

What influences patients’ presentation to HIV services in rural south-western Uganda? Patients’ views in the context of current policy recommendations

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Introduction

Recent developments in HIV treatment policy, including Option B+, increasing the CD4 threshold to ≤ 500 cells μl and prescribing cotrimoxazole for pre- antiretroviral therapy [ART]), aim to initiate people living with HIV (PLHIV) earlier into care to improve individual and public health outcomes. However, the point at which PLHIV present for care after being diagnosed, still varies, with some presenting at an advanced stage of infection (CD4 <500 cells μl). We conducted a study to understand what influences HIV care-seeking among PLHIV in rural south-western Uganda, in the context of these HIV care policy changes.

Methods

Between September-December 2015, 33 people were sampled from ART clinics within Kalungu district MRC/UVRI health and demographic surveillance area in south-western Uganda. Sample characteristics are described in table 1 below.

Characteristics	Timely presenters (CD4 ≥ 500 cells μl)	Late/crisis presenters (CD4 <500 cells μl)	Relatives of the deceased	Total
Sampling technique	Random Available numbers could allow this	Purposive due to small available numbers	Random Available numbers could allow this	N/A
Women	9	7	3	19
Men	6	6	2	14
Total	15	13	5	33

All the 33 in-depth interviews were analysed thematically. Topic guides explored PLHIV experiences of HIV testing, treatment and access to care. Themes were derived through inductive and deductive coding. Ethical approval was obtained in Uganda and UK (LSHTM).

Results: Late/Crisis Presentation

We found that facility, individual and gender-specific factors affected late/crisis presentation for HIV care services (Fig 1):

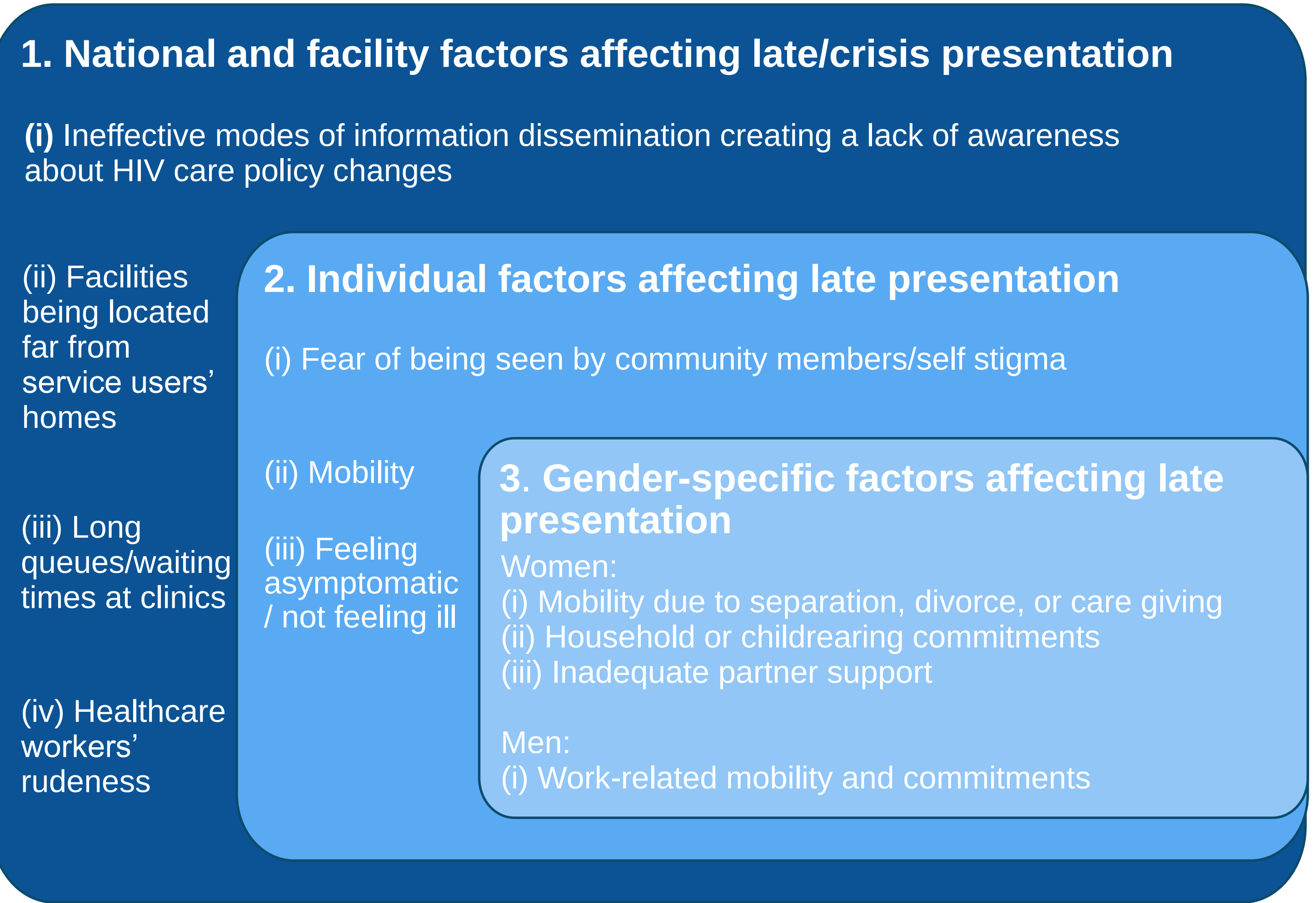


Fig. 1 Factors affecting late/crisis presentation for HIV care

“When I was given tablets [ART] to take I did not have any sign to show that I had HIV in my blood. I used to do my work very well. [so he did not take the pills] I went there again [health facility] when I started becoming weak”, (man aged 49 years recent ART initiator).

