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Opinion Article

An Enhanced HIV Care Pathway to Evaluate HIV Prevention Programmes

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DESCRIPTION

In nations with non-generalized epidemics, controlling HIV transmission among critical populations is a crucial part of national programmes. People Who Inject Drugs (PWID) make up the majority of the population in several low- and middle-income nations. Although harm reduction strategies, such as providing PWID with access to sterilised needles and syringes and medication-assisted therapy, were successful in managing HIV among this population, widespread Anti-Retroviral Therapy (ART) can hasten the cessation of HIV transmission in this population. However, stigma centred on drug use and low socioeconomic status makes this engagement in care more difficult. Along with the system of care, there are several challenges to overcome, including concerns about HIV testing secrecy, stigma in medical settings, logistical problems (such as lost or pawned identification cards), the cost of HIV care out-of-pocket, high prevalence of mental health problems, and ART dropout during incarceration. Given these challenges, it is imperative to evaluate the effectiveness of HIV care programmes in order to identify gaps and suggest remedial measures. The "90-90-90" target, which states that more than 70% of all HIV-infected PWID in a population are receiving effective ART, is used to estimate the cascade of treatment for PWID. Finding exact metrics for the various steps of this cascade is still difficult, though. Wrong estimations can cause gaps to be incorrectly stated and interventions to be ineffectively corrected, diverting scarce resources from where they are not needed.

The HIV cascade of care's precise performance measures must be continuously developed and tailored to the intended audience. Routine surveys are frequently skewed by underreporting behavior, which results in a frequently inaccurate evaluation of HIV care performance. Here, we reveal that (1) this underreporting is prevalent among PWID and (2) this underreporting can be rectified by include a plasma dosage of a quasi-universal ART (lamivudine) while developing the cascade. The number of PWID who were aware of their HIV seropositivity increased by 30% as a result of the identification of people with detectable ARV in plasma. It's possible that some of the misreporting among this stigmatized population is caused by distrust of healthcare professionals and fear of discrimination.

However, PWID's lack of knowledge of HIV care could have also been a factor. It was recommended that in order to get over these issues, (i) peer-administered surveys might be used, (ii) they should be conducted outside of the health care system, and (iii) data should come from population-based surveys. There have been prior reports of PWID reporting HIV status incorrectly.

A qualitative study in Vietnam looked into the cognitive and motivational predispositions of drug users' HIV risk behaviors, but it left out self-reported HIV testing. Recent research assessed the extent of these differences among South African people who are HIV-positive but do not use drugs. They discovered that the level of inconsistencies ranged from 18% to 41% when comparing self-declaration of HIV testing and plasma ARV detection using the same method. Being a man was one of the criteria they identified as a favourable risk factor for underreporting. It should be noted that the 30% underreporting bias for HIV status awareness is probably an underestimate because it ignores participants who did not disclose their HIV status but are not using ART at the time. Although it is impossible to calculate using unbiased tools, the fraction of the latter group (which includes those who discontinued ART and those who were never treated) is undoubtedly not insignificant.

The estimation of the population-based cascade of HIV care is vulnerable to significant misreporting bias among stigmatized populations, such as PWID, which can lead to inaccurate resource and intervention allocation. This bias can be partially corrected by including plasma ARV detection, such as lamivudine.

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