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This is the October 2017 edition of the AIDSFree Prevention Update, an initiative of the Strengthening High Impact Interventions for an AIDS-free Generation (AIDSFree) Project. The AIDSFree Prevention Update is your monthly snapshot of current peer-reviewed literature and program resources, tools, and curricula on HIV prevention.

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Young Women’s Perceptions of Transactional Sex and Sexual Agency: A Qualitative Study in the Context of Rural South Africa


This qualitative study examined how young women enrolled in the Conditional Cash Transfer Trial perceived their role in relationships, and their understanding of HIV risks associated with transactional sex. Following five focus group discussions and 19 individual interviews with young women aged 13–31 years, four themes emerged.

1. **Hopes for education and financial independence:** Most participants desired financial independence, which required performing well academically to find a good job. Participants believed that financial independence reduced the need for transactional sex.

2. **Character of sexual relationships:** Reasons for initiating a relationship included love, and financial and material support. Two-thirds of focus group discussion participants reported the latter reason, and most reported receiving gifts from their partner.

3. **Thoughts about sexual transactions:** Participants described relationships as purely transactional. They reported seeing love as more important than material transactions; they wanted financial independence but were materially dependent upon the boyfriend.

4. **Control over sexual encounters and HIV risk perceptions:** Participants said they had control over choosing and ending relationships; however, once in a relationship, they reported challenges negotiating condom use.

The authors concluded that educational programs for HIV prevention should include income generation components to boost young women’s opportunities for financial independence and increase their negotiating power in their romantic relationships.

**View Full Study**

Same-Day HIV Testing with Initiation of Antiretroviral Therapy versus Standard Care for Persons Living with HIV: A Randomized Unblinded Trial


This randomized controlled trial examined whether same-day testing and antiretroviral therapy (ART) initiation, versus the standard of care, improved retention and virologic suppression among 762 outpatients in Haiti. Standard of care participants received care that followed national guidelines, including ART initiation on day 21 following a positive HIV test, in addition to other laboratory and social work visits that took place before initiation. The control and study groups received the same number of visits; the schedule of visits, including day of initiation, was the only difference between the two study arms. All participants had monthly visits and were followed for 12 months. In the standard group, 72 percent were retained, 6 percent died, and 23 percent were lost to follow-up (LTFU). Among retained patients in the standard care group, 61 percent had a viral load <50 copies/mL. In the study group, 80 percent were retained, 3 percent died, and 17 percent were LTFU. Among those retained in the study group, 66 percent had a viral load <50 copies/mL. In comparison to the standard of care, same-day treatment initiation resulted in improved retention, increased viral suppression, and decreased mortality. The authors concluded that same-day ART initiation can be effectively implemented in resource-poor settings, and does not require additional resources.

**View Full Study**
Effect of Non-Monetary Incentives on Uptake of Couples’ Counselling and Testing among Clients Attending Mobile HIV Services in Rural Zimbabwe: A Cluster-Randomised Trial


This randomized controlled trial examined the uptake of mobile couples HIV testing and HIV diagnosis rates in 68 Zimbabwean communities, comparing participants who received USD$1.50 worth of grocery items and participants who did not receive incentives. In the intervention group, 55.7 percent of participants tested with a partner, compared to only 10 percent of testers in the control group. Intervention communities had higher HIV counseling and testing rates, and higher rates of HIV diagnosis, than control communities. Participants who tested with a partner were more likely than those testing alone to have an HIV-positive diagnosis. Post-intervention telephone interviews revealed that couples most often tested because they wanted to know their partner’s HIV status. Other reasons included planning for children and being nonmonogamous. Nearly 21 percent in the intervention group stated that they would not have tested with their partner without the grocery incentive. Harms from the intervention included feeling pressured or pressuring a partner to test, relationship unrest after a partner tested HIV positive—including one case of physical violence—separation/divorce, and regret about testing. However, the incidence of harm was low, reported by 1.2–2.1 percent of interviewees. Programs should consider using non-monetary incentives that are context-specific to increase couples’ testing rates.

View Full Study
Depression and ART Initiation among HIV Serodiscordant Couples in Kenya and Uganda


This study examined associations between depression and antiretroviral treatment (ART) initiation among 1,013 participants enrolled in the Partners Demonstration Project, which integrated pre-exposure prophylaxis and ART among serodiscordant couples in Kenya and Uganda. Participants underwent validated screening procedures for depression, internalized stigma, alcohol use, and perceived social support at study initiation and annually thereafter. Upon enrollment, 16 percent of participants were identified with depression symptoms (18.6% women versus 10.8% men). Depression symptoms decreased at 12- and 24-month follow-up visits, to 6.7 and 3.6 percent, respectively. Being female, experiencing physical/emotional abuse from a partner, having a CD4 count ≤350, participating in harmful alcohol use, and having less social support increased the likelihood of depression symptoms. Those with more severe depression symptoms initiated ART earlier than individuals whose symptoms were not as severe. Participants had fewer symptoms of depression, less internalized stigma, and higher perceived social support at 6 months and 12 months post-ART initiation, in comparison to enrollment. The authors concluded that ART and HIV care can reduce depression symptoms among people living with HIV. Programs should offer integrated mental health and HIV services to increase retention in HIV care and address depression among people living with HIV.

