



An Innovative Approach to Trace and Re-instate Lost to Follow Up Patients at Our Lady's Mission Hospital Chilonga, Zambia

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ABSTRACT

Issue: Chilonga is located in Mpika district situated in the Northern part of Zambia. The hospital antiretroviral therapy (ART) program was initiated in July 2006 with support from the AIDSRelief program. Currently, 1,672 clients are enrolled in HIV care, with 715 on ART. Lost to follow-up (LTFU) of patients enrolled on ART had been low within the hospital; however, early in 2009, it was discovered that 104 clients missed their review for more than 90 days and LTFU had been steadily increasing since mid-2008.

Description: In response to the rising LTFU, the hospital embarked on outreach activities, with particular attention to 6 rural health centers to follow-up on clients. Client charts were reviewed and traced. Treatment supporters were trained in adherence to follow-up patients in the community. Influential figures in the community, such as Chiefs and village headmen, were sensitized on the importance of adherence as a method to reinforce messages to the community members.

Lessons Learned: At time of reporting, 84 clients had been traced and re-evaluated by a clinician, including adherence counseling and lab tests. Outreach activities were vital in tracing and reinstating LTFU patients, although tracing individual patients required intensified community involvement. There will be a continued need for community buy-in and involvement to prevent further LTFU.

Next Steps: Outreach activities will continue as a way to increase awareness of HIV and the importance of adherence in Chilonga. Treatment supporters will be linked with clients to reinforce the need for returning to clinic for appointments and to continually monitor LTFU and update patient status.

INTRODUCTION

Our Lady's Mission Hospital, Chilonga is in Mpika District situated in the Northern Province of Zambia. The hospital covers a large catchment area and a population of 68,828. HIV prevalence in the district is 6.8%. The hospital ART program was initiated in July 2006 with support from AIDSRelief. At the end of April 2010, 1,672 clients were enrolled in HIV care, with 715 on ART.

From April to August 2008, LTFU rose from 1% to 3%, raising concerns at the hospital. Adherence to ARVs has been well documented to be the link to long-term viral suppression and with LTFU rising, the hospital was concerned that adherence could also be affected.

Additionally, many patients travel long distances, some up to 120 kilometers, to get to the hospital. Following up with these patients was difficult as the facility did not have enough trained community volunteers to reach patients who live long distances from the hospital. At the time, there were no outreach clinics to conduct mobile ART services.

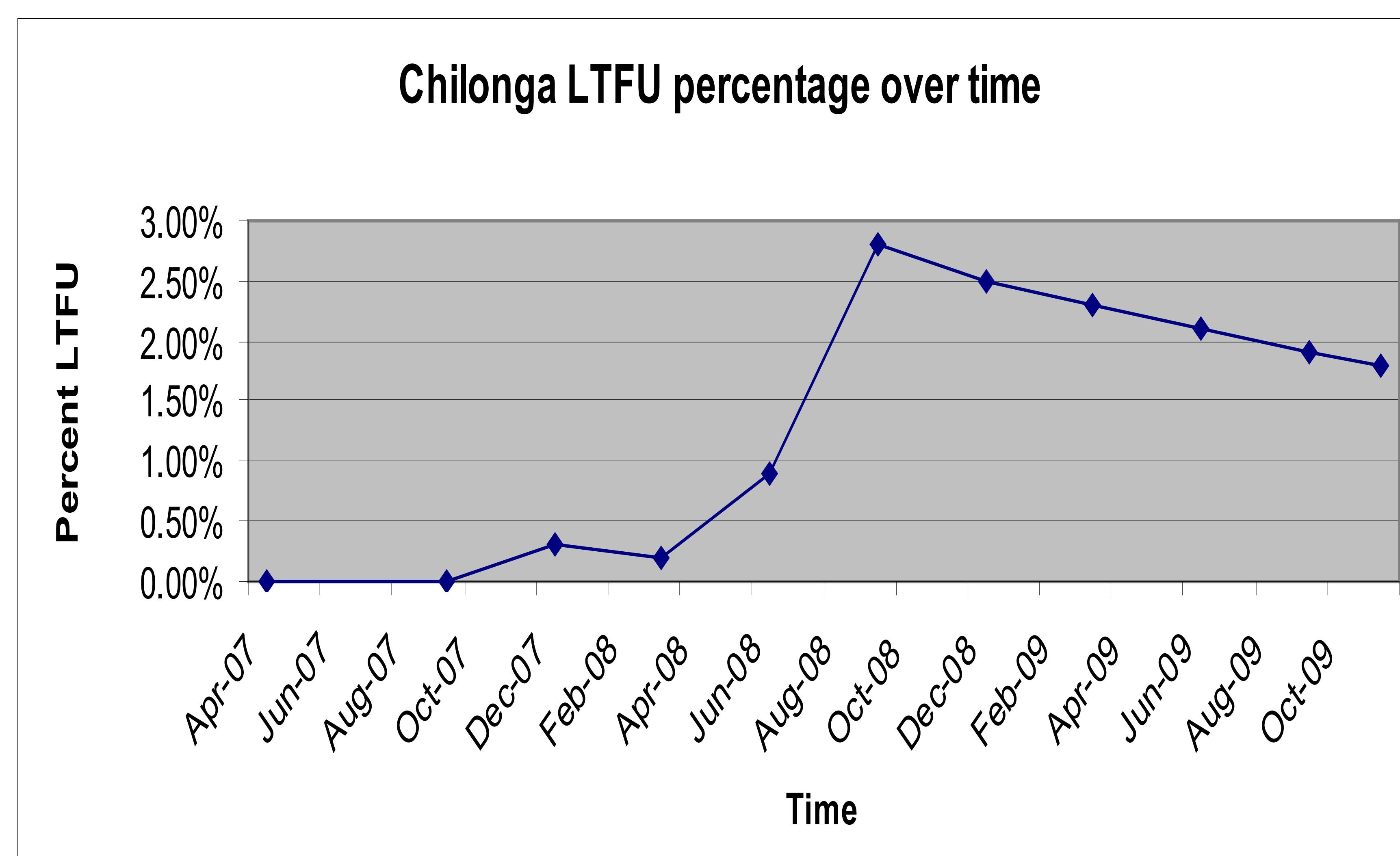


METHODS

The hospital embarked on the following community outreach activities to address the increasing LTFU of ART patients:

- Training treatment supporters in adherence counseling and patient follow-up processes in the community
- Outreach ART clinics were opened in six communities to bring care closer to the patients.
- Sensitizing influential community leaders, Chiefs and village headmen, on the importance of adherence which was intended to reinforce messages to the community members
- Drama performances in the community to sensitize community members on the importance of adherence

RESULTS



- April 2010, 84 of 104 (81%) patients lost to follow-up had been traced and re-evaluated by a clinician, reducing the LTFU to 1.6%
- Patients who were reinstated received clinical assessment, adherence counseling and lab tests before recommencement on ART.

CONCLUSIONS

- Community outreach activities are a way to inform and educate community members to increase awareness of HIV.
- Involving treatment supporters and linking them with clients is very vital to reinforce adherence .
- Decentralizing ART services in the community reduces the distance patients have to travel when seeking care hence reducing LTFU.

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