

Zimbabwe:

SMS VL to Patients (high or low)

(Ongoing)

Malawi

SMS Linkage in Prisons (Design)

SMS High VL to Clinics (Ongoing)



Mozambique SMS ePassport for Health (Design)

South Africa/Lesotho

Khayelitsha: SMS Results & Tracing: Self Testing (Design)

Virtual Support Groups for Youth Clubs (Ongoing)

Mobile Data Collection Pilot for Clubs (Ended)

Stop Stock Outs: Patient/HCW Stock Out Reporting, Mapping & Case Management

KZN: SMS Patient Messages for Adherence, Linkage, PMTCT (Design)

LSO: Defaulter Tracing

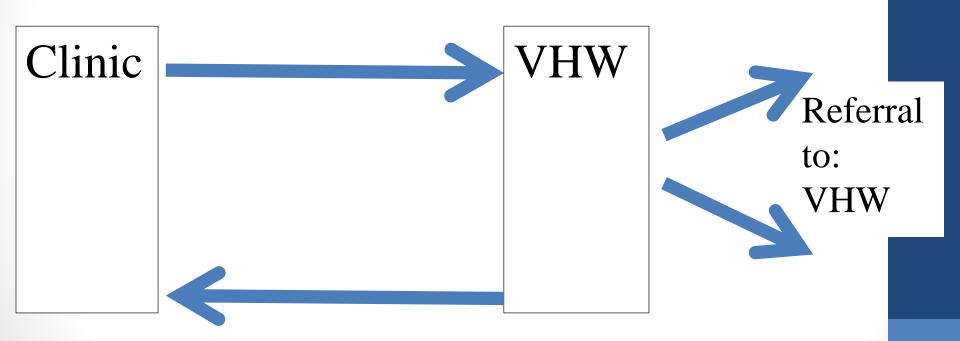


- Project Problem: 1. High number of missed appointments (PMTCT, HIV, TB) 2. Low referral rates from the clinic to VHWs for tracing. 3. Lack of accurate data re: patient tracing
- Rationale mHealth: Long distances (rural setting) to villages (monthly VHW meetings) + Long time to trace (PMTCT)

#### Lesotho – SMS Referrals: Protocol

Developed with: Clinic Nurse, Counseling Team, VHW, Doctor, Midwife and mHealth Advisor

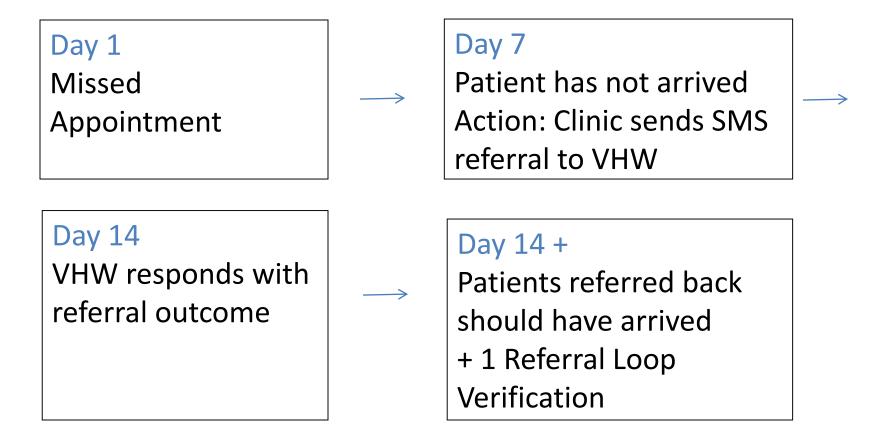
#### **SMS** Referral



SMS Tracing
Outcome (1-7)

