

Opportunities and challenges for 'test-and-treat': Insights from eastern and southern Africa

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Introduction

Timely access to antiretroviral treatment (ART) is key to the health of people living with HIV as well as to reducing the transmission of HIV [1, 2]. In September 2015, the WHO released revised global guidelines for HIV treatment and care, recommending lifelong ART for anyone testing positive for HIV - an approach that has been dubbed 'test-and-treat' [3]. Health departments and key stakeholders, across sub-Saharan Africa, are currently developing strategies to roll-out 'test-and-treat'.

In the interests of informing such efforts, we draw on findings from a multi-country qualitative study about local perceptions of different HIV treatment programmes, to investigate the challenges and opportunities of the implementation of 'test-and-treat' in eastern and southern Africa.

Methods

Data are drawn from a multi-country study examining how people living with HIV (PLHIV), and their sociality, interact with the HIV treatment cascade. Studies took place in Uganda, South Africa, Tanzania, Malawi and Zimbabwe and involved in-depth interviews with 197 HIV service users, 41 HIV service providers and 23 relatives of people known to have died from AIDS-related illnesses. Ethical clearance was obtained in each country. Data were coded in NVivo10 using inductive and deductive approaches to identify emerging themes.

Conceptual framework

With the implementation of test-and-treat, anyone testing HIV positive will immediately be offered life-long ART. To inform discussions on the implications test-and-treat, we examine the collection of social psychological factors that predate and predict motivation for HIV testing and treatment engagement.

To do this we locate the *stages of change model* (transtheoretical model) [4], within a sociology of health and illness to unpack how social representations and life experiences guide meaning, and help people find the motivation to adjust to illness - shaping their engagement with HIV services (see Fig 1.)

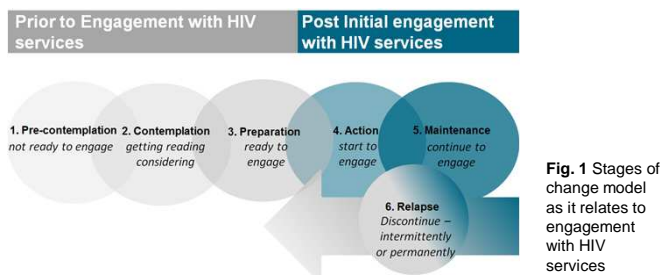


Fig. 1 Stages of change model as it relates to engagement with HIV services

Results

Motivation and readiness to engage with HIV testing and treatment services was shaped by many different factors, but varied across sites. However, two global themes cut across all participating sites, highlighting opportunities and challenges for test-and-treat, as shown in Fig 2.

A key opportunity pertains to the capacity of health services. Health services in many of the participating study sites have experienced significant improvements over the past 5 years, enhancing the

| GLOBAL THEME 1: CAPACITY OF HEALTH SERVICES | |
|---|---|
| Accessibility of HIV services | Travel distance (time and costs) and frequency of clinic visits |
| | Patient-centered HIV services and flexibility |
| Value placed on HIV services | Medical management and co-ordination of care |
| | Trust, or otherwise, in the capacity of health services to treat HIV. |
| Value placed on HIV services | Experiences with, and perceptions of, health services and ART |
| | Possibilities for following treatment progression through regular CD4 counts |
| GLOBAL THEME 2: READINESS & MOTIVATION TO TEST & INITIATE ART | |
| The temporality of HIV status acceptance & disclosure | The process of HIV status acceptance takes time |
| | Varied readiness to disclose HIV status to significant others |
| Closeness to HIV: At-risk perception, bodily & relational experiences | Whether a HIV positive person is surprised by, or anticipated sero-conversion influences readiness for ART initiation |
| | Knowing someone who is HIV positive, and on ART, or not, influences readiness for ART initiation |
| | Whether a HIV positive person has experienced illness or not influences readiness for ART initiation |

Fig. 1 Key factors amplifying or attenuating motivation and readiness to engage with HIV services

accessibility of services and the positive value placed on HIV services:

"I can also say many of us are on ART and it is rare to hear of deaths of people who will have come to the clinic and get the treatment."
Female enrolled onto ART

However, 'test-and-treat' may do away with some valued practices that ensure engagement with treatment, such as CD4 counts:

"We should be testing for CD4 count so that we know that there is an improvement [...] Those who test in hospitals and get CD4 counts are enjoying" Female enrolled onto ART

People experience different levels of readiness when it comes to engagement with HIV services, and move at different speeds from pre-contemplation to staying on the treatment cascade - so are not necessarily ready for treatment immediately after testing.

"I did not accept it for a long time. Every time I thought about my status I got afraid and started doubting whether it's true or not, so it took me a long time to accept it" Female, recently initiated onto ART

Motivation for HIV testing and continued engagement with the treatment cascade is amplified by a perceived and experienced closeness to HIV, having witnessed or experienced the impact of HIV and the use-value of treatment and care.

"I accepted treatment because I can see they give life. In the past you would see people wasting away and die" Male enrolled onto ART

Conclusions

- Country programmes implementing 'test-and-treat' must consider the role of closeness, or distance, to HIV, in shaping the temporality of people's readiness and motivation for testing and treatment.
- As more people are put onto treatment through test-and-treat, HIV will become less bodily experienced and relationally witnessed - challenging the motivation and readiness of people. While this is a remarkable testimony to the achievements of the HIV response, this study 'warns' of potential new challenges emerging from this success.

References

- Mugavero, Michael J., et al. "Early retention in HIV care and viral load suppression: implications for a test and treat approach to HIV prevention." *Journal of acquired immune deficiency syndromes (1999)* 59.1 (2012): 86.
- Insight Start Study Group. "Initiation of antiretroviral therapy in early asymptomatic HIV infection." *N Engl J Med* 2015.373 (2015): 795-807.
- WHO (2015) Guideline on when to start antiretroviral therapy and on pre-exposure prophylaxis for HIV. World Health Organisation: Geneva
- Prochaska, J.O. and C.C. DiClemente, *The transtheoretical approach: Crossing traditional boundaries of therapy*. 1994: Krieger Pub Co.