

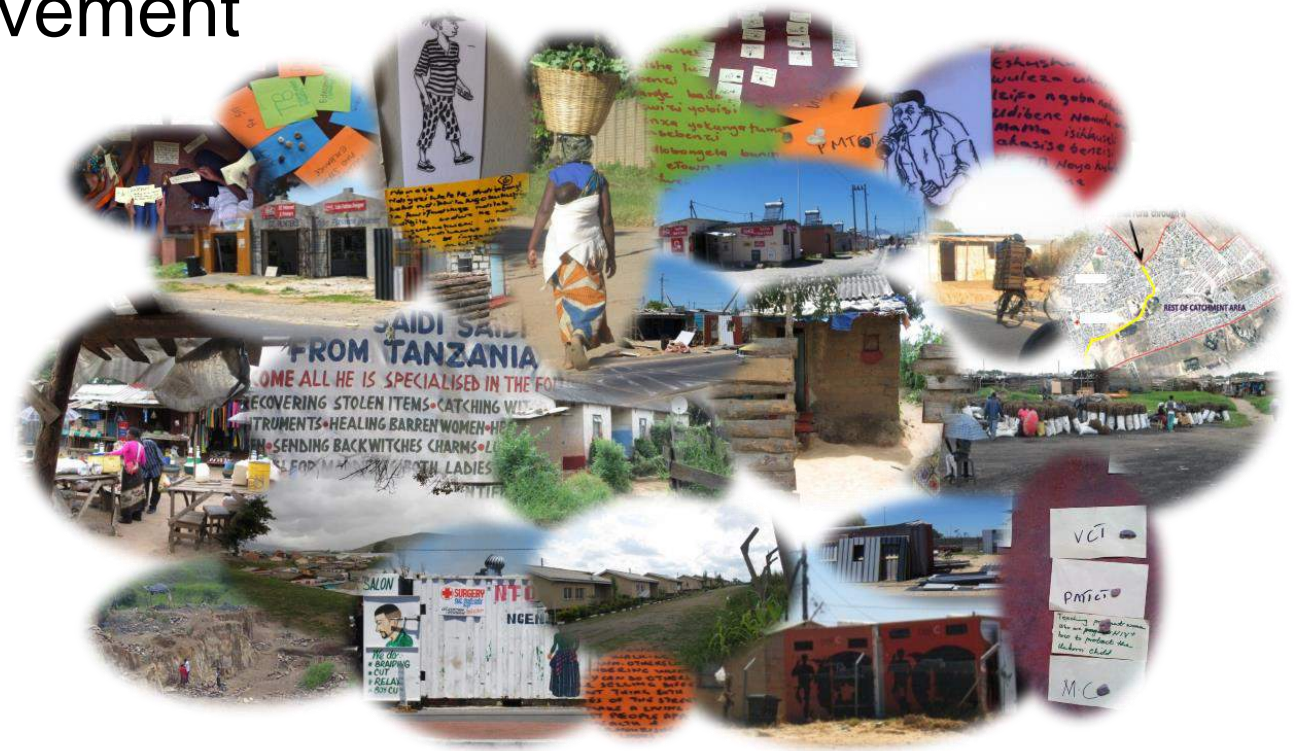
Community Preparedness, Stigma, Engaging Men, and Mobility

HPTN 071 (PopART) Contributions from Social Science

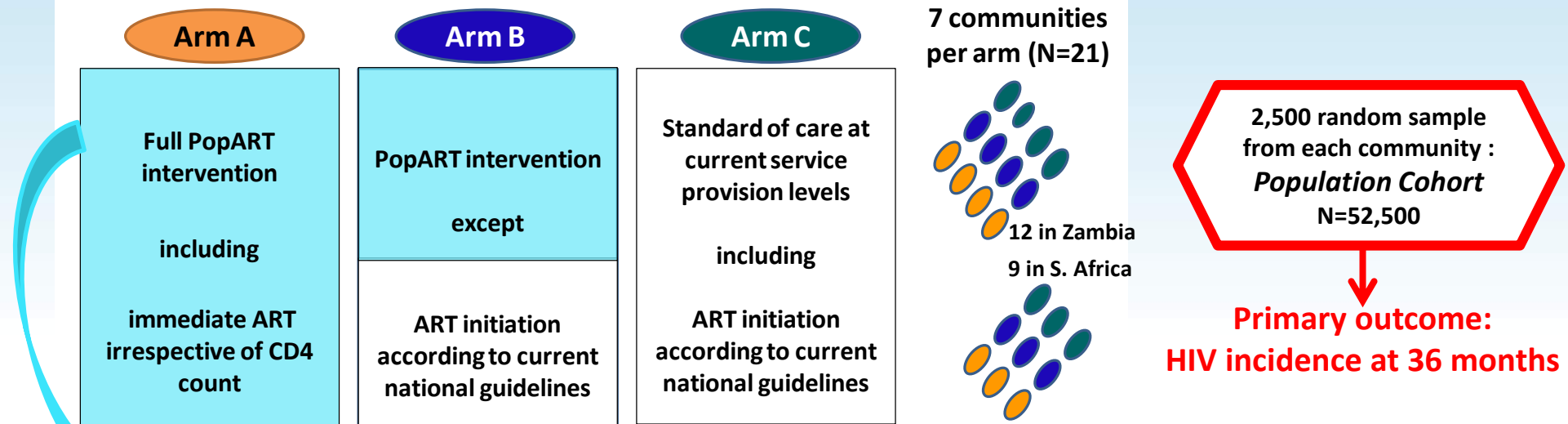
**Virginia Bond, PhD
LSHTM and Zambart
HPTN Annual Meeting
18th May 2018**

