

Using behavioral science to design a new global framework that operationalizes person-centered HIV care: Experiences in Zambia and Ghana

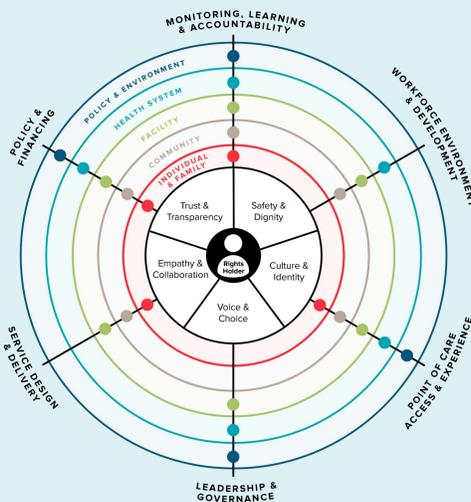
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Applying behavioral science to operationalize interventions using the Person-Centered Care (PCC) framework improves the uptake of HIV prevention commodities and treatment.



One of the JSI implemented USAID Strengthening the Care Continuum local Civil Society Organizations (CSOs) conducting outreach



JSI's Person-Centered Care (PCC) Framework www.jsi.com/person-centered-care



Pregnant women gather at an antenatal clinic in Zambia, where they are counseled on PrEP and other HIV prevention and treatment options

INTRODUCTION

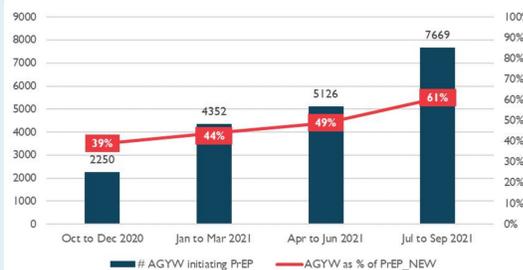
- Despite widespread recognition that Person-Centered Care (PCC) underpins high-quality HIV services, identifying approaches to operationalize PCC remains a challenge.
- JSI conducted a desk review and co-creation workshops with 39 colleagues from diverse health areas and geographies to develop a PCC framework grounded in behavioral science. This has helped implementers and service providers design and implement PCC strategies that overcome inequities in HIV prevention and treatment services, supporting quality care that is responsive to diverse needs.
- The PCC framework was recently applied to two prevention approaches in two countries; PrEP in Zambia (USAID DISCOVER-Health) and ART in Ghana (USAID Strengthening the Care Continuum). The primary behavioral question was, "what enables or prevents people from taking care of their own health?" The focus was on population segments key to controlling HIV that face added vulnerabilities. In Zambia, several factors, such as limited knowledge, stigma, gender inequality, and socio-economic challenges affect adolescent girls and young women (AGYW) access to health services. In Ghana, the data showed a backsliding in care metrics, making it difficult to prevent transmission of HIV.

RESULTS

Zambia

- Gatekeepers (parents, guardians, community leaders, etc) shifted their behavior to become supporters of AGYW choices.
- Service delivery across the cascade improved because using a behavioral lens uncovered key barriers and facilitators to AGYW accessing care, and thus allowed targeted actions.
- This newly supportive environment at multiple levels of the PCC framework resulted in an increase in AGYW initiating PrEP from 39% in Q4 2020 to 61% in Q3 2021.

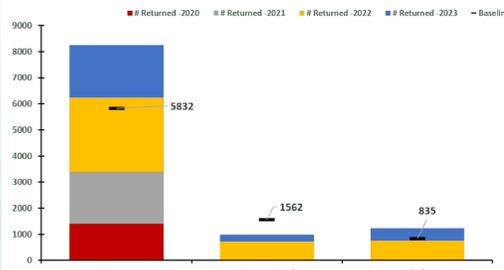
Behavioral lens on service design & delivery yields PrEP uptake results for AGYW in Zambia



Ghana

- Supporting actors (providers, local leaders and media) changed their behavior which encouraged PLHIV to back to care.
- By June 2021, the average treatment interruption rate reduced to 1% (from 21% in December 2019) in the three intervention zones.
- Over 10,000 PLHIV whose treatment was interrupted came back to care (October 2019 to March 2023). This is 1.67 times more than the initial identified number of individuals (6,000) whose treatment stopped.

Understanding behavioral drivers key to bringing PLHIV back to care in Ghana



METHODS

- The PCC framework features five principles realized through six domains. Interventions can be designed and implemented through each domain at any level of the socio-ecological model. We operationalized this PCC framework in Zambia (two regions) and Ghana (three regions).

Zambia - increase AGYW PrEP uptake

- Formative research identified key barriers: stigma and discrimination (S&D) fears; negative health staff attitudes and lack of privacy/convenience at facilities; and, reliable access to commodities.
- At individual and community levels, DISCOVER recruited and trained 96 peer mentors and 500 community health workers to increase PrEP uptake. They engaged AGYW in multiple ways, including via home visits and by phone (voice/WhatsApp/SMS).
- Interventions at the facility level (26 DREAMS centers) included differentiated service delivery models, such as locating clinics according to client preference, offering triple case management for youth and caregivers, and integrating with RMNCH services.

Ghana - get people Back-to-Care (B2C)

- The strategy started with exploring why people living with HIV (PLHIV) stopped treatment and how to bring them back to care, including behaviors of key actors and changes needed.
- At the facility level, the project trained nurse assistants on S&D 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 e.g., new treatment and medication refill sites to increase access and walk-in ART.
- At the community level, we worked with local champions to influence knowledge, attitude and practices. Our partner CSOs trained more than 500 community information center operators to share key messages daily.
- At individual and community levels, we used a multi-platform communication approach to address issues of misinformation and S&D. Media were trained to improve their reporting.

CONCLUSION

- Epidemiological data shows that understanding, and acting on, barriers and facilitators to uptake of health services results in better outcomes. Medicalized approaches to the HIV epidemic have made tremendous progress but also have their limit. Integrating behavioral science-informed approaches, like the PCC framework, offer great potential to help achieve the 95-95-95 targets.
- The PCC framework helps practitioners operationalize PCC to transform HIV prevention and treatment strategies conjunctively across socio-ecological levels. It can inform future strategies in Zambia, Ghana, and other countries, and leverage lessons from other health areas where PCC has been applied for HIV program innovation, such as the uptake of new long-acting injectable treatments.
- Applying a behavioral lens to improve person-centered outputs and outcomes has the potential to shape the trajectory of HIV care to better match client priorities. This is done through performance improvement loops that deliver superior outcomes to overcome ongoing and new challenges in access to services across the continuum. This PCC approach holds potential to support clients' broader mental and psychosocial wellbeing via services that attend to each client's holistic needs.