

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



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Context

In Ghana's Western, Western North, and Ahafo Regions, an estimated 45% of people living with HIV (PLHIV) are likely to stop receiving treatment each year. The impact of discontinuing treatment is devastating, including infection of others and higher morbidity and mortality rates. Reasons for the discontinuity of treatment include a range of individual and community behavioral dimensions (the denial of HIV-positive status, self/community stigma and discrimination, pill fatigue, alternate medicine use, spiritual beliefs), death of the individual, and health system barriers including provider stigma and patient access (remoteness to antiretroviral therapy (ART) sites and associated cost of transportation).

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 manner. Ghana did not have standardized guidelines or strategies to detail a process that could be used to reach PLHIV whose treatment was interrupted. In response, the USAID Strengthening the Care Continuum Project, implemented by JSI, worked with the Ghana Health Service (GHS), Ghana AIDS Commission (GAC), and 10 local civil society organizations (CSOs) to bring back people who interrupt their HIV treatment through the "Back-to-Care (B2C)" campaign. This social and behavior change strategy worked to strengthen the health system response to the barriers at each socio-ecological level, including individual, community and organizational knowledge, attitude, and practices (KAP).

Activity Description

The Back-to-Care SBC strategy started with exploring why PLHIV treatment stopped and approaches to bring them back to care, and identifying key actors who would be incorporated into the strategy. These included:

- **Frontline health care workers (HCWs)** such as nurse assistants who are trained by the clinical team on counseling to treat and care for PLHIV. They are familiar with the districts/communities they work in since they are recruited from the three abovementioned regions, which have the highest prevalence of HIV.
- **Social influencers** such as Models of Hope who are PLHIV that facilitate better client outcomes through the provision of services using themselves as a living testimony of adherence to medication and living a positive lifestyle. Other key influencers include traditional and religious leaders, Queen Mothers, peer educators and faith-based institutions.
- **Community Information Centers (CICs)** are physical structures with a community/education service orientation. CIC operators use online services and/or paper-based SBCC materials for their activities. They have audience-segmented messages for PLHIV and other groups.

Using insights derived from existing evidence generated from USAID Strengthening the Care Continuum Project and predecessor projects, and in collaboration with key actors noted above, we designed a B2C strategy that consisted of the following approaches:

1. **Recruiting, training, and counseling.** The USAID Care Continuum worked with the GHS to recruit more than 100 nurse assistants in over 100 health facilities across 29 districts in the three regions to strengthen HIV service provision within health facilities and community HIV services in the three regions. They support HIV case finding, linkage and enrollment, viral load, and appointment reminders and strategies to bring back patients who have experienced interruptions in treatment. The project trained nurse assistants on stigma and discrimination reduction, clinical treatment and counseling, proactive contact with patients via phone calls and home visits, and strategies on how to invite them back to treatment (i.e., why treatment continuity is critical for their overall health and wellbeing, building empathy to better understand the patient's apprehension and needs, etc.). Additionally, at the community level, the project and partner CSOs trained more than 500 CIC operators to effectively share key messages on HIV testing, prevention and treatment – the CIC operators use their platform to disseminate daily messages.
2. **Communicating messages through different channels.** Social and behavior change communication (SBCC) complemented and reinforced the SBC activities at the individual, community, and organizational levels. This aimed to address issues related to misinformation, stigma and discrimination, with videos, posters, postcards, and factsheets. They were disseminated through the local radio shows, CICs, social media (i.e., WhatsApp) and HCW training. Additionally, the USAID Care Continuum established the Healthy Living Platform, a toll-free two-way interactive system that transmits text and voice messages. It was integrated with helpline counseling through a three-digit short-code on major telecommunication networks in Ghana and contains five campaigns in four local languages and English. The platform also has pre-recorded messages which can easily be listened to by subscribers. Subscribers to text and voice messages also have access to professional counselors who provide HIV, STI, and ART counseling and referrals for follow-up services. The helpline counselors are nurses who provide private, confidential phone counseling to subscribers as an entry point to the HIV care continuum. More than 100,000 users have interacted with the platform, while over 600,000 interactions have occurred.
3. **Partnering with local champions.** The B2C strategy also involved the use of two groups of champions: PLHIV actively on treatment and willing to share their story and serve as models of hope, and traditional, religious and opinion leaders (chiefs, assemblymen, youth leaders, queen mothers and peer educators). These champions proved effective in influencing KAP. They were trained and provided with the necessary SBCC materials to ensure the provision of targeted advice and information to the focus populace regarding the need to stay in care. The peer educators and nurse assistants were trained on the effective use of the SBCC materials and intensified their face-to-face interactions with community members to share factual information and supportive statements. They additionally leveraged their virtual social networks, particularly WhatsApp.
4. **Media Training.** In Ghana, the media lacked coverage on the realities of living with HIV, treatment and care continuity, testing, and prevention. The public overall trusts the media and as such it was imperative to train them on the importance of all aspects of HIV treatment, testing, and prevention. The project collaborated with a local non-government organization focused on reporting and media support to train various media groups (print, online, radio) to ensure they accurately and consistently reported on HIV issues, including on the importance of remaining on treatment.
5. **Infrastructure.** In response to insights gathered from patients and providers, the project supplied providers with better IT equipment for communication, prefabricated modular units to deliver adequate space for counseling services in a private location (to address concerns of stigma and discrimination), high-grade hospital beds, and cars/motorbikes for the regional health directorates and health facilities to improve access to remote communities.

