MAX ART
For Better Health and Zero New HIV Infections

Maximizing ART for Better Health and Zero New HIV Infections

Early Access to ART for All in Swaziland – a real-life implementation study

The *Max*ART Early Access to ART for All implementation study has been a unique project, testing the real-life implications of providing early antiretroviral treatment (ART) to all people living with HIV through the government managed health system of the Kingdom of Eswatini (previously known as Swaziland). The results show that early ART is acceptable, feasible, affordable and effective in preventing new HIV transmissions and improves the health and well-being of people living with HIV. The potential of early ART opens an new era in HIV prevention and treatment, with the possibility of ending HIV and AIDS.

*Max*ART

Led by the Ministry of Health, the pioneering of the Maximizing ART for Better Health and Zero New HIV infections (*Max*ART) programme was launched in Eswatini in 2011. The ambitious goal of the programme was to improve the lives of people living with HIV and prevent new HIV infections, by dramatically improving the uptake of HIV testing, care and treatment services. And demonstrating that early access and initiation on ART can significantly improve clinical outcomes for people living with HIV and reduce new infections.

Implementation study

The achievements of the programme's first phase (2011-2014) laid the foundation for *Max*ART's second phase (2014-2017): the Early Access to ART for All implementation study. The aim of the study was to assess the feasibility, acceptability, clinical outcomes, affordability, and scalability of offering ART to all HIV-positive individuals regardless of CD4-count or stage of disease in Eswatini's government-managed health system. The *Max*ART study is the only 'Universal Test & Treat' trial to be implemented in a public health sector setting with primary endpoint of retention and viral suppression rather than HIV incidence and one of the first to include an empirical costing study of Early Access to ART in a "real world" setting, including the costs associated with community mobilization activities.

The study was implemented by a multidisciplinary group of partners, under the leadership of the Ministry of Health, and funded by the Dutch Postcode Lottery and the Embassy of the Kingdom of the Netherlands in Mozambique.

Study objectives

The study's primary objective was to measure the impact of early ART on retention and viral suppression. In addition, our research looked into the impact on ART initiation, adherence, disclosure and costs per patient per year. The study also explored the role of Traditional Leaders in community mobilization and the role of the Community Advisory Board in the programme.

Results

Our study found that Early Access to ART for All has a substantial effect on retention and a large effect on viral suppression: In Standard of Care and Early Access to ART for All respectively, the 12-month retention rates were 80% and 86%, and the 12 month viral suppression rates 6-month post-ART initiation were 4% and 79%. This is strong causal evidence for the benefits of Early Access to ART for All – both for clients who were already eligible for ART under the previous eligibility thresholds and clients who became newly eligible under Early Access to ART for All in a public health system.

At the same time, the average public-sector costs per ART patient-year showed to remain essentially the same. Funding requirements for Early Access to ART for All will thus be largely driven by the number of patients receiving treatment, rather than by changes in the efficiency of service delivery.

Qualitative interviews during intervention showed that early initiation of ART did not negatively affect adherence, disclosure or pressure to start ART. A significant increase in perceived benefit of starting ART immediately was observed. On the other hand, some clients need some time to come to terms with the diagnosis before initiation on ART.

Qualitative interviews with HIV positive clients discontinuing ART showed that the reasons for discontinuation are a complex, inextricably interwoven chain of events rather than a single occurrence. During this process, clients usually take action to navigate the challenges they face before they decide to stop ART. Mobility is often the first challenge and becomes a problem because the health system poorly caters to people's mobile lives.

The study confirmed that gaining stakeholders support and forming community coalitions results in increased community engagement and participation in raising community awareness. Working with Traditional Leaders to encourage testing and health seeking behaviour proved to be effective.

The Community Advisory Board created an effective link between the community and the Ministry of Health. Through the feedback systems organised by the Community Advisory Board, the Ministry of Health was aware of community concerns in addition to health system challenges and was able to make necessary intervention where needed. The experiences of the Community Advisory Board, which was the first in the country, also provided lessons learned to further improve future Community Advisory Boards.

Conclusion

Our results from this "real world" health systems study show Early Access to ART for All is effective, feasible, acceptable, affordable and strongly support the scale-up of Early Access to ART for All in Eswatini and countries with similar HIV epidemics and health systems and provides important policy lessons and implementation and budgeting recommendations.

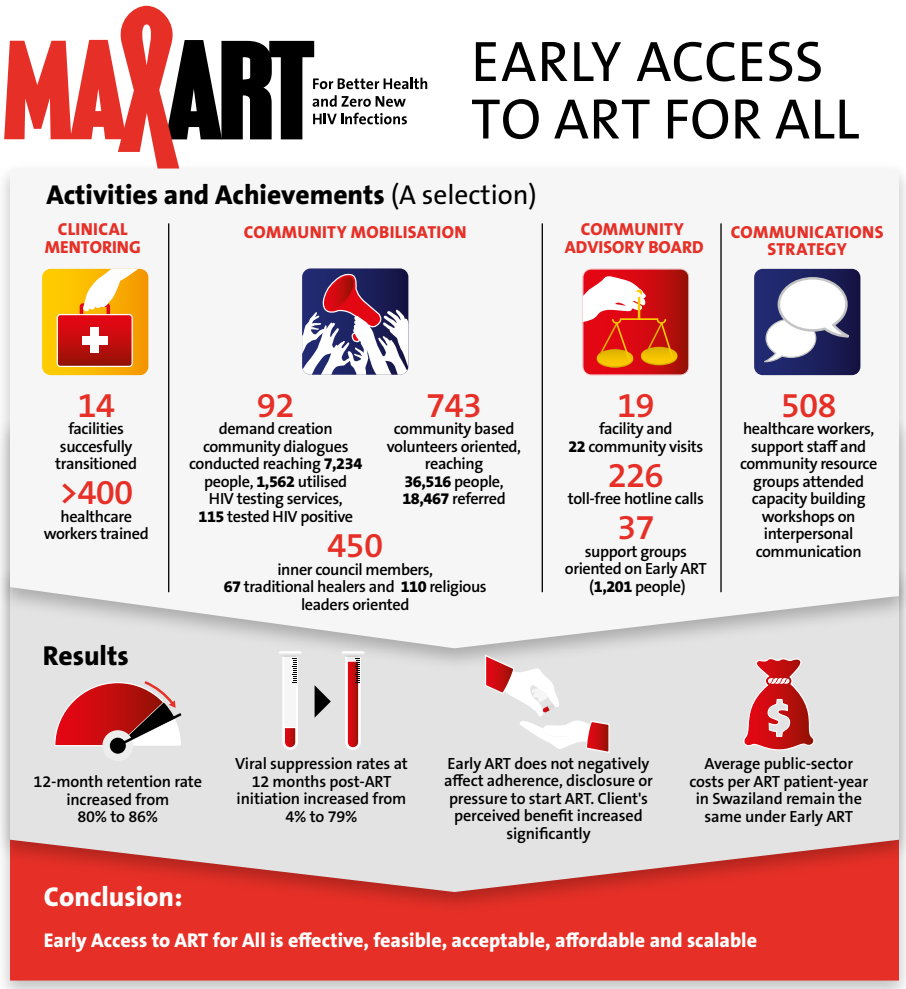

Figure 1: Overview achievements and results *Max*ART Early Access to ART for All implementation Study

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