View Abstract

Pediatric HIV Care and Treatment Services in Tanzania: Implications for Survival


This study analyzed Tanzania’s National AIDS Control Programme database to examine antiretroviral treatment (ART) eligibility, ART initiation, nutritional status, and death among HIV-positive children aged 0–14 years who were enrolled in care. Between 6,700 and 8,000 children were enrolled into HIV services annually. Among 29,531 children, only 35 percent had a documented CD4 count or percentage. Between 2012 and 2014, 21,503 were enrolled in care, 72 percent were eligible for ART, and 22 percent had unknown eligibility status due to a missing CD4 count or documented clinical status (stage 1 or 2). Of children ≤2 years who were eligible for treatment regardless of CD4 count, 41 percent initiated treatment on the day of enrollment, 24 percent within one month, 7 percent after three months, and 21 percent never initiated. Severe malnutrition rates ranged between 2 and 4 percent; 8 percent of all enrolled children died. Risk of death was greatest for children under 2 and for younger children who had not initiated ART. The risk of death was lower for children under age 1 on ART than for those not on ART (15% versus 26%). Thirty-one percent of children were lost to follow-up and 61 percent were still receiving services. Public health priorities should focus on identifying and enrolling children in care earlier, and addressing missing CD4 counts and loss to follow-up.

View Full Study
This qualitative study examined how clients’ HIV testing experiences influenced their subsequent engagement in care. Interviews were conducted with 5–10 counselors and 28–59 people living with HIV in each of six countries. HIV-positive respondents found provider-initiated testing acceptable, but neither counselors nor clients always viewed it as optional. Several counselors provided messages based upon their beliefs about appropriate sexual behaviors, whereas clients sought testing simply to learn their HIV status. However, some clients reported that counseling gave them hope and energized them to continue seeking HIV services. Some clients returned multiple times for testing, even after testing positive. This was considered part of the process of accepting one’s diagnosis, but also served to increase familiarity with health workers and the health facility, further encouraging clients to continue care-seeking behaviors. Providers addressed consent and confidentiality inconsistently; sometimes justifying a breach based on a client’s physical status, including illness and pregnancy, because they thought it could benefit an unborn child or ensure that clients did not die because they gave their medication to relatives. However, the authors noted that removing clients’ testing autonomy may result in reduced trust in HIV services and providers, which is needed to optimize adherence and therapeutic outcomes.

Reviewing Independent Access to HIV Testing, Counselling and Treatment for Adolescents in HIV-Specific Laws in Sub-Saharan Africa: Implications for the HIV Response


This literature review examined 28 HIV-specific laws for adolescents in sub-Saharan Africa to understand how legislation affects their access to HIV services. Three out of 28 laws did not address pediatric testing, counseling, or treatment; one law provided minimal information. Twenty-four laws included at least one aspect of World Health Organization (WHO) guidance for adolescents, but none addressed all four WHO recommendations. Eleven countries identified an age of consent (between 11 and 18 years); seven of these allowed adolescents under age 18 to independently access HIV testing. In 13 countries, only adults can independently access HIV testing; eight of these countries allow various exceptions including for pregnancy, high HIV risk, and legal emancipation. Madagascar is the only country that does not require parental consent for HIV treatment. Only five countries have protections against disclosing minors’ test results. Laws for adolescents on testing, care, and treatment generally have not incorporated WHO guidance and are not based on human rights principles. Existing laws also largely address only testing, and neglect consent for treatment. The authors stressed the need to reform laws to maximize service access, remove legal barriers (including age of consent laws), and support implementation of these laws by developing guidelines, including through guideline development, training providers, and sensitizing youth and parents/caregivers.
Multidisciplinary Point-of-Care Testing in South African Primary Health Care Clinics Accelerates HIV ART Initiation but Does Not Alter Retention in Care


This randomized controlled trial examined differences between point-of-care (POC) testing and standard of care (SOC) testing on treatment initiation and retention at three clinics in South Africa. Participants at each facility received POC testing with same-day adherence counseling and treatment initiation, or SOC testing, which initially took a minimum of 21 days for treatment initiation, but was reduced to seven days. Three-fourths (78%) of the 432 enrollees received adherence counseling; those in the POC arm were more likely than those in the SOC arm to be counseled (84% versus 68%). Median time to treatment initiation was one day for POC versus 26.5 days for SOC. ART initiation occurred in 81 percent of patients receiving POC testing and in 67 percent receiving SOC testing. All pregnant POC patients initiated same-day treatment; pregnant patients in the SOC arm initiated treatment at a median of 28 days. Six-month retention was not significantly different (47% in POC versus 50% in SOC), and 12-month retention was the same (32%). Mortality rates were also not significantly different (3.4% POC versus 5.1% SOC). The authors concluded that although POC testing increases treatment initiation, it does not increase long-term retention. Programmers should examine external factors that impede adherence and retention, and work to address them in future interventions.

