

Increasing ART Adherence for HIV+ Women

Phone calls delivered to HIV+ women did not increase ART adherence

Target a Priority Outcome More than 36.7 million people are living with HIV worldwide.¹ In Ethiopia, the second largest country in sub-Saharan Africa, HIV prevalence is estimated at 1.5 percent overall and the urban prevalence is 4.2 percent.² In response to this epidemic, the U.S. Agency for International Development (USAID) and the international community has committed to achieve the goal of “90-90-90” by 2020: 90% of HIV+ individuals take a HIV test, 90% of these individuals initiate ART, and 90% of these individuals demonstrate viral suppression³. However, pre-study analysis indicated that retention in care and ART adherence in Ethiopia was below global health community’s target, at approximately 80%.⁴

Translate Evidence-Based Insights USAID Ethiopia and implementing partner, Population Services International, established drop-in centers with comprehensive and confidential HIV testing, care, and treatment reaching more than 600,000 female sex workers and other individuals at high risk of contracting HIV infection.⁵ To further take advantage of these services and increase retention in care and ART adherence, health workers delivered encouraging phone calls, which followed a brief script praising the client for taking care of their health. Evidence from randomized controlled trials in sub-Saharan Africa and elsewhere suggest that non-financial and non-economic encouragement are effective at increasing take-up

and adherence to health inputs, including HIV/AIDS services.⁶ Health workers at study clinics delivered the encouraging calls to ART clients the day after and 15 days after they attended their ART appointment. All study participants, both those who received a phone call and those assigned receive no additional call, received a mobile phone and sim card.

Embed Tests The evidence-based insight was tested with an individual level randomized control trial. All 866 study participants, HIV+ individuals not yet on ARTs, consented into the study. Approximately one-half of participants (n=436) were randomly assigned to receive the encouraging phone call and approximately one-half (n=430) were randomly assigned to the standard of care. An ordinary least squares (OLS) regression was used to compare retention in care and ART adherence at 1 month.⁷

Analyze Using Existing Data USAID implementing partners routinely track ART adherence and retention in care for HIV+ women. These data include detailed information on initial appointment dates, prescription refill schedules, and follow-up appointments attended.⁸ This existing program data served as the primary outcome.

Reanalyzed Results The phone calls did not increase ART adherence or retention. The phone calls were associated with a statistically

¹ HIV and AIDS (September, 2018).

<https://www.usaid.gov/what-we-do/global-health/hiv-and-aids>

² President’s Emergency Plan for AIDS Relief (PEPFAR) (September, 2018).

<https://www.usaid.gov/ethiopia/hivaids>

³ The US President’s Emergency Plan for AIDS Relief Data For Impact (August, 2018).

<https://www.pepfar.gov/priorities/data/index.htm>

⁴ PSI Ethiopia internal data records, 2016.

⁵ New USAID Project to Continue Fight against HIV in Ethiopia (September, 2018)

<https://et.usembassy.gov/new-usaid-project-to-continue-fight-against-hiv-in-ethiopia/>

⁶ CDC (2013), “Surveillance of Influenza Vaccination Coverage,” <http://www.cdc.gov/mmwr/preview/mmwrhtml/ss6204a1.htm>, retrieved 3/24/2017.

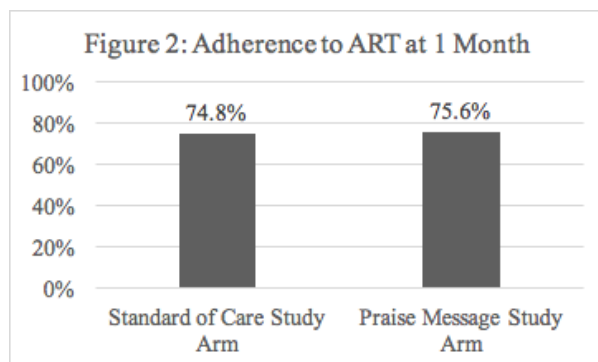
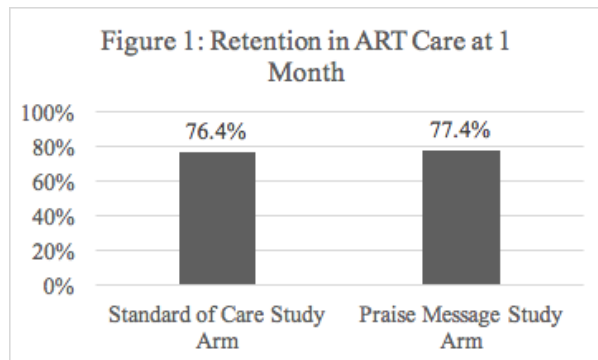
⁷ The current analysis used all available data for 1 month outcomes as of September 3, 2018. The resulting sample size is 735. The results and abstract will be updated with the complete 1 month outcomes and with 3 and 6 month outcomes.

⁸ Unless noted otherwise, all of the analysis reported in this abstract was prespecified in an analysis plan, which can be found at <https://oes.gsa.gov>.

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insignificant increase of 1.0 percentage points in retention in care at 1 month. With the sample size, the study was designed to detect a minimum of a 7.7 percentage point increase. Additional analysis is ongoing to assess the impact at 3 and 6 months.



Build Evidence This study demonstrated that programmatic data from HIV/AIDS programs can be used to conduct a rigorous randomized test on priority USAID outcomes during the course of a program. Such data can also measure the effect of behaviorally-informed program changes on key targeted health outcomes. In future studies, larger sample sizes may be required to detect smaller changes resulting from low-cost interventions.

This project is a collaboration between the Office of Evaluation Sciences, the U.S. Agency for International Development and Population Services International.