

ABSTRACT

Short of an HIV vaccine or cure, test and treat is one of the critical tools needed to create an Aids-free generation. After a broad review of evidence and consultations in mid-2015, the World Health Organisation (WHO) passed the 2016 Consolidated Guidelines now aligning with UNAIDS ambitious 90-90-90 targets of ending the AIDS Epidemic by 2030. With this guideline anyone diagnosed HIV positive must be initiated on antiretroviral treatment immediately after diagnosis. Studies done in Sub Saharan Africa, Uganda and other places with similar settings to Gulu district show that linkage is a very big challenge in HIV/AIDS management. Findings from this study contribute to the data bank of factors influencing linkage to aid in strategizing linkage interventions in HIV management.

The **study aimed at** determining the proportion of people immediately linked to antiretroviral treatment after testing positive for HIV at TASO Gulu during the period of March to October 2017; It assessed the Health care factors as well as the patient factors influencing linkage to care and treatment of newly diagnosed HIV positive people during the study period in 2017.

Methods; A longitudinal study design imploring both quantitative and qualitative investigations using primary and secondary data from individuals aged 15-49 years of age who tested HIV positive and received their test results, and were referred for linkage to a health facility of their choice. A sample size of 123 respondents were selected using purposive sampling of people, who tested from TASO Gulu in the period March to October 2017, was used to determine the factors influencing linkage to HIV care and treatment in Gulu district using individual and key informant interviews after consent, and the results were analyzed using SPSS and presented as frequency tables.

Results; Showed that only 19.5% of the HIV newly diagnosed patients were linked to antiretroviral treatment immediately, 14.8% were linked within 1 week, 53.7% were linked after 2 weeks and 17.1% were linked 1 month after HIV diagnosis. Most of the barriers to linkage were health facility related factors. It was found that sex was statistically significant (X^2 : 21.95, p-value 0.000, 95% CI: 0.000-0.001) to linkage. And level of education had a strong statistical significance in linkage at (X^2 : 90.521, p-value of 0.000, 95% CI 0.000-0.001). Outstanding health care factors included distance, different testing and treatment days, long waiting time at the clinics, stigma associated with the facility, frequency of clinics and fear that the health care workers may disclose information regarding the patients.

Conclusion: It was evident from the findings that linkage in Gulu district is still very low and most of the barriers to linkage were health facility factors compared to patient factors. In designing strategies to improve linkage in similar setting, more resources should be invested in addressing the healthcare barriers to linkage, and linkage strategies should be individualized to suit the varying individual barriers.