Early access to antiretroviral therapy (ART) in Swaziland: 6-month treatment outcomes and patient experiences

*Shona Horter1,2, Bernhard Kerschberger1, Alison Wringe2, Inoussa Zabsonre1, Velibanti Dlamini1, Sikhathele Mazibuko3, David Etoori1, Roger Teck4,5, Serge Kabore1, Mpumelelo Ndlangamandla1, Barbara Rusch4, Iza Ciglenecki4

1Médecins Sans Frontières (MSF), Nhlangano, Swaziland; 2London School of Hygiene and Tropical Medicine, London, UK; 3Swaziland National AIDS Programme (SNAP), Ministry of Health of Swaziland, Mbabane, Swaziland; 4MSF, Geneva, Switzerland; 5MSF South African Medical Unit, Cape Town, South Africa

*Msfch-nhlangano-socialresearch@geneva.msf.org

Introduction

WHO now recommends antiretroviral therapy (ART) for people living with HIV (PLHIV), at any CD4 count (“test and treat”, T&T), following evidence of associated health benefits and reduced transmission. Swaziland is one of the first countries to pilot T&T for all adults diagnosed with HIV under routine programme conditions. We assessed 6-month treatment outcomes and patient experiences from this pilot.

Methods

A prospective cohort of non-pregnant PLHIV (≥16 years) were enrolled in Oct 2014-April 2015 and followed until unfavourable outcome, transfer-out, or database closure (Sept 2015). Participants were recruited purposively from the pilot cohort for qualitative interview, including those with a range of treatment-taking experiences (eg those who had initiated and not initiated ART). 15 in-depth interviews were conducted to examine PLHIV decision-making regarding early ART initiation. Data were analysed thematically using coding, with Nvivo 11. 6-month retention on ART was estimated by Kaplan-Meier plots; adjusted Cox proportional hazard models were used to assess predictors of the composite unfavourable outcome (death/lost to follow-up).

Ethics

Ethics approval was obtained from the Swaziland Ethics Committee and MSF Ethics Review Board.

Results

625 patients initiated ART; 280 (44.8%) had a CD4 count ≤349 cells/mm^3 and 182 (29.1%) ≥500.

“Asymptomatic” interview participants described embodied signs of HIV, which warned of imminent health deterioration and spurred a desire for early ART. Participants wanted to maintain a hidden HIV status through avoiding development of symptoms but also feared exposure when accessing HIV services, anticipating stigma. Participants described the need to “obey” the “law” of health services, demonstrating subservience in their relationships with providers. Some felt unable to refuse T&T, having limited autonomy over the decision to initiate ART. Of those on ART (625), 6-month retention was 86.6% (95%CI 83.9-89.2), and was higher for CD4 350-499 (89.2%; 95%CI 83.1-93.1) and ≥500 (90.0%; 84.6-93.6) than ≤349 (83.5%; 78.6-87.4) (p=0.05). The unfavourable outcome was less likely
with higher CD4 levels and more likely with same-day ART initiation (adjusted hazard ratio 1.68, 95%CI 1.02-2.79; p<0.05).

**Conclusion**

Some PLHIV were motivated by anticipated health benefits from earlier ART initiation; however, discourses of stigma remained pervasive. Hierarchical practitioner-patient relationships can cause patients to follow health advice due to lack of perceived choice. Retention appeared better in patients with a higher CD4 count at initiation while it was decreased in patients with same-day ART initiation. How earlier initiation of treatment will influence ongoing adherence and retention is unknown. These findings are important for considerations for future adoption of T&T approaches.

**Conflicts of interest**

None declared.