Impact of Combination HIV Prevention Approaches on Service Uptake among Adolescent Girls and Young Women in Malawi: Preliminary Results

N.E. Rosenberg1,2, A. Pettifor3, T. Phanga2, B. Maseko2, D. Vansia2, N. Bhushan1,2, A. Kachigamba3, J.H. Tang1,2, M.C. Hosseinipour1,2, L.G. Bekker4

(1) University of North Carolina at Chapel Hill, Chapel Hill, USA (2) UNC Project-Malawi, Lilongwe, Malawi, (3) District Health Office, Lilongwe, Malawi, (4) Desmond Tutu HIV Foundation, Cape Town, South Africa

Background

• Although multilevel combination HIV prevention has been promoted for adolescent girls and young women (AGYW) in sub-Saharan Africa, there is limited evidence on the impact of such programs.
• In the Girl Power study we compare three combination HIV prevention packages to one another and to standard of care.

Methods

Study design: Girl Power is a quasi-experimental observational study assessing four different models of service delivery for AGYW in Lilongwe, Malawi. Four clinics were each assigned to one of the following models of care:

1) Standard of care (SOC): AGYW can receive health services in the general clinic in a non-integrated fashion from providers who lack training in youth-focused approaches.

2) Youth friendly health services (YFHS): AGYW can receive integrated health services in a young women’s clinic by providers trained in YFHS at convenient hours.

3) YFHS + behavioral intervention (BI): In addition to having access to YFHS, AGYW can attend 12 monthly facilitator-led, small-group discussion sessions focused on health, social, and financial topics.

4) YFHS + BI + conditional cash transfer (CCT): In addition to having access to YFHS and BI, AGYW can receive up to 12 cash transfers conditional on coming to each of their 12 scheduled BI sessions.

• During the first six-months of observation, we compared number of times HIV tests were provided and number of times condoms were distributed per 100 AGYW.

Preliminary Results

Service Uptake by Model

• 250 AGYW 15-24 years old were enrolled in each clinic (N=1000 total).
• Median age was 19 years.

Uptake of HIV testing

• Testing uptake rates were 14, 89, 90, and 113 per 100 AGYW in models 1, 2, 3, and 4, respectively (p<0.01).
• Testing uptake was higher in model 2 than model 1 (p<0.01).
• Testing uptake was the same in model 3 and model 2 (p=0.99).
• Testing uptake was higher in model 4 than model 3 (p=0.01).

Uptake of condoms

• Condom uptake rates were 5, 42, 51, and 84 times per 100 AGYW in models 1, 2, 3, and 4, respectively (p<0.01).
• Condom uptake was higher in model 2 than model 1 (p<0.01).
• Condom uptake was similar in model 3 and model 2 (p=0.12).
• Condom uptake was higher in model 4 than model 3 (p<0.01).

Conclusions

• A YFHS model of care contributed to higher uptake of condoms and HIV testing compared to standard of care. A cash transfer contributed further.
• For AGYW in sub-Saharan Africa, combination prevention programs can substantially impact HIV service uptake.

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