View Abstract

Low HIV Incidence in Pregnant and Postpartum Women Receiving a Community-Based Combination HIV Prevention Intervention in a High HIV Incidence Setting in South Africa


This study examined the impact of a combination HIV prevention intervention among HIV-negative young women, and identified elements associated with acquiring HIV. The combination intervention included a range of behavioral, biomedical, and structural interventions. The 1,356 participants were assigned community health workers who provided home-based care two to three times weekly until six weeks postpartum and then monthly. Among 5,289 HIV tests provided, 11 new HIV infections were identified, eight during pregnancy and three postpartum. Mother-to-child transmission was 22.2 percent. Women ≥25 years, and those who had the first antenatal care appointment later in pregnancy, were more likely to be lost to follow-up. Women who received social security grants or family planning counseling, and those whose partners received HIV testing and counseling, were less likely to be lost to follow-up. Five of 722 male partners who received HIV testing and counseling were diagnosed with HIV. All were linked to HIV services, but only one initiated treatment. Prevention packages, including home-based counseling for pregnant women and their partners should be considered to reduce maternal and pediatric HIV infections in low-resource settings.

View Full Study
This literature review described available evidence on HIV prevention for transgender populations, who face elevated HIV risk due to a number of risk factors. Evidence is limited; the authors found 13 studies describing three types of interventions:

- **Behavioral** (11 interventions): Includes group learning comprising lectures and role-playing to address individual and psychosocial risk factors. Eleven of the 13 interventions were behavioral.
- **Biomedical** (one intervention): Includes pre-exposure prophylaxis, which has been found highly efficacious among transgender populations if adherence is good. However, adherence has been found to be low among transgender populations. Most studies have insufficient numbers of transgender participants to identify significant results. Treatment as prevention has been implemented targeting transgender women using community-based peer-led approaches, case management, motivational interviewing, incentives, and training to improve adherence.
- **Structural** (one intervention): These interventions are more complex and expensive to implement. There are no outcome data available, but three small-scale projects are underway that strengthen the gender-affirming components of HIV services and provide case management, skills building, and legal and social assistance for transgender people.

Interventions and research should disaggregate data on transgender populations, develop interventions that include gender affirmation components, and prioritize HIV risk-drivers for transgender populations. Evidence-based interventions should also be adapted and evaluated, and future research should have relevance for transgender populations.

**Optimizing Prevention of HIV and Unplanned Pregnancy in Discordant African Couples**


This study in Zambia examined predictors of dual protection for HIV and pregnancy, including condom use only (offering suboptimal pregnancy protection), and modern contraceptive use with irregular condom use (offering suboptimal HIV protection). The 3,049 participating serodiscordant couples were followed for two years. Condom use only was associated with couples with HIV-positive males; stage III–IV HIV disease with high viral loads; women with a high number of lifetime sexual partners; baseline use of contraceptive pills, injectables, or intrauterine devices; desire to become pregnant in the next year; and being postpartum. Among these couples, 37 percent indicated some instances of unprotected sex, increasing risks of both HIV and pregnancy. Among couples who used modern contraception, irregular condom use was more likely among young men and women; those who used injectables or implants at baseline; women who wanted to become pregnant in more than one year; and couples in which the male partner was HIV-positive and circumcised. Among couples using contraception, 38 percent reported a condomless sex act, leading to increased risk of HIV, but not of pregnancy. Consistent condom use with modern contraceptive use was reported among 23–28 percent of couples across follow-ups. Although ≥50 percent of couples did not want children, 59 percent of follow-up check-ins reported condom use only. The authors recommended integrating couples voluntary counseling and testing with couples family planning services.
Structural Prevention

Expanding HIV Testing and Linkage to Care in Southwestern Uganda with Community Health Extension Workers


This study examined an intervention that used community health extension workers (CHEWs) to implement community-based HIV counseling and testing with facilitated linkages in rural Uganda. CHEWs, who administered rapid tests within homes, provided each newly identified HIV-positive person with a referral that included their result and the contact information of a specific provider at the clinic. Once at the clinic, the individual received documentation that they had attended the visit, which the CHEW reviewed during a follow-up home visit. During six months of implementation, CHEWs provided 43,696 home-based HIV counseling and testing visits (69.4% of adults in the study district); 2.2 percent of tests were positive, and 64 percent resulted in a linkage to a health facility. Men made up 47 percent of HIV tests, a greater proportion than in comparable studies. Regional public health facilities, which served as control sites, tested 15,117 individuals during the same time period, with a positivity rate of 5.1 percent and 76.1 percent linking to treatment. Total program cost was USD$132,167 and the cost per positive test was $135.70. Although more people were linked within the public health system, the number linked by CHEWs was still satisfactory in comparison to similar home-based testing programs. Additional CHEW follow-up visits could improve linkages.

