

RED CARPET PROGRAM (RCP)

Evidence-Informed Structural Intervention

INTERVENTION DESCRIPTION

Goal of Intervention

- Improve linkage to care
- Increase retention on antiretroviral therapy (ART)

Target Population

- Newly HIV-diagnosed adolescents (15-19 years old) and youth (20-21 years old)

Brief Description

The Red Carpet Program (RCP) is a fast-track, peer-navigated program to provide linkage to care and retention on ART for newly HIV-diagnosed adolescents and youth in Homa Bay County, Kenya. The comprehensive, fast-track program includes boarding school, health care facilities, and peer involvement services. RCP services in boarding schools include ART adherence support, medication storage, anti-HIV stigma education and advocacy, sexual and reproductive health counseling, and linkage to HIV testing/counseling and health care. RCP services in health care facilities include a 3-day, capacity-building workshop for healthcare workers and peer educators in providing care for adolescents and youth with HIV. In the workshop, health care workers and peer educators learn to address and deliver key topics in HIV, sexual and reproductive health, and mental health needs and services. Additionally, RCP includes very important person (VIP) express services in which a VIP express card is issued to adolescents and youth testing positive for HIV. These services include fast-track access to healthcare facilities, peer counseling, psychosocial support services, and a hotline. RCP services involving peers include identifying adolescents and youth with HIV as participants for the Adolescent and Youth Peer Advisory Group (AYPAG) that informs development and implementation of RCP services. Other services include a 2-day, capacity-building workshop on key issues in adolescent and youth HIV support that is conducted with adolescent and youth advocates (including, but not limited to adolescents and youth with HIV), teachers who provide counseling and guidance, matrons, and nurses.

Theoretical Basis

None reported

Intervention Duration

- One training workshop consisting of 8 modules for healthcare workers and peer educators held over 3 days
- One training workshop for adolescent and youth advocates, guidance and counseling teachers, matrons and school nurses held over 2 days

Intervention Setting

- Public healthcare facilities and secondary boarding schools

Deliverer

- Healthcare workers (e.g., clinicians, nurses, adherence counselors)
- Peer educators
- Teachers

Delivery Methods

- Advocacy
- Counseling
- Education
- Training

Structural Components

- Access
 - Increased access to HIV testing and linkage to healthcare facilities
- Capacity building – Provider/supervisor training
 - Trained adolescent and youth advocates, guidance and counseling teachers, matrons and school nurses on key issues in adolescent and youth HIV support
 - Trained healthcare workers and peer educators in care for adolescents and youth with HIV on linking to care and early retention to ART
- Policy/Procedure – Institutional policy/procedure
 - Implemented ART treatment and adherence support services in boarding schools
 - Implemented VIP express services at healthcare facilities for fast-track access to services and peer counseling, with flexible hours set up for peer counseling and psychosocial support services
- Social determinants of health— Acceptance and respect
 - Developed health clubs and health education in boarding schools to address HIV stigma
 - Trained staff at healthcare facilities to be adolescent and youth friendly in order to welcome newly HIV-identified adolescents and youth, and guide them through the initial registration and follow up

INTERVENTION PACKAGE INFORMATION

An intervention package is not available at this time. Please contact **Natella Rakhmanina**, Elizabeth Glaser Pediatric AIDS Foundation, 1140 Connecticut Ave., Suite 200, Washington, D.C., 20036.

Email: nrakhmanina@pedaids.org for details on intervention materials.

EVALUATION STUDY AND RESULTS

Study Location Information

The original evaluation study was conducted in Homa Bay County, Kenya in 2016.

Key Intervention Effects

- Improved linkage to care
- Increased retention on ART

Recruitment Settings

- Public healthcare facilities and community outreach HIV testing and counseling

Eligibility Criteria

Adolescents (15-19 years old) and youth (20-21 years old) were eligible if they were from Homa Bay County, newly diagnosed with HIV, and identified through healthcare facilities and community outreach HIV testing centers.

Study Sample

Participants in the post-intervention cohort (n=559) had the following characteristics:

- 86% female, 14% male
- 49.6% 15-19 years old, 50.4% 20-21 years old

Assignment Method

Not applicable

Comparison

The study used a pre-post intervention research design with a historical comparison. The comparison group included participants in the pre-intervention cohort (i.e., review of medical records of adolescents and youth newly diagnosed with HIV during the 6-month period from July 2015 to December 2015, prior to the implementation of the RCP).

Relevant Outcomes Measured

- Linkage to care was defined as having completed a first appointment with an HIV care provider following a positive HIV test and was measured as the proportion of newly identified adolescents and youth who were linked to care at 6 months after testing.
- Retention on ART was defined as being in care with a record of having been dispensed ART at the time of evaluation and was measured as the proportion of newly diagnosed adolescents and youth who were retained on ART at 3 and 6 months after diagnosis among those participants who completed 3 and 6 months of follow-up.

Participant Retention

Because participant retention is not a criterion for the Structural Interventions (SI) chapter, the Prevention Research Synthesis project does not evaluate that information.

Significant Findings on Relevant Outcomes

- A significantly greater proportion of post-intervention participants were linked to care at 6 months than pre-intervention participants (97.3% vs 56.5%, $p < 0.001$).
- A significantly greater proportion of post-intervention participants were retained on ART at 3 months and 6 months than pre-intervention participants (3 months: 90.0% vs 66.0%, $p < 0.001$; 6 months: 98.6% vs 54.4%, $p < 0.001$).

Strengths

- None identified

Considerations

This study is not considered evidence-informed for the Linkage to, Retention and Re-engagement in HIV Care chapter because only U.S.-based studies with one-group, pre-post research designs are eligible for that chapter.

Non-significant findings on relevant outcomes

- There was no difference in the timing of linkage to care and treatment as most adolescents and youth who were linked to care were linked within 1 month after HIV diagnosis and were initiated on treatment (i.e., ART) in both pre- and post-implementation cohorts.

Implementation-related findings

- Stakeholder involvement
 - Engaged the Ministry of Health, county and sub-county teams, and other regional partners to review current data on linkage to care and treatment services with a focus on adolescents and youth, as well as programmatic data
 - Involved stakeholders in the design of RCP
 - Engaged the Ministry of Education and school leadership
 - Convened stakeholder meeting in partnership with the County Education Office and the School Heads and Managers Association to introduce the adolescent and youth HIV and RCP agendas
 - Conducted sensitization meetings with county and sub-county health management teams, and key regional partners and stakeholders in health, education, and adolescent and youth support
 - Involved adolescents and youth in the design and delivery of linkage-to-care services that established an ongoing dialogue between local healthcare workers and their adolescent and youth clients
- Peer-Involvement
 - Identified adolescents and youth living with HIV as participants for the Adolescent and Youth Peer Advisory Group to inform the development and implementation of RCP services
- Fidelity
 - Performance review meetings were conducted quarterly at multiple levels with the public healthcare facilities.

Funding

Grant from the Positive Action for Adolescents Programme by ViiV Healthcare UK Ltd.

REFERENCES AND CONTACT INFORMATION

Ruria, E. C., Masaba, R., Kose, J., Woelk, G., Mwangi, E., Matu, L., . . . Rakhmanina, N. (2017). [Optimizing linkage to care and initiation and retention on treatment of adolescents with newly diagnosed HIV infection.](#) *AIDS*, 31, S253-S260.

Researcher: Natella Rakhmanina, MD, PhD

Elizabeth Glaser Pediatric AIDS Foundation
1140 Connecticut Ave., Suite 200
Washington, DC 20036

Email: nrakhmanina@pedaids.org

