

EXTENDED COUNSELING

Evidence-Based for Linkage to HIV Care

INTERVENTION DESCRIPTION

Goal of Intervention

- Improve linkage to HIV care

Target Population

- Recently diagnosed HIV-positive persons

Brief Description

The *Extended Counseling* intervention is designed to improve uptake of pre-antiretroviral (pre-ARV) care in Iganga district, Uganda. Health workers trained in basic counseling meet with recently diagnosed HIV-positive persons to encourage self-disclosure of HIV status, promote positive living with HIV, teach HIV prevention, and emphasize the importance of going for pre-ARV care at the nearest health center every 3 months. Persons with HIV receive monthly home visits that include a 2-hour counseling session and a reminder to go to the nearest health center for quarterly pre-ARV care by an HIV/AIDS community support agent.

Intervention Duration

- One HIV post-test counseling session, and subsequent monthly 2-hour counseling sessions

Intervention Setting

- Health centers; Residences

Deliverer

- Health workers trained in counseling; HIV/AIDS community support agents

INTERVENTION PACKAGE INFORMATION

For intervention materials, please contact Lubega Muhamadi, District Health Office, Iganga District Administration, PO Box 358, Iganga, Uganda.

Email: dlmuhamadi@yahoo.co.uk for details on intervention materials.

EVALUATION STUDY AND RESULTS

Study Location Information

The original evaluation was conducted in Iganga district, Uganda between July 2009 and June 2010.

Recruitment Settings

District hospitals and level IV health centers

Eligibility Criteria

Recently diagnosed HIV-positive persons were eligible if they were adult clients (>18 years) at one of the three recruitment centers, were mentally stable, were not in the prevention of mother-to-child transmission (PMTCT) program, and were not planning to leave the district during the follow-up period.

Study Sample

The baseline study sample (N = 400) is characterized by the following:

- 36% male, 64% female
- 17% 18-24 years, 31% 25-34 years, 28% 35-44 years, 23% 45-70 years
- 64% low education (primary school), 35% well educated

Assignment Method

Participants (N = 400) were randomly assigned to 1 of 2 study arms: the Extended Counseling intervention arm (n = 200) or the standard care comparison arm (n = 200).

Comparison

The standard of care comparison group included post-test counseling by staff not trained in basic counseling skills, which included assignment of an identification number, declaration of the HIV test results, provision of cotrimoxazole prophylaxis and advice to go for pre-ARV care at the nearest health center every 3 months.

Relevant Outcomes Measured

- Linkage to HIV care was defined as having a pre-ARV clinical check-up at the nearest health center at least once within 5 months post study enrollment

Significant Findings on Relevant Outcomes

- Intervention participants were significantly more likely to be linked to HIV care than comparison participants (67.5% vs 38.5%, unadjusted RR = 1.8, 95% CI = 1.4 to 2.1, $p < 0.001$). Intervention effects remained significant after controlling for various variables (all p 's < 0.01).
 - Significant positive intervention effects were also seen in each of the following subgroups: three recruitment centers (Busesa, Iganga, Kiyunga); both sexes (male, female); all four age groups (18-24, 25-35, 35-44, 45-70); education levels (low and high); marital status (unmarried and married); sexual relationship status (monogamous, polygamous); occupation (farmer, trader, salary earner); religion (Christians, Muslims) and pre-ARV awareness (aware, not aware).

Considerations

- The intervention did not report other reasons why participants were not included in outcome (e.g., moved, death, unable to contact); however, this limitation was not considered to be a fatal flaw.
- The findings may not be applicable to the United States due to differences in health care system and delivery.

REFERENCES AND CONTACT INFORMATION

Muhamadi, L., Tumwesigye, N. M., Kadobera, D., Marrone, G., Wabwire-Mangen, F., Pariyo, G., . . . Ekström, A. M. (2011). [A single-blind randomized controlled trial to evaluate the effect of extended counseling on uptake of pre-antiretroviral care in eastern Uganda](#). *Trials*, 12, 184.1-184.11.

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