



Update on research on positive prevention interventions in South Africa

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Outline

- **Background**
- **What is positive prevention?**
- **Three examples of positive prevention programmes being evaluated in South Africa**
 - *Healthy Relationships*
 - *Options for Health*
 - *Phaphama*
- **Studies evaluating the efficacy and/or effectiveness of the three positive prevention programmes in South Africa**
- **Conclusions and recommendations**

Background (1)

- **During the past 5 years, the HSRC and other research organisations in South Africa have been undertaking some research on positive prevention among PLWHA.**
- **The research has mainly involved:**
 - **the cultural adaptation of theory-based positive prevention programmes for PLWHA developed in the USA to the Southern) African context.**
 - **testing for their efficacy or effectiveness.**
 - **testing for generalisability of other behavioural risk reduction interventions to PLWHA.**

Background (2)

- **During the formative/elicitation phase of our research, in 2006 we conducted a survey among 1075 PLWHA, 40% (n = 422) males and 60% (n = 647) females, from various existing support groups in townships and ARV treatment centres in Cape Town which yielded the following key findings:**
 - **There is a high level of AIDS stigma and discrimination against PLWHA.**
 - **There is also a high level of depression as well as internalised stigma among PLWHA.**
 - **There is generally a poor level of disclosure about HIV-positive status to sexual partners.**

Background (3)

- A large proportion of PLWHA continue to engage in risky behaviour.
 - PLWHA also have psychosocial needs and the community context issues such as poverty, unemployment, housing, nutrition and domestic violence that are important to them.
 - Many PLWHA belong to support groups which they find most helpful.
 - Many PLWHA are accessing HIV/AIDS services including ARV treatment.
 - PLWHA are interested in risk reduction interventions.
 - However, they deplore being used as guinea pigs in research.
- **Conclusions: There was a need for positive prevention programmes.**

What is positive prevention?

- Positive prevention focuses on PLWHA who know about their HIV+ status taking personal responsibility for the following:
 - **Primary prevention** - preventing the transmission of HIV to uninfected sexual partners
 - **Secondary prevention** - preventing PLWHA from their own infection with STIs and re-infection.

Three examples of positive prevention programmes being evaluated in South Africa

- At least three evidence-based interventions are being evaluated for efficacy or effectiveness in South Africa.
- These are:
 - the Healthy Relationships based on social support groups developed by Kalichman and his associates.
 - the clinically-based Options for Health developed by Fisher and his associates.
 - *Phaphama* risk reduction counselling for STIs developed by Simbayi, Kalichman, and associates.
- All are theoretically-based and rigorously evaluated interventions.
- The first two were originally developed and tested in the USA while the last one is a joint South Africa-USA development which has been successfully evaluated in South Africa.

Healthy Relationships programme (1)

- The Healthy Relationships intervention , developed for use among HIV-positive men and women, is a multi-session, small-group, skills-building programme for men and women living with HIV/AIDS.
- The programme is designed to reduce participants' stress related to safer sexual behaviours and disclosure of their sero-status to family, friends, and sexual partners.
- The programme is based on Social Cognitive Theory, which states that persons learn by observing other people successfully practice a new behavior.

Healthy Relationships programme (2)

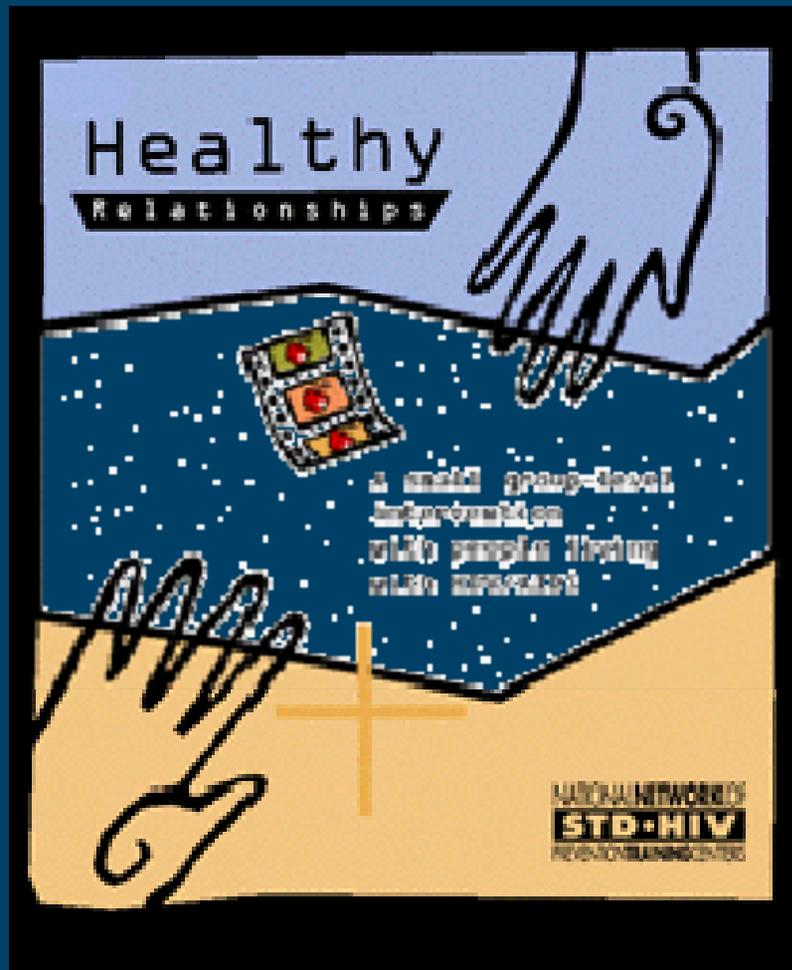
- Five 3-hour session intervention for use among small-groups of 8-12 HIV-positive men and women
- Establishing and maintaining healthy and satisfying relationships in the face of living with HIV
- Three behavioural domains:
 - Disclosure to sex partners
 - Disclosure to family and friends
 - HIV transmission risk reduction
- Behavioural domains are conceptualised as potentially stress producing situations for PLWHA and the intervention activities are therefore framed around stress reduction skills and strategies

