Providers prefer frequent contact over low-intensity care models to reduce risk of early disengagement from HIV care in South Africa

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Background

- The first six months of HIV treatment are associated with **high rates of disengagement** from care, yet there is no consensus about **whether more frequent or less frequent clinic contact** reduces this risk.
- Little is known about how healthcare **providers identify clients at risk of disengagement** or how they recommend/prescribe appropriate interventions or visit intervals.
- This study explored **provider decision-making** processes about risk assessment, visit frequency, and intervention selection in South Africa.

Methods

- **Quantitative facility assessments** (Jan–May 2025) and **qualitative group interviews** (July–Dec 2025) with ART staff at 18 public primary healthcare clinics in KwaZulu Natal, Mpumalanga, and Gauteng provinces.
- Semi-structured interview guides asked **how providers assess risk of disengagement** and the **supportive interventions available** to retain clients during the early treatment period.
- Data were analyzed using an inductive-deductive coding approach and thematic analysis.

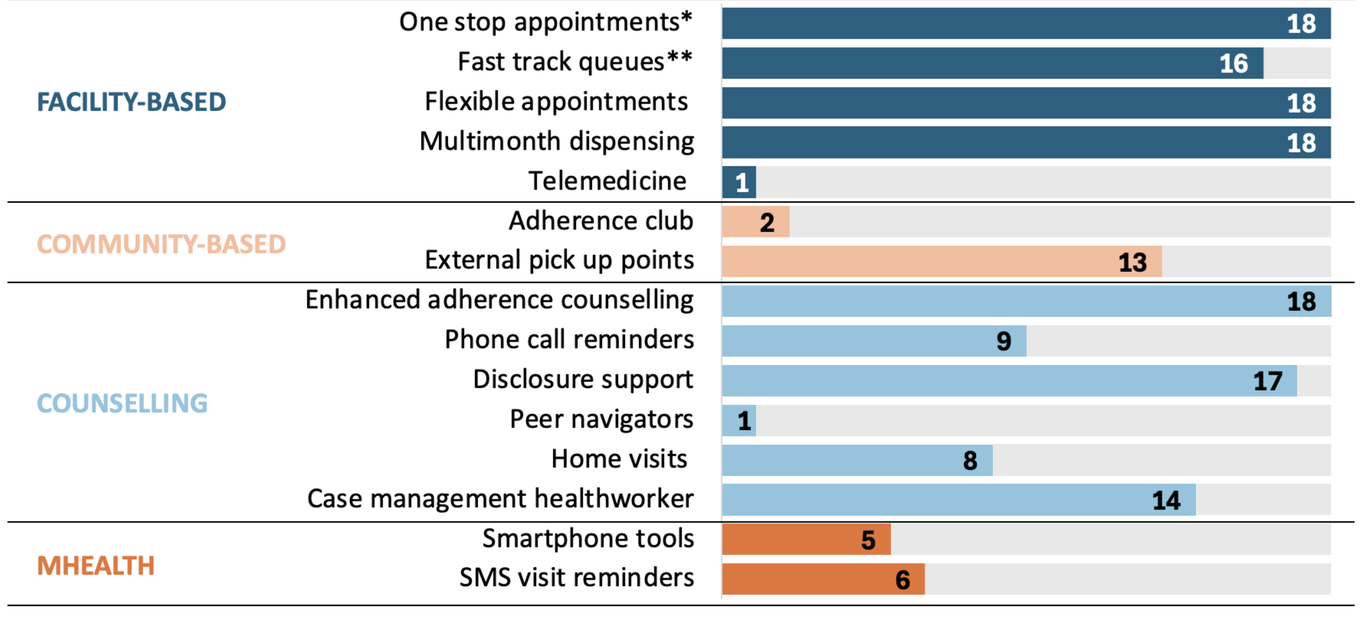
Results

Participant demographic characteristics

- Providers were 88% female.
- 36% nurses; 23% outreach team staff; 11% social support staff; 30% other
- Median time in position: 11 years (IQR: 6–17)

Supportive interventions available

- Facility assessment found that study sites offer a variety of interventions.
- **One-stop appointments**, **flexible appointment scheduling**, **multi-month dispensing (MMD) models**, and **enhanced adherence counseling** were available at **all** health facilities.
- Fast-track queues, disclosure support, and case management by healthcare workers (not specialists) were available at most facilities.



* One stop appointments: Appiontments which combine testing, counselling, clinical consultations, screening, and lab work in one visit
** Fast track queues: Services which prioritize certain clients to bypass clinic queues or otherwise streamline service delivery

Provider reports on identifying risk of disengagement

- Providers use **information from client files** to identify risk (previous missed/late visits, elevated viral load)
- These indicators **only appear after a client has had suboptimal adherence** – limiting opportunities for early intervention.

*"... [If a client is late] he is likely to default or to stop the treatment because he's not honoring the appointment dates. He comes as he likes... **If the patient keeps on defaulting, that patient needs more support."***

Providers also assess client risk during **clinical consultations**, by identifying:

- Lack of **social support**; **non-disclosure** to loved ones
- Lifestyle factors including **alcohol/substance use, frequent travel,** and **food insecurity**
- Client disposition; **denial** of HIV status.

*"If ever patient lives with people in a household that are not aware and he is not even willing to make them aware of his status... **Non-disclosure makes a person not be compliant**."*

*"... A patient who is in **denial**. You can see that this one... **will stop at any time**."*

*"It depends on the **kind of a job** the patient is doing. Some patients work...cross border. He says that he will go for three months, **out of the country** or out of the province... you know that **no, he won't adhere to treatment**."*

Suitable interventions for clients at risk of disengagement

- Providers identified **social support, counseling, and referral to social workers** as the most appropriate interventions for clients at risk of disengagement.
- Some clients may also benefit from **home visits**, community-based **medication delivery**, and **nutrition support.**

- Providers were **reluctant to offer MMD** to clients perceived as high risk, citing adherence concerns.

*"Counseling can help educate the patient [to] understand the importance of taking the treatment and why they getting more sick… [clients] **interrupt because of lack of knowledge**… with **intensive counseling, they might come to understand the benefits** of treatment."*

*"The patient, **he needs more time**... We want to listen to them... But the person who wants to interrupt, he does not have knowledge about HIV. Is in denial... So, **it's needed as an ongoing adherence [counseling]**."*

*"For a patient who's gonna interrupt? It's very hard for us to give more medication... he still **needs to be here to be monitored**. Maybe he **still needs counseling**. Maybe he hasn't accepted that I'm sick.... So for those clients, it's very hard for us to just let go and [offer MMD]... If **we neglect the signs** that we see, **then we are failing**."*

Conclusions and recommendations

- Providers **favor interventions involving frequent contact** and intensified social support for clients deemed at risk of disengagement.
- Despite acknowledging structural and social barriers, providers are **hesitant to recommend less intensive options** such as reduced visit frequency or MMD, which may help some clients overcome barriers to remaining engaged in care.
- Interventions that providers would like to offer, such as additional counseling, generally require additional time and/or resources.
- Additional guidance and implementation support may be needed to **ensure provider perceptions do not unnecessarily limit access to differentiated service delivery models** that may improve retention.

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