

Improving Retention and HIV Viral Suppression: A Cluster Randomised Pilot Trial of a Motivational Interviewing Training among Lay Counsellor in South Africa

Dorina Onoya¹, Tembeka Sineke^{1,2}, Idah Mokhele¹, Marnie Vujovic³, Kate Holland⁴, Robert Ruiter²



¹ Health Economics and Epidemiology Research Office, Faculty of Health Sciences, University of the Witwatersrand, Johannesburg, South Africa

² Faculty of Psychology and Neuroscience, Maastricht University, Maastricht, the Netherlands

³ ANOVA Health Institute, Johannesburg, South Africa

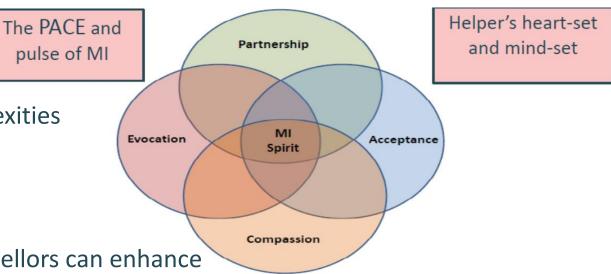
⁴ David Geffen School of Medicine, University of California Los Angeles (UCLA)

MOTIVATIONAL INTERVIEWING (MI)

 Motivational Interviewing combines relational skills such as partnership and empathy with technical abilities like active listening, open-ended questioning, reflective listening, summarising and affirming communication.

• These skills are crucial for addressing the complexities of adhering to medical recommendations.

Integrating MI into the training of HIV lay counsellors can enhance counsellor-client engagement, empowering clients to take steps towards positive change in health-related behaviours





INTERVENTION IMPLEMENTATION

We developed an MI training program for lay counsellors in South Africa – Target counsellor behaviour – Patient-centred counselling incorporating MI skills

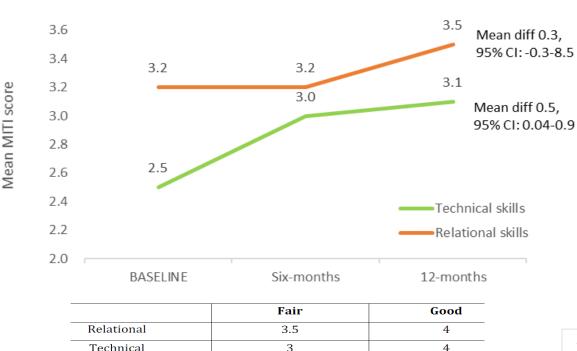
Journal of Health Psychology Volume 27, Issue 3, March 2022, Pages 589-600 © The Author(s) 2020, Article Reuse Guidelines https://doi.org/10.1177/1359105320962241



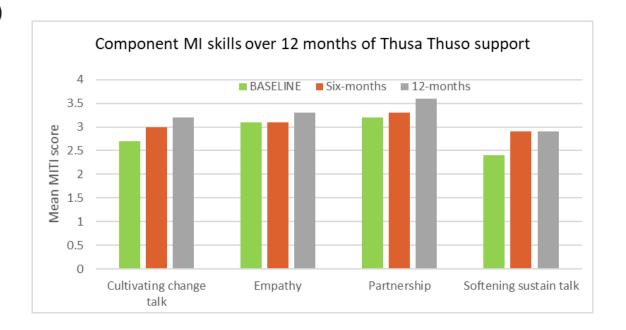
Article

Using intervention mapping in motivational interviewing training to improve ART uptake in Gauteng, South Africa

Global MI skill over 12 months of Thusa Thuso support (n=13)



	Fair	Good
Relational	3.5	4
Technical	3	4



PLOS GLOBAL PUBLIC HEALTH

Improving patient-centred counselling skills among lay healthcare workers in South Africa using the Thusa-Thuso motivational interviewing training and support program



METHODS

Hypothesis: PLHIV counselled by MI trained staff will have improved retention and viral suppression outcomes by 12 months

after exposure compared to those supported by control counsellors

 Eight primary healthcare clinics (PHC) in Johannesburg were allocated to either the intervention program (n=4) where all lay counsellors were supported for 12 months before the PLHIV enrolment or the standard practice (n=4 clinics).

