





December 8, 2015

## NEWS RELEASE-EMBARGOED UNTIL DECEMBER 8, 2015 at 12:01 a.m.

Zambart, UNZA and University of Toronto Researchers Find Health Systems Must Evolve to Meet Long-Term Needs of People Living Longer on ART

Millions of people with HIV in Sub-Saharan Africa are living longer lives due to antiretroviral therapy (ART). For many, ART is transforming HIV into a chronic illness. People are therefore likely to have new needs related to living longer with HIV. But little is known about the experiences of growing up and growing older with HIV in countries like Zambia, where the focus has been on HIV testing and starting treatment.

Today, researchers at Zambart, the University of Zambia and their partners in Canada and South Africa have released findings of the three-year **Sepo II Study**, which offer new insight into the ups and downs of life on ART.

"Sepo II findings point to shortcomings in the current model of HIV care in Zambia that focuses on initiating and adhering to ART. These health services are necessary but not sufficient for meeting the new needs of people living longer as a result of ART," said Dr. Stephanie Nixon, co-lead of the Sepo II Study and Director of the International Centre for Disability and Rehabilitation at the University of Toronto (ICDR, www.icdr.utoronto.ca. "HIV policy and programs also need to address the health- and life-related impacts of living longer with HIV such as counseling for issues beyond VCT and adherence, and rehabilitation to promote function and quality of life."

The Sepo II Study explored the experiences of women and men living with HIV and on ART in Lusaka, Zambia to better understand their daily functioning, hopes and challenges over the course of three points in time.

"Our data from the Sepo II Study promote the evolution of Zambia's HIV care continuum to embrace a long-term approach to living well with chronic HIV, "said Dr. Virginia Bond, Sepo II Study co-lead and Senior Researcher at Zambart. "We also need to realize that despite treatment, stigma persists for people living long-term with HIV and we need to revamp efforts to address and reduce HIV stigma."

The Chawama Level 1 Hospital and Lusaka Trust Hospital were pivotal partners, helping to both implement the study and interpret results. But it is the 35 women and men who gave so generously of their time and shared their personal stories who deserve credit for the success of the Sepo II Study.

"We know more than we did before about the relationship challenges that people navigate as part of living their lives on ART," said Dr. Margaret Maimbolwa, Senior Lecturer in the University of Zambia School of Medicine. "ARVs will sustain people and they can expect to live longer, but what preparations are we making to support people living with HIV for 10, 20, 30 years?"

Sepo II Study results build on last week's focus on "differentiated care" at the International Conference on AIDS and STIs in Africa (ICASA), which requires that each patient living with HIV is treated as an individual with unique needs.

"The Sepo II Study gives us new areas to explore," said Dr. Anitha Menon, Senior Lecturer in the University of Zambia Department of Psychology. "We learned about the importance of self-acceptance as a strategy for staying healthy, as well as the challenges related to healthy sexuality."

Study findings extend previous research on HIV and episodic disability conducted in Canada. Notably, this is the first study in Africa to describe episodic disability.

Partners on the Sepo II Study team include the Canadian Working Group on HIV and Rehabilitation (<a href="www.hivandrehab.ca">www.hivandrehab.ca</a>), the Health Economics and HIV/AIDS Research Division (HEARD) at the University of KwaZulu-Natal, the Disability HIV&AIDS Trust (DHAT), McMaster University, and Universities Without Walls in Canada.

This study was funded by the Canadian Institutes of Health Research (CIHR).

For more information about the website, please <u>visit</u> University of Toronto's Sepo II Study website (http://www.physicaltherapy.utoronto.ca/research/icdr-lab/sepo-2).

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