Evaluation and Research

HOW CAN HEALTH WORKERS BEST SUPPORT HIV PREVENTION AMONG PEOPLE LIVING WITH HIV? EVALUATING AN INTERVENTION PACKAGE FOR USE IN HIV CARE AND TREATMENT SETTINGS

CÔTE D'IVOIRE, ETHIOPIA, GUYANA, HAITI, KENYA, MOZAMBIQUE, NIGERIA, RWANDA, SOUTH AFRICA, TANZANIA, UGANDA, ZAMBIA

Background and Rationale

Although HIV care and treatment services have largely been scaled up in countries around the world, HIV incidence remains high. The World Health Organization estimates that, in 2014 alone, two million people were newly infected with HIV. HIV prevention efforts have traditionally focused on reducing risk among people who are HIV-negative or unaware of their status. Recently, however, there has been increasing recognition of the centrality of people living with HIV in the effort to prevent HIV transmission. Research indicates that people living with HIV often have difficulty disclosing their status to sexual partners; low rates of condom use when in stable relationships; high rates of alcohol use (which is associated with increased risky sexual behavior and decreased adherence to antiretroviral therapy); and an unmet need for family planning. Although all of these factors can increase the risk of transmitting HIV to others, few studies have assessed how best

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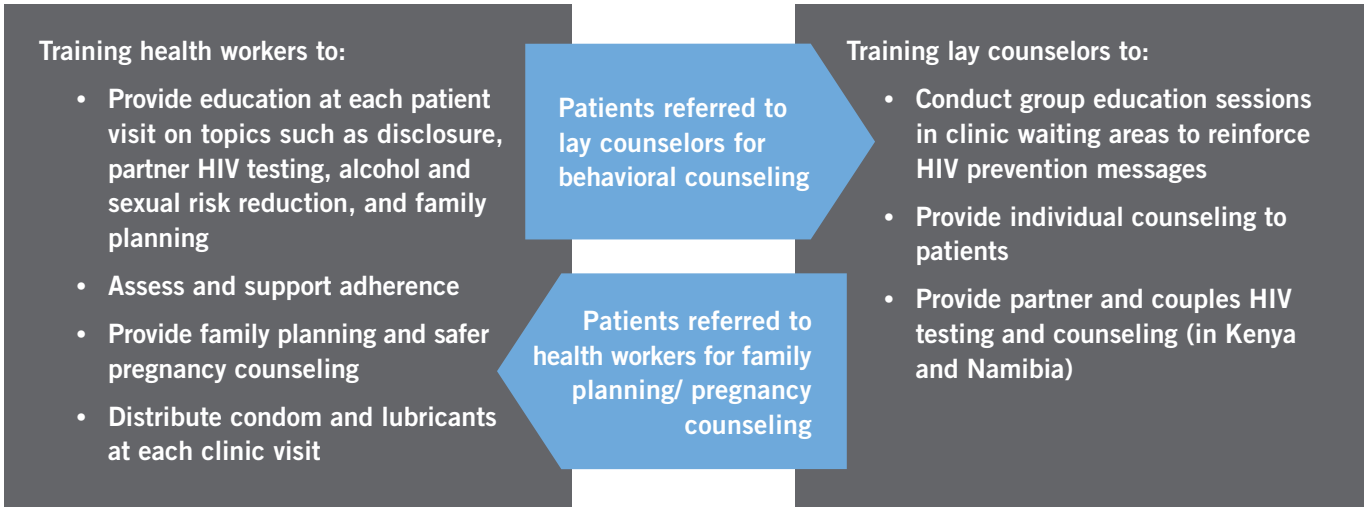
Figure: Intervention Package Components



to address HIV prevention needs among people living with HIV in clinical settings.

Study Overview

Between 2007 and 2011, ICAP collaborated with the Centers for Disease Control and Prevention (CDC) and the Ministries of Health in Kenya, Tanzania, and Namibia to conduct a group randomized trial to assess the effectiveness, acceptability, and feasibility of a multi-component, clinic-based HIV prevention intervention for people living with HIV (see figure). The assessment included 18 HIV care and treatments clinics located in district hospitals across Kenya, Tanzania, and Namibia. The clinics were paired based on clinic characteristics and then randomly assigned to either implement the intervention package or to continue providing the existing standard of care. The nearly 3,600 patients enrolled in the study—approximately 200 per clinic—were interviewed at baseline and six- and 12-months after the start of the intervention. Additional data sources included chart reviews, clinic records, questionnaires administered to health workers and lay counselors, and observation of patient visits.

