



**Health communication is an essential component within the treatment as prevention paradigm. This brief highlights key evidence demonstrating the impact of health communication on outcomes across the treatment cascade in low and middle-income countries.**

## Linkage to Care

Current research underlines the importance of interpersonal communication in linkage to care through counseling, both in clinical settings and at patients' homes.

- A randomized controlled trial in Uganda found those who received enhanced post-test counseling coupled with home visits and continued counseling support were almost twice as likely as those in the standard counseling group to return for pre-ART care.<sup>1</sup>
- In a similar intervention in Uganda, participants were randomized to receive standard post-test counseling on linkage to care or to receive enhanced counseling that included facilitated disclosure, introduction to HIV clinic staff, appointment reminder phone calls and home visits for appointment reminders, if needed. The enhanced counseling improved HIV clinic attendance by women and reduced the time to initiation of ART for those eligible among men.<sup>2</sup>
- In Kenya, enrollment rates were significantly higher among participants receiving a visit from a person living with HIV, suggesting that a peer navigator approach may improve linkage to care from community-based testing campaigns.<sup>3</sup>
- In rural Uganda, sending short message service (SMS) reminders to patients who missed an appointment resulted in nearly 80 percent presenting at the clinic within two days of the reminder, thereby increasing linkage to care and clinical management of HIV. Additionally, adherence increased from 80 percent to 90 percent.<sup>4</sup>

## Improving ART Adherence

As in interventions focusing on linkage to care, health communication has played an important and positive role in adherence outcomes through interpersonal communication and counseling.

- Clinics with educational materials and food rations were significantly associated with lower attrition compared with clinics without these services, while clinics with available peer educators, support groups and adherence reminder tools were associated with lower rates of measured death compared to clinics without these services.<sup>5</sup>
- Comparing adherence counseling provided by trained counselors to counseling with the



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added use of an alarm, an alarm on its own and the absence of counseling or an alarm in Kenya found that those assigned to the counseling interventions had significantly higher levels of adherence and lower rates of virologic failure, while the use of an alarm had no effect on these outcomes.<sup>6</sup>

- A meta-analytic review of RCTs examining the relationship between behavioral interventions and adherence found behavioral interventions such as counseling can improve adherence in diverse settings.<sup>7</sup>
- Group counseling and education has also been demonstrated to improve adherence in a variety of settings, including Brazil and India.<sup>8,9,10</sup>
- Three cohort studies in sub-Saharan Africa that trained counselors to improve their skills found higher levels of adherence at the study's end than at baseline.<sup>11,12,13</sup>
- Evaluations of mHealth interventions in developing nations focus primarily on service delivery and adherence and demonstrate mHealth as a promising field of study that may improve the effect of behavior change communication programs.<sup>14,15</sup>
- A recent systematic review found that two randomized trials in Kenya provided high-quality evidence that mobile phone SMS consisting of medication reminders, motivational messages or questions that required a response could improve adherence.<sup>16</sup>
- In a randomized control trial in Kenya, weekly SMS messages to patients inquiring about their health and

requesting a response within 24 hours improved rates of self-reported adherence and increased the likelihood of viral suppression.<sup>17</sup>

- Another RCT from Kenya found weekly SMS treatment reminders improved treatment adherence from 40 percent to 53 percent.<sup>18</sup>

## Enhancing Retention in ART Care

Communication interventions to help people living with HIV stay in care and support adherence are important for long-term survival and prevention of secondary transmission.

- A community-based ART program in Rwanda achieved 92.3 percent retention in care after 24 months by enrolling patients in education and support groups that met the same day as clinic appointments and included daily visits by trained community health workers who directly observed therapy and offered psychosocial support.<sup>19</sup>
- In an additional analysis of the same program, higher retention rates with suppressed viral load were found in one of the community-based accompaniment programs compared with an ongoing clinic-based ART program. It also greatly reduced loss-to-follow-up.<sup>20</sup>
- A community-based accompaniment with supervised antiretrovirals greatly increased the proportion retained in treatment (90 percent versus 65 percent at one year following treatment initiation) when compared with a matched control group in Peru as well as improved psychosocial outcomes in the intervention group.<sup>21</sup>
- Health communication may enhance retention in care through improved overall provider-patient communication, enhanced interpersonal communication, psychosocial support from community “patient navigators” accompanying the patient to health care visits and counseling by community health-care workers.<sup>22,23</sup>

Health communication can significantly enhance HIV retention across the treatment cascade. Many of these interventions rely primarily on interpersonal communication both within and beyond clinical settings to enhance the uptake of and continued engagement in care.

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