Tracing and recall of HIV treatment clients who interrupt care in South Africa (Policy Brief, Sept 2025)

BACKGROUND

- For clients on HIV treatment, rates of treatment interruption and disengagement from care remain high in South Africa, especially in the first year after antiretroviral therapy `(ART) initiation, during which an estimated 23% disengage from care.
- South Africa's Differentiated Model of Care SOPs (SOP 7) recommend contacting and recalling all clients who are late for scheduled clinic visits or medication pickups, a strategy known as "tracing." Guidelines recommend that clinics:
  - Make every effort to trace any client who is ≥7 days late and has consented to tracing.
  - Prioritize for tracing HIV clients with a) advanced HIV disease (AHD) and in their first 6 months on ART; b) viral load >50 copies/ml; c) never initiated on ART; or d) late for specific assessments or tests.
  - Start with tracing by telephone but also use text and WhatsApp messages and home visits, as consent allows.
  - Record tracing attempts and results in client files.
- While the guidelines provide very detailed recommendations, little is known about how public sector primary healthcare facilities actually implement tracing procedures.

METHODS

- From 11 December 2024 to 20 March 2025, we collected data on how 6 public health facilities in each of 3 districts (Ehlanzeni in MP, King Cetshwayo in KZN, and West Rand in GP) conducted tracing activities (n=18 clinics).
- Using a structured questionnaire, we interviewed facility managers or staff members designated by the facility manager who were involved in client tracing at that facility.
- At each site, we gathered data on how client tracing activities were being implemented, including the staff involved, tracing guidelines, methods used for tracing, the prioritization order for tracing, documentation processes, and associated challenges.
- Here we describe the implementation of tracing activities using quantitative and open-ended responses.
- We note that interviews were conducted before and during 2025 reductions in partner funding that may have affected tracing resource availability.

RESULTS

- All 18 facilities reported conducting tracing of ART clients, most (16/18) on a daily basis.
- 12 facilities reported that they follow specific tracing guidelines (Fig 1, Table 1), with variation by district; only 5 said that they use the recommended DMOC SOPs.
- Several staff cadres were involved in tracing clients. Most facilities reported the involvement of ward-based outreach teams, data capturers, lay counsellors, facility managers, and community health workers. A few reported having partner-supported linkage officers or case managers.
- Twelve of the facilities said that they begin tracing after a client is 24 hours late for a scheduled appointment, while six start tracing after the client is 7 days late.

Figure 1: Are there specific guidelines in place for tracing ART clients at the facility?

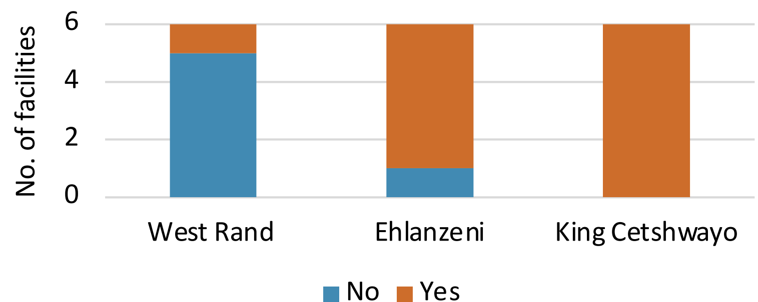


Table 1: Which guidelines do you use?

Guidelines used	West Rand	Ehlanzeni	King Cetshwayo
Differentiated Model of Care (DMOC) SOPs	0 facilities	2 facilities	3 facilities
Integrated Clinical Services Management Manual	0 facilities	0 facilities	3 facilities
Implementing partner SOP	0 facilities	3 facilities	0 facilities
Facility's own tracing guide	1 facility	0 facilities	0 facilities
None	5 facilities	1 facility	0 facilities

- Six of the 18 facilities reported having an order of prioritization for tracing clients (Fig 2).
- Among these six facilities, the prioritization order varied from one facility to another and across different districts.
- In all six facilities, patients who started or restarted treatment in the last six months with advanced HIV disease (AHD), patients with abnormal results, and patients diagnosed but not yet started on treatment were prioritized.
- All facilities said that they begin tracing clients by phone, and if three attempts are unsuccessful, those that can (17/18) then conduct a home visit.
- Anecdotally, younger clients, men, and employed individuals were more likely to be traced.
- All 18 facilities reported having data systems in place to capture tracing eligibility, activities, and outcomes, but with wide variation in how and where they were recorded (up to 10 registers/facility) (Fig 3). Some facilities record telephonic tracing attempts in informal notebooks or not at all.