- Overall, 548 adults (≥ 18 years) PLHIV were recruited after HIV diagnosis from March 2020 to August 2021
- We assessed the intervention effect on:
 - Patient attendance status (out of care being ≥28 days late for the last appointment)
 - Viral suppression (<50 copies/ml) at 12 months

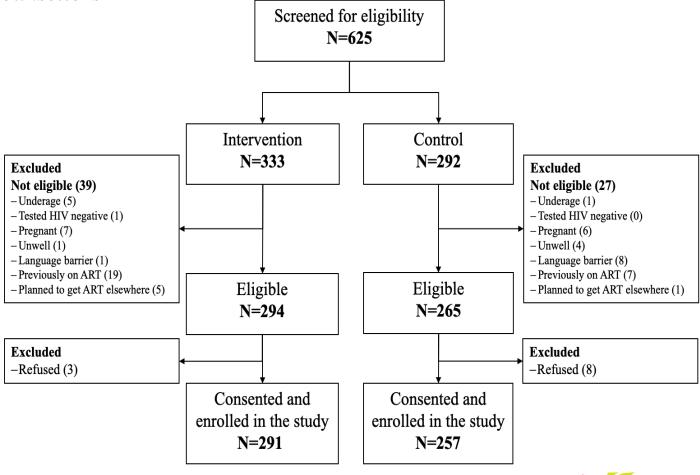


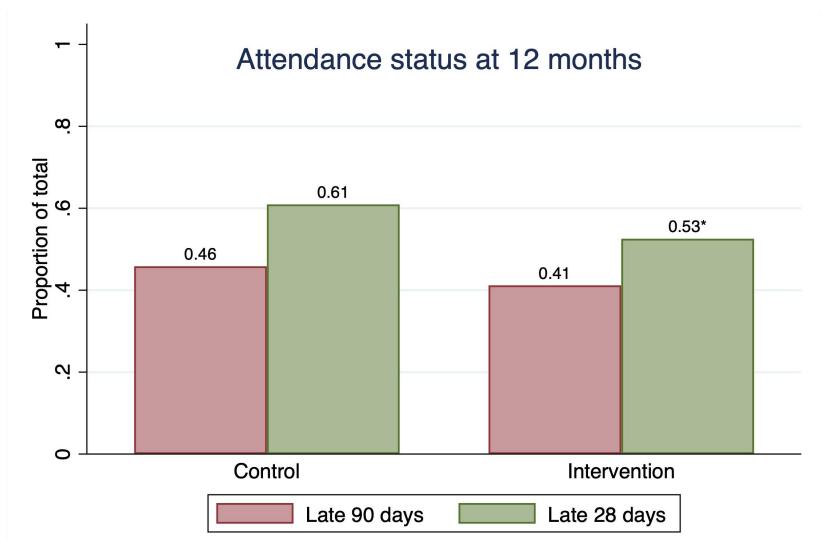


Table 1. Characteristics of PLHIV by Site Study Allocation

RESULTS

		Intervention			Control	Total	
		n	Col (95% CI)	n	Col (95% CI)	n	Col (95% CI)
Sex	Female	186	0.6 (0.6-0.7)	149	0.6 (0.5-0.6)	335	0.6 (0.6-0.7)
	Male	105	0.4 (0.3-0.4)	108	0.4 (0.4-0.5)	213	0.4 (0.3-0.4)
Age (years)	18-29.99	79	0.3 (0.2-0.4)	76	0.3 (0.2-0.4)	155	0.3 (0.2-0.3)
	30-39.99	137	0.5 (0.4-0.6)	108	0.4 (0.3-0.5)	245	0.4 (0.4-0.5)
	40+	75	0.3 (0.2-0.3)	73	0.3 (0.2-0.3)	148	0.3 (0.2-0.3)
English proficiency	I can read very well	208	0.7 (0.7-0.8)	162	0.6 (0.4-0.8)	370	0.7 (0.6-0.8)
	I can read somewhat	55	0.2 (0.1-0.2)	82	0.3 (0.2-0.5)	137	0.3 (0.2-0.4)
	I cannot read	24	0.1 (0.1-0.1)	13	0.1 (0.0-0.1)	37	0.1 (0.0-0.1)
