By Triantafyllos Pliakas

Research trials have identified efficacious biomedical, behavioral and structural HIV prevention interventions, including early antiretroviral therapy for treating people living with HIV. However, combining interventions and successfully implementing them at scale is challenging. Stigma and discrimination have been identified as potential barriers to the implementation of effective HIV prevention and treatment programs at scale. Also, studies measuring the impact of stigma on these programs are rare.

The Stigma Ancillary Study was part of HPTN 071 (PopART), a three-arm cluster-randomized controlled trial to evaluate the effect of a combination HIV prevention approach that incorporates a ‘universal test and treat’ (UTT) strategy on community-level HIV incidence in Zambia and South Africa. The stigma study used mixed-methods to examine (1) whether the PopART combination prevention intervention reduced
HIV-related stigma, (2) whether HIV-related stigma acted as a barrier to the implementation and effectiveness of PopART and (3) whether there were changes over time in the dominant drivers and manifestations of stigma in study communities and the health system.

Stigma Ancillary Study researchers presented results during a special session at the AIDSImpact Conference in London on 29 July 2019. AIDSImpact is an international behavioral and psychosocial science conference that addresses issues related to HIV/AIDS prevention, treatment and care, focusing both globally and on specific communities and countries hardest hit by the HIV/AIDS epidemic. The session, “HIV Stigma and Universal Test and Treat: Results From the HPTN 071 (PopART) Stigma Ancillary,” was co-chaired by Dr. Greg Greenwood, program officer, HIV prevention and care continuum, co-morbidities, and translational research branch, Division of AIDS Research, National Institute of Mental Health and Dr. Leickness Simbayi, deputy CEO for research, Human Sciences Research Council. The session was well attended by psychosocial and behavioral researchers, prevention workers, community members, and policymakers from universities and institutes from around the world.

Read More

HPTN 071 (PopART): The Journey

Here’s a look at HPTN 071 (PopART) and the journey to a 30 percent lower incidence of HIV infection in South African and Zambian study communities.
The HPTN 091 study team hosted a series of community consultations in Houston, San Francisco and Rio de Janeiro with local stakeholders. The events were designed to solicit initial reactions to the study design and feedback on potential study implementation challenges. The consultations were facilitated by the two study protocol chairs, Drs. Tonia Poteat and Sari Reisner, along with Marcus Bryan, HPTN senior.
community program manager. Future consultations will take place in Philadelphia and Harlem, New York.
HPTN 091, currently in development, is a vanguard feasibility and acceptability study examining the integration of HIV prevention, gender-affirmative medical care, and peer health navigations to prevent HIV acquisition and transmission among transgender women.

**Shoutouts**

HPTN 078 results were included in the [Clinical Impact of New Data from IAS 2019](#) presentation highlighting key studies addressing current issues in HIV care. HPTN 078 was designed to compare the effectiveness of a combined HIV prevention strategy, including a peer-to-peer referral method to recruit men who have sex with men (MSM) living with unsuppressed HIV and an intervention to help them achieve and maintain viral suppression, to the standard of care. Researchers used direct deep-chain, respondent-driven sampling, augmented with direct recruitment, to identify gay, bisexual and other MSM with unsuppressed HIV.

After five years supporting several HPTN committees, leadership and study sites development, Katherine Harripersaud, MPH, has left ICAP at the Mailman School of Public Health, Columbia University in New York to pursue her Ph.D. at the University of Minnesota. ICAP is led by HPTN Co-Principal Investigator Dr. Wafaa El-Sadr.

**Network Member Spotlight**
Linly Seyama, MS, RN, is a study and community engagement coordinator for Blantyre Clinical Research Site (CRS) in Blantyre, Malawi. She joined the CRS in 2001 and has been instrumental in the recruitment and retention of participants at the site. Linly completed her master’s degree in social development and health at Queen Margaret University in Edinburgh, Scotland.

How did you first get involved with the HPTN?

I first got involved back in 2001 when I joined the Blantyre CRS as a community engagement coordinator. The main studies at the time were HIVNET 024 and HPTN 052. My role was focused on recruitment and retention, as well as engaging the community.

Read More

Awareness Days


What would you like to see from our newsletters? Please e-mail us with your thoughts and ideas at news@hptn.org.

Copyright © 2019 The HIV Prevention Trials Network, All rights reserved.