**Access to Treatment for HIV/AIDS**

The availability of generic antiretroviral drugs and the resulting reduction in drug prices has made the provision of antiretroviral therapy (ART) as a component of comprehensive HIV/AIDS care a possibility for many countries in the developing world. However, access to and the provision of treatment requires people to know their HIV status and seek care as well as a health service delivery system that is affordable, nondiscriminatory, and capable of providing care. In June 2001, Horizons hosted an international consultation of researchers and program managers to discuss operational issues and challenges in increasing access to treatment, and to identify key operations research (OR) questions.1 Participants focused on the critical elements of treatment programs and drew on the experiences of countries that have made progress in implementing ARV programs, including Senegal, Côte d’Ivoire, Uganda, Brazil, and Thailand.

**ART—One Facet of a Comprehensive HIV/AIDS Program**

Discussion at the consultation centered on ART as only one component of a comprehensive HIV/AIDS program that also includes prevention and other care and support activities (see figures). These components not only complement but also mutually reinforce each other. ART programs are implemented in the context of existing service delivery systems, and these systems must also be responsive to the need for other treatment and care options such as prophylaxis for certain opportunistic infections (OIs), treatment for OIs, and palliative or end-of-life care.

**Overview of comprehensive HIV/AIDS care program**

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<tr>
<th>Socioeconomic Support</th>
<th>Human Rights &amp; Legal Support</th>
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<td>Examples:</td>
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<td>Microcredit</td>
<td>• PLHA involvement</td>
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<td>Nutritional support</td>
<td>• Making a will</td>
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<td>Orphan support</td>
<td>• Community sensitization</td>
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<th>Medical &amp; Nursing Care</th>
<th>Psychological Support</th>
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<td>Examples:</td>
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<td>• OI treatment</td>
<td>• Voluntary counseling and testing (VCT)</td>
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<td>• Preventive therapies</td>
<td>• Spiritual support</td>
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<td>• ARVs</td>
<td>• Follow-up counseling</td>
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<td>• Traditional therapies</td>
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<td>• STI treatment</td>
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Source: Eric van Praag, FHI/IMPACT
Priority Operations Research Questions

Consultation participants discussed a variety of areas related to access to treatment, including health systems and service delivery; biomedical issues; behavior of health care workers and clients; stigma, discrimination, and ethical issues; community involvement; cost and cost recovery; and policy. The following research questions emerged as priorities for operations research:

Health systems
- How can health care workers’ motivation and confidence be improved? What is needed in terms of training, support, and backstopping?
- What are the quality of care and the utilization of different service delivery models? How can the quality of service be ensured?
- How can the potential of private providers best be utilized? What are models for successful public-private sector partnerships?

Behavioral issues
- Which factors contribute to adherence to treatment, both for OIs and ARV therapy? What is the impact of comprehensive programs on adherence?
- How does the use of non-medical providers affect maintenance of treatment regimens? What is the effect on adherence of using a buddy system compared to treatment managers or to involvement of family and/or community?
- Can antiretrovirals (ARVs) be introduced without a reduction in protective behaviors? Will the introduction of ARVs increase high-risk behaviors?

Community
- How can communities be involved in the design and implementation of HIV/AIDS care and treatment programs? What effect does community involvement have on care provision?
- What is the effect of involvement of PLHA on the coverage, utilization, and success of treatment programs?
- What is the effect of comprehensive programs that treat families rather than individuals?

Cost
- What is the range of costs and cost-effectiveness for different care and treatment options?
- What is the benchmark for cost-effectiveness?
- What proportion of therapy can user fees cover? What is the willingness and ability to pay?
- What is the implication of user fees for the financial wellbeing of families?

Stigma and discrimination
- What type of care, support, and treatment interventions will reduce stigma and discrimination?
- Which training or other approaches are most likely to result in reducing stigma and discrimination by health care providers?
- What effect will scaling-up VCT and care and support programs have on stigma and discrimination? What is the effect of the availability of treatment on stigma and discrimination?
Developing a Cutting-edge Research Agenda

The Horizons Program is well placed to address a number of the priority operations research questions formulated during the consultation. Currently Horizons is collaborating with research partners around the world to develop studies on the following topics:

**Adherence to ART**
Horizons is developing an OR study to examine the introduction of ARVs in the management of HIV-infected individuals in Mombasa, Kenya. The study will focus on adherence to ART by (1) assessing the effectiveness of a modified directly observed therapy approach in promoting adherence, and (2) evaluating and validating measures of adherence, including quality of life, for a low-resource setting.

**Preventive behavior and stigma and discrimination in the context of ART**
Horizons will also look at behavioral issues in the Mombasa study and in a different study in Brazil. Specifically, the studies will examine (1) changes in protective and preventive behavior in persons receiving ART, (2) changes in stigma and discrimination experienced by persons receiving ART, and (3) changes in attitudes and perceptions of health care workers who are involved in the health care systems where ART is available.

**Economic impact and cost of introduction of ARVs**
Horizons will assess the economic impact of introduction of ARVs on intra-household allocation of resources in client households, as well as the costs of introducing ARVs into existing health care services in Mombasa, Kenya.

**Counseling with HIV testing as an entry point to treatment, care, and support**
Counseling and testing is an entry point for increasing access to HIV/AIDS treatment and care. Horizons will conduct a study on the introduction of counseling and referral services in private-sector laboratories that provide HIV testing in Chennai, India. The study focuses on evaluating strategies to introduce and maintain high-quality counseling and referral services. Horizon’s collaborating partner, YRG CARE, will provide support for quality control and assurance for HIV testing.

**Identifying Gaps in Service Delivery for ARVs**
Horizons is currently conducting situation analyses in Thailand and South Africa. The Thai situation analysis examines program readiness to provide ARVs to PLHA; in Kwa-Zulu Natal, South Africa, the study is assessing the status of MCH services to address RTIs and HIV/AIDS. Data from these formative research studies will be used to develop and test interventions to improve service delivery.

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Available on the web at www.popcouncil.org/horizons/horizons.html; for a hard copy contact horizons@pcdc.org.
Recommended Further Reading


Working Group on Antiretroviral Therapy and Medical Management of HIV-Infected Children convened by the National Resource Center (NPHRC), the Health Resources and Services Administration (HRSA), and the National Institutes of Health. 2001. Guidelines for the use of antiretroviral agents in pediatric HIV infection. http://www.hivatis.org/trtrgdlns.html.

