Advancing HIV Prevention in South Africa: The CoOp Intervention Studies

A tri-faceted epidemic of gender-based violence, substance use, and HIV/AIDS is threatening to engulf South Africa, where more people are living with HIV than any other country.¹ South African women bear the greatest burden of HIV, with HIV prevalence of about 23% among females, compared with about 13% among males.¹

With a fifth of the global burden of HIV in South Africa alone, it is time to make evidence-based HIV prevention interventions, such as the Women’s Health CoOp, available to all South African women.

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The increasing risk of HIV among South African women is driven by the intersection of sexual risk, substance use, and gender-based violence, as well as difficulties in accessing health services underpinned by the context of poverty.
ADDRESSING HIV PREVENTION IN AN INTEGRATED MANNER

Gender inequality and poverty, substance abuse, gender-based violence, and sexual risk taking all converge to fuel HIV/AIDS in South Africa. It is clear that effective HIV prevention needs interventions that reduce these intersecting risks in a comprehensive manner, such as the Women’s Health CoOp intervention.

Western Cape Women’s Health CoOp

This study tested the woman-focused Women’s Health CoOp (WHC) intervention relative to both a nutrition intervention and HCT in a randomised field trial of young women from 14 communities who were engaging in substance use and risky sex behaviours. The study sought to increase condom use, decrease substance abuse, and prevent intimate partner violence, and thereby stem the spread of HIV.3,12 The WHC is a two-session group intervention grounded in feminist and empowerment theory. Components have been adapted for use in Pretoria and the Western Cape among women, pregnant women, men, and couples. The intervention equips participants to reduce their substance use risks for HIV and sexual risk behaviours and to address inequalities in relationship power and risks for victimisation through education and skill-building exercises. These interventions have shown efficacy and on a larger scale hold promise to ameliorate the spread of HIV.

The WHC was funded under U.S. National Institute on Drug Abuse grant R01 HD058320.

Key Findings from the Western Cape Women’s Health CoOp

- At baseline, 37% of Black African women and 9% of Coloured women tested positive for HIV.12
- After 12 months, 27% of participants in the WHC arm were drug-free, significantly more than participants in the nutrition arm (17%) or those in the HCT arm (20%).12
- After 12 months, HIV-positive women in the WHC arm were significantly more likely to be abstinent from alcohol than HIV-positive women in the nutrition or HCT arms.13
- In a substudy of pregnant and nonpregnant women (382 women), most (nearly 87%) expressed the need for more employment opportunities; only about 48% expressed a need for alcohol and drug services.14
- Interventions may need to be customised by ethnicity. Coloured women would benefit more from community-based treatment services; whereas Black African women would benefit more from low-intensity, brief interventions focusing on drug use and the associated risks.15
- Women in the WHC arm were one-third less likely to become HIV infected.

The Couples Health CoOp

This clustered randomised field experiment developed a couples and men’s intervention that could parallel and expand the WHC and build upon lessons learned. Neighbourhood assignment in the Khayelitsha township was randomised and was divided into three conditions: (1) the WHC control group; (2) the separate Men’s Health CoOp and WHC; and (3) the Couples Health CoOp (CHC). Couples-based prevention emphasises mutual responsibility between partners and promotes correct and consistent condom use. The intervention also encourages monogamy for these couples to prevent HIV risk.6,16

Key Findings from the Couples Health CoOp

- At baseline, 26% of the female partners tested positive for HIV, whereas only 13% of men tested HIV positive.16
- Men in the CHC arm were 2 to 3 times less likely to drink heavily than men in the other two study arms at the 6-month follow-up.16
- Men in the CHC arm were more than 4 times as likely to report protected sex than men in the WHC arm at the 6-month follow-up.16
- The CHC had a significant impact on lowering HIV incidence among women and reducing risk behaviors among men, specifically alcohol use and unprotected sex.16
- A peer-led men’s group intervention (the Men’s Health CoOp) for alcohol-using men is efficacious in increasing condom use, reducing alcohol use, and increasing egalitarian gender norms.17
- Although the CHC intervention was significantly more successful than the other arms at reducing risk behaviors and HIV, this was a small sample and the intervention should be executed on a larger scale to increase statistical power.

NEXT STEPS: SCALING UP THE WHC INTERVENTION

The WHC has been conducted in Pretoria and in Cape Town and has demonstrated efficacy. It is time to move this woman-focused evidence-based HIV prevention intervention into general practice. We recently received a new award from the U.S. National Institutes of Health to conduct a study using implementation science approaches to assess the WHC with respect to feasibility, acceptability by providers, adoption, fidelity of implementation, and sustainability of use in antenatal clinics, health departments, and substance abuse treatment programmes.

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EXPANDING HIV PREVENTION TO ALL

Our research has demonstrated that multilevel HIV prevention interventions have the potential to reduce the spread of HIV among most-at-risk vulnerable populations. What is needed now is a coordinated effort to make these interventions widely available. Whether you are a policymaker, clinician, health care administrator or public health planner, you can take steps to begin protecting vulnerable at-risk populations from HIV.

STEPS FOR...

Individuals in Positions of Leadership and Governance

- Develop a strategy to address alcohol and other drug use disorders for at-risk populations that face challenges reaching HIV and substance abuse services.
- Reduce challenges and barriers to antiretroviral treatment (ART) to reach the thousands of most-at-risk populations in South Africa still untreated:
  - Ensure adherence to ART among most-at-risk populations who are living with HIV.
  - Enforce gender equality laws by punishing perpetrators of rape and gender-based violence, including intimate partner violence.
  - Implement effective primary prevention programmes in communities to prevent initial exposure to victimisation.

Clinicians, Health Care Administrators, and Public Health Planners

- Provide women-focused evidence-based interventions that address substance abuse and the intersecting factors leading to HIV infection:
  - Create accessible treatment centres that provide free HIV testing, offer effective substance use treatment programmes, and emphasise the importance of aftercare.
  - Customise treatment programmes by ethnicity so each ethnic group receives a programme tailored for their specific needs.
  - Reduce stigma and other barriers preventing people who use drugs from receiving proper care, treatment and support.
- Implement an evidence-based HIV biobehavioral combination intervention for at-risk couples:
  - Seek out at-risk couples for HCT.
  - Provide the Couples Health CoOp intervention.
  - Provide PREP for serodiscordant couples and other high-risk persons, ensuring adherence to ART and retention in care.

FUTURE POSSIBILITIES...

Expanding the reach of these evidence-based interventions to rural communities to address the intersecting factors of substance use, sexual risk, gender-based violence, and traditional gender roles related to HIV transmission.

References