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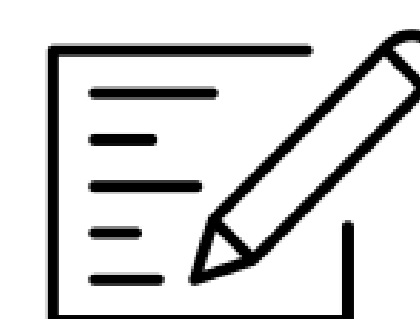
BACKGROUND



- HIV care in Sierra Leone is significantly impeded by patient stigma and gaps in availability of an environment that provides for quality patients-health workers communication.
- This, in addition to the low human resource coverage to attend to the increasingly high patient volume as Sierra Leone implements the “Test All, Treat All, Retain All” policy to increase HIV treatment access, has led to setbacks in the smooth continuity of HIV service delivery, affecting both the HIV service providers and beneficiaries.
- An intervention to support and encourage communication between HealthCare Workers (HCW) and People Living with HIV (PLHIVs) via routine phone calls, deemed pragmatic in a country with low literacy and high mobile phone usage was therefore undertaken.
- This study aims to evaluate the use and impact of phone calls in PLHIV care at 11 Health Facilities (HF) in 3 districts in Sierra Leone: Western Area Urban, Western Area Rural and Port Loko

METHOD

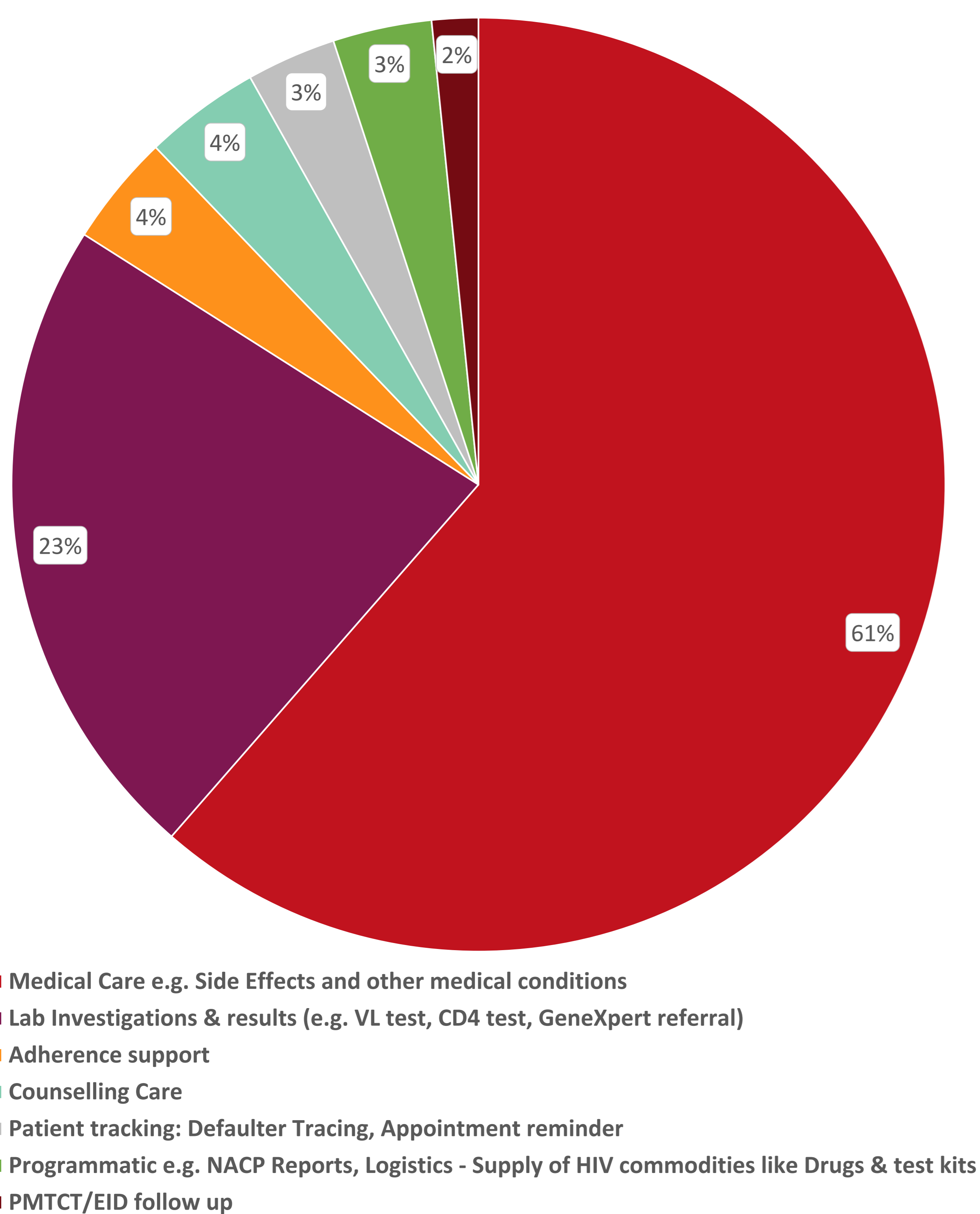
- A telephone, monthly credit of 50,000 SLL (~5.76 USD), a facility-specific business card indicating the clinic telephone number (to be given to PLHIV at enrollment into care), and a call log register to capture metrics related to PLHIV/HCW phone calls were provided to 11 facilities in December 2017.
- In this mixed methods study, reason for communication, associated costs, and outcome of attrition from chronic HIV care pre and post intervention (one year before and after intervention) were assessed.
- Data were collected from call log and Antiretroviral Therapy registers
- Data analysis was done using descriptive statistics, independent t-tests and SPSS at significance level of 0.05.



