

# Linkage2care



## SUMMARY REPORT ENHANCING LINKAGE TO CARE FOR HIV IN SOUTH AFRICA

### A Cohort Study In uThukela District

Evaluation Report | First survey 2017-2019

August 2021

SOUTH AFRICAN MEDICAL RESEARCH COUNCIL | BURDEN OF DISEASE RESEARCH UNIT



# SUMMARY REPORT

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This project sought to evaluate the linkage to and retention in HIV care rates, and the possible barriers and facilitators to HIV care in a single high HIV prevalence rural setting in South Africa. Enhancing linkage to and retention in care is important for the universal test and treat (UTT) strategy to achieve its full potential impact on the epidemic. Furthermore, this study through routine data collection sought to improve district and facility HIV services, offer much-needed epidemiological information at national level to further strengthen the HIV programme, and assist South Africa in reaching the Joint United Nations Programme on HIV/AIDS (UNAIDS) 90-90-90 targets (UNAIDS, 2020).

## Aim

The aim of this project was to strengthen district-level capacity to enhance linkage to and retention in HIV care through strategic use of routine programmatic information to support the adult population uptake of UTT in the uThukela district, in KwaZulu-Natal province. The specific objectives were:

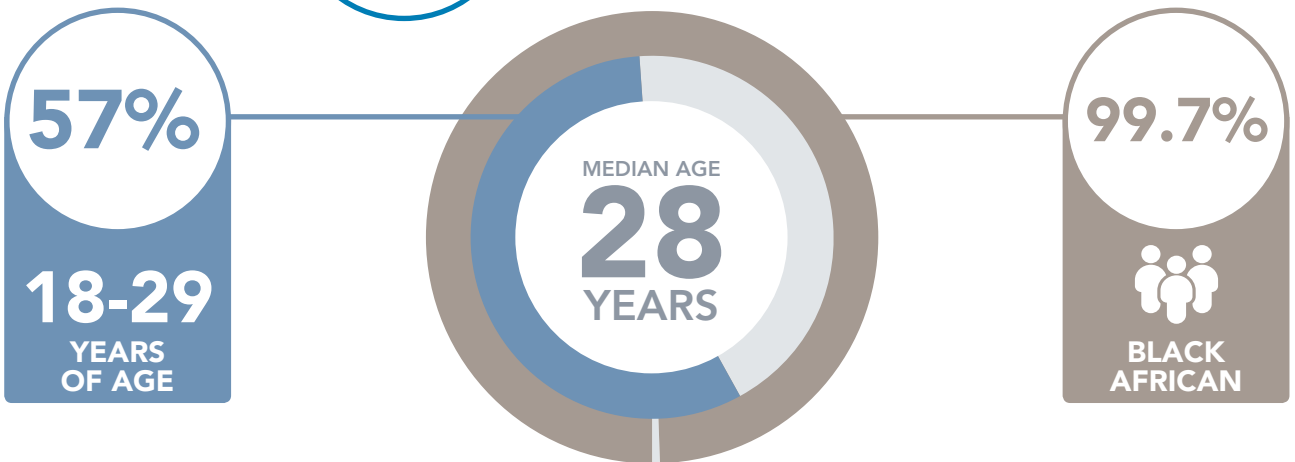
1. To describe the initial experience of adults newly diagnosed with HIV and the socio-demographic characteristics associated with HIV testing among adults who access HIV testing services in the uThukela district, and
2. To review and monitor linkage to and retention in care, the drivers and health impacts thereof, using and comparing routine programmatic data and information collected from patient interviews, in participating primary health care facilities within the uThukela district.

## Methods

A quantitative cohort design was undertaken to monitor and evaluate: 1) initial HIV testing experience, 2) impact on linkage, and 3) impact on retention in HIV care for adults newly diagnosed with HIV, in a single high-prevalence rural district over a 12-month period from December 2017 to July 2019 in 18 primary health care facilities in the uThukela district. Patient-level data were collected electronically using Research Electronic Database Capture (REDCap) and triangulated between various data sources, such as TIER.Net, TrakCare (the National Health Laboratory Services (NHLS) database) and the Rapid Mortality Survey (RMS) database from the Department of Home Affairs.

