ATMIRE

The feasibility and acceptability of mobile phone-delivered adherence counselling to address HIV-stigma concerns to improve ART adherence among people attending public health services

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The feasibility and acceptability of mobile phone-delivered adherence counselling to address HIV-stigma concerns to improve ART adherence among people attending public health services.

The Yomelela Study

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RATIONALE FOR ADHERENCE COUNSELLING

- Even with increased access to ART, many countries, including South Africa, are not on track to achieving 90% HIV suppression

RATIONALE FOR USING MOBILE PHONE

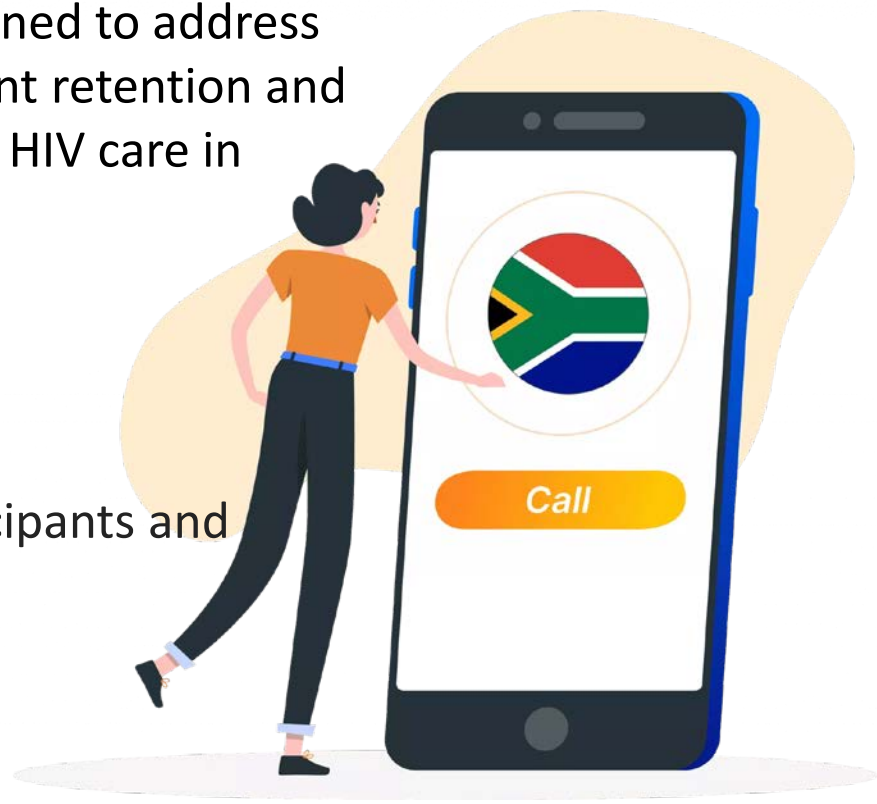
- Removes transportation and time barriers to coming to clinic
- Reduces costs of transport and time off from work
- Access to and ownership of mobile phones in South Africa is 95%
- Provides a sense of confidentiality
- Removes the anxiety of face-to-face discussions on sensitive issues

YOMELELA STUDY

- The Yomelela Study tests a theory-based mobile-phone delivered counselling intervention designed to address HIV-stigma and to improve HIV treatment retention and ART adherence among people receiving HIV care in public clinics in Cape Town

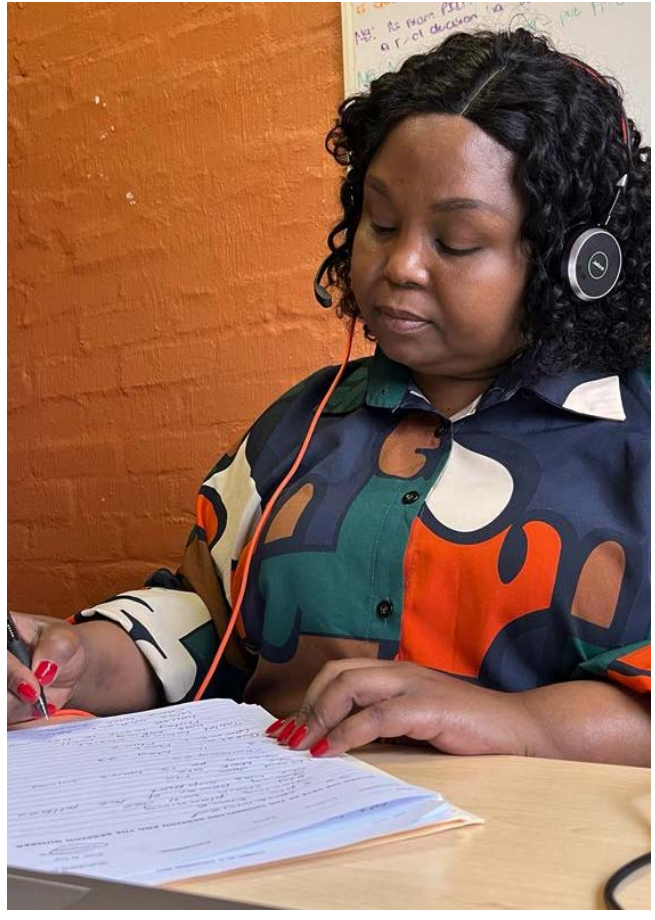
- Three-arm randomized controlled trial

- As of today, we have enrolled 623 participants and counselled a total of 617 participants



