

Staying on antiretroviral therapy for HIV in Africa: A systematic review

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An international team of researchers have carried out a review of the evidence examining what influences people who are HIV positive to go to health services and then stay on antiretroviral drugs in Africa.

In a paper published in the Journal *PLOS One* the team, led by LSTM's Professor Paul Garner, used advanced methods of thematic synthesis to examine over 59 studies carried out in Africa, extracting key messages from the qualitative research. Professor Garner said: "We wanted to bring together the mass of research exploring what influences people taking and continuing to take antiretroviral drugs. Much has been achieved by governments, donors, NGOs and the World Health Organization in ensuring that people have access to these life-saving treatments but our review offers—for the first time—a more comprehensive understanding of the influences to treatment seeking and adherence to help health workers design approaches to keep people on their meds."

Looking at the evidence the team identified nine themes impacting on adherence and treatment seeking which they grouped under three main headings. The first of these was the acknowledgement that people who are HIV-Positive often must navigate the challenges presented by external issues such as poverty, unpredictable life events and stigma which can influence initiating and maintaining antiretroviral therapy (ART). Secondly, the health system is generally seen as punishing and uninviting, which can drive people out of care. Thirdly, long-term engagement requires adaptation and incorporation of ART into daily life, which is a process facilitated by factors including inherent self-efficacy, social responsibilities, previous HIV-related illness and emotional, practical or financial support.

Dr. Ingrid Eshun-Wilson, lead author on the paper, who carried out the work whilst based at the Centre of Evidence-Based Healthcare,

Stellenbosch University said: "The mix of all these factors happen over time, so there appears to be a tipping point when patients choose to either engage or disengage from care, with HIV-positive patients potentially cycling in and out of these care states in response to fluctuations in influences over time."

The team hope that their work can contribute to the design of service delivery approaches, and informed thinking and action on the part of policy makers, providers, and society to understand what it is to be HIV-positive in Africa and how attitudes and the health service need to shift to help those with HIV lead 'normal' lives.

"Our review goes beyond presenting barriers and facilitators such as cost and distance from care, which are well known." Continued Dr. Eshun-Wilson: "We describe broadly how external [influences](#) and personal motivation interact and drive ART adherence and engagement decisions and presents a model for understanding why people do what they do."

More information: Ingrid Eshun-Wilson et al. Being HIV positive and staying on antiretroviral therapy in Africa: A qualitative systematic review and theoretical model, *PLOS ONE* (2019). [DOI: 10.1371/journal.pone.0210408](https://doi.org/10.1371/journal.pone.0210408)

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