

## **HPTN 052 Recruitment Workshop**

### **April 8, 2008**

The HPTN 052 recruitment workshop focused on the successes and challenges facing each site as they strive to fully enroll this study. During the interactive activity, small groups answered the following questions sequentially, and then the entire group discussed the answers. This document summarizes the answers given to each question.

**Q1: Who/what has been the best referral for couples to screen for HPTN 052 at your site?**

- VCT
- Dedicated study staff on site
- Collaboration with external partners
- pMTCT/ANC – hospital based, other studies, programs, maternal delivery HIV testing
- Blood banks – refer HIV+ individuals to site
- Primary care /out patient clinics
- Private laboratories
- CMEs
- ASOs
- PLHA networks
- Other research projects (e.g. HPTN 039, 046 after testing potential participants, 034, 040, A5207/ACTG)
- Media
- Client to client
- CAB
- Public and private practitioners and hospitals
- Religious churches
- STI centers
- ART clinics
- TB clinics
- Anonymous clinics

**Q2: What recruitment activity has been the most successful at your site? Who has referred the most couples to your site that were ultimately enrolled?**

- Core activities and cohorts
- VCT referrals/monthly meetings with VCTC staff
- Networks of PLHA (referrals)/monthly meetings with PLHA groups/counselors placed at PLHA centers
- Recruit all potential index cases under care at the site
- pMTCT referrals
- STI clinics
- Training (1 day) offered by study staff

- Primary care clinic
- Blood bank
- NGO meetings
- Payment to VCT counselors for each referral

**Q3: Based on experiences thus far, describe future recruitment plans**

- Strengthen relationships with VCTC
- Educate new organizations, hospitals, etc. about HPTN 052
- Continue using current recruitment plans
- Expand current community education and mobilization areas
- Expand geographical coverage to neighboring provinces and districts
- VCT counselor paid by study site at VCT/pMTCT centers
- List serve (email list) including physicians/health care providers for disseminating study information
- Form contacts with the blood bank
- TV/radio advertisements
- Male involvement movie to play in pMTCT clinics
- Improve relationships with pMTCT centers
- Door to door VCT
- Couple to couple referrals
- Church testing
- Reduce the number of follow-up visits
- Provide medical certificates for excuse from work
- To maintain the time limit when participants come to their study visits
- Site networking to share recruitment ideas
- Target exiting participants from other studies (039, MIRA, etc.)
- Peer education (current participants to others in PWA networks)

**Q4: List all the staff at your site involved in recruitment activities.**

- Recruiters
- Study coordinators
- Outreach team/workers
- Receptionists and administrative staff
- Drivers
- CAB members (not staff)
- All study staff
- PIs/co-PIs/study physicians
- Counselors and psychologists
- Peers working with partner NGOs
- NGOs (not staff)
- Laboratory staff (checking CD4s)
- Health professionals

- Pharmacists
- Nurses and nurse aids
- Community coordinators/educators
- Health visitors
- Retention staff
- PLHA groups (not staff)

**Q5: Given your site's experience, what would you say is the primary barrier to recruitment at your site? Do you know a solution to this problem?**

- The Index doesn't want to disclose their status to their partner – can be countered with education
- Distance (transportation and reimbursement)
- CD4 count above or below the protocol requirement
- Stigma
- The CD4 count when ART is started in the study vs. the standard of care in the country
- Government ART clinics closer to the participants than the trial clinic
- Blood and study procedures
- Couple testing a challenge
- External counselors not interested in referring clients
- Physicians/participants are not willing to start ART at high CD4 counts
- Abstinent couples
- Difficulty coming to monthly study visits
- Inadequate resources (\$\$) to support research (e.g., need 2 cars to bring subjects to site)
- Couple testing uncommon (in Malawi)
- Partner refuses due to high number of scheduled visits when they are healthy
- Index cases are asymptomatic at high CD4 cell counts
- Participants don't want to come to visits because of childcare/household issues
- Very long recruitment visits
- Missing work to come to study visits

**Q6: What recruitment activity have you tried that did not work? What reason(s) did it not work as expected? Were you able to modify this activity so that it did work?**

- Posters and flyers (folders) at train, subway, and ferry stations – did not reach target population, putting these advertisements at health service locations may be a better approach
- Flyers at medical conferences (hand-outs) (no reason given why it didn't work)
- Websites and local TV – limited access to target population – it may be better to change to a national level of outreach

