

Talking about Treatment-as-Prevention and U=U: patient needs and health worker perspectives

Dorina Onoya¹, Idah Mokhele¹, Shubhi Sharma², Tembeka Sineke¹, Refiloe Cele¹, Patience Sigasa¹, Mandisa Dukashe³, Laila Hansrod⁴, Robert Inglis R⁴, Rachel King⁵, Jacob Bor^{1,2}

Institutional Affiliations

¹ Health Economics and Epidemiology Research Office, Department of Internal Medicine, School of Clinical Medicine, Faculty of Health Sciences, University of the Witwatersrand, Johannesburg, South Africa

²Department of Global Health, Boston University School of Public Health, Boston, MA, USA

³HIV Survivors and Partners Network, Tshwane, South Africa

⁴Jive Media Africa, Pietermaritzburg, South Africa

⁵Institute for Global Health Sciences, University of California, San Francisco, USA

Background

People who are virally-suppressed cannot transmit HIV sexually. While the science of HIV treatment-as-prevention (TasP) is clear, this message has not been disseminated widely in sub-Saharan Africa, limiting its value in motivating treatment uptake, adherence, and retention HIV care. We sought to understand the TasP communication needs of persons living with HIV (PLHIV) and barriers and facilitators to TasP communication among health care workers in South Africa.

Methods

As part of an ongoing randomized controlled trial, we conducted five focus group discussions (FGDs) with healthcare workers (N=42) including nurses and counsellors from primary healthcare clinics and counselling staff of non-governmental organisations supporting the HIV testing and treatment programs in the Gauteng and Free State Provinces of South Africa. Additionally, three FGDs (N = 27) were conducted with PLHIV recruited by snowball sampling through civil society organisations and we interviewed 27 PLHIV referred by HIV counsellors at primary healthcare clinics in Johannesburg. Interviews were conducted in May 2021, audio recorded, transcribed verbatim, translated to English, and thematically analysed.

Results

While PLHIV participants had some knowledge about TasP, they expressed scepticism about the effectiveness of TasP. Knowledge about viral load (VL) suppression was an important validator and motivator for medication adherence. However, PLHIV expressed the need for guidance in communicating TasP, highlighting ongoing concerns around possible rejection by potential sexual partners.

Healthcare workers expressed discomfort with sharing the science of TasP due to concerns about patient non-adherence to ART and being responsible for ensuing HIV transmission. Healthcare workers worried that promoting TasP would undermine strong messaging on condom use to prevent other sexually transmitted infections. HIV counsellors expressed the need for communication tools providing simple, unambiguous, and consistent narrative for TasP and VL counselling, with visual and narrative support.

PLHIV and counsellors alike recommended a phased approach to communicating ART benefits, focusing first on attaining viral suppression and emphasizing condomless sex only after sustained viral suppression.

Conclusions

These data highlight the need for TasP communication support. Healthcare workers also need training and support to confidently and adequately communicate TasP, adapting the message according to the phases of PLHIVs' ART journey.