**Barriers and potential interventions concerning** 

By Elizabeth Ordoñez

### The Problem

Through the use of ART, there has been a substantial decrease in the death rate due to HIV. This has allowed HIV to change from a death sentence to a more maneagabe, chronic illness. ART interventtions are responsible for **HIV infected patients living about 14 years** longer. However, the success of ART is directly related to the patient's level of adherence. High adherence rates result in "decreased viral load, less risk of progression to AIDS, and a decreased risk of developing drug-resistant strains of HIV." Adherence is important as both an HIV treatment and an HIV prevention strategy because it decreases rate of transmission. Non-adherence is the strongest predictor of poor clinical outcomes and mortality for PLWH. Adherence can even have wide-reaching effects on a nation's economic viability and healthcare expenditures. While it is clear that ART adherence is important, among the 1.15 million PLWH in the U.S. (a resource-rich nation), only 33% were prescribed ART and only 19-28% of individuals achieve full viral suppression.

#### **Important Terms**

HIV: Human Immunodeficiency Virus

**AIDS**: Acquired Immunodeficiency Syndrome

**PLWH**: People Living With HIV

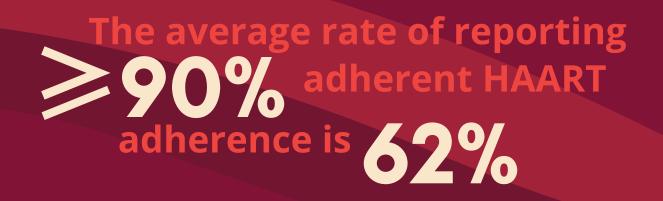
**ART**: Antiretroviral Therapy

**HAART**: Highly Active Antiretroviral Therapy

**MSM**: Men who have Sex with

### Why is this Hapenning?

For many PLWH, accessing ART medication is difficult and many go untreated. However, even prescribed individuals face issues in adhering to ART medication. These limits to ART's potential are often due to widespread barriers.



Men

**CD4 Cell:** lymphocytes that help coordinate immune response

### Barriers

fear of side effects stigma and discrimination

complex regimens

financial accessibility

lack of social support



psychological disorders

### Myths and Misconceptions

"Myths and misinformation increase the stigma and discrimination surrounding HIV and AIDS." Fear surrounding PLWH began as the epidemic emerged in the 1980s. Because of this fear, many individuals falsely believe: • HIV and AIDS are always associated

Roughly one in eight people living with HIV is being denied health services because of stigma and discrimination

Isely believe: • HIV and AIDS are always associated with death
• HIV is associated with homosexuality, drug use, sex work, and infidelity

Inaccurate information about how HIV is transmitted, creating irrational behavior

# **INTERVENTIONS**

"Adherence management... must have a social, familial, personal

#### and healthcare involvement."

#### GOALS include: improving adherence to ART, achieving undetectable viral load, and increasing

CD4 cell count among PLWH

#### FOCUSING ON PROVIDERS...

Social support in patientprovider relationships:

### Behavioral Solutions

are focused on social support, increasing education on HIV among PLWH and the greater public, and reframing attitudes towards HIV. This can be done through *cognitive behavioral therapy* and *increasing family/ caregiver support.* 

Healthcare providers should provide educational resources, simplified medical regimens, and DOT therapy. DOT (Directly Observed Therapy) consists of a provider directly supervising and ensuring that their HIV patients take their medication.

## Policy Interventions

Potential interventions include:

#### **ACCESSIBILITY of Prescriptions**

- Encouraging 90 day refills, mandating that medical refills must refill 90 days worth of ART in place of 30 day refills.
- Medical Synchronization, allowing patients to set a date each month for their medical refills.
- Lowering cost of ART therapy
  - Utilizing generic brands of ART, not patented and increasing government aid.

### China's "Four Free and One Care" Policy

This policy was enacted to mend financial disparities in accessing ART, increase free HIV testing, and provide support to households of PLWH. Similar programs have been put in place in the US, such as the President's **Emergency Plan for AIDS Relief in 2003** that focused on providing care for PLWH in resource-poor countries. The US could reimagine these policy programs to provide more social support resources to PLWH today. This could include free therapy and incoportating the CDC's focus on provider-patient partnerships, while also maintaining the elements of financial support in order to close disparities in accessing ART.

 Using Policy to Fight STIGMA
 Development of hospital policies, requiring training for health care workers and establishing HIV/AIDS care and management plans.
 Increasing presence of HIV in community and school-based educational programs

> The key to increasing adherence, decreasing the number of PLWH, and adopting these behavioral and policy interventions is accepting that: "Ultimately... Adopting a human rights approach to HIV and AIDS is the best intervention."

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