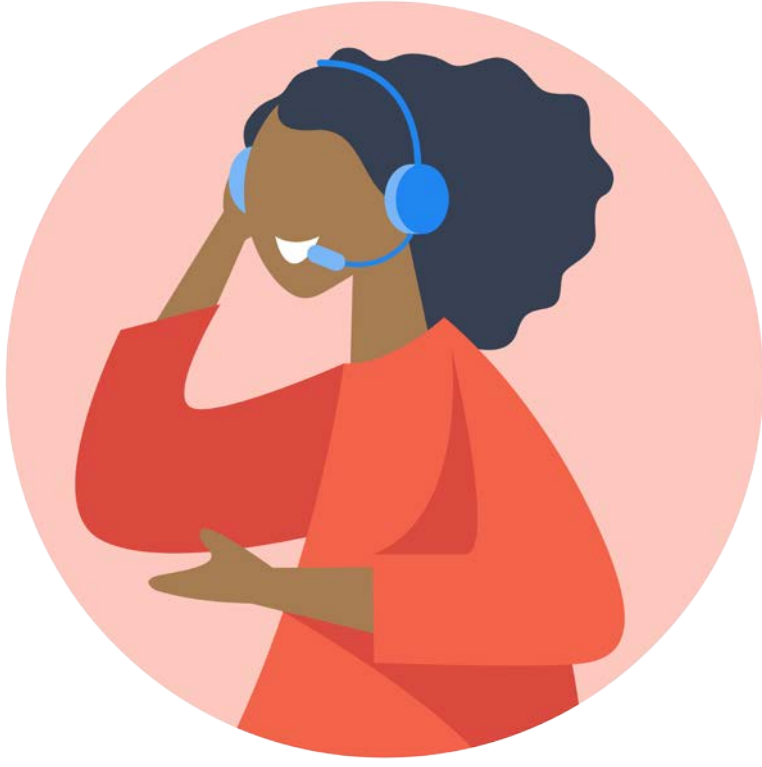
COUNSELLING METHODS

- Delivered by lay counsellors
- Mobile phone-based
- Focussed on increasing self-efficacy
- Participant-centered and strength-based
- Non-judgmental
- No compensation



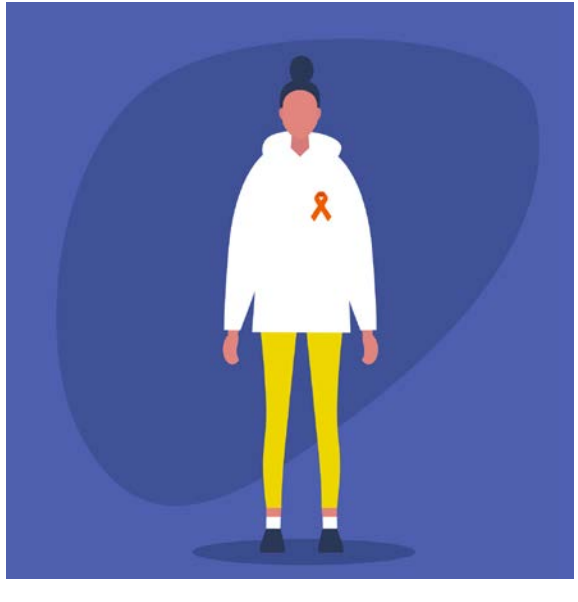
ARM 1: STANDARD OF CARE COUNSELLING

- Single session
- 60 minutes
- Based on counselling that is provided by Adherence Counselors at clinic



