# DELIVERING TOBACCO CESSATION SUPPORT IN HIV CARE

## BACKGROUND

### *Why embed tobacco control into HIV care?*

Tobacco use is the world's leading cause of preventable death, and for people living with HIV, the stakes are even higher. **Smoking is linked to nearly a quarter of AIDS-related deaths and speeds up disease progression, worsens response to HIV treatment, and increases the risk of serious infections and chronic illness.** Yet most tobacco cessation programs are designed for the general population and don't address the unique challenges people living with HIV who smoke, such as higher rates of depression, substance use, social isolation from stigma, and limited awareness of how smoking affects their HIV care. Quitting support that's tailored to these realities can make a real difference in patients' health. **HIV clinics are uniquely positioned to deliver this kind of support**, since patients already visit regularly for care, giving health providers a natural and consistent opportunity to help them quit.

## About the Quit4Life+ Program

Quit4Life+ was a tobacco cessation intervention developed for people living with HIV in Sub-Saharan Africa. The randomized controlled trial component **evaluated a package of smoking cessation interventions that included brief advice to quit, nicotine replacement therapy, and the Quit4Life text messaging program.** Brief advice to quit was introduced as a core intervention and provided to all participants.

## FACILITATORS

### What we can build on.

**The Quit4Life+ approach works and people trust it.** Both patients and clinic staff found the program credible and helpful, especially the text-message support, which is backed by strong evidence and was well-received.

**Local input made it click.** Messages were adapted to fit the languages, cultures, and everyday realities of communities in Uganda and Zambia, and patients said this made the content easier to understand and relate to.

**Cessation support is low cost.** SMS support is a low-cost way to reach many people.

**Clinic leaders stepped up.** Facility managers and trained staff helped keep things running smoothly and consistently, even amid challenges.

**Providers want to help their patients quit tobacco.** Health workers saw supporting patients to quit tobacco as part of good, whole-person HIV care and not an extra burden.

**Patients want to quit tobacco use.** Many patients said they genuinely wanted to stop using tobacco, creating a strong foundation to build support around.

**Strong partnerships got things moving.** Support from local leaders, health officials, and community advocates helped build trust and get the program off the ground.

## KEY MESSAGES

- The Quit4Life+ approach is a feasible and acceptable model for integrating tobacco cessation into HIV care, valued by both providers and patients.
- Cultural adaptation of intervention content is a critical driver of acceptability and engagement.
- Structural clinic constraints are the most cited barriers to consistent delivery.
- Cost and supply of NRT remain a central sustainability challenge.
- Provider training and stigma reduction are needed to build confidence and reduce barriers to patient engagement.
- Long-term success depends on health system readiness and policy alignment.
- Scale-up across Sub-Saharan Africa requires deliberate, coordinated national action from Ministries of Health and partners.

## BARRIERS
**What we still need to address.**

### *For providers*

**The Quit4Life+ approach has a lot of moving parts.** Combining counseling, text messages, and NRT all at once was a lot to manage for both staff and patients.

**NRT is expensive and hard to get.** Nicotine replacement products aren't available locally and have to be imported, which comes with extra costs, taxes, and paperwork.

**Providers need more training**. Many health workers haven't been trained in tobacco cessation, making them less confident guiding patients through quitting.

**Technology doesn't always cooperate.** Unreliable phone networks made it hard to confirm that text messages were reaching patients.

**Clinics are stretched thin.** Overcrowding and a lack of private space made it difficult for staff to have confidential conversations about tobacco use.

**Staff turnover disrupts progress.** When trained staff leave, new staff need to be trained from scratch.

**Tobacco control isn't always seen as urgent.** With so many other health priorities in HIV care, cessation support sometimes gets deprioritized.

### *For patients*

**Stigma is a real barrier.** Patients may feel judged for smoking, which can make them less likely to open up or seek help.

**Daily life often comes first**. Many patients are dealing with more urgent needs like food, income, or safety, which can push quitting tobacco down the priority list.

**Cultural norms make quitting harder.** In some areas, tobacco use is common and socially accepted, or even tied to local farming.

## RECOMMENDATIONS
**For policymakers**

- Add NRT to essential medicines lists.
- Invest in provider training for HIV clinic staff on tobacco cessation counseling and NRT management, so providers feel equipped and confident supporting patients.
- Reduce stigma through clinic culture and public messaging.
- Embed tobacco cessation support into standard HIV care protocols and national HIV/NCD strategies
- Foster cross-sector collaboration between HIV and NCD programs, since these sectors often work in silos despite the clear overlap in patient needs.

## ACTION ITEMS
**For providers**

- Make tobacco cessation an expected part of HIV care visits.
- Protect patient privacy during tobacco cessation support conversations.
- Be aware of the layered stigma patients may feel about tobacco use and HIV.
- Build on patients' motivation to quit tobacco use.
- Expect text-message and phone-based tools to need troubleshooting.
- Push for NRT to be treated as a standard, stocked medication.
- Ask for training in tobacco cessation counseling

***The findings presented in this brief are from an implementation science study using the consolidated framework for implementation research (CFIR). Qualitative data were drawn from quarterly site visit reports, health systems assessments, key informant interviews, and focus group discussions.***

Guy K, Tsui J, Musasizi E , Kusolo R, Mukupa M, Arinaitwe J, Goma F, Atuyambe L, Guwatudde D, Phiri M, Zyambo C, Wipfli H. (2026). Barriers and facilitators to delivering tobacco cessation interventions at HIV care clinics in Sub-Saharan Africa: Qualitative application of the consolidated framework for implementation research. Tobacco prevention & cessation, 12, 10.18332/tp/221806.

www.quit4life.org