Key Findings

Analysis of the study's baseline data indicated that:

- 82 percent of participants had disclosed their HIV status to recent sexual partners and 66 percent knew their partner's status. Of these, 28 percent reported that their partner was HIV-negative.
- 76 percent of participants reported using condoms consistently.
- Women were less likely than men to disclose, know their partner's status, and use condoms consistently with an HIV-negative partner.
- Five percent of participants were deemed to be harmful/likely dependent drinkers, and those reporting high-risk behaviors were more likely to be in a higher-risk drinking category.
- 79 percent of participants reported discussing alcohol use with a health provider in the past six months, and 90 percent reported reducing their alcohol use as a result of that discussion.

Results of the randomized trial indicate:

- Participants in intervention clinics were approximately 40 percent less likely to report unprotected sex in the last two weeks, at both 6 and 12 months, compared to participants in the comparison clinics.
- Participants in intervention clinics in Tanzania were over twice as likely to report using a highly effective method of contraception compared to participants in comparison clinics.
- Over 90 percent of health providers and lay counselors believed it to be feasible and important to offer patients HIV prevention messages and services; and over 85 percent reported feeling comfortable doing so.

- In the intervention clinics, the percentage of participants who reported meeting with a lay counselor in the past six months increased from 31 percent at the six-month interview to 52 percent at the 12-month interview.

- Participants in intervention clinics were more likely to report receiving key HIV prevention messages from providers than participants in comparison clinics; however, observation indicated that health providers and lay counselors were inconsistent in their implementation of the intervention package. For example, lay counselors distributed condoms in only 62 percent of encounters and providers offered family planning services in 18 percent of encounters.

Implications

To more fully address the HIV prevention needs of people living with HIV, health providers should be trained to integrate more comprehensive prevention-related assessments and counseling into routine clinical care. This includes:

- Integrating alcohol screening and counseling into adherence and risk reduction counseling.

- Integrating mental health screening and support services into routine HIV care.

- Integrating reproductive health services (including pregnancy counseling) into routine HIV care.

- Targeting additional risk reduction counseling to patients reporting non-disclosure, alcohol use, or a desire to become pregnant.

Additional research is needed to identify strategies for addressing common operational challenges in the clinic setting, including staff turnover and large patient volumes.

Highlighted Publications:

Bachanas P, Kidder D, Medley A, et al. Delivering Prevention Interventions to People Living with HIV in Clinical Care Settings: Results of a Cluster Randomized Trial in Kenya, Namibia, and Tanzania [published online ahead of print March 19 2016]. AIDS Behav. 2016. doi: 10.1007/s10461-016-1349-2.

Kidder DP, Bachanas P, Medley A, et al. HIV prevention in care and treatment settings: Baseline risk behaviors among HIV patients in Kenya, Namibia, and Tanzania. Plos One. 2013;8(2):e57215.

Bachanas P, Medley A, Pals S, et al. Disclosure, knowledge of partner status, and condom use among HIV-positive patients attending clinical care in Tanzania, Kenya, and Namibia. AIDS Patient Care STDs. 2013;27(7):425-35.

Medley A, Seth P, Pathak S, et al. Alcohol use and its association with HIV risk behaviors among a cohort of patients attending HIV clinical care in Tanzania, Kenya and Namibia. AIDS Care. 2014;26(10):1288-97.

Puja S, Kidder D, Pals S, et al. Psychosocial functioning and depressive symptoms among HIV-positive persons receiving care and treatment in Kenya, Namibia and Tanzania. Prev Sci. 2014;15(3):318-28.

Antelman G, Medley A, Mbatia R, et al. Pregnancy desire and dual method contraceptive use among people living with HIV attending clinical care in Kenya, Namibia and Tanzania. J Family Plann Reprod Health Care. 2015;41:e1.

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