Results

The factors influencing timely presentation included effective policy promotion at national and facility levels, as well as individual and gender-related factors.

However, only women participants reported gender-specific explanations for the time of their presentation for HIV care initiation (Fig 2).

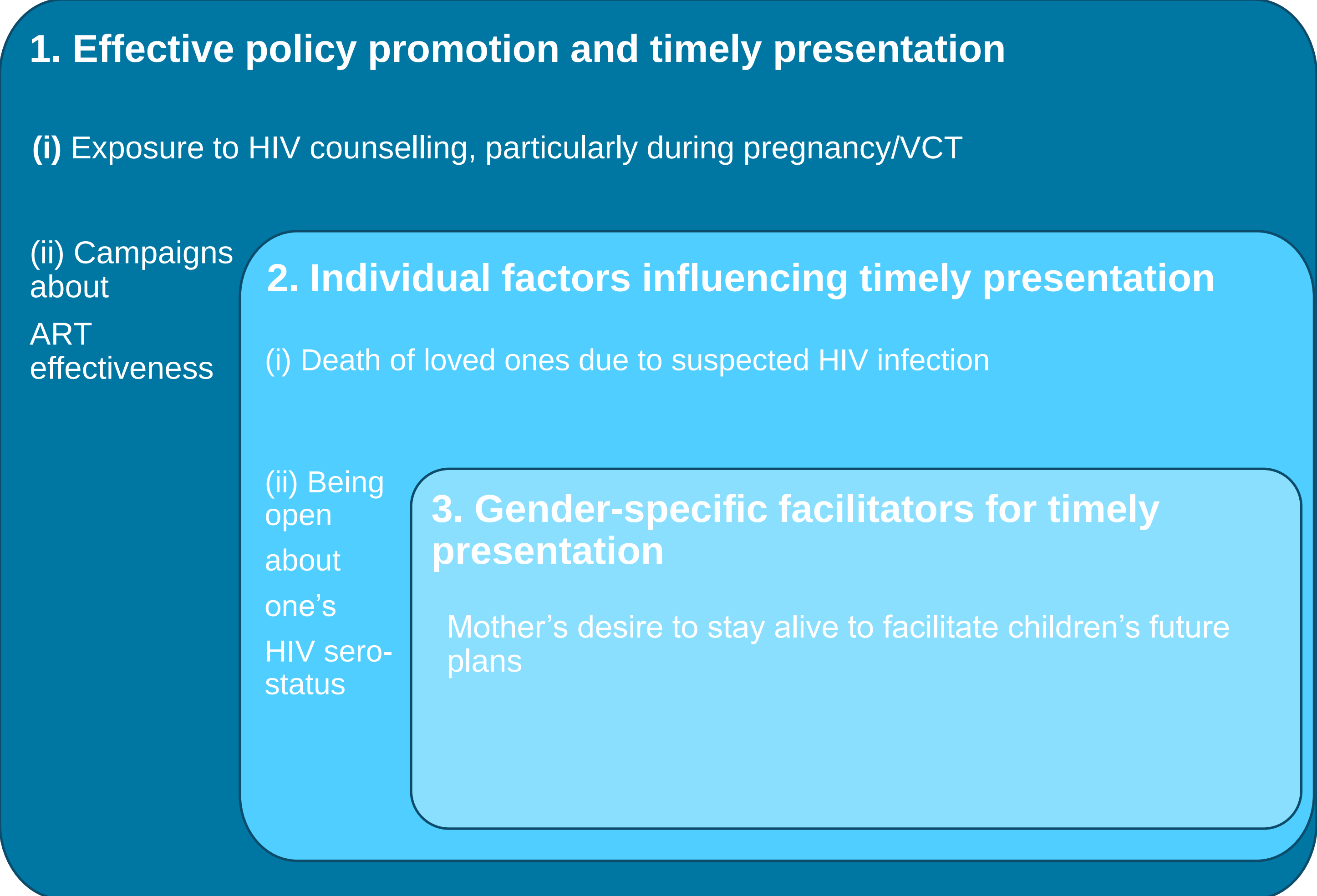


Fig. 2 Factors affecting timely presentation for HIV care services

“I was counselled well before I was started on treatment [ART]” (woman aged 28, started on ART in the previous 6 months due to pregnancy).

“I wanted to start on treatment [ART] early. [But] when I tested [for HIV] they gave me septrin [cotrimoxazole]. I was asked to take it daily and collect more every month. I have taken it [septrin] for 6 months now” (woman aged 43 years, in pre-ART care).

“I wanted to start on the treatment [ART] earlier to deliver a baby free of HIV” (woman aged 30 years, initiated on ART due to pregnancy).



MRC/UVRI ART/general clinic



Government health centre II in the MRC/UVRI study area



Government health centre III in the MRC/UVRI study area

Conclusions

Despite recent policy changes, which have aimed to enable better access to HIV services, obstacles to timely presentation remain in our study area. These include gender-specific, individual, facility and national level factors. Some of these factors can be ameliorated through programme specific reviews and further national investment in health and social support services to better meet the needs of PLHIV and their families.