Introduction

- Social Science Design & Involvement
- Community Preparedness
- Stigma
- Engaging Men
- Mobility
- Summary of Social Science



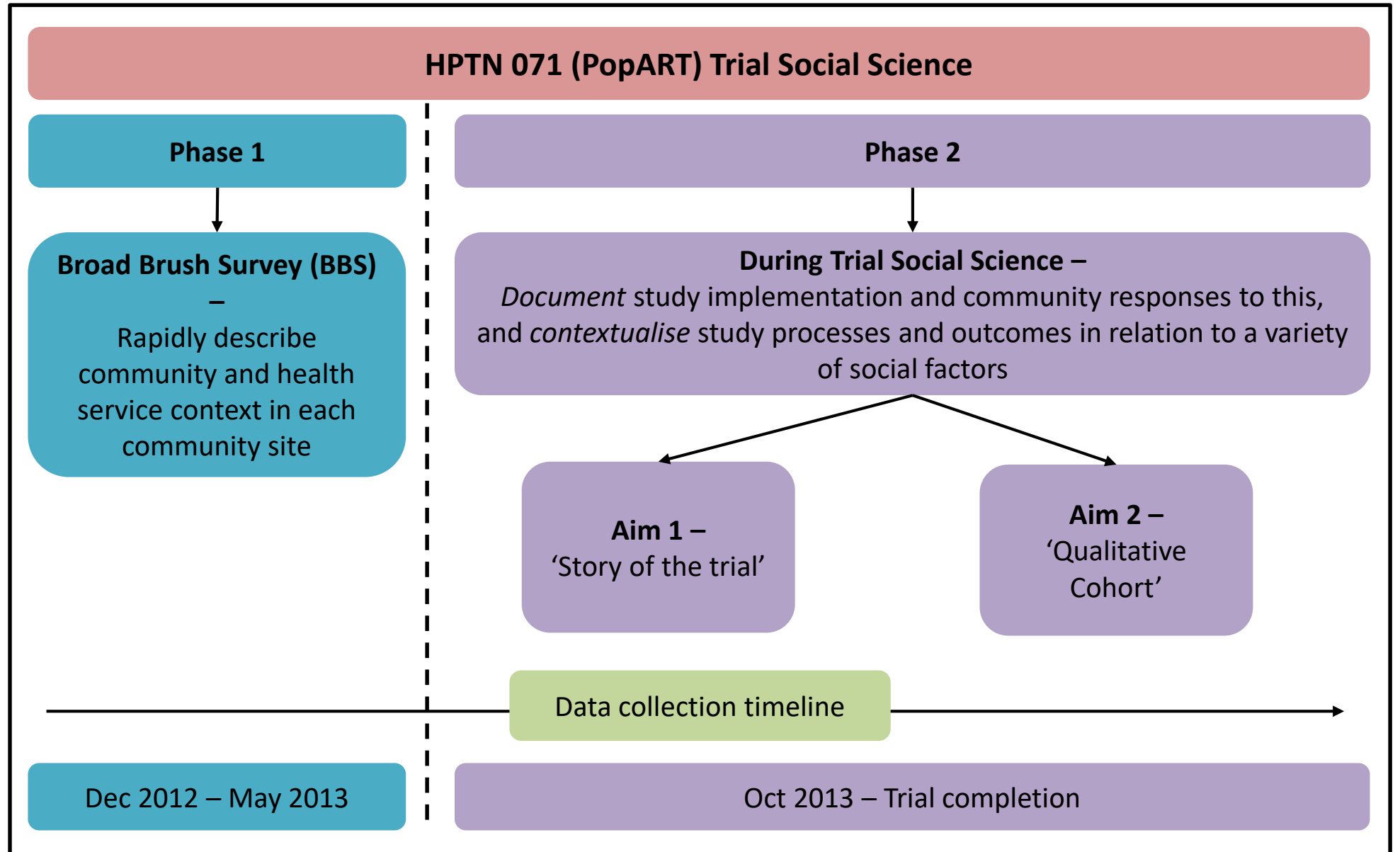
3 arm cluster-randomised trial with 21 communities



