

# Individual and environmental determinants of adherence to antiretroviral therapy among people living with HIV in Ghana

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## Impact of Dissertation

The valorization section describes the social value of this dissertation. It outlines the relevance of this work, the stakeholders who may be interested in the findings of this study, the emerging activities informed by the conclusion, the innovation, and how the findings would be implemented for wider global benefit.

HIV remains a problem in sub-Saharan Africa, where over 60% of people living with HIV worldwide live. The introduction of highly active combination antiretroviral therapy (ART) in the mid-'90s (Tseng et al., 2015) effectively changed HIV from a once deadly disease to a chronic, manageable condition (Deeks et al., 2013; Tseng et al., 2015). With 72.9% of people living with HIV on antiretroviral treatment worldwide (UNAIDS, 2021), adherence is important to achieving “undetectable equals untransmittable.” The main aim of the dissertation was to examine the individual and environmental determinants of antiretroviral treatment adherence in Ghana among people living with HIV (PLWH), healthcare providers (HCP), and policy stakeholders. The findings of this dissertation are of interest to people living with HIV, several institutions and agencies. The findings of this study support a contextual understanding of the individual determinants of PLWH antiretroviral adherence behavior that will inform intervention development to enhance adherence for optimal health. Again, the findings expose some factors in the health system that may influence PLWH’s interactions with healthcare providers at the hospital and antiretroviral clinics and facilitate healthcare providers’ stigmatizing behavior towards PLWH. These behaviors have been shown in this dissertation to challenge clinic visits, hence non-adherence to antiretrovirals. Further, the findings of these studies provide evidence for tailored interventions aimed at achieving UNAIDS the “95-95-95 Fast Track Target” strategy by the year 2030; 95% of all people living with HIV know their HIV status; 95% of all people diagnosed with HIV infection receive sustained antiretroviral therapy; and 95% of all receiving antiretroviral therapy will have viral suppression (UNAIDS, 2021). This goal has been adopted by the Government of Ghana through the Ghana AIDS Commission and National AIDS Control Program, which target getting all PLWH on ART and those on ART to be virally suppressed. Additionally, the findings of this work will also be relevant for civil society and non-governmental organizations that provides services to PLWH. These organizations and agencies could use the evidence in this dissertation as a useful basis for advocacy and engagement with the government when it is necessary to foster collaborations. The author works as a research fellow at the Kintampo Health Research Centre, within the Research and Development Division of the Ghana Health Service. The findings of this research will serve as a baseline for interventions aimed at improving PLWH antiretroviral therapy adherence, the HCP-PLWH relationship, stakeholder engagement of PLWH and HCP, and the implementation of HIV treatment policy in Ghana. Lessons learned could also be used in future research and inform the implementation of other health-related policies in Ghana.