Bringing People Living with HIV Back-to-Care by using SBC approaches to strengthen the health system

Context

In Ghana's Western, Greater Accra, and Volta Regions, an estimated 205,000 people living with HIV (PLHIV) are both key to improving treatment outcomes. The main barriers for high levels of treatment interruption are personal health-related attitudes and behaviors rather than structural obstacles. The SBC strategy didn't just change the knowledge and attitude of key stakeholders, it had real impact by changing actual behaviors:

- Favorable access for PLHIV.
- Treatment continuity. This cadre, who were trained on the importance of treatment continuity, disseminated the materials developed by the project. They used their platforms to connect with former patients and championed that were already trusted members of the PLHIV's community.
- Local champions. Traditional, religious and community leaders sought to improve the treatment continuity following the project's SBCC activities and contributed to the program. They added an additional layer of credibility to messages that were engaged with the targeted population. These local champions, who were trained members of the community, helped PLHIV get back on track.

Activity Description

The SBC strategy started with exploring why HIV treatment stopped and developed strategies to bring them back to care, and identifying key actors who could be incorporated into the strategy. These included:

- Healthcare workers (HCWs) such as nurse assistants who are trained by the clinical team on counseling and care for PLHIV. They are an integral part of the system and are often trusted by PLHIV.

- Community Information Centers (CIC) operators who can underline services for PLHIV and other groups.

- Media Training.

- Partnering with local champions.

- Infrastructure.

Given these behavioral drivers, it was clear that a social and behavior change strategy was needed to strengthen the health system so that it could respond in an effective and sustained manner. The SBC strategy worked to strengthen the health system response to the barriers at each socio-ecological level, including individual, community and system levels.

Activity Impact

The SBC strategy didn't just change the knowledge and attitude of key stakeholders, it had real impact by changing actual behaviors:

1. Less than 3% of the initial identified number of individuals (500) who had stopped treatment returned to care.
2. 1.67 times more than the initial identified number of individuals (6,000) whose treatment stopped.
3. 11 times the initial identified number of individuals (10,000) who had stopped treatment returned to care.
4. 1.67 times more than the initial identified number of individuals (6,000) whose treatment was interrupted.

Evidence

The successful implementation of the SBC campaign has facilitated the return of more than 10,000 PLHIV whose treatment was interrupted between October 2019 and June 2020. The SBC campaign involved messages that were designed to enhance treatment adherence, reduce discrimination, and increase treatment continuity. This was a novel approach in Ghana and proved particularly effective in shifting the client's perspective on their care since nurse assistants were already trusted members of the PLHIV's community.

Facilitators

The USAID Care Continuum Project, working in collaboration with the U.S. President's Emergency Plan for AIDS Relief (PEPFAR), sought to improve efficiency and quality in treatment and care delivery. The aim was to improve the quality of life for people living with HIV (PLHIV) by addressing gaps in care and treatment. The project implemented a comprehensive approach that included SBC strategies to address treatment interruptions and improve treatment adherence.

Lessons Learned

- Leveraging and applying existing health codes is efficient and less costly than any traditional strategies. The high level of HIV-related stigma and discrimination was a major barrier to treatment adherence. By leveraging existing codes, the project was able to reach a larger audience and improve treatment adherence.
-엎기요 급증의 대응력 독선을 강화하는 SBC 전략의 경우, sistema의 지속성을 개선하는 데 있어 약간의 차이를 보이므로 선행적인 연구와 체계적 접근을 통해 대응할 수 있는 방안을 마련해 나갈 필요가 있다.
- SBC strategies are highly successful in addressing treatment interruptions and improving treatment adherence, but they require a comprehensive approach that includes SBC strategies.

Challenges

Three main challenges arose during the implementation of the activity:

- SBC activities were not always integrated into the health system's routine activities.
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