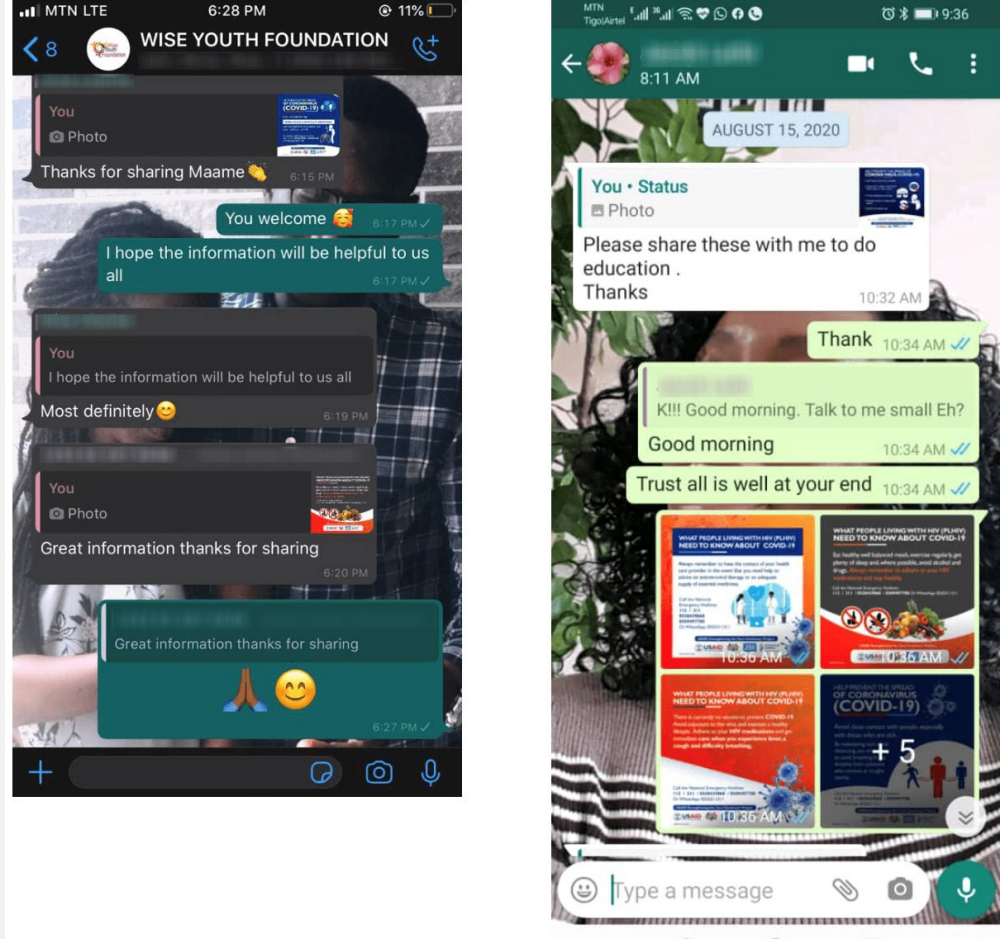
Activity Impact

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

- **PLHIV.** More than 10,000 PLHIV whose treatment was interrupted came back to care across the three intervention regions (October 2019 to March 2023). This is 1.67 times more than the initial identified number of individuals (6,000) whose treatment stopped.
- **Providers (Nurse Assistants).** Trained by the project, they directly reached out to PLHIV via phone or conducted home visits to counsel on the importance of 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.
- **Providers (CIC Operators).** This cadre, who were trained on the importance of treatment continuity, disseminated the materials developed by the project. They used their platform to connect with nurses and local champions to get these key stakeholders to regularly come to the Centers and receive updated information sessions. As such, local actors had continuous access on how to provide the best care, counseling, and treatment to PLHIV, including respecting patient confidentiality and privacy, and treating them with respect and dignity.
- **Local champions.** Traditional, religious and opinion leaders bought into the importance of treatment continuity following the project's SBC activities and proactively reached out to their constituents to transmit key messages and offer psychosocial support. Additionally, PLHIV who acted as role models for successful treatment retention actively engaged with the identified target population. These local champions, who are trusted members of their communities, helped more PLHIV get back on treatment.
- **Media.** Following training by the project, journalists and other media actors more regularly and consistently reported accurate messages about HIV, which was aimed at helping improve public awareness of the HIV epidemic.