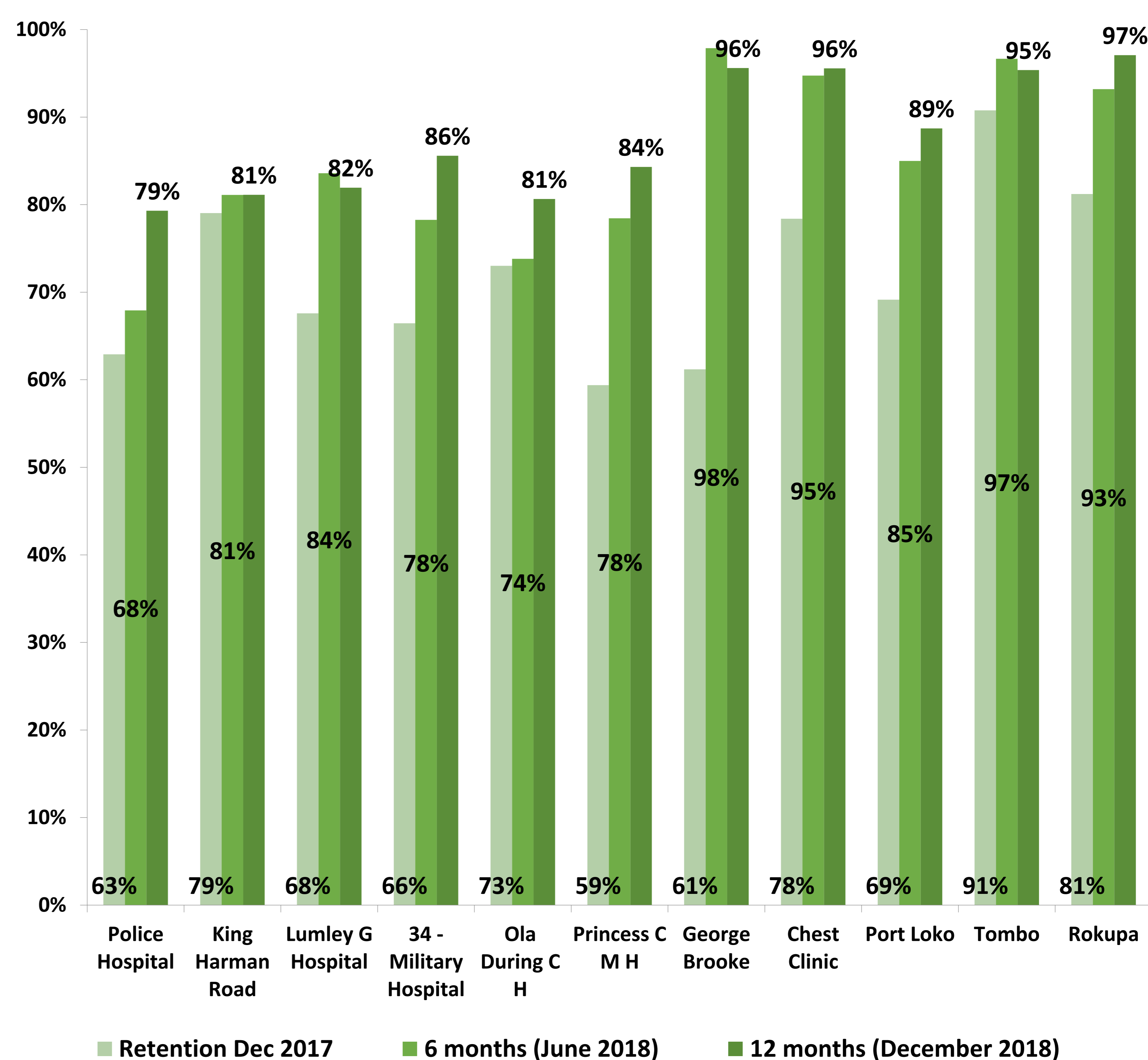
RESULTS

- 61% (n=574) of all patient-health worker phone calls (n=939) were towards management of medical Care e.g. Side Effects and other medical condition.
- 22 % (n=211) of phone calls were for laboratory investigation (e.g. VL test, CD4 count, GeneXpert referral) and 5 % to follow themes of PMTCT/EID follow up & defaulter tracing. Average duration of calls was 1.27 minutes, with average cost of 773.74 SLL (~0.09 USD).
- Pooled 6 months retention rate improved by 15% [95% CI (5.29, 20.5), p < 0.01], and by 18% at 12 months [95% CI (9.93, 22.07), p < 0.01].

TELEPHONE COMMUNICATION AND USAGE



IMPACT OF TELEPHONE ON PATIENTS' RETENTION



CONCLUSION

- This modest intervention shows interesting results for improving retention rates
- Routine phone calls is an important way to address real time patient and programmatic needs and improve retention of PLHIV as HIV programs pursue the UNAIDS 90-90-90 targets
- Despite good results, sustaining & scaling such interventions up remains one of the major challenges for Sierra Leonean health system