Living with partner	Yes	133	0.5 (0.3-0.6)	116	0.5 (0.4-0.5)	249	0.5 (0.4-0.5)
	No	96	0.3 (0.2-0.5)	91	0.4 (0.3-0.4)	187	0.3 (0.3-0.4)
	N/A -not in a relationship	58	0.2 (0.1-0.3)	49	0.2 (0.1-0.3)	107	0.2 (0.1-0.3)
Income source							
	Paid job/ salary/ business	175	0.6 (0.5-0.7)	175	0.7 (0.6-0.8)	350	0.6 (0.6-0.7)
	Partner/Family	86	0.3 (0.2-0.4)	70	0.3 (0.2-0.4)	156	0.3 (0.2-0.4)
	Other	26	0.1 (0.1-0.1)	11	0.0 (0.0-0.1)	37	0.1 (0.0-0.1)
Household Breadwinner	Yes	165	0.6 (0.5-0.7)	152	0.6 (0.5-0.7)	317	0.6 (0.5-0.7)
	No	122	0.4 (0.3-0.5)	104	0.4 (0.3-0.5)	226	0.4 (0.3-0.5)
HIV knowledge	Low HIV knowledge	94	0.3 (0.2-0.5)	74	0.3 (0.2-0.5)	168	0.3 (0.2-0.4)
	High HIV knowledge	188	0.7 (0.5-0.8)	178	0.7 (0.5-0.8)	366	0.7 (0.6-0.8)
Baseline CD4<350	No	72	0.4 (0.3-0.5)	51	0.3 (0.3-0.4)	123	0.4 (0.3-0.4)
	Yes	122	0.6 (0.5-0.7)	101	0.7 (0.6-0.7)	223	0.6 (0.6-0.7)

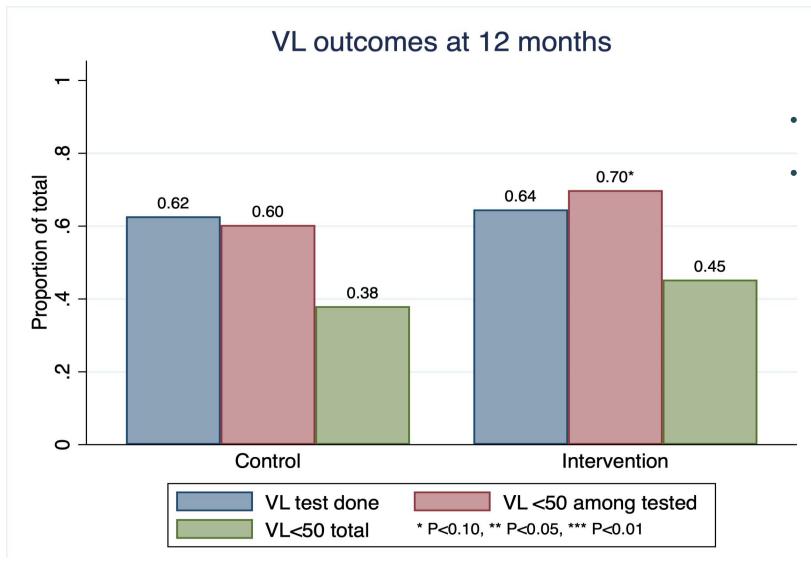
RESULTS



A lower proportion of intervention patients were either 28 or 90 days late for an appointment at 12 months