View Full Study

Epidemiology

HIV Prevalence and ART Use among Men in Partnerships with 15–29 Year Old Women in South Africa: HIV Risk Implications for Young Women in Age-Disparate Partnerships


This study used data from South Africa to examine HIV prevalence among men who used antiretroviral treatment (ART) in age-disparate relationships with women in the 15–29-year age group, comparing them to men in age-similar relationships with women in this age group. Among the 1,463 men in a relationship with a woman aged 15–29 years, HIV prevalence was 16.4 percent; among these men, 15.9 percent were on ART. Men in age-disparate partnerships were less likely to be on treatment than those in age-similar unions. Two-fifths of relationships (41.4%) were age-disparate (the woman was ≥5 years younger). Men in age-disparate relationships with partners aged 15–24 years were more likely to be HIV-positive than men in age-similar relationships. Older men with partners aged 25–29 had only slightly greater HIV risk than men in age-similar relationships. Men who were 5–9 years older than partners aged 25–29 had HIV positivity and treatment rates similar to men in age-similar relationships. Men ≥10 years older than their partners were less likely to be HIV-positive than men in age-similar relationships. Prevention interventions should focus on reducing HIV risk for young women in age-disparate relationships.

View Abstract
This study examined HIV incidence in Rwanda. The authors conducted a prospective HIV incidence survey among women aged 15–49 and men aged 15–59 to understand where new infections are occurring, and among whom. Researchers tested a nationally representative sample at baseline and conducted follow-up HIV tests 12 months later on individuals who initially tested negative. During the study period, 14,691 individuals were tested for HIV, among whom 439 tested positive. HIV prevalence was higher among women and among those living in urban areas. At endline, 35 new individuals tested HIV-positive, resulting in an HIV incidence of 0.27/100 person-years. Incidence was higher in adults aged 46–55; women; those never married, divorced, or widowed; and urban residents. Incidence was also higher among adults aged 36–45 than in those aged 16–25, and among those living in the Western Province. Sexual violence in the past year also significantly increased the risk of HIV infection. The authors concluded that Rwanda's HIV incidence is higher than previously reported, which places the country's large population of young people at risk for contracting HIV. These data provide important information that can be used to plan the HIV response more precisely to help Rwanda meet its targets.

View Abstract


U.S. President’s Emergency Plan for AIDS Relief (September 2017).

PEPFAR's newly issued strategy redirects HIV activities to move toward control of the global epidemic. The strategy responds to major accomplishments resulting from intensive activities to prevent, diagnose, and treat HIV during the past decades. For example, Lesotho, Malawi, Swaziland, Zambia, and Zimbabwe are approaching control of their epidemics; and HIV incidence has stabilized in Uganda. The 2017–2020 strategy provides guidance for implementation in more than 50 countries and seeks to accomplish three overarching goals: 1) maintaining treatment for those already receiving it, while making essential services, such as testing linked to treatment more accessible; 2) expanding services for orphans and vulnerable children; and 3) supporting prevention and treatment for key populations. The strategy also increases momentum in 13 countries that have the potential to achieve epidemic control by 2020 and includes these four action steps:

- Accelerating optimized HIV testing and treatment, especially targeting men under age 35
- Expanding HIV prevention, especially for women under age 25 and men under age 30, by scaling up best practices from the DREAMS (Determined, Resilient, Empowered, AIDS-free, Mentored, and Safe) Initiative and expanding voluntary medical male circumcision for boys and young men aged 15–29
- Using epidemiologic and cost data to improve implementing partners' performance and increase programmatic impact and effectiveness
- Engaging with faith-based organizations and the private sector
- Strengthening partner governments' policy and financial contributions to the HIV response.

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The AIDSFree Prevention Update provides a representative sample of summaries and abstracts of recent articles on global HIV prevention issues from a variety of scientific, peer-reviewed journals. It also includes program resources, such as tools, curricula, program reports, and unpublished research findings. We would like the AIDSFree Prevention Update to be as helpful to you as possible. If you would like to recommend a recently published, web-accessible article or other information for inclusion, please let us know by sending an email to info@aids-free.org. The selection of material, the summaries, and any other editorial comments are the responsibility of the Editorial Board and do not represent any official endorsement by AIDSFree or USAID. The authors and/or publishers retain copyright of the original published materials.

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