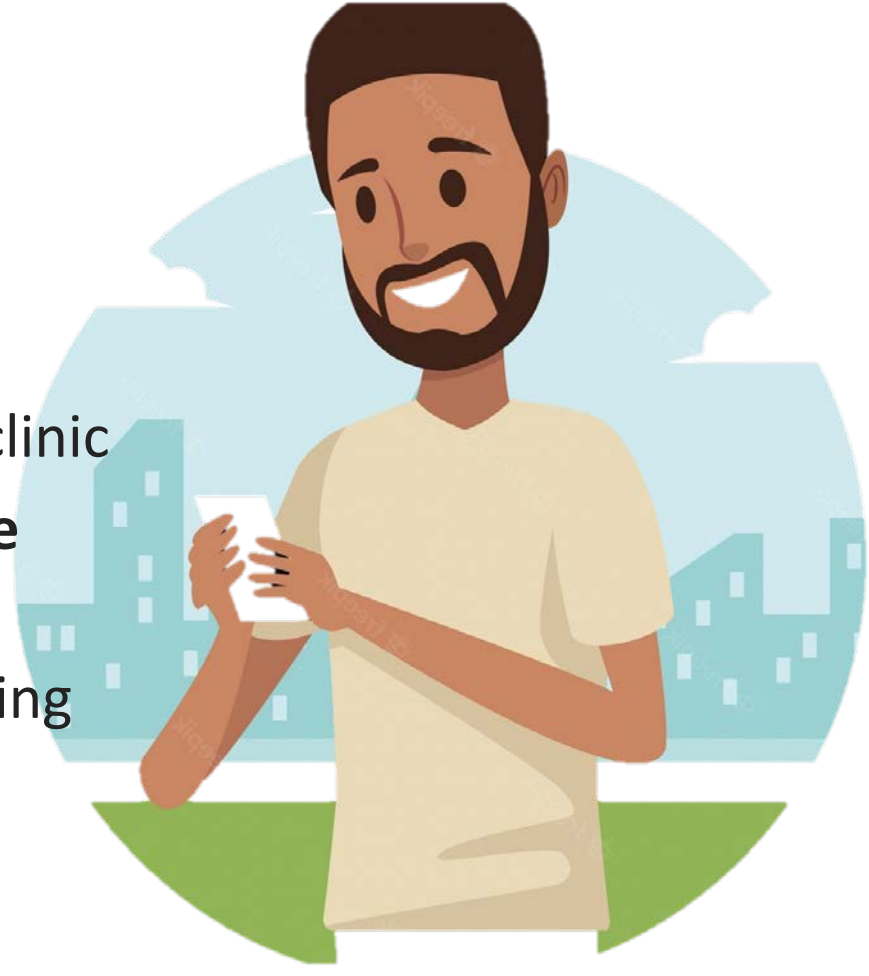
ARM 2: PICK IT UP COUNSELLING

- 5 sessions
- 15-60 minutes each session
- Identify and problem-solving barriers and challenges to taking ARV tablets and attending clinic appointments
- Participant centered problem solving



ARM 3: YOMELELA STIGMA COUNSELLING

- 5 sessions
- 15-60 minutes each
- Identify barriers and challenges to taking ARV tablets and attending clinic
- **Identify stigma and problem solve stigma barriers and experiences**
- Participant centered problem solving



INTERNALIZED STIGMA

Acceptance of other's negative beliefs regarding people living with HIV

- Self blame
- Isolation
- Decreased positive health behaviors
- Acceptance of discrimination resulting from HIV status (they deserve the negative consequences)

ANTICIPATED STIGMA

Anticipated Stigma-concerns or worries about negative experiences that could happen because they are living with HIV

- Concerned that they will be gossiped about that one has HIV
- Concerned that they will be labelled negatively by family and friends
- Concerned they will lose relationships with family and partners and employers Concerned that they will be excluded from socializing with community (men drinking from the same bottle of beer

ENACTED STIGMA

Enacted stigma are negative experiences that are a result of their HIV status

- Loss of a place to stay
- Loss of the financial support
- Loss relationships with friends and family
- Loss of job
- Loss of esteem in community

AIM AND METHODS

Aim

- To describe the feasibility and acceptability of theory-based mobile-phone delivered counselling to address HIV-stigma

Methods

- We examined the implementation, uptake and completion of counselling
- Independent phone assessors administered a brief questionnaire to participants
- Counsellors completed an assessment of each counselling session
- Review of counselling audio-recordings identifying stigma-related barriers to care

CAN THIS BE IMPLEMENTED IN THE REAL WORLD (FEASIBILITY)?

- 8.3% of patients recruited in the public health clinics could not participate because they did not have a mobile phone
- 100% of participants completed 1 session of counselling
- 93% of participants completed 2 sessions
- 91% of participants completed 3 sessions
- 88% of participants completed 4 sessions
- 82% of participants completed all 5 sessions

Challenges

- Loadshedding, battery power
- Violence and theft of phones
- Lack of resources to replace broken phones
- Changing phone numbers

WILL PEOPLE TAKE PART IN PHONE-BASED COUNSELLING (ACCEPTABILITY)?

- Participants' average rating of counselling helping them cope with stigma experiences was 9.8/10.
- What participants are saying
- Uptake in sessions

CONCLUSION

- Theory-based, mobile phone-delivered counselling to address HIV-stigma concerns to improve HIV treatment retention and adherence is feasible and highly acceptable by people living with HIV.
- The rate of completion in the Yomelela arm is significantly higher than the Pick it Up arm.

	Session 1	Session 2	Session 3	Session 4	Session 5
Pick It Up	100%	93%	89%	83%	78%
Yomelela	100%	93%	93%	93%	85%

- Such counselling provides a safe space in which people take up the opportunity to express, and receive support for, stigma-related obstacles to care.

FOR MORE INFORMATION

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