



Prenatal ANRS 12127

The public health impact of couple-oriented counselling within low to medium HIV prevalence countries

ANRS Intervention Trials workshop - 16 January 2008



Context

- HIV prevention = public health priority even if access to antiretroviral therapy is increasing
- Prevention of mother-to-child transmission of HIV (PMTCT) programmes implemented since 2000
 - Insufficient coverage and impact, too many missed opportunities for PMTCT and for the prevention of sexual transmission of HIV
- Influence of the partner of pregnant women underestimated
 - Important role on the acceptability of prenatal HIV testing, on the adoption of alternatives to prolonged and mixed breastfeeding, on the use of contraceptive methods, on safe sex practices
 - **Gaps in the research available on partner involvement within prenatal HIV counselling and testing**



Objectives of the project

- To evaluate the feasibility and impact of a **prenatal, couple-oriented, post-test** HIV counselling session
 - on the improvement of sexual, reproductive and HIV prevention behaviours
 - on the incidence of partner HIV testing and couple counselling
 - in low to medium HIV prevalence countries



Organisation of the project

- **Sponsor: ANRS**
 - ANRS: 78% of funding
 - EGPAF (6%), local sources (16%)
- **Coordination: François Dabis (ISPED), Patrice Tchendjou (Centre Pasteur du Cameroun), Annabel Desgrées du Loû (IRD-LPED) and Joanna Orne-Gliemann (ISPED)**
- **Partners:**
 - Dominican Republic (Santo Domingo): National centre on mother and infant research (CENISMI)
 - Cameroon (Yaounde): Centre Pasteur du Cameroun
 - Georgia (Tbilisi): Maternal and Child Care Union
 - India (Pune, Maharashtra province): PRAYAS Health group



Study design

- Multicentric and international intervention trial
 - Feasibility phase: define intervention components that are relevant and adapted to the local operational and socio-cultural contexts + evaluate the acceptability of the intervention
 - Intervention trial: evaluate the impact of couple-oriented post-test HIV counselling compared to standard post-test HIV counselling
- Articulation quantitative - qualitative research methodologies



Description of the intervention (1)

- Standard post-test counselling (reference)
 - Summary of pre-test counselling discussions
 - Discussion around test results
 - Individual counselling depending on test results



Description of the intervention (2)

- Couple-oriented post-test counselling (intervention)
 - Same as the above, and...
 - Identification of the partner, discussion on the couple relationship
 - Assessment of the type of communication within the couple regarding reproductive health and HIV issues
 - Enhanced women counselling on disclosure of HIV test results, on partner individual HIV counselling and testing, on couple HIV counselling
 - Definition of potential strategies for each individual woman to involve her partner in HIV counselling and testing

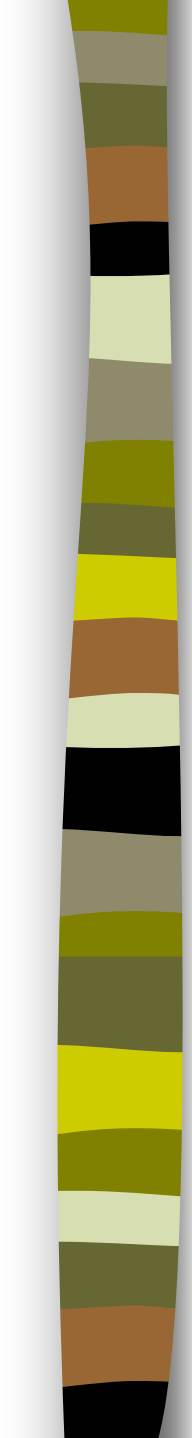


Feasibility phase - Method

- Literature review to better understand the cultural and social specificities of sexual and reproductive health and HIV prevention within the 4 study countries
- Observation of existing health services: antenatal care, pre/post-test counselling, family planning sessions
- Field test integration of the intervention within prenatal care (3 months)
- Observation of the intervention of couple-oriented counselling
- In-depth interviews with health professionals, pregnant women and partners