Additional HSS impacts of the SBC strategy on changing key behaviors included:

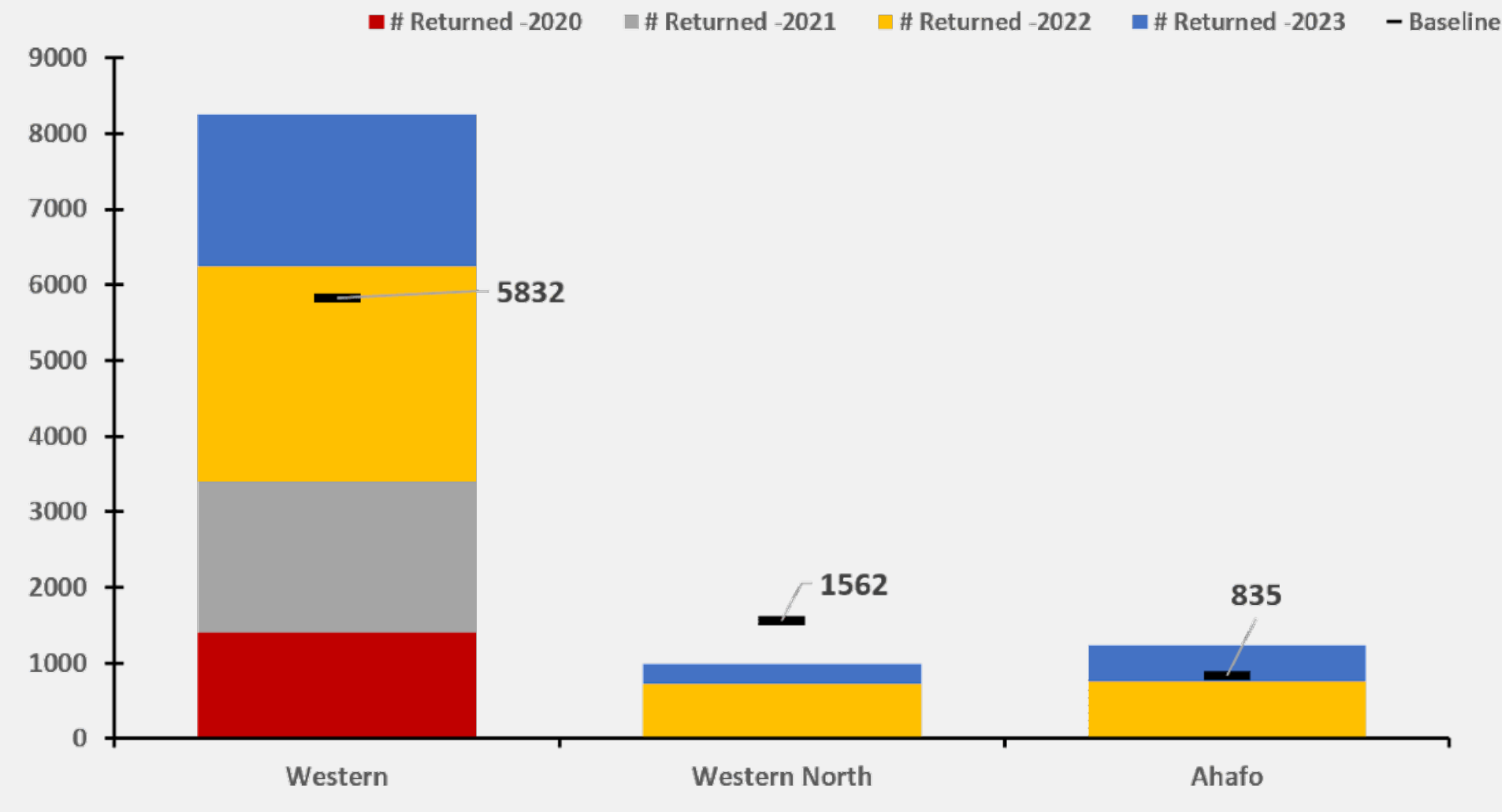
- **Favorable access for PLHIV.** With stigma and discrimination a major concern, we found that infrastructure adaptations that offered more private counseling services, led to not only PLHIV returning to care, but increasing treatment continuity. Additional vehicles allowed access to PLHIV who live in remote areas, which ultimately led them to maintaining their treatment at higher rates than before.
- **COVID-19 vaccination.** The successful implementation of the campaign led to an unforeseen, but positive impact in terms of getting Ghanaians vaccinated for COVID-19. Similar to many countries globally, hesitancy over the COVID-19 vaccine in Ghana was an initial issue. The USAID Care Continuum project was called upon by the USAID Mission in Ghana along with the government to apply the same approaches as the B2C campaign to support efforts to improve COVID-19 vaccine uptake. The project collaborated with the GHS and CSOs to identify, train, and work with more than 500 influential community members to serve as COVID-19 myth busters in Ghana's Western, Western North, and Ahafo regions. The myth busters included leaders of youth groups, faith-based institutions, teachers, traditional authorities, artisans, and CIC operators. We also leveraged the Healthy Living Platform to disseminate credible information to prevent COVID-19 infection and support COVID-19 vaccine uptake. Through these efforts and thanks to the USAID initiative for Global Vaccine Access, more than 490,000 doses of COVID-19 vaccines have been administered in Ghana's Ahafo Region, and more than 56% of the target population has been vaccinated as of the end of March 2023



