1. Introduction

South Africa has the largest HIV epidemic globally:

- Nearly 15 m adults are infected.

- The 2012 annual HIV-related mortality rate was 449 per 100,000 persons.

For antiretroviral therapy (ART) to be successful, people living with HIV (PLHIV) must complete a series of steps termed the HIV continuum of care, as follows:

1) Initial counseling/education
2) CD4 count to determine treatment eligibility
3) Linkage to care
4) Initiation of ART
5) Retention in ART, and
6) Viral suppression.

A variety of barriers exist at each step, placing PLHIV at risk of not being linked to or dropping out of ART care.

In Tugela Ferry, Msinga, KZN, South Africa, 12% of the adult population was living with HIV.

As community members and sometimes HIV patients themselves, community health workers (CHWs) are uniquely positioned to provide insight on the barriers to ART that PLHIV face.

2. Objectives

1. To qualitatively explore, from the perspectives of CHWs, reasons for poor ART initiation and retention rates among ART-eligible PLHIV in rural KZN, South Africa.

2. To develop a better understanding of the challenges PLHIV face when trying to take ART and how these challenges influence their HIV-related care and overall health.

3. Design and Methods

Participative inclusion criteria:

1. CHWs employed by KZN’s home-based care program, with at least 1 year of experience working with PLHIV in Msinga, KZN.

Data Collection:

- CHWs were interviewed individually by the first author of this paper.

- Interviews were audio-recorded, transcribed, and translated from Zulu into English.

- Using Atlas.ti, hybrid deductive and inductive analytical methods borrowed from grounded theory were applied to identify emergent themes.

4. Results

4.1. Characteristics of Participants:

- 21 CHWs (12 male, 9 female) were interviewed during May-August 2014.

- Average age 33 years (range 23-51 years)

- 8/21 CHWs were married;

- 6/21 CHWs had completed grade 12;

- 18/21 CHWs had completed grade 10.

- 12/21 CHWs had completed grade 9.

- 11/21 CHWs were trained as traditional healers.

- Average years of experience working with PLHIV in KZN was 7 years (range 1-20 years).

4.2. Challenges with Treatment:

- "The ART treatment is taken for the rest of your life... either you go on the treatment or you die.

- "I say they have seen me...[at the HIV clinic].’’

- ‘‘The reasons behind ART non-initiation and default generally overlap, suggesting a single intervention can target both.’’

4.3. Barriers to ART Initiation:

- "In general, there are two reasons why PLHIV are not starting ART: fear of lifelong therapy and fear of side effects.

- "I can only say that people from this area believe that if you take ART, you will be for the rest of your life—they just say, ‘This is not going to cure you; you will just be for the rest of your life’.

4.4. Barriers to ART Retention:

- "In general, there are two reasons why PLHIV are defaulting from ART: fear of lifelong therapy and fear of side effects.

- "I can only say that people from this area believe that if you take ART, you will be for the rest of your life—they just say, ‘This is not going to cure you; you will just be for the rest of your life.’

4.5. Facilitators to ART Retention:

- "In general, there are two reasons why PLHIV are adhering to ART: social support and education.

- "I can only say that people from this area believe that if you take ART, you will be for the rest of your life—they just say, ‘This is not going to cure you; you will just be for the rest of your life.’

4.6. Mitigating Socioeconomic Strain:

- "In general, there are two reasons why PLHIV are adhering to ART: social support and education.

- "I can only say that people from this area believe that if you take ART, you will be for the rest of your life—they just say, ‘This is not going to cure you; you will just be for the rest of your life.’

4.7. Mitigating Stigma and Discrimination:

- "In general, there are two reasons why PLHIV are adhering to ART: social support and education.

- "I can only say that people from this area believe that if you take ART, you will be for the rest of your life—they just say, ‘This is not going to cure you; you will just be for the rest of your life.’

4.8. Mitigating Healthcare System Barriers:

- "In general, there are two reasons why PLHIV are adhering to ART: social support and education.

- "I can only say that people from this area believe that if you take ART, you will be for the rest of your life—they just say, ‘This is not going to cure you; you will just be for the rest of your life.’

5. Conclusions

- The reasons behind ART non-initiation and default generally overlap, suggesting a single intervention can target both.

- From the perspective of CHWs, changing focus from HIV/AIDS as an acute infectious disease to a chronic disease model of care can help in mitigating the barriers to ART.

- Successful management of HIV/AIDS requires education, counseling, and support extending beyond the initial diagnosis phase.

- Changing focus from HIV/AIDS as an acute infectious disease to a chronic disease model requiring lifelong management is crucial for the management of HIV/AIDS in South Africa.

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