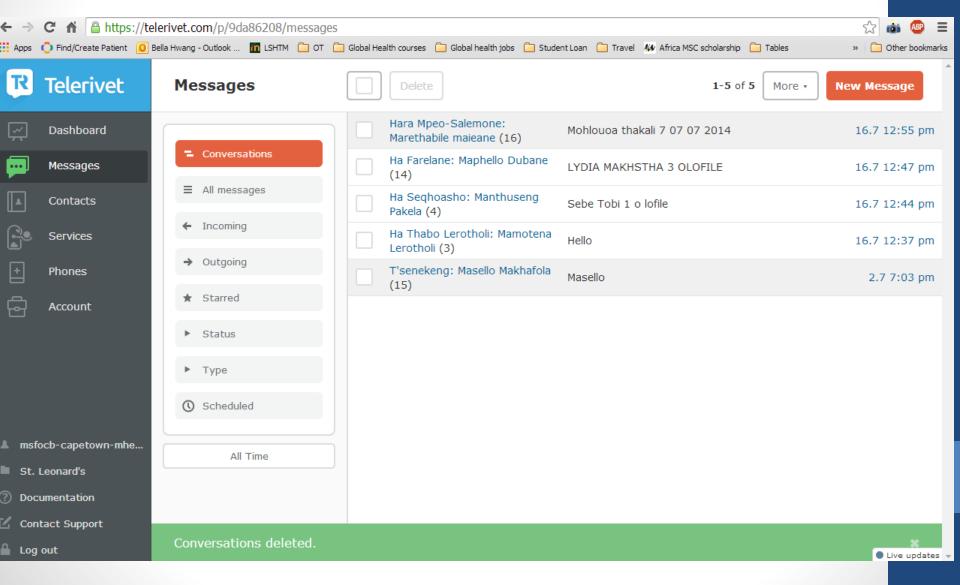
#### Lesotho – SMS Referrals: Protocol

Developed with: Clinic Nurse, Project Counseling Team, VHW, Project Doctor, Project Midwife and mHealth Advisor



Patient Confidentiality: Password Protected phones, Coded SMS Messages

### Online SMS Database - (Telerivet)



#### Lesotho – SMS Referrals: Evaluation

Aim 1: LTFU rates are reduced with SMS VHW referrals

- Patients Traced
  - # Patients Returned to Clinic/# Patient Referred
  - # Patients with known LTFU Outcomes/# Patient Referred
- Length of time to Refer and VHW to trace

Challenges: Evaluate against Standard of Care

First improve Standard of Care (Paper Referrals)



# KZN – SMS Interventions Along the Cascade

1. Linkage; 2. Adherence; 3. PMTCT



Project Problem: Low linkage to care rates

 Rationale mHealth: Mixture of Rural/Urban Setting; High penetration of mobile phones; Reduced contact points with health system post-testing (early contact points in 3 months)



Protocol: Patients receive 1 SMS per week for 12 weeks after enrollment

#### **Primary Outcome**

Linkage from community to clinics

#### **Secondary Outcome**

- Retention in care at 6 months
- Time to linkage

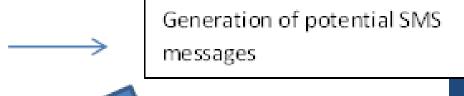


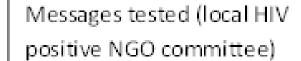
#### Developing the Messages:

Themes for perceived barriers to adherence and linkage gathered from literature

Exploratory focus groups. Open discussion and some sharing of relevant evidence by chair.

Final messages developed







#### Challenges/Considerations:

- Patient Confidentiality/Accidental Disclosure (ex. Shared Phones) – Informed Consent
  - Contents of the Messages
    - HIV Related Wording
    - General vs Directed Messages (ex. You/Your)
  - Adverse Event Plan (One phone call per opt out)



### Lessons Learned

- 1. Developing a evaluation protocol early
- Improve standard of care within clinics (parallel process)
- Patient Directed Interventions may have more impact
- 4. mHealth solutions have flexibility for ongoing reiteration and adaptation/personalization



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