The Impact of the Presidential Alternative Treatment Program on Health Services for PLHIV in The Gambia

HIV policy, laws, and guidelines in The Gambia. The Gambia has four policies on HIV:

1. The National AIDS Control Programme (NACP), developed in 1987
2. The National Health Policy for 2012 to 2020 is designed to, "promote and protect the health of the population through the equitable provision of quality health care" (Green, 2017, p. 686).
3. The Gambia drafted the National Traditional Medicine Policy of The Gambia (National Traditional Medicine Policy of The Gambia [NTMPG], 2008). This was created by the WHO in Gambia and the Department of State for Health and Social Welfare.
4. The National Policy Guidelines on HIV and AIDS 2014-2020.

The HIV and AIDS Control and Prevention Act (2015) is the only law in Gambia that addresses all aspects of HIV prevention and control, including counseling strategies, disclosure, stigma and discrimination and treatment guidelines.

HIV Services and Policies Study

Procedure and Data Collection Tools

The goal of this study was to examine the impact of the ten-year promotion of the Presidential Alternative Treatment Program on health services for PLHIV and its impact on HIV policy implementation in The Gambia.

Qualitative Research Approach/Design

To determine the impact of PATP on health care services and health policy for HIV in The Gambia, a qualitative research study involving 24 in-depth interviews of health care providers and policy implementers was conducted.

A phenomenology strategy of inquiry was used to capture participants' experiences and examine how these experiences describe the impacts of PATP. Phenomenology allows for inductive questions to examine patterns, resemblances, and regularities in experiences to generate theory (Patton, 2015). Semi-structured in-depth interviews were performed to learn about personal histories, perspectives, and experiences regarding the participant's first-hand experience of PATP. An inductive approach was used because researchers did not have any expectations for results based on previous research. Additionally, this approach allows for open-ended, robust questions and responses to build connections and generate theory.

To answer the main research question, two distinct sets of questions were developed for two distinct groups of people: policy implementers and health care providers. The policy implementers were asked questions regarding HIV policy, medical guidelines, compliance, and recruitment of workers in PATP. The health care providers were asked questions regarding treatment for HIV, patients inquiring about PATP, patient demographics, and changes in provision or patient population.

Participants and Sampling Strategy

Participants in the study were identified via a purposeful sampling method called snowball sampling. Two different inclusion criteria were used to obtain categories of people who were interviewed with two distinct sets of questions. The inclusion criteria for the research were the following:

(1) Health care providers who worked with PLHIV during PATP and,

(2) Policy implementers and policy makers who work specifically with HIV policy in The Gambia.

For the health care workers, the level of service, education, or training did not have any criteria. For example, workers could be doctors, nurses, counselors, community workers, or others. The main criterion for these participants was that they worked directly with PLHIV during PATP and for several years to be able to discuss the changes in health care provision over time in an in-depth manner.

For the policy implementers, the main criterion was that they worked in HIV policy during PATP. Preferably, they had worked in HIV policy in The Gambia for many years. Specific organizations were targeted based on initial research regarding HIV policy in The Gambia. Organizations such as the Ministry of Health, WHO, the Medical Research Council (MRC), UNAIDS, the National AIDS Secretariat (NAS), the National AIDS Control Program (NACP), the Gambia Network of AIDS Support Societies (GAMNASS), and others were identified as being key players in HIV policy in The

Gambia. Specific ART clinics, hospitals, and HIV care centers were identified prior to interviews because not all health facilities in The Gambia provide HIV services.

To identify participants for the study, sequential and emergence-driven sampling strategies were used to generate a purpose-driven analysis. Through background research, specific organizations and health facilities were identified to target for possible participants. During fieldwork, one interview led to the next throughout inquiry allowing for a rich account of stories to emerge (Patton, 2015). The emergence-driven sampling strategy allowed for researchers to follow leads and new directions that emerged during the study, such as when participants suggested coworkers or people they thought might be helpful from other organizations based on the research questions.

During the analysis stage, analytically focused sampling was conducted, as it was determined that interviews with a health care provider who worked directly in PATP would deepen and enhance the credibility of the initial analysis by adding information-rich illuminative cases (Patton, 2015). It was hoped these providers could confirm or refute statements made in interviews conducted earlier in this study. Unfortunately, those who worked directly in the PATP did not agree to participate in the study, so this sampling strategy was never fulfilled.

Research Methodology

Two questionnaires were designed in collaboration with in country partners to assess the impact of the PATP on health care workers HIV service delivery, and on those working

on crafting and implementing HIV policy. Preliminary testing of the survey tool in the field was done in the field by teams of researchers from University of Notre Dame du Lac and University of the Gambia.

The in-depth interviews were conducted over a six-week period and each lasted between 15 to 45 minutes. Where written consent was sought and obtained, interviews were recorded with an audio recording device and subsequently transcribed into text. The audio was deleted immediately after transcription. Where participants did not grant consent to be recorded, their responses were recorded through detailed written notes by the team of researchers. Analysis was performed using NVivo software to detect emerging themes and organize content. During analysis, coding was stopped when saturation was reached.

