

A Framework for Health Communication Across the HIV Treatment Continuum

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Goal

Builds on prior research and describes critical role of health communication (HC) to influence behaviors throughout the HIV care continuum from a social-ecological perspective.



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Research Questions

1. What potentially modifiable factors (barriers and facilitators) are associated with health-protective behavior at each stage of the HIV care continuum?
2. What HC interventions have shown promising results at each stage of the continuum?
3. What additional HC interventions should be considered by program planners?



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Methods

- Review literature on antecedents of behaviors along continuum, and HC interventions to address such antecedents
- Selection criteria:
 1. Geographic focus on LMIC
 2. Focus on one or more elements of HIV continuum of care
 3. Focus on behavioral rather than biomedical aspects of care
 4. Focus on antecedents and/or interventions
 5. Based on theory or empirical data
 6. Peer reviewed
 7. Published between 2005 and 2016
- Initial search yielded 5591; 258 after title and abstract review



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HIV Continuum of Care

- Test and Treat policy has changed how we visualize the continuum.

From



To



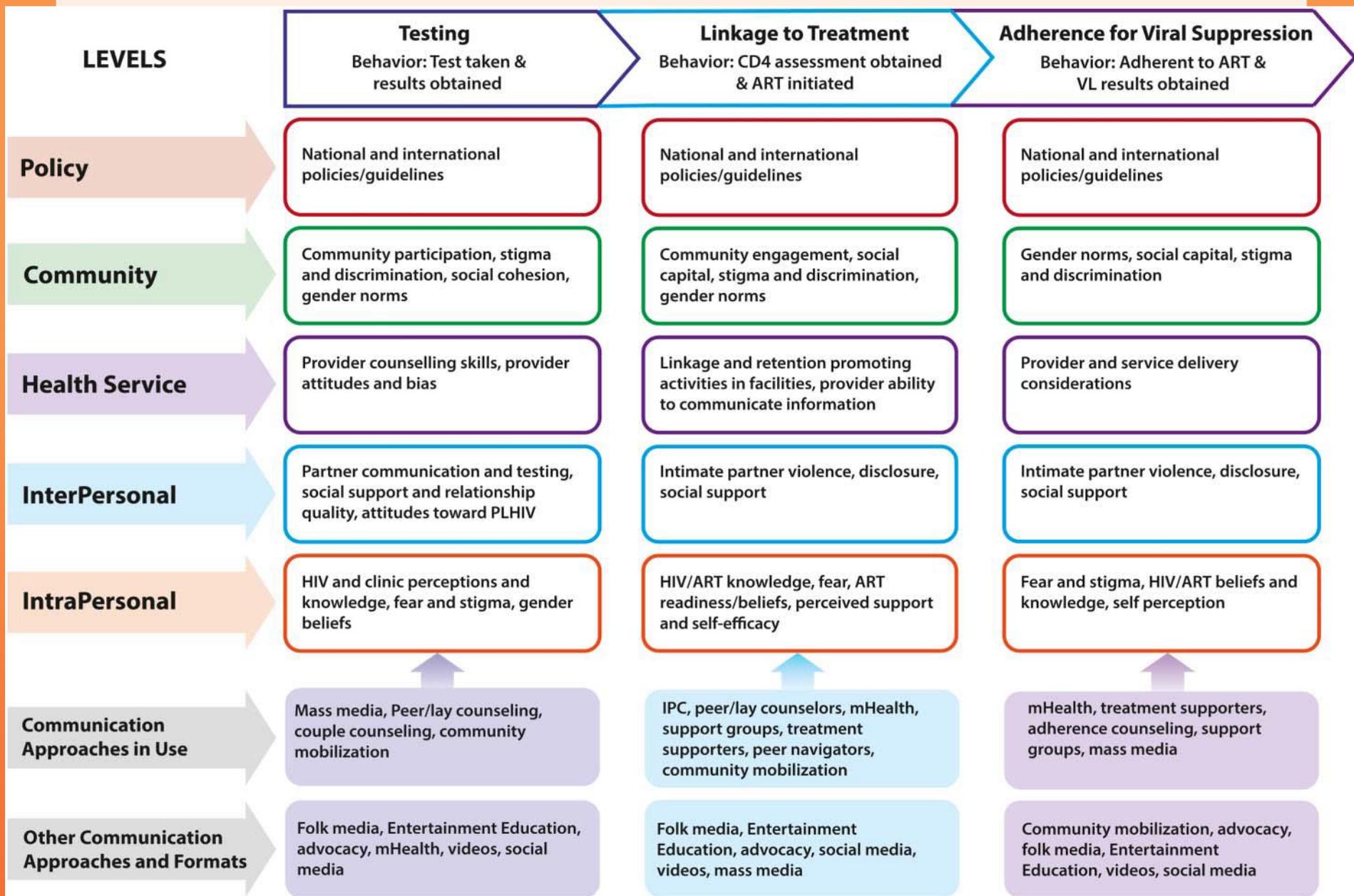
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Framework for the role of HC in HIV treatment continuum