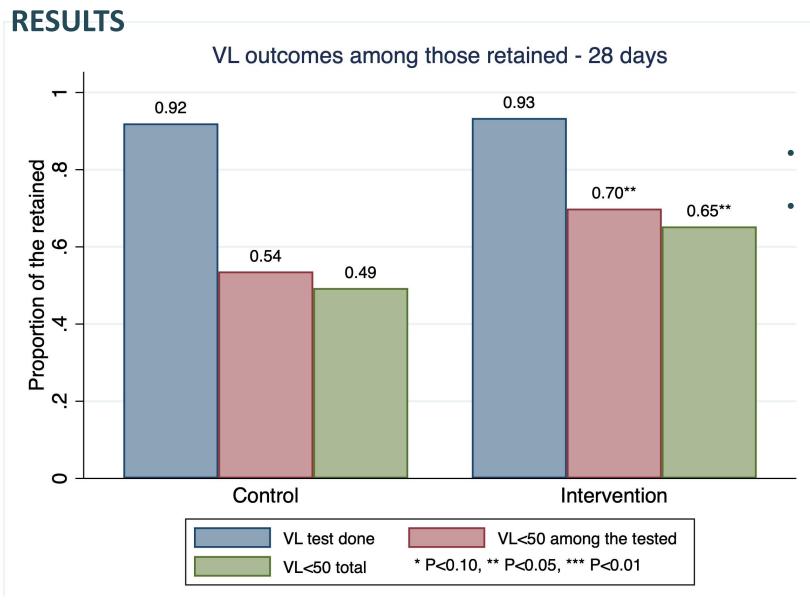
RESULTS



Similar VL testing proportions

10% higher VL suppression, among tested, in the intervention group



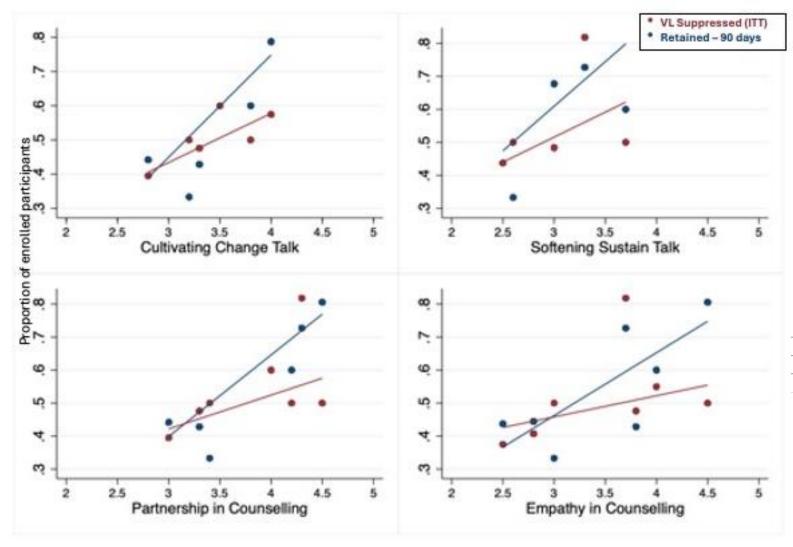


Similar VL testing among retained

16% higher VL suppression in the intervention group, among those retained at 12 months



RESULTS – Within Intervention clinics, MI skills levels with 12-month patient outcomes



MI Skills Matter: Retention and viral suppression improve with higher counsellors skill levels.

Technical: Cultivating change talk & Softening sustain talk

Relational: Partnership & Empathy

	Fair	Good
Relational	3.5	4
Technical	3	4



CONCLUSIONS

- Thusa Thuso MI training increased MI counselling skills and patient retention and VL suppression at 12 months after entry in HIV care.
- Highlights the potential role of MI counselling in:
 - Advancing patient-centred care
 - Promoting patient engagement in care
 - Improving long-term health outcomes
- Further research on appropriate processes for delivering the MI training at scale is essential



ACKNOWLEDGEMENTS

- City of Johannesburg and PHC staff participants.
- All PLHIV participants
- Data collection team: Alice Kono, Sinetemba Madlala, Nonhlanhla Tshabalala, Pertunia Manganye, Phuthi Moshupja, Michael Mothapo, Simangele Sigasa, and Zanele Walaza.













