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# Adherence to antiretroviral therapy as an HIV prevention priority in the context of late diagnosis in Latvia

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## INTRODUCTION AND OBJECTIVES

- Latvia continues to face substantial HIV prevention challenges despite free HIV testing availability.
- In 2024, 66.9 HIV tests per 1000 population were performed, but more than half of newly diagnosed HIV cases were identified at AIDS stage.
- Anonymous testing and blood-donor screening can detect reactive results, but confirmatory diagnosis and linkage to HIV care still depend on the individual.
- Sustained ART use and viral suppression reduce onward transmission, so adherence is both a treatment outcome and a prevention priority.
- **Objective:** to explore barriers and facilitators of adherence to ART among PLHIV in Latvia and to consider implications for linkage, retention, and treatment as prevention.

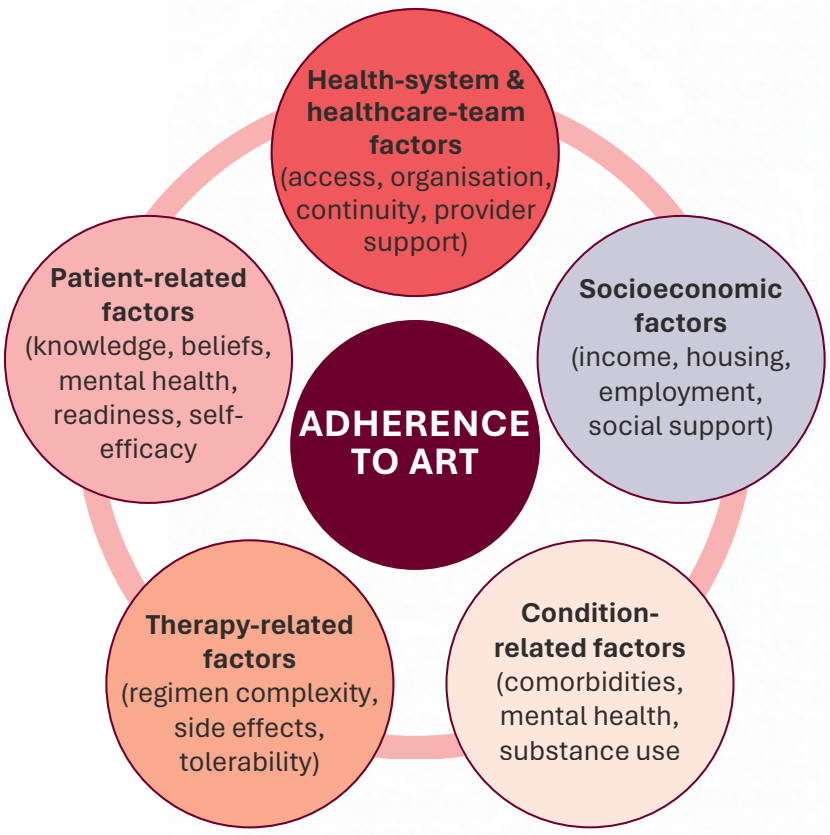
## METHODS

- **Design:** qualitative study using semi-structured interviews.
- **Data collection period:** April–August 2025.
- **Interview modes:** in person, online, or telephone.
- **Participants:** 20 PLHIV and 12 stakeholders involved in HIV-related healthcare, public health, and support services.
- **Sampling:** convenience and snowball sampling for PLHIV; purposive selection of stakeholders.
- **Analysis:** inductive thematic analysis.

## RESULTS

### KEY BARRIERS

- **Logistical barriers** (transport, distance to services)
- **Ineffective appointment scheduling** (long waiting times, inflexible hours)
- **Limited follow-up after interruptions** (missed appointments, loss to care)
- **Stigma** (in healthcare and wider society)
- **Hidden financial constraints** (transport costs, other essential expenses)
- **Competing responsibilities** (work, family, caregiving)
- **Variable communication with healthcare providers** (limited time, inconsistent information)




**WHO adherence dimensions (WHO, 2003)**

### KEY FACILITATORS

- **Respectful provider relationships** (trust, non-judgmental care)
- **Flexible and well-organised care** (convenient appointments, integrated services)
- **Practical adherence support** (reminders, counselling, peer support)
- **Clearer information about ART and viral suppression** (benefit, side effects, what to expect)
- **Community-based support** (peer groups, NGOs, community organisations)

## CONCLUSIONS

- Expanded testing should be complemented by proactive linkage, retention, and re-engagement strategies.
- In the context of long testing uptake, late HIV diagnosis, and voluntary confirmatory pathways after anonymous testing, maintaining adherence to ART is an essential component of combination HIV prevention.
- Treatment availability alone is insufficient: prevention impact depends on accessible, coordinated, and stigma-sensitive care.
- Adherence support should be viewed as a prevention strategy as well as a treatment strategy.

**REFERENCES**

World Health Organization. 2003. *Adherence to Long-Term Therapies: Evidence for Action*. Geneva: WHO.

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RSU Riga Stradins University
SRP State Research Programme
Latvian Council of Science