

Community Engagement in HPTN 035

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Objective

- To describe community education efforts with preparedness, participant accrual, retention / adherence in HPTN 035
- Challenges encountered
- Lessons learned
- Lessons applied

Community Preparedness

- Targeted community partners in 3 categories
 - Potential participants
 - Site staff and staff from referral centres
 - Key members of the community

- Strategies employed
 - Mapping of catchment areas
 - Identifying former microbicide participants (HPTN 016 and 055) as peer educators
 - Education using different methods - community meetings, door-to-door and drama



Enrollment

- Medical recruitment – referrals from clinicians
- Community recruitment
 - Catchment areas, former study participants, peer educators, 035 study participants, social networks
- Continuing partnerships with key members of the community
- Recognition of the need for male partner buy-in

Retention and Adherence

- On-going education with study participants
- Male Buy-in Activities
 - Male only education sessions in the community
 - Male-friendly clinic setting
 - Established clinic hours convenient to men



Challenges

- Presumption that women can make independent decisions to participate in a study
 - Male buy-in
 - Peer influence
 - Parental or family influence
- Rumours



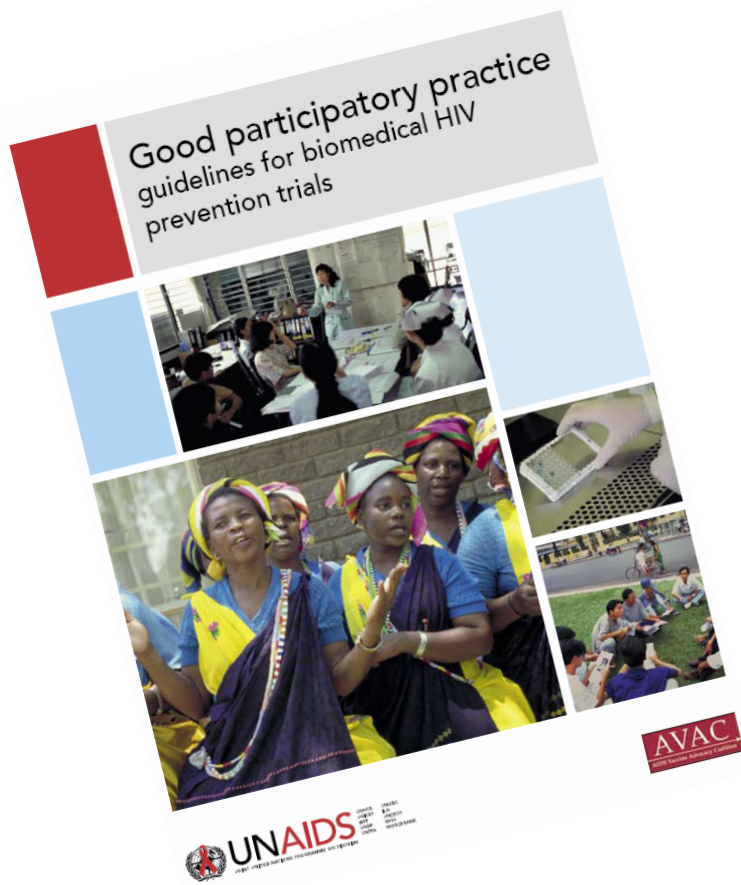
Lessons Learnt

- Male buy-in in microbicide trials is vital
- Maintenance of on-going partnerships is critical
 - With participants
 - With stakeholders
- Information sharing across study sites

Good Participatory Practice (GPP)

“Well-conducted biomedical HIV prevention trials are both scientifically rigorous and include active community involvement expediting ethical research conduct.”

p.10, UNAIDS and AVAC 2007





Lessons Applied

- HPTN 035 as a practical model of GPP principles of community papers
- Male buy-in / involvement
- GPP applied to VOICE
- Integration of male involvement strategies at the start of VOICE

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