Healthy Relationships programme

(3)

- This intervention was found to be effective in one study in 2001, and was packaged in 2005 and disseminated for community use as part of CDC's Diffusion of Effective Behavioral Interventions (DEBI) initiative in the USA.
- The Healthy Relationships intervention is now part of the CDC's Replication (REP) Project which is packaging and disseminating the intervention for community use.
- Healthy Relationships is now being implemented in several states throughout the USA and within statewide demonstration projects for the CDC initiative for HIV prevention.

The Healthy Relationships programme (4)



**HEALTHY
RELATIONSHIPS –
Produced by
University of Texas
Southwestern Medical
School**

www.effectiveinterventions.org

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Options for Health (1)

- **The intervention programme is aimed at assisting people living with HIV/AIDS to practice safer behaviours so they do not transmit HIV to others or infect themselves or their partners with other pathogens.**
- **Options was implemented in the US in an inner city HIV clinical care setting by health care providers and was also successfully tested in Durban, South Africa.**
 - **The programme reduced risk behaviour among PLWHA through increased condom use and reduction in the number of sexual partners .**
- **It involves a brief (3-5 min) patient-centered protocol administered on an ongoing basis and on repeated occasions over the course of routine care, with the goal of decreasing HIV transmission risk behaviours among HIV-positive patients.**

Options for Health (2)

- **The intervention is based upon the Information—Motivation—Behavioral Skills (IMB) theoretical framework and employs Motivational Interviewing (MI) techniques as an intervention delivery system to convey critical HIV risk reduction information, motivation, and behavioural skills content.**

Phaphama risk reduction counselling intervention programme

- Based on IMB model this intervention targets STI patients regardless of whether they accept HIV VCT.
- Originally was developed especially for repeat STI patients as they also were had high risk for HIV infection.
- Was developed by Kalichman, Simbayi and their associates including Western Cape ATICC in 2002.
- It is delivered in a single 60-min session with 20 min each allocated to the three components thereof (viz., IMB).
- It also includes WHO's Brief alcohol risk reduction (based on AUDIT scores to identify risky alcohol drinking)

Evaluation of efficacy and/or effectiveness of the interventions

Study 1: Healthy Relationships

- Our team recently completed a 2-year quasi-experimental evaluation among 1244 PLWHA (623 intervention vs. 621 standard of care control) in four municipalities within the OR Tambo District in the Eastern Cape and failed to replicate the US findings
 - No significant changes were found in any of the key behavioural outcomes measures such as
 - use of condoms
 - the number of sexual partners

Study 1: Options for Health

- **The developers of the programme have just completed undertaking a large scale randomised control trial (RCT) in 16 clinics in the Pietermaritzburg area in KwaZulu-Natal in South Africa during the last 5 years.**
- **The data are being analysed and the results will be available soon.**

Studies 2 & 3: Options for Health

- **Our HSRC team has successfully implemented Options for Health in 13 clinics in Mpumalanga province and found it effective in reducing HIV risk behaviour.**
- **However, in a case study by an MRC-led team of which we are part failed to implement Options with fidelity nor to provided it to all potential clients mainly due to lack of time.**

Study 1: Phaphama

- **We recently completed a 5-year RCT among 1800 STI patients of whom over 400 were also HIV-positive.**
- **We are currently analysing the data for the whole study and will also analyse the data for the sub-study on PLWHA.**

Summary & Conclusions (1)

- Both Healthy Relationships and Phaphama still require some evidence of their efficacy in South Africa.
 - It is important to note though Healthy Relationships has been rolled out in the USA and has not been independently replicated.
 - We are planning a case study to look at some of the aspects of the intervention that might be challenging for facilitators to implement.
 - We are also planning our own case study, subject to availability of funding from NIH.

Summary & Conclusions (2)

- Available evidence seems to suggest that Options for Health is more promising as a positive prevention programme.
- If the large RCT produces some positive findings, efforts must be made to roll out the programme nationally as soon as possible.

Thank you

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