Data Analysis

Qualitative inductive analysis was used to detect emerging themes and to organize results, explanations, and theories from the specific data collected during the interviews. An initial codebook was developed for content analysis, with patterns and themes identified based on open coding (Patton, 2015). Both emic analysis and etic analysis were used. Emic analysis consisted of codes made from the participants (Patton, 2015). For example, during the interviews, the use of the term “defaulters” emerged as a pattern. This word was used often by participants to refer to people who left conventional HIV health care services and this term was used as a code. Etic analysis, consisting of codes created by the researchers’ perspectives, was used more often (Patton, 2015). For example, researchers interpreted certain reactions from people as being fear despite the

fact that those people did not always say the word fear, such as when participants stated that they were concerned about Jammeh finding out what they were saying. The data were managed and analyzed using a qualitative data analysis program, NVivo Version 11. Links, nodes, and memos were used in the coding process through examination of transcripts and field notes. Based on the coding and nodes processes, explanatory themes were built by sorting and synthesizing the initial codes, categories, and themes. During each in-depth interview field notes pertaining to reactions and body language were written to clarify what was observed during each interview. The transcribed interview data and field notes were transferred into PDF formats and uploaded to NVivo to be analyzed.

Due to the lack of research on the topic and to allow for emerging themes based on the experiences of the healthcare providers and policy implementers involved, inductive analysis was used (Patton, 2015). Patterns and themes could not be preconceived. Specific cases were sought, general patterns were generated, and common themes were discovered through a cross-case analysis. A combination of emic analysis and etic analysis was used. Certain themes were developed from the perspective of those interviewed while at the same time concepts, labels, and terms to describe the observed phenomenon were created by the analyst. Additionally, case study analysis was used because each individual interviewed had a personal story to be told regarding their experiences during PATP and how it impacted their working environment.

RESEARCH FINDINGS

HIV Treatment Guidelines in The Gambia

Although international standards set by WHO/UNAIDS state that a person must be placed on ART immediately after testing HIV positive, health care workers in The Gambia reported different protocol for managing HIV. Thirteen out of fifteen health care workers reported that ART guidelines revised in 2016 state that ART must be commenced once a PLHIV's CD4 count is below 500. Reportedly, HIV treatment guidelines are provided directly by WHO to the hospital and clinic administration within The Gambia. Where the CD4 count is above 500, the prescribed treatment is a combination of Post-Exposure Prophylaxis (PEP), Septrin and vitamin supplements.

(i) Pregnant Women Living with HIV

According to health care workers when a pregnant woman tests positive, she is treated with ART immediately and throughout the entire pregnancy to avoid mother to child transmission. Once she gives birth and after she has stopped breastfeeding, if her CD4 measures above 500, she is taken off ART. Research has confirmed that stopping ART increases disease resistance (UNAIDS, 2017). It might be beneficial to investigate the impact of these treatment guidelines on pregnant and nursing PLHIV in The Gambia.

(ii) Infants and Young Children living with HIV

In the treatment of young children, early infant dynamic guidelines are followed. If a mother is HIV positive, her child is treated with PEP after birth, tested at six weeks of age, and if they are negative, they do not need to continue treatment with ART.

Perception of HIV Treatment guidelines among Health Care Workers

Twelve of the fifteen health care workers interviewed reported that the current HIV treatment guidelines were very positive because they improved compliance to treatment. One of the twelve health care workers commented, *"Before, until 2008 I believe, it was [stated]that you treat them [PLHIV] when their CD4 count was below 250, after it was changed to 300, 350, and now it is 500 and below. I think it was changed to 500 and below around 2016 (Interview 8)".*

Three out of fifteen care workers with an in-depth education on the science of HIV and treatment options expressed concern with the current HIV treatment guidelines. One of these three remarked:

> *"…but why is there any measure at all? If someone is HIV positive, the best treatment is ART. We as educated providers know this. So why do we only give ART when patients are sick enough for it? We know that HIV does not have a cure, so everyone who tests positive for HIV should be on ART, not just those who are CD4 of 500 and lower. Why wait for those who are doing well to get sick?" (Interview 21).*

It is unclear whether these guidelines of ART commencement for those that have a CD4 count of 500 and below are implemented nationwide and in both private and government institutions. Further inquiry will need to be conducted to assess this standard. In addition,

WHO and UNAIDS should be invited to comment on these treatment guidelines and how to address any disparity in access to ART for PLHIV.

Education Gaps in the population

Eight of fifteen health care workers reported that many Gambians believe that someone can contract HIV simply by touching someone. As a result, five of the Gambian health care providers and nine policy implementers interviewed suggested establishing a basic fact sheet pertaining to HIV to educate children in primary schools could greatly improve overall knowledge pertaining to HIV. Subjects recommended starting education at the primary level for two reasons: (1) many people drop out of school during or right after primary education, and (2) through educating people when they are younger, they are less likely to develop a stigmatized view of HIV. Every person interviewed recognizes that implementation of this education might be difficult due to issues surrounding current cultural, religious, and social beliefs. Increasing education regarding HIV can have a very positive impact on society by decreasing the stigma present towards PLHIV.

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