Factors Associated With Testing

Policy

National and international policies/guidelines on HIV counseling and testing

Community

- Stigma and discrimination
- Social cohesion

- Gender inequality

Health Service

- Provider confidentiality
- Provider behaviors towards clients, including respect, acceptance and empathy

- Provider lack of connectedness with clients
- Provider ability to communicate effectively with clients

Interpersonal

- Communication with spouse/sex partner
- Testing behavior of spouse/sex partner
- Intention to disclose status to spouse/sex partner

- Mistrust in marriage
- Friends/family HIV status
- Discussion of HIV with friends/family
- Lack of support from friends and family

Intrapersonal

- Perceived/Anticipated Stigma
- Personal attitudes towards PLHIV
- Perceived consequences of a positive result
- Fear of accidental disclosure
- HIV knowledge

- HIV risk perception
- ART knowledge
- Gender attitudes
- Attitudes towards gender-based violence

Communication approaches and formats promoting testing

Commonly Used	Intrapersonal	<ul style="list-style-type: none"> • Mass media
	Interpersonal	<ul style="list-style-type: none"> • Peer support • Counseling for male partners of pregnant women • Couple-oriented counseling
	Community	<ul style="list-style-type: none"> • Use of religious groups and other existing socially accepted infrastructure • Lay counselors • Community-based counseling and testing services with or without peer or lay counselors

With Potential	Intrapersonal	mHealth; social media; entertainment education
	Community	Folk media; video; advocacy



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Factors Associated With Linkage to Care and Treatment

Policy	National and international policies/guidelines on HIV Care and Treatment	
Community	<ul style="list-style-type: none"> • Sigma and discrimination • Knowledge about ART within the community • Community involvement in HIV care and support program planning 	<ul style="list-style-type: none"> • Community mobilization efforts • Gender inequality • Presence of retention support groups • Presence of CBOs involved in HIV care and support
Health Service	<ul style="list-style-type: none"> • Provider counseling skills • Provider confidentiality 	<ul style="list-style-type: none"> • Provider attitudes behaviors towards clients, including respect, acceptance and empathy
Interpersonal	<ul style="list-style-type: none"> • Psychosocial support 	<ul style="list-style-type: none"> • Disclosure of status to friends and family
Intrapersonal	<ul style="list-style-type: none"> • HIV and ART knowledge • Fear in various forms: fear of partner reaction; fear of accidental disclosure; fear of side effects, fear of loss of social status 	<ul style="list-style-type: none"> • Internalized stigma • Feeling healthy • Belief in divine healing • Perceived social support for treatment

Communication approaches and formats promoting linkage to care and treatment

Commonly Used	Intrapersonal	<ul style="list-style-type: none"> Appointment reminders through SMS
	Interpersonal	<ul style="list-style-type: none"> Peer supporters/treatment buddies (patient-selected or assigned) Peer navigators to assist in navigating the care and treatment system
	Health Service	<ul style="list-style-type: none"> Training in post-test counseling for service providers Retention-promoting activities in health facility Outreach services
	Community	<ul style="list-style-type: none"> Support groups Home-based care Network of community volunteers

With Potential	Intrapersonal	Mass media; social media; entertainment education
	Community	Folk media; video; advocacy



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Factors Associated With Adherence

Policy

National and international policies/guidelines on HIV Care and Treatment

Community

- Stigma and discrimination
- Social capital
- Community engagement in care and support for PLHIV

Health Service

- Quality of patient-provider communication
- Patient-provider relationship
- Provider ability to explain treatment instructions
- Quality of ART adherence counseling
- Provider confidentiality
- Provider ability to communicate ART-related complex terminologies

Interpersonal

- Psychosocial support
- HIV infection status of spouse/friends
- Disclosure
- Intimate partner violence

Intrapersonal

- Forgetfulness
- Knowledge about HIV and ART
- Attitudes towards ART
- Perceived constraints to ART use
- Perceived benefits of ART
- Perceived self-efficacy for adherence
- Illness acceptance
- Perceived/anticipated stigma
- Belief in divine healing
- Fear of accidental disclosure
- Internalized stigma
- Perceived psychosocial support

Communication approaches and formats for promoting Adherence

Commonly Used	Intrapersonal	<ul style="list-style-type: none"> • mHealth • Mass media
	Interpersonal	<ul style="list-style-type: none"> • Treatment supporters • Treatment companions/buddies
	Health Service	<ul style="list-style-type: none"> • Adherence counseling
	Community	<ul style="list-style-type: none"> • Support groups • Adherence clubs

With Potential	Intrapersonal	Entertainment education, Social media
	Community	Community mobilization, Video, Advocacy, Folk media



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Discussion and Conclusion

- Evidence suggests effectiveness of health communication along the HIV continuum
- Effective interventions have used interpersonal communication, home visits, lay counseling and community support groups
 - HC through social networks important
 - Relies on relationships/social bonds to help PLHIV navigate the continuum
- Multifaceted HC approaches critical for success of test and treat



Discussion and Conclusion

- Increased use of multimedia campaign required (e.g., for promoting testing and addressing stigma)
- Strategically designed interventions should address the determinants of testing, linkage to care, and ART adherence
- HC can significantly impact treatment outcomes to reach 90-90-90 goals





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