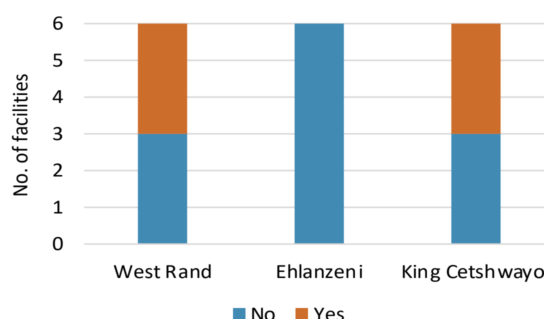
Figure 3: Registers used to record tracing activities

Facility (District code)	Tier.net report-missed appointment and uLFT list	Ward-based outreach team tracing register	Community health worker tracing register	Facility appointment register	List of missed appointments for patients enrolled in RPCs	Primary health care register	Facility referral form	Facility physical tracing register	TB identification register	Patient folder
WR1	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
WR2	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
WR3	✓	✓	✓	✓		✓	✓	✓	✓	✓
WR4	✓	✓	✓	✓		✓	✓	✓	✓	✓
WR5	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
WR6	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
EZ1	✓	✓		✓	✓			✓		
EZ2	✓	✓	✓	✓	✓			✓		
EZ3	✓	✓	✓	✓	✓	✓		✓		
EZ4	✓	✓	✓	✓	✓					
EZ5	✓	✓	✓		✓			✓		
EZ6	✓	✓	✓	✓	✓			✓		
KC1	✓	✓	✓	✓	✓	✓	✓		✓	✓
KC2	✓	✓	✓	✓	✓	✓	✓		✓	
KC3	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
KC4	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
KC5	✓	✓	✓	✓	✓	✓	✓		✓	✓
KC6	✓	✓	✓			✓	✓	✓		

uLTF – unconfirmed lost to follow up

RPCs – repeat prescription collections (differentiated models of care)

Figure 2: Does this facility have a prioritization order for tracing clients?



Challenges

- Challenges faced during client tracing differed based on the tracing method used.
- For telephonic tracing, 16 of 18 facilities reported difficulties in reaching clients due to incorrect contact numbers, unanswered calls, voicemail messages, or clients denying their identity; 2 facilities mentioned poor network connections.
- Home visits obstacles included difficulty in accessing properties, facility barriers (lack of transport or phones), and clients living outside the designated catchment area.
- Obtaining prior consent and updating client contact details at every visit are critical.

Re-integrating clients into care

- Almost all facilities reported that some clients return to care voluntarily, without any tracing intervention.
- At some facilities, clients who return after being traced are treated differently on the day of reintegration: these clients receive counselling, are referred to a specific healthcare provider, and do not have to join the regular queue.
- Most facilities provide counselling to clients who are re-engaging in care, whether they return voluntarily or after being traced.

Clients lost to follow-up

- Clients who cannot be reached after 90 days are confirmed as lost to follow-up.

CONCLUSIONS

- While all 18 of the facilities surveyed reported tracing ART clients who interrupt care, there is wide variation in guidelines followed, timing of tracing, prioritization order, and data collection procedures.
- Lack of consistent records about tracing activities (which clients, when, how many contact attempts, results) preclude evaluation of the effectiveness of tracing and improvement of prioritization strategies and approaches.
- Strengthening of procedures to align with guidelines and standardization of record-keeping are high priorities.

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