- TV program – not direct to our target population
- Community sensitization – the problem was stigma
- Meetings at male workplaces to encourage couple testing – unclear why it did not work
- Saturday testing (no reason given why it didn't work)
- Information given about the study without informing the public/community about other HIV-related issues – modified by combining study information with stimulating and interesting HIV information before study message
- Radio and newspaper advertisements – problems came from limited access to radio, illiteracy, and language barriers
- Approaching doctors (no reason given why it didn't work)

**Q7: What type of community activities have you done to enhance HPTN 052 recruitment?**

- Issued T-shirts to stakeholders
- Distributed study materials in CAB newsletter
- Community involvement programs
- Doctor's intervention programs
- Radio interviews, community radio spots
- NGO contacts
- Website, media
- VCT
- Blood banks
- District/provincial hospitals, including ANC units, ART clinics, and TB clinics
- Conducted expanded recruitment programs
- Strengthened sensitization talks with other stakeholders
- Chiefs and other stakeholders were invited to the clinic to see for themselves what happens there
- Community sensitization workshop for community leaders
- Waiting room education sessions at hospitals
- Strengthened referrals with CBOs and FBOs
- Football (soccer) and netball teams wore T-shirts to promote the study
- Community outreach expansion
- Counselors placed at PLHA clinics/office
- Monthly visits to VCTCs and fortnightly phone contacts
- Providing feedback to referring agency
- Drinks (coke) at the meetings for participants

**Q8: If you had unlimited resources, what would you do to enhance recruitment?**

- Develop a recruitment team/recruitment strategy
- Create awareness and educational programs
- Create VCT mobilization units/mobile VCTs
- Media – TV soaps, radio broadcast, posters, pamphlets, public broadcasting
- More networking with NGOs
- Booths (to collect information)
- Increase number of field/community workers
- Involvement of the community in different geographic regions
- More involvement of the media – TV, radio
- Add VCTs to all hospitals services (emergency rooms, etc.)
- Improve recruitment materials
- Take advantage of special campaign/events
- Provide all/other healthcare at the trial site
- Couple testing day/campaign
- Deploy our own VCT counselors at all referral centers
- Host an “HPTN 052 Awareness Day” and offer HIV testing
- Provide potential participants with a month’s worth of food
- Have a recruitment person/counselor at all HIV testing centers for couples
- Flexible working hours for staff to work on weekends to conduct visits for couples who can’t miss work.
- Door to door testing

**Q9: What reason(s) do couples give as to why they do or do not want to enroll?  
How have you been able to address these issues?**

Reasons why they **do** want to enroll:

- Comprehensive clinical care
- Shorter waiting times at the clinic
- Nice facilities
- Money (reimbursement)
- Trust in organization
- Medical/social referrals
- Transparency about research
- Doctor visits
- Diagnostic tests/labs
- Tracing for missed visits
- Pick-up when sick

Reasons why they **do not** want to enroll:

- Time commitment
- Higher CD4 count
- Stigma of HIV

- Cultural appropriateness
- Blood draws
- Side effects of the medicine
- Transferable jobs
- (Afraid of being) used as guinea pigs
- Want to take ART
- Far from their home district
- Partner does not want to participate
- Partner seroconversion
- Partner does not want to be tested for HIV
- Lack of post-trial plan (referred to the national ART program)
- Afraid of losing benefits, especial health care
- The couple is not sure that they will remain together
- Individuals shun health clinics after being tested
- Fear of community and partner stigmatization/strong community fears surrounding HIV
- Fear of loss of employment
- Clinic visits are too frequent/too long/interfere with work
- Don't understand why they have to start ART with CD4>250 (national guidelines)

**Q10: How do you track the results of your recruitment efforts? What tools do you use for tracking?**

- Tools:
  - Excel spreadsheet
  - Recruitment log
  - Recruitment tracking form
  - Access database
  - Referral form (collected at clinic)
  - Care cards
  - Visits to VCT centers
  - Weekly meeting with the team to discuss the results of recruitment activities
  - Cohort study (following couples who are not currently, but may become, eligible)
  - Diaries
- Tracking:
  - Locator form and updates
  - Screening and enrollment tracking log given to all site staff
  - Screening records
  - Visits to centers referring participants
  - Monthly tracking log
  - Stipend log at referral centers
  - Referral register