

Adapted Targeted Literature Review (ATLR) supported robust questionnaire development for a multi-national survey study evaluating Human Immunodeficiency Virus (HIV) care and treatment and experiences of people with HIV (PWH)

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Background

- The UNAIDS set a global strategy, the 95-95-95 targets, to end the HIV epidemic by focusing on equity and increasing access to testing, treatment and care. The triple targets include 95% of PWH knowing their HIV status, 95% being on antiretroviral therapy (ART), and 95% achieving viral suppression and Undetectable = Untransmittable (U=U) status¹.
- Despite sincere intentions behind global HIV targets, progress is slow, resources are scarce and persisting inequalities in the HIV care cascade are widening².

Figure 1 - ATLR Research Process

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Topics of interest:

PWH, HIV care continuum and engagement, long-acting injectable ART, treatment goals and satisfaction, HRQoL, viral suppression

Search: Platform: OVID Medline Language: English • Time range: 2020-2023

Objective

Robust quantitative survey instrument (questionnaire) development is challenging³ and merits careful design for credible data capture⁴ and selecting valid outcome assessment measures^{3,4}. To this end, we conducted an ATLR, applying adapted rapid review⁵ and qualitative evidence synthesis methods⁶.

Methods

- HIV care has been the focus of extensive research, but while scientific and clinical progress have been substantial, a more nuanced patient-centred challenge remains in the way to achieving goals such as the 95-95-95 goals.
- Factors such as access to care, stigma, mental health, socioeconomic issues, and relationships with the medical body all contribute to a matrix of barriers and facilitators that need to be understood holistically rather than through purely clinical data.
- An ongoing observational, multinational, direct-to-patient study using online quantitative survey methods, aimed to evaluate the experiences of PWH, the barriers and facilitators to the HIV care cascade, health-related quality of life (HRQoL), and treatment satisfaction and preferences in overcoming barriers.

Inclusion: Qualitative or mixed methods, surveys, interviews, focus groups

Exclusion: \gg Non-human studies

- A search algorithm in Medline, aimed for high specificity to survey study objectives and included medical subject headings terms, free-text keywords, and specific study designs, was conducted in June 2023. The process is presented in figure 1.
- Search was limited to articles published in English between January 2020 and June 2023.
- Search output titles and abstracts were screened in order of recency and relevance to keywords from the study's predefined objectives. This process consisted of combining multiple keyword searches to facilitate the thematic extraction for perceptions and experiences as visualized in figure 2.

Results

- In total, 18 of 1019 citations resulting from the ATLR algorithm were included.
- Study designs were balanced between 7 qualitative, 7 quantitative, and 4 mixed methods.
- The median publication year was 2022 (on a period ranging from 2020 to 2023).
- 11 studies were single country based (5 United States, 1 Canada, 2 Uganda, 1 Zambia, 1 Greece, 1 Australia). 7 were multinational studies.

Figure 2: Results from the aTLR search algorithm

- For key points related to the study objectives, 3 studies focused on the impact of COVID-19 on the HIV care cascade, 2 studies focused on people of colour, 2 studies on cis-gender women, and one study on elderly PWH.
- The ATLR identified five major themes that described steps within the HIV care cascade, i.e., care access, treatment initiation, continuous engagement, reengagement following interruption, and achieving and maintaining viral suppression.
- Each major theme addressed two key aspects: barriers and facilitators. And within each branch of these branches, several branches were extracted to elaborate factors and components (figure 3).

Figure 3 – ATLR's main extracted themes

HIV care cascade main themes

Limit studies to human subjects, English language

PWH (ab,ti)



HIV care access and linkage	Treatment initiation and rapid ART initiation	Continuous engagement	Re- engagement following treatment interruption	Achieving and maintaining viral suppression, U=U
Barriers (n=4)	Barriers (n=2)	Barriers (n=3)	Barriers (n=5)	Barriers (n=8)
 COVID-19 Costs Attitude of HCP Sociodemographic factors 	- Limited access - Costs	 Reduced engagement Costs Attitude of HCP 	 Reduced engagement Costs Attitude of HCP Sociodemographi c factors Psychosocial factors 	 Treatment concerns Stigma Reduced access Costs Attitude of HCP Language barrier Lifestyle and anchoring activities Testing
Facilitators (n=1)	Facilitators (n=1)	Facilitators (n=3)	Facilitators (n=3)	Facilitators (n=4)
- Telemedicine	- Telemedicine	 Telemedicine Proactive engagement Social support 	 Social support Telemedicine Proactive engagement 	 Social support Proactive engagement Multi-month dispensing Telemedicine

Conclusion

The ATLR supported rapid development of a robust questionnaire and was instrumental in identifying the experiences and HRQoL of PWH, barriers and facilitators, and the potential role of LA ART and patient's treatment satisfactions in overcoming barriers.

The questionnaire developed for the study reflected focal points of previous research but also was able fill certain gaps that have not been thoroughly explored previously, or from what was found through the ATLR, potentially offering a more nuanced understanding of barriers and facilitators to the HIV care cascade.

References

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