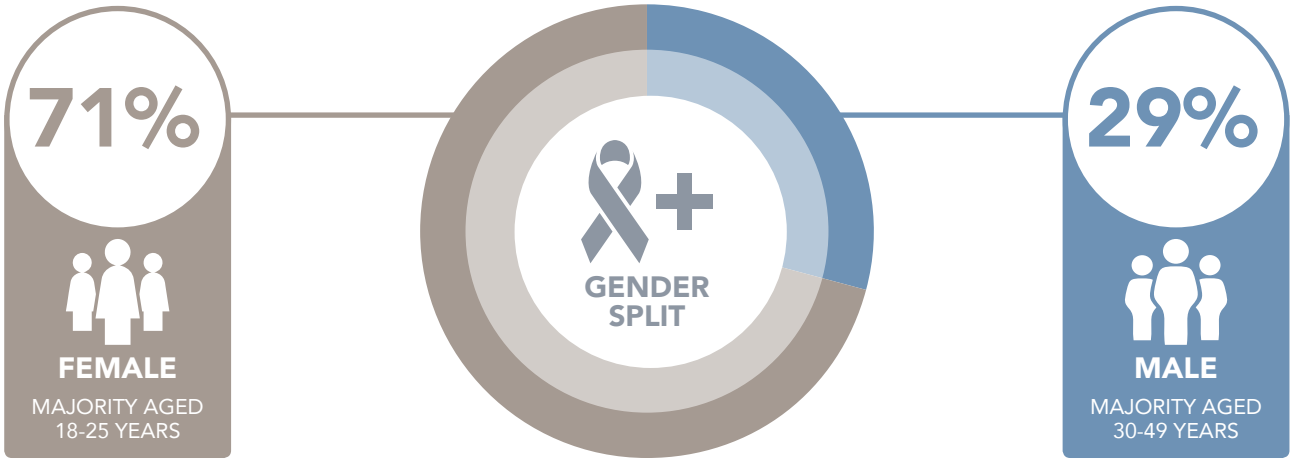


**KEY FINDINGS:  
OVERVIEW**





**KEY FINDINGS:**  
CHARACTERISTICS OF HIV POSITIVE COHORT AT BASELINE AND AT 4-MONTHS FOLLOW-UP AT BASELINE



MORE THAN **HALF OF ALL PARTICIPANTS** REPORTED TO BE IN MONOGAMOUS RELATIONSHIPS

**40%**  
HAVE TWO OR MORE PARTNERS



A THIRD OF PARTICIPANTS REPORTED THAT THEY TESTED BECAUSE THEY FELT ILL

**28%**  
WANTED TO KNOW THEIR STATUS



**52%** PUBLIC TRANSPORT WHICH WAS THE MOST UTILISED MODE OF TRANSPORT TO CLINIC



**42%** WALKED TO HEALTH FACILITIES TO ACCESS HIV TESTING SERVICES

**AT 4-MONTHS FOLLOW-UP**  
OF THE PARTICIPANTS ENROLLED IN THE HIV POSITIVE COHORT:

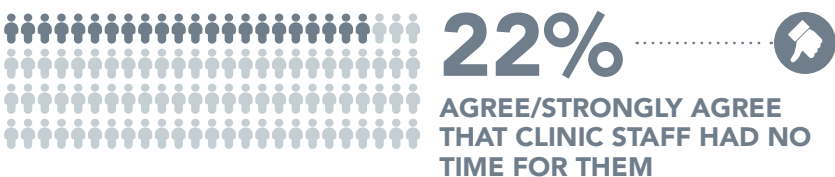




**KEY FINDINGS:**  
LINKAGE TO CARE AT 3 MONTHS



**AT 4-MONTHS...**



**REASONS FOR NOT RETURNING TO HIV CARE**



NOT BEING ABLE TO TAKE TIME OFF WORK



CLINIC BEING FAR



LACK OF MONEY FOR TRANSPORTATION



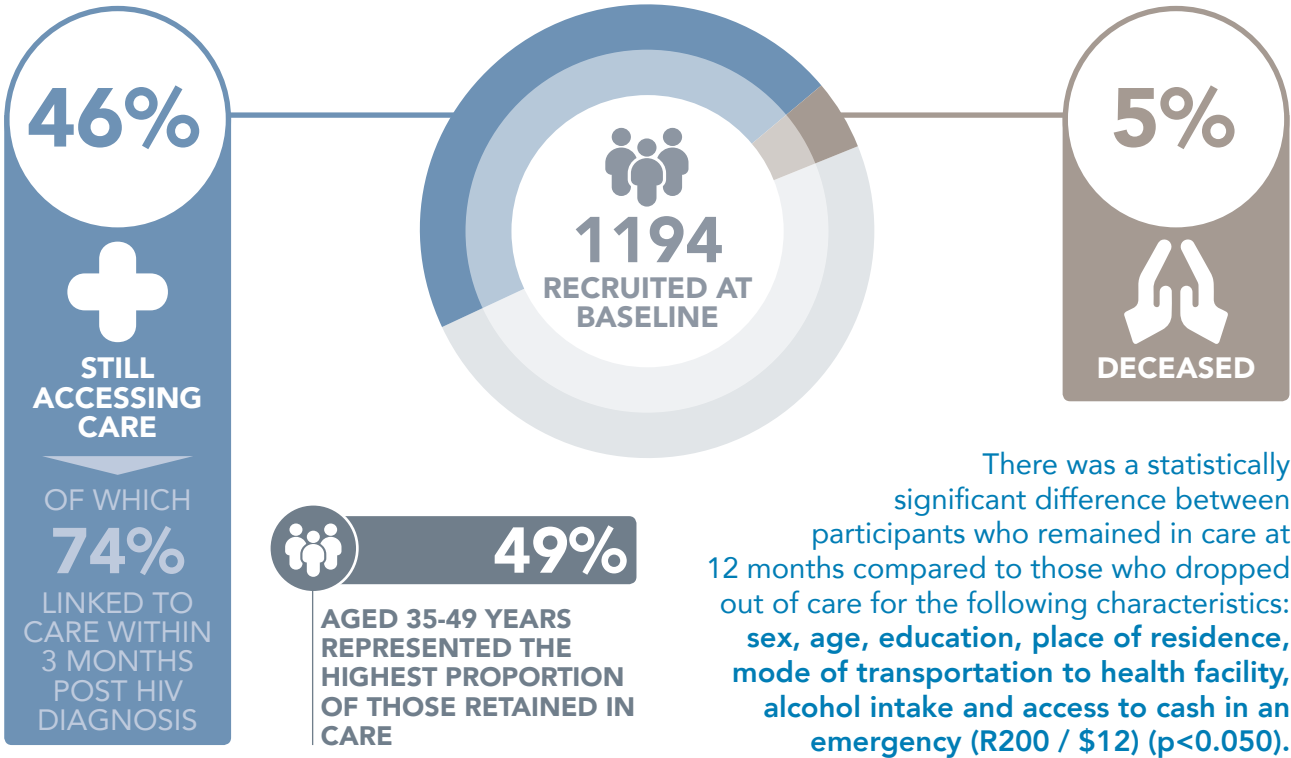
BELIEFS ABOUT THE ILLNESS



INCONVENIENT APPOINTMENT DATE



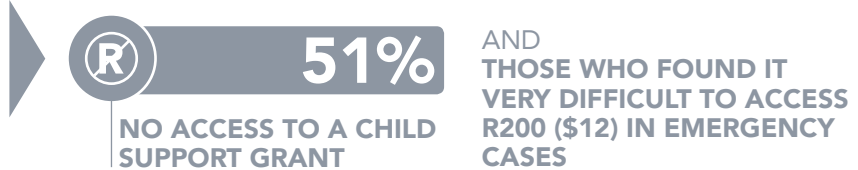
**KEY FINDINGS:**  
RETENTION IN CARE AT 12 MONTHS



**MOST LIKELY TO REMAIN IN CARE AT 12 MONTHS**



**LEAST LIKELY TO REMAIN IN CARE AT 12 MONTHS**



**Conclusion**

Our study provides data on 5,341 participants who tested for HIV in uThukela district, with 1,194 testing positive. Participants generally accessed HIV testing services in urban areas. This may be due to HIV stigma that is still prevalent in rural communities. We found that young women were more likely to test for HIV compared to young men. This may likely be attributed to the availability of testing opportunities when accessing family planning or antenatal services. For a community that still practices polyamorous relationships, interventions aimed at prevention could be implemented in uThukela. Lastly, the role of “significant others” in enabling linkage to and retention in HIV care could be encouraged for newly diagnosed HIV individuals who are willing to disclose. Whether facilities are ready for this, through provision of comprehensive counselling and support provision, is something that other studies could explore.



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