Community Based Approaches:

A review of intervention models and evidence of their effectiveness for preventing maternal-to-child transmission of HIV

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Methods

- Review of data on barriers to PMTCT
- Development of conceptual framework
- Literature Searches on interventions to overcome existing community-level barriers
- Assessment of research quality based on study designs
HIV Treatment Cascade

- Awareness
- Testing
- Diagnosis
- Treatment initiation
- Adherence & Follow-Up
- Health Outcomes
SOCIAL ECOLOGICAL FRAMEWORK

- Socio-cultural Environment
- Community Context
  - Peer & Family Influences
  - Individual
- Legal and Policy Structures
- Social Welfare & Insurance
- Health Beliefs
- Religion
- Perceived Care Quality
- Distance to Services
- Partner Involvement
- Access to Resources
- Communication & Disclosure
- Support
- ARV Supply
- Health Practices
- Gender Norms
- Stigma
- Social Networks
- Health Systems & Infrastructure
- Self efficacy
- Motivation
- Risk Perception
- Mental health
- Physical health
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Partners, Peers & Family (1):

- Community based & home testing
  - Increases opportunity to test
  - Introduces perception of risk
  - Engages family as a unit
  - House-to-House testing
  - Mobile clinics
  - Often accompanied by promotion activities in advance

- Improves HIV case finding BUT does not increase diagnosis of HIV+ pregnant women, who attend stand-alone clinics
Partners, Peers & Family (2):

- **Increasing male involvement**
  - Targets communication, disclosure & decision-making
  - Based on association between women’s retention in programmes with her partner’s approval
  - Men invited to attend ANC or referred to testing sites
  - Couple counselling and breastfeeding advice provided
  - Accompanied by education sessions or support groups

- “Male involvement” poorly defined and it is unclear how to catalyse it
- Neviripine uptake higher among women whose partners have been tested; unclear if this is a causal relationship
- Other family members also important decision-makers
Partners, Peers & Family (3):

- **Peer Counselling**
  - Reduces women’s isolation
  - Strengthens social support, especially from others who have experienced similar challenges
  - Locally selected women trained in outreach and specific messages (breastfeeding, PMTCT, etc)
  - Home visits or counselling at facilities

- Some evidence of improvement to HIV+ women’s psychosocial health
- No difference observed in Neviripine uptake
- Effective in improving initiation, duration and exclusivity of breastfeeding
Community Context (1):

- **Formalised Links**
  - Improves facility “friendliness” and support
  - Relies on peer volunteers or hired liaison staff
  - SMS message reminders

- **Home Based Care**
  - Targets access to resources and food insecurity
  - Logistical & adherence support
  - Efforts to challenge stigma and reduce isolation

- Links improve relations with clients, but no evidence that they address wide range of barriers faced
- SMS reminders shown to improve drug adherence
- HBC can improve adherence & follow-up, although sustainability an issue and HIV+ women often referred to HBC providers late (including after childbirth)
Community Context (2):

- **Community Health Workers**
  - Work to change health beliefs and practices
  - Many different models have been evaluated
  - Applied to a wide range of health outcomes; increased popularity due to “task shifting” agenda

- **Traditional Birth Attendants**
  - Birth planning, attendance & referral
  - May be able to influence birth practices
  - Nevirapine provision
  - No outcome evaluations for PMTCT

- Long legacy of CHW success but operational factors important given heterogeneity of implementation
- Feasibility studies & process evaluations suggest TBA could be useful in settings with low facility deliveries
Socio-cultural environment (1):

- **Community Mobilisation**
  - Complex interventions – multiple components
  - Engage traditional leaders
  - Participatory, based on theories of empowerment and social action
  - Drama events, outreach, peer approaches, media

- **Participatory Community Groups**
  - Facilitated analysis and problem solving
  - Evidence drawn from maternal & neonatal health
  - Create supportive environments & support planning

- **Cash Transfers**
  - Incentive for behaviour change
  - Provide a basic social safety net; address inequity
Socio-cultural environment (2):

- Very difficult to evaluate community mobilisation, especially to differentiate relative effectiveness of components.
- Some evidence that mobilisation increases HCT uptake and adherence to ART.
- Community groups have been rigorously evaluated of MCH and show promise for PMTCT given similar determinants.
- Cash transfers successful in Latin America in increasing service use; transfer to poorer settings with weaker health systems unclear.
Ways Forward:

- **Contextualisation** – applying the social ecological framework to identify barriers and design activities for each programme settings.

- New approaches to scaling up and replication – transfer of process instead of content.

- **Long term commitment** – resources and efforts need to sustain community motivation; interim measures will change faster than outcomes.

- **Stigma** – critical barrier to social determinants of PMTCT and difficult to counteract.
Thank you!

Questions and comments?