Leveraging the Healthy Living Platform (HLP): an example of discussions on the COVID posters and information developed by USAID Strengthening the Care Continuum project.

Evidence

The successful implementation of the B2C campaign has facilitated the return to care of more than 10,000 PLHIVs who interrupted treatment between October 2019 and March 2023. The continued SBC approach of impacting KAPs will ensure they remain on HIV treatment, decrease their risk of transmitting HIV to others, have healthier and negative babies, and also enable them to live longer and healthier lives.

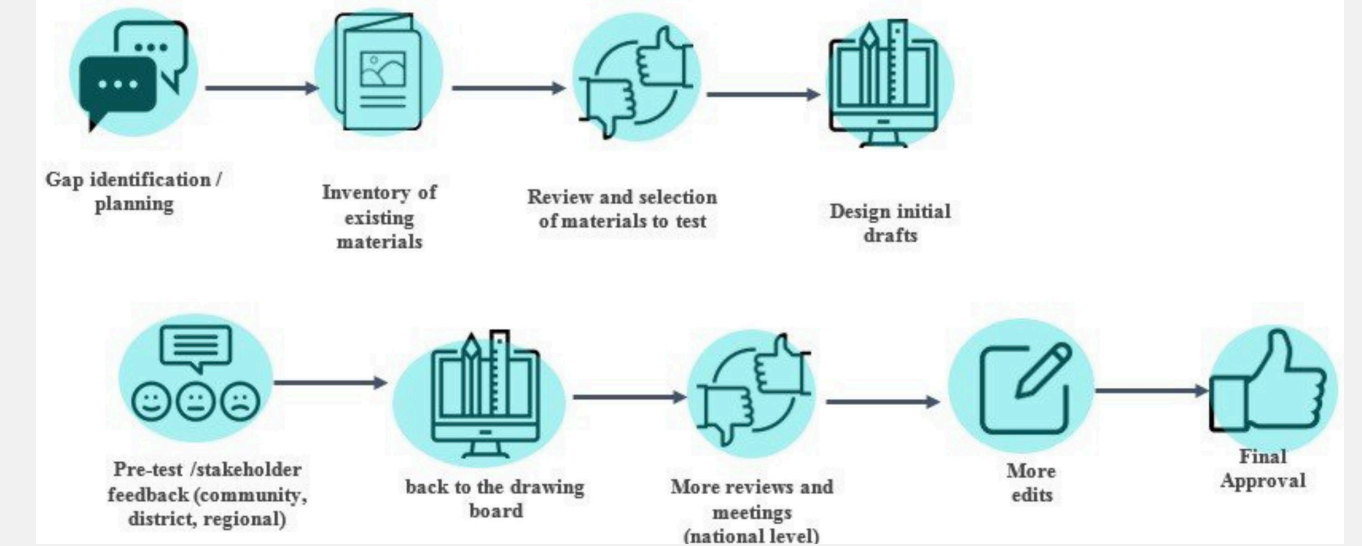


Facilitators

The USAID Care Continuum Project worked with state institutions such as the GHS, GAC, and 10 local CSOs. An established partnership and strong working relationship with these entities was a key facilitator that allowed for the consistent and comprehensive implementation of the B2C campaign activities. Additionally, acceptance of the SBC strategy by the GHS and GAC coupled with working closely with the CSOs to reach PLHIV and key stakeholders helped make the activity a success and ultimately bring PLHIV back to care. The project conducted these activities using nationally approved guidelines and jointly organized activities such as the development of materials and training healthcare workers and community champions with government institutions and CSOs.



One of the JSI implemented USAID Strengthening the Care Continuum local CSOs in action



The process of creating SBC activity materials involved an iterative collaboration with key stakeholders

Challenges

Three main challenges arose during implementation of the activity:

- **Preference for traditional healing.** Some PLHIV stopped treatment to resort to spiritual services because they believed their condition was more spiritual than physical. The project identified, trained, and continues to engage several leaders of such traditional healing centers on basic facts about HIV so that they better understand the importance of treatment continuity and communicate this to their followers.
- **Stigma and discrimination.** The high level of HIV-related stigma and discrimination in communities and health facilities was a key barrier to the uptake of HIV services. The project integrated stigma and discrimination reduction strategies and messages into the training for health care workers and community champions, while also providing safe and private infrastructure for providers to meet with patients or the means to reach them in more remote areas.
