, M., Braitstein, P., Somi, G., Kambugu, A., Bukusi, E., Hartogensis, W., Glidden, D. V., Wools-Kaloustian, K., Yiannoutsos, C., Martin, J., Geng, E. H., & East Africa International Epidemiologic Databases to Evaluate AIDS (EA-IeDEA) Consortium

- (2017). The Causal Effect of Tracing by Peer Health Workers on Return to Clinic Among Patients Who Were Lost to Follow-up From Antiretroviral Therapy in Eastern Africa: A "Natural Experiment" Arising from Surveillance of Lost Patients. *Clinical Infectious Diseases : An Official Publication of the Infectious Diseases Society of America*, 64(11), 1547–1554. <https://doi.org/10.1093/cid/cix191>
- Etoori, D., Wringe, A., Renju, J., Kabudula, C. W., Gomez-Olive, F. X., & Reniers, G. (2020). Challenges with Tracing Patients on Antiretroviral Therapy Who are Late for Clinic Appointments in Rural South Africa and Recommendations for Future Practice. *Global Health Action*, 13(1), 1755115. <https://doi.org/10.1080/16549716.2020.1755115>
- Harmita, D., Ibrahim, K., & Rahayu, U. (2022). Penggunaan Media Sosial terhadap Pencegahan Penyebaran HIV/AIDS. *Jurnal Keperawatan Silampari*, 5(2), 740-749. <https://doi.org/10.31539/jks.v5i2.3444>
- Hikma, F., Anggraeni, S. R., Notobroto, H. B., Rachamawati, E., & Nurmawati, I. (2020). Case study of Factors Causing Lost to Follow Up of HIV Patients in Antiretroviral Treatment at Kencong Public Health Center, Jember, East Java. *Sipora*, 1, 5. <https://sipora.polije.ac.id/id/eprint/21025>
- Kemendes RI. (2022). *Laporan Eksekutif Perkembangan HIV AIDS dan Penyakit Menular Seksual (PIMS) Tahun 2022*. Jakarta Selatan
- Kementerian Kesehatan Republik Indonesia. (2020). *Rencana Aksi Nasional Pencegahan dan Pengendalian HIV AIDS dan PIMS di Indonesia Tahun 2020-2024*. Jakarta
- Lilik, N. I. S., & Budiono, I. (2021). Penghambat Kepatuhan Terapi Antiretroviral pada Orang dengan HIV/AIDS (Studi Kasus pada Odha Loss To Follow Up Therapy). *Indonesian Journal Public Health Nutrition*, 1(1), 101–13. <https://doi.org/10.15294/ijphn.v1i3.47892>
- Nabaggala, M. S., Parkes-Ratanshi, R., Kasirye, R., Kiragga, A., Castlenuovo, B., Ochaka, I., Nakakawa, L., Bena, D. A., & Mujugira, A. (2018). Re-Engagement in HIV Care Following a Missed Visit in Rural Uganda. *BMC Research Notes*, 11(1), 762. <https://doi.org/10.1186/s13104-018-3865-9>
- Palacio-Vieira, J., Reyes-Urueña, J. M., Imaz, A., Bruguera, A., & Force. (2021). Strategies to Reengage Patients Lost to Follow Up in HIV Care in High Income Countries, a Scoping Review. *BMC Public Health*, 1–11. <https://doi.org/10.1186/s12889-021-11613-y>
- Plazy, M., Diallo, A., Hlabisa, T., Okesola, N., Iwuji, C., Herbst, K., Boyer, S., Lert, F., McGrath, N., Pillay, D., Dabis, F., Larmarange, J., Orne-Gliemann, J., & ANRS TasP Study Group (2023). Implementation and Effectiveness of a Linkage to HIV Care Intervention in Rural South Africa (ANRS 12249 TasP Trial). *PloS One*, 18(1), e0280479. <https://doi.org/10.1371/journal.pone.0280479>
- Purbasari, D., & Syaripudin, A. (2022). Penerimaan Keluarga dengan Interaksi Sosial pada Orang dengan HIV. *Jurnal Keperawatan Silampari*, 6(1), 865-870. <https://doi.org/10.31539/jks.v6i1.4476>
- S, S. M. H., Kuswiharyanti, H., Raafi, V. A., Juarti, N., & Amaliadiana T. (2021). Pengaruh Terapi ARV untuk Meningkatkan Kualitas Hidup Pasien HIV/AIDS: A Literature Review. *Journal of Bionursing*, 3(2), 134-145. <https://doi.org/10.20884/1.bion.2021.3.2.101>
- Susilowati, T., Sofro, M., Sari, A.. (2019). Faktor Risiko yang Mempengaruhi Kejadian HIV/AIDS di Magelang. *Seminar Nasional Rekam Medis dan Informasi Kesehatan*, 85–95. <https://publikasi.apfirmik.or.id/index.php/snarsjogja/article/view/94>

- Tumina, M. (2020). Perilaku Seksual Beresiko Sebagai Salah Satu Faktor yang Mempengaruhi Peningkatan Kasus HIV/AIDS pada Perempuan. *Jurnal Keperawatan*, 12(4), 513–522.
<http://journal.stikeskendal.ac.id/index.php/Keperawatan/article/download/833/524/>
- United Nations Programme on HIV/AIDS (UNAIDS). 2022. UNAIDS Data 2022. Switzerland
- WHO. (2021). *Consolidated Guidelines on HIV Prevention, Testing, Treatment, Service Delivery and Monitoring: Recommendations for a Public Health Approach*