

Improving viral suppression through provision of enhanced psychosocial support for at-risk HIV-positive patients

Gugulethu Sokhela¹, Joslyn Walker¹, Douglas Ngcobo¹, Mzikazi Masuku¹, Ntokozo Gumede¹, Nonala Zulu¹, Judith King¹
¹ Health Systems Trust



BACKGROUND

The Delivery Optimisation of Antiretroviral Therapy (DO ART) Demonstration Project was designed based on the outcomes of a clinical trial conducted in South Africa and Uganda by the Human Sciences Research Council (HSRC).

The project identified psychosocial interventions as being key for improving viral load suppression. We recruited and placed Psychosocial Advisors to support the clinical team and manage at-risk HIV-positive patients.

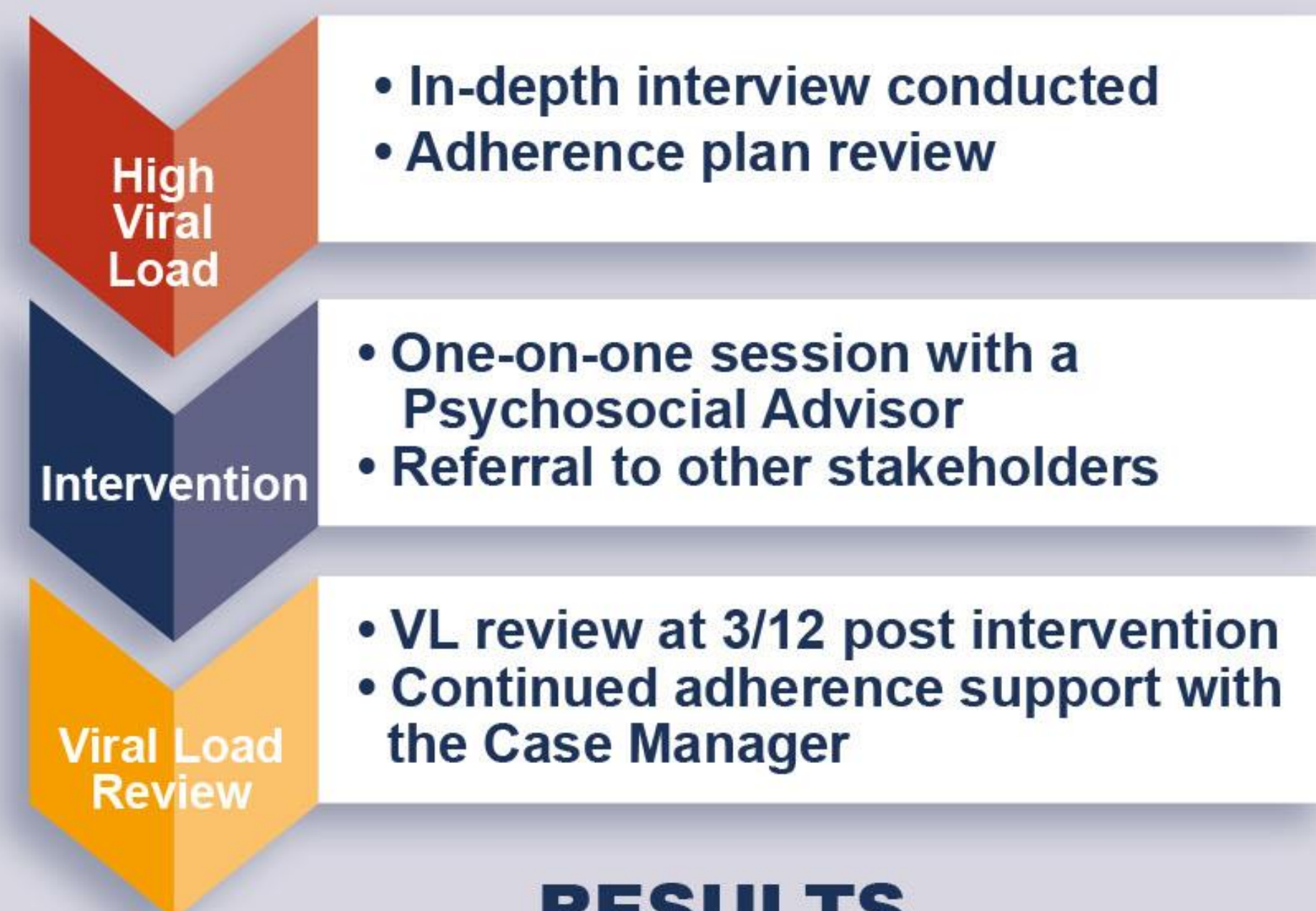
Using data from patient interviews, the psychosocial teams identified the patients' needs and referred them accordingly.

OBJECTIVES

In line with the project aims, the objectives for the intervention were to:

- identify barriers to adherence for patients on ART;
- improve adherence through psychosocial counselling and support;
- increase viral load suppression rates for patients in care; and
- strengthen the referral policy and networks in a community-based setting.

METHODOLOGY



RESULTS

- 274 patients received interventions following their interviews.
- 162 patients were virally suppressed by the end of the third month following the intervention.
- The project's viral load suppression rates improved from 65% to 74%.

Key Issues Identified	Interventions
Substance Abuse	36 Patients referred to the Department of Social Development / Rehabilitation centres for support
Domestic Abuse	19 Patients identified with gender-based violence issues
Nutrition	79 Patients needing nutritional support were referred to local community-based organisations for support
Disclosure of HIV Status	103 Patients were supported with disclosure
Identification Documents	24 Patients were advised on the procedure to apply for identity documents
SA Social Security Agency (SASSA)	8 Patients were referred to SASSA for grant applications and other support
Traditional & Cultural factors	11 Patients were supported to accommodate their traditional and cultural needs in their adherence plans



CONCLUSION

Psychosocial issues were identified as a primary barrier to treatment adherence, with disclosure being the most common barrier.

Incorporating psychosocial interventions in HIV care and referral to relevant stakeholders directly improves treatment adherence, viral suppression, and overall health outcomes.

ADVOCACY MESSAGE

Programmes must build strong referral networks to ensure patients' access to services and psychosocial support as needed.

Clinical staff should map out referral points for various interventions that are likely to affect the patient's treatment journey.

CONTACT DETAILS AND ACKNOWLEDGEMENT

Presenting author: Ntokozo Gumede Cell: 073 402 3858
 Ntokozo.Gumede@hst.org.za <http://www.hst.org.za>

Acknowledgement: This presentation is based on work funded by the Bill & Melinda Gates Foundation. The findings and conclusions contained herein are those of the authors and do not necessarily reflect positions or policies of the Bill & Melinda Gates Foundation.

