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Community-based, peer-led SRH services increase coverage in AYP (Yathu Yathu Trial)

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BACKGROUND

Ensuring adolescents and young people aged 15-24 (AYP) have access to comprehensive sexual and reproductive health services (SRHS), including HIV testing and prevention, is critical if we are to reduce HIV incidence and improve wellbeing. Following HPTN 071 (PopART) in Zambia, AYP stated that they needed improved access to SRHS and that these services should be provided from locations other than the health facility. The Yathu Yathu ("For us, by us") trial was born from this request.

METHODS

Yathu Yathu was a cluster-randomized trial conducted from 2019-2021 in two urban communities. The communities were divided into 20 zones (~2350 AYP/zone) that were randomly allocated to the Yathu Yathu intervention (YY) or standard of care (SoC) arm. In intervention zones, a community-based hub, staffed by peer support workers, was established to provide SRHS (Fig 1).

In both arms, a census was conducted in 2019 where AYP aged 15-24 years were invited to participate in the trial. Each was offered a Yathu Yathu card, which allowed them to collect "prevention points" for accessing SRHS at the health facility (SoC arm) or at the hub and health facility (YY arm). In both arms, points could be exchanged for health rewards, thus acting as an incentive to access services and as a tool to record service use.

We use this YY card data to assess coverage of key SRHS (HIV testing, ART initiation, PrEP initiation, condom collection, VMMC and hormonal contraception) which were predefined in the study protocol. We analysed data at cluster-level using a two-stage process recommended for CRT with <15 clusters/arm.

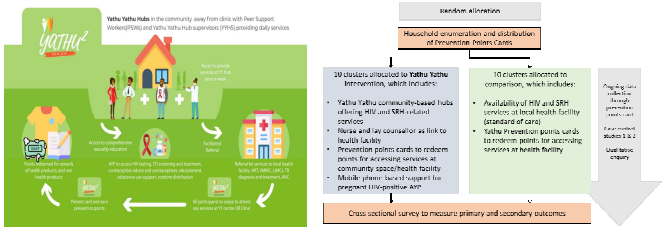


Fig 1: Graphical depiction of the intervention and the cluster randomized trial design

The Yathu Yathu intervention **increased coverage** of at least one key SRH service in AYP (15-24) from 5.4% to 63.8% (adj. RR 12.5, 95% CI 9.9-15.8)

RESULTS

We enumerated 40,864 AYP in the 20 zones of whom 29,370 consented to participate by accepting a Yathu Yathu card (14,872 71.6% YY arm, 14,498 72.2% SoC arm). In the YY arm, 9493/14,872 (63.8%) accessed at least one key SRH service compared to 775/14,498 (5.4%) in the SoC arm (adjusted RR 12.54; 95%CI 9.4-16.3, p<0.001). Results were similar by age and sex (Table 1).

The median number of services accessed in the YY arm was 1 (IQR 0-31) compared to 0 (IQR 0-0) in SoC. Among those accessing at least one key service, HIV testing was the most common service accessed in both arms (8841/9493 (93.1%) in the YY arm and 568/775 (73.3%) in SoC) followed by collection of condoms (4701/9493 (49.5%) and 386/775 (49.8%), respectively).

In the YY arm overall 50 AYP (0.3% of those with YY card) newly initiated ART compared to 6 in the SoC arm (0.04% of those with YY card)

Table 1: Comparison of AYP accessing at least one key SRHS by intervention arm

Uptake of at least one SRHS	Intervention arm	Standard of Care arm	Adjusted RR	P value
Overall	63.8% (9493/14,872)	5.4% (775/14,498)	12.4 (9.4-16.3)*	< 0.001
15-19yo girls	72.1% (3596/4990)	5.5% (252/4569)	13.8 (10.3 18.7)**	< 0.001
15-19yo boys	68.3% (2300/3366)	6.7% (206/3065)	10.7 (8.2–13.8)**	< 0.001
20-24yo women	55.2% (2404/4357)	3.8% (174/4574)	16.0 (11.2–22.9)**	< 0.001
20-24yo men	55.3% (1193/2159)	6.2% (143/2290)	10.1 (6.0 –16.7)**	< 0.001

*Adjusted for age, sex and community, ** adjusted for community. yo=years old and reflects age at time of being given the YY card

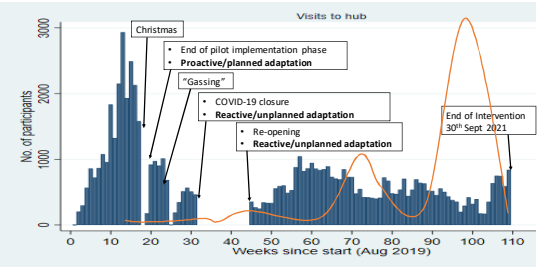


Fig 2: Number of visits to YY hubs per week, overlaid by COVID-19 cases in Zambia (orange line) and other contextual factors

CONCLUSIONS

This community-based, peer-led and incentivised intervention increased uptake of key SRHS, especially HIV testing among AYP.

Our study has potential limitations. In response to COVID19, Yathu Yathu hubs were closed for 3 months (Fig 2). Concurrently, health facility attendance may have decreased, which would affect the difference in coverage. Further, AYP in the control arm may have been less likely to use their cards when accessing services than AYP in the intervention arm, despite receiving points for presenting the card at the health facility. Considering our estimated effect size, if true, we anticipate that we would see similar, albeit a somewhat weaker, effect of Yathu Yathu.

These findings demonstrate the potential of providing peer-led SRH services in the community.

ADDITIONAL KEY INFORMATION

Protocol paper available at:
https://www.sciencedirect.com/science/article/pii/S1551714421003049?via%3Dihub
The **primary outcome** results of the Yathu Yathu trial are being presented at CROI 2022. LB poster 00813, Wednesday February 16th.
Please watch the accompanying MP4 video for more information and/or contact:
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