

# The HIV Empowering Adults' Decisions to Share – UK/Uganda Project (HEADS-UP): Primary outcomes

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## Background

- Young adults living with perinatally acquired HIV (PAH) face many challenges, including adhering to antiretroviral therapy (ART), managing onward HIV transmission risks, and potentially complex family dynamics in a context of HIV stigma and secrecy.
- Sharing one's HIV status with others (onward HIV disclosure) may assist with these challenges, as it may lead to receiving support, enhancing medication adherence and wellbeing.
- Rates of HIV status sharing are, however, low in this population, and the decision to share is often difficult.
- The U=U message (undetectable = untransmittable) may both be a barrier and a facilitator to sharing one's HIV status with others.
- There are no existing interventions focused on supporting decision-making about sharing one's HIV status for young adults born with HIV. This study developed such an intervention in the HEADS-UP study.
- We tested the feasibility of this HIV status sharing intervention in the UK and Uganda.

## Methods

- The study used a randomised parallel group feasibility design.
- Participants were randomly assigned to an intervention or a standard of care condition using block randomisation.
- Assessments were carried out at: Pre-intervention /baseline; Post-intervention (intervention group only); Six-month follow-up. (see Figure 1)
- Participants were living with PAH, aged 18-29 in the UK, and 18-25 in Uganda.
- The intervention used strategies from motivational interviewing and cognitive behaviour therapy and consisted of four 90 minute sessions (3 group, 1 individual) with follow-up support, to increase motivation and skills to share HIV status. (see Figure 2)
- The intervention was delivered by one professional and one peer worker, with groups of up to 8, mixed gender. It was carried out in person in Uganda and online in the UK due to the Covid pandemic.
- Primary outcomes were recruitment, retention and acceptability.
- Acceptability was assessed post-intervention by asking participants to rate on a 7-point likert scale from *very acceptable* to *acceptable*.
- Participants were also asked to rate each session on a 7- point likert scale from *poor* to *excellent*.

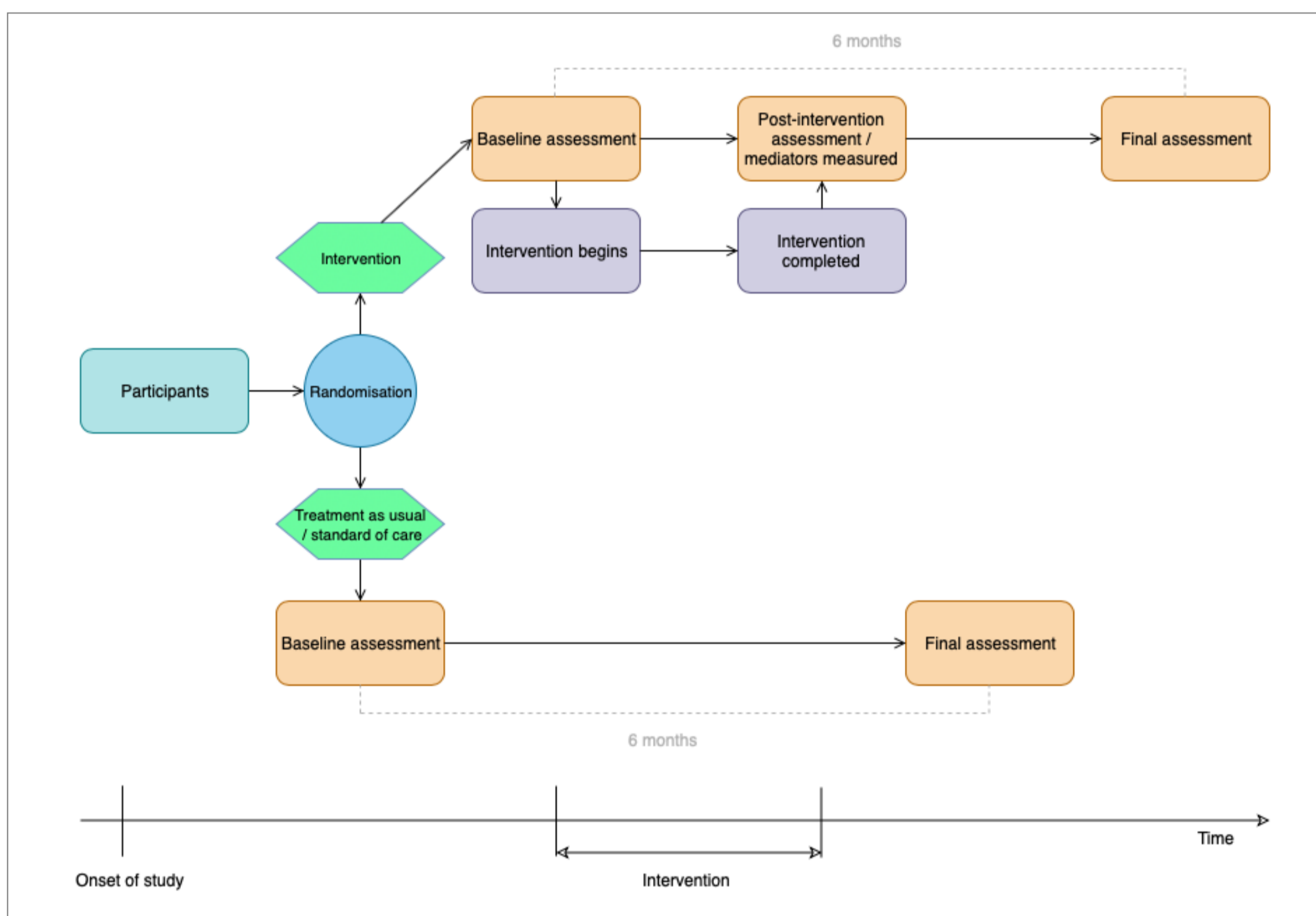


Figure 1: Study flowchart



Figure 2: Intervention content

## Results

- 142 participants were recruited (94 Uganda, 48 UK; 89 female, 53 male). The initial recruitment target of 94 participants in each country was reduced in the UK due to recruitment difficulties.
- 17/124 (13.7%) had never shared their HIV status.
- At six month follow-up, 92/94 (98%) participants were retained in Uganda, 25/48 (52%) in the UK.
- The intervention sessions were rated as highly acceptable (UK mean 6.6/7; Uganda mean 6.8/7).
- The overall rating of the intervention sessions was very positive in both countries (UK mean 6.47/7; Uganda mean 6.53/7).



Images from dramatized films used in the intervention (Session 3) in Uganda and the UK.

We have permission to use these images.



## Conclusions

- The intervention was highly acceptable and was rated positively in both countries.
- It was feasible to deliver in Uganda with excellent recruitment and retention.
- UK recruitment and retention was significantly impacted by the Covid pandemic, which resulted in very limited in-person recruitment and the intervention being delivered remotely.

## Acknowledgements

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