- **Lack of reporting from the media.** As a trusted source of information, strengthening the media's awareness and knowledge through regular training and communication by the project has been critical to have them report more on HIV and the importance of treatment, prevention, and testing. An informed and supportive media is a powerful tool that further enhances buy-in of key stakeholders, including providers, community members and PLHIV.



Dr. Henry Nagai addressing Journalists at the HIV training led by the USAID Strengthening the Care Continuum project in collaboration with The U.S. President's Emergency Plan for AIDS Relief (PEPFAR)



An example of an HIV stigma and discrimination fact sheet for providers

Lessons Learned

- Leveraging and upskilling community health cadres is an efficient and effective way of reaching in- and at-risk populations because of the existing trust and contextual understanding these individuals possess. Equipping nurse assistants and CIC operators with enhanced HIV knowledge ensured effective confirmation of testing, referral to treatment, and tracking at the community level.
- Involving trusted PLHIV and leveraging them as champions helped to reach and change the behavior of more people who had interrupted treatment. This is because having a peer who could relate to them and model positive behaviors allowed them to accept their HIV-positive status and motivated them to get back to care.
- Establishing a common vision with community leadership including queen mothers and traditional and religious leaders was pivotal in identifying the most effective methods for reaching, understanding and providing targeted services to PLHIV who had discontinued treatment.
- Deploying and continuing to use the eHealth platforms proved indispensable for reaching and providing tailored, private HIV services to marginalized and vulnerable populations and leaving no one behind.
- Bringing the media into the conversation around the importance of HIV treatment, prevention, and testing was critical. Informing journalists and other media actors led to an increase in accurate and consistent media coverage across a range of mediums (print, radio, online).