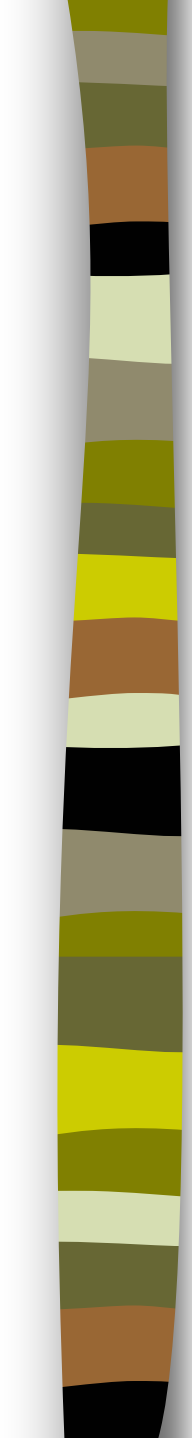
Trial - Method (1) - Population

- Recruitment of pregnant women during prenatal care, during the pre-test counselling session
 - Individual randomisation, stratified by country
 - Group CC: standard (“Classic”) post-test Counselling
 - Group CPlus: Couple-oriented post-test counselling
 - Sample size estimation based on the % of partners tested for HIV:
 - To measure an increase of 10% of the % of partners tested within group CPlus compared to group CC
 - Ex Cameroon: currently 10%, anticipated in CPlus group 20%, n=286 per group (including 10% lost to follow-up)
- => 1600 to 2400 women (4 countries)



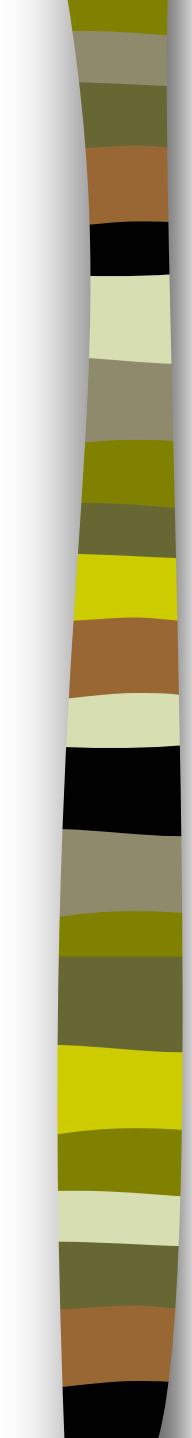
Trial - Method (2) - Population

- Recruitment of partners of pregnant women:
 - Men returning with their partner for couple counselling
 - Men accompanying their partner for antenatal care
- Expected male sample: 10% of partners of participating women
 - Example of Cameroon: 30 partners per group
=> 240 partners (4 countries)
- Which strategy to improve the recruitment of partners?



Trial - Method (3) - Data collection

- Quantitative component
 - Individual questionnaires administered to women and men: antenatally (T0), 6 months (T1) and 15 months (T2) after delivery
 - Data collected: sexual behaviour, dialogue with the partner regarding HIV and safe sex, type of infant feeding
- Qualitative component
 - In-depth interviews with 5 women and 5 partners in CC and CPlus groups, at T0 and T2
 - Observation of couple-oriented post-test counselling sessions



Trial - Method (4)

Quantitative data analysis

- Main indicators
 - Incidence of couple counselling
 - Incidence of partner testing
- Secondary indicators
 - Condom use during the resuming of sexual intercourse
 - Duration of condom use after delivery
 - Disclosure of HIV test results (partner, family)
 - Dialogue with the partner in terms of STIs, HIV/AIDS
- Analysis
 - Comparison CC vs CPlus groups
 - Comparison before/after HIV counselling and testing
 - Comparisons between countries



Expected results

- Data on the consequences of prenatal counselling and testing in low to medium HIV prevalence countries
- Data on partners of women receiving prenatal HIV counselling and testing
- Data on the impact of a simple public health intervention aiming at improving male involvement and improving reproductive health and HIV prevention (within different programmatic and cultural contexts)



Time-frame

- Planned duration of the project: 2006-2009
- May 2006 - May 2007
 - Protocol revisions after scientific committee (Nov 06)
 - Field visits and preparation of feasibility phase
- June - December 2007
 - Feasibility phase (observations, in-depth interviews, literature review)
- January - April 2008
 - Feasibility data analysis
 - April 2008: workshop on the conclusions of the feasibility phase + preparation of the trial (1st inclusions mid-2008)