

Barriers to HIV Treatment Among People Who Inject Drugs: A Community Perspective from Kyrgyzstan and Pakistan

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The Missing the Target 12 report (MTT12) uses a community-led approach to document key HIV treatment barriers that are faced by people who inject drugs (PWID). The report is based on research conducted by organizations of people living with HIV (PLHIV) studying access to, and quality of services among PWID, the population most affected by HIV in Kyrgyzstan and Pakistan.

METHODS

MTT12 used a combination of qualitative and quantitative methods. Partnership Network carried out a survey among 321 PWID in five districts in Kyrgyzstan, as well as document analysis and in-depth interviews with key stakeholders (n=6), health staff (n=21) and NGO representatives (n=10). In Pakistan, Nai Zindagi interviewed two cohorts of PWID: 500 who were participating in an ART adherence program, and 100 program graduates. Data for MTT12 was gathered from September 2017 to April 2018.

RESULTS

In Kyrgyzstan, results demonstrate that PWID are being left behind when it comes to ART initiation. Despite the World Health Organization (WHO) 'treat-all' recommendation for everyone living with HIV, the median interval between receiving an HIV diagnosis and starting ART was 2.4 years among PWID, versus 84 days for the general population. Among the 321 people surveyed, only 22% reported ART adherence, versus the national estimate of 83.7%. Communities are critical in supporting ART adherence: PWID with access to peer counselling and psychosocial support during linkage to care, and those who had received services from an NGO, had significantly better adherence than those who did not (as shown in Figure 1).

In Pakistan, long-distance travel and lengthy waiting times for services at ART centres came out as significant barriers to HIV treatment among PWID. Seven percent (7%) of the 249 survey participants who had initiated treatment reported challenges with ART access, the most common concerns were lengthy travel to another city (41%) - including paying for travel (10%), and long waiting times (38%). Similarly, among the 42 program graduates who reported difficulties receiving ART, 75% pointed at the long distances to ART centres. Lack of awareness and knowledge about HIV negatively impacts treatment access and uptake among PWID. Thirty-six percent (36%) reported a lack of knowledge about HIV and noted that they delayed ART initiation based on the incomplete information they received from health facilities.

Lastly, routine viral load testing (RVLT) needs to be urgently scaled-up: Only 18 respondents out of 200 had ever received a viral load test, with only three people having received their results.

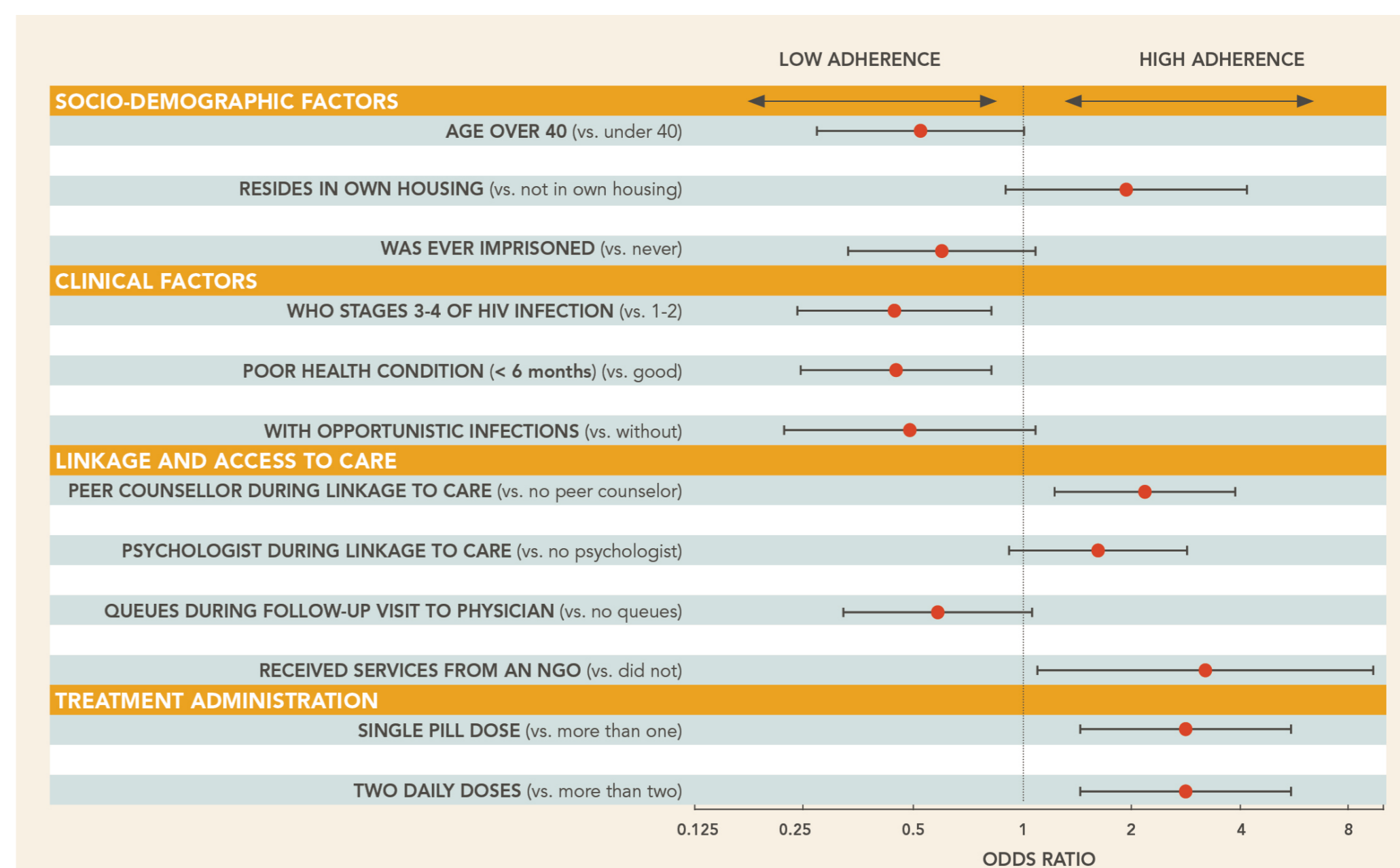


FIGURE 1: Correlation between factors studied and low adherence in Kyrgyzstan (n=321). Thirty-eight factors were tested by the method of univariable analysis; Twelve factors with P-value of ≤ 0.1 were selected for the logistic regression model to exclude confounding factors.

RECOMMENDATIONS

- Innovative service delivery models are needed to address barriers to care and treatment among PWID living with HIV.** In both countries, ART service delivery is inconvenient and time-consuming for recipients of care. Differentiated service delivery (DSD), through out-of-facility individual models and community ART groups, could help address this issue and improve linkage to, and retention in care. Services should increase involvement of NGOs and PWID to provide peer counselling and support services.
- Treatment education is a vital for improving treatment access and increasing demand and uptake of HIV services.** Common reasons put forward by PWID for delaying ART initiation were lack of knowledge or incomplete information received from health care facilities. Treatment education is also needed to increase demand for access to quality HIV services such as RVLT.
- Access to ART and opioid substitution therapy (OST) for PWID are equally important and should be linked, to overcome the existing structural barriers that impact adherence.** In both countries, lack and low of quality OST and detoxification programs were barriers to HIV treatment. The structural barriers within the health system make adherence challenging.