



**HPTN**

HIV Prevention  
Trials Network



# **Best Practices for Community Engagement with External Stakeholders**

**HPTN 075 study**

**KEMRI Kisumu CRS**

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# Introduction

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- MSM participation in HIV research in sub-Saharan Africa is important
- Faced with challenges
  - Legal: few countries legalize homosexuality
  - Stigma: considered conflict with religion and culture
  - Lack of proper institutional structures supporting MSMs
  - Violence against MSMs
- Few evidence based interventions targeted to local situations

# Outline

- Overview of HPTN 075 study
- Kenya perspective of involving external stakeholders





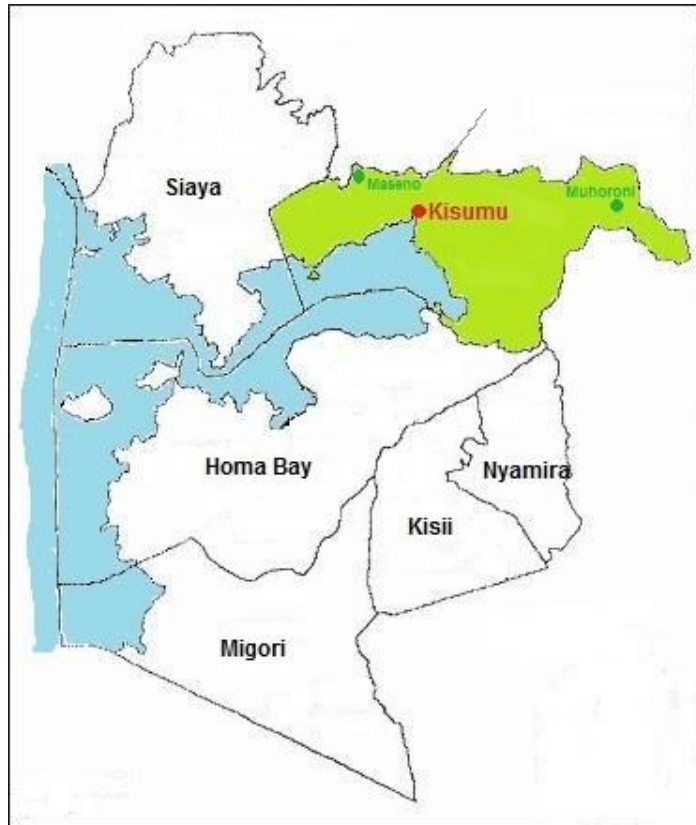
## HPTN 075 Design

- Prospective observational cohort study
- 400 MSM in 4 sites
- Men 18-44 years living in Sub-Saharan Africa who report anal sex with a man in the past 3 months
- 12 months of follow-up
- 5 study visits with structured HIV behavioral assessments, medical examinations, and collection of biological samples



Kisumu, Kenya  
Blantyre, Malawi  
Soweto, SA  
Cape Town, SA

## Background: Kenya



- Kenya HIV prevalence 5.6% (KAIS 2012)
- About 33% of new infections are from key populations
- MSM contribute about 18% of new infections in Kenya are among MSM (MOH)
- HIV incidence among MSM in Kisumu estimated at 17% (considered high risk)
- Estimated 3500 MSMs in Kisumu
- Insufficient MSM friendly health services in Kenya
- Stigma is still a major problem
- Need for more studies to understand health needs of MSM populations in Kenya

# Principles of Community Engagement in Research\*

- Respect – Stakeholders respect and honor each other
- Mutual understanding- have common objectives and effective partnership
- Integrity- maintain highest standards of scientific and ethical integrity
- Transparency- ensure stakeholders receive open, honest and understandable information and feedback
- Accountability- sustained partnership based on mutual trust and respect
- Community stakeholder autonomy- stakeholders may support or reject research



## Social mobilization and advocacy

- Ensuring that all key players are well knowledgeable about health issue affecting MSMs
- Providing sensitization, recruitment forums and interactive sessions to potential participants
- Developing support structures that considers mutual benefit among partners
- Use media and IEC materials to sensitize target population





# Consultation and Sensitization Process in Kenya

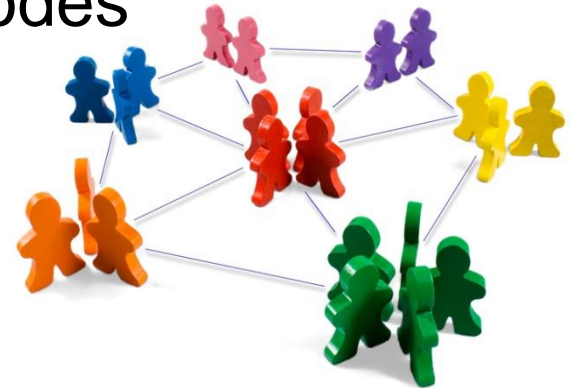
- CAB- Involved in advising on protocol issues relevant to Kisumu community
- Key stakeholders from the MSM populations participate in developing recruitment strategies
- Recruiters identified by MSM organizations
- Training on protocol done for all key stakeholders
- Sensitivity training offered to all non MSM stakeholders (Chiefs, Police and CAB)

# Who are our External Partners?

- Local Administration- Support in mitigation of social harms
- Police- provide security to premises and involved in handling cases that may arise
- MSM NGOs and CBOs – develop and support sensitization and recruitment strategies
- Human rights and legal institutions- Advise and provide judicial support on legal issues
- MOH and other government departments – Provide community engagement guidelines and beef up social harms mitigation
- Political fraternity- Very influential in swinging public opinion and attitudes towards study. Effective in advocacy

## Participant recruitment process in Kisumu

- Peer Educators (Health activists) identify peers through snowballing
- Issued with recruitment fliers with codes for referral and easy tracking
- Referral of participants to clinic
- Compensation for every successful enrolment
- Obtaining regular feedback from the recruiters and participants



# Risk mitigation and Emergency response

# Kisumu Risk Mitigation Plan

- Work with other stakeholders including government ministries (MOH and Interior Coordination)
- Enhanced community consultation and participation (including CAB and MSM organizations)
- Developed an emergency response plan
- Guaranteed participant confidentiality
- Give study a “neutral” name



# Social Harms Mitigation

- CAB - advise on community specific mitigation
- MSM organizations- alternative support to affected individuals
- PAC - review strategies and ensure adequately handled
- Emergency teams- implement and support emergency response strategies based on laid plans
- Protocol teams and IRBs - advising and reporting of incidences



**social harms**

## Security and Emergency Response

- Involves the regional MSM security team, police, local administration and KEMRI
- Meetings held on quarterly or on ad hoc basis should there be need for urgency
- Hotlines available
- Emergency plans embedded on the regional and organizational emergency protocols



## Participant follow up and retention

- Use peer recruiters to be in touch with participant
- MSM organizations help in advising on retention process
- Regular voluntary meetings held with participants to address emerging concerns
- Maintain regular reminders to participants



# Summary

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- It is important to involve external stakeholders in every step of the research cycle
- Strategies that work well largely come from the stakeholder dealing with MSM populations
- Involvement of external stakeholders is a major ingredient to collective risk mitigation
- Participating stakeholders feel they own the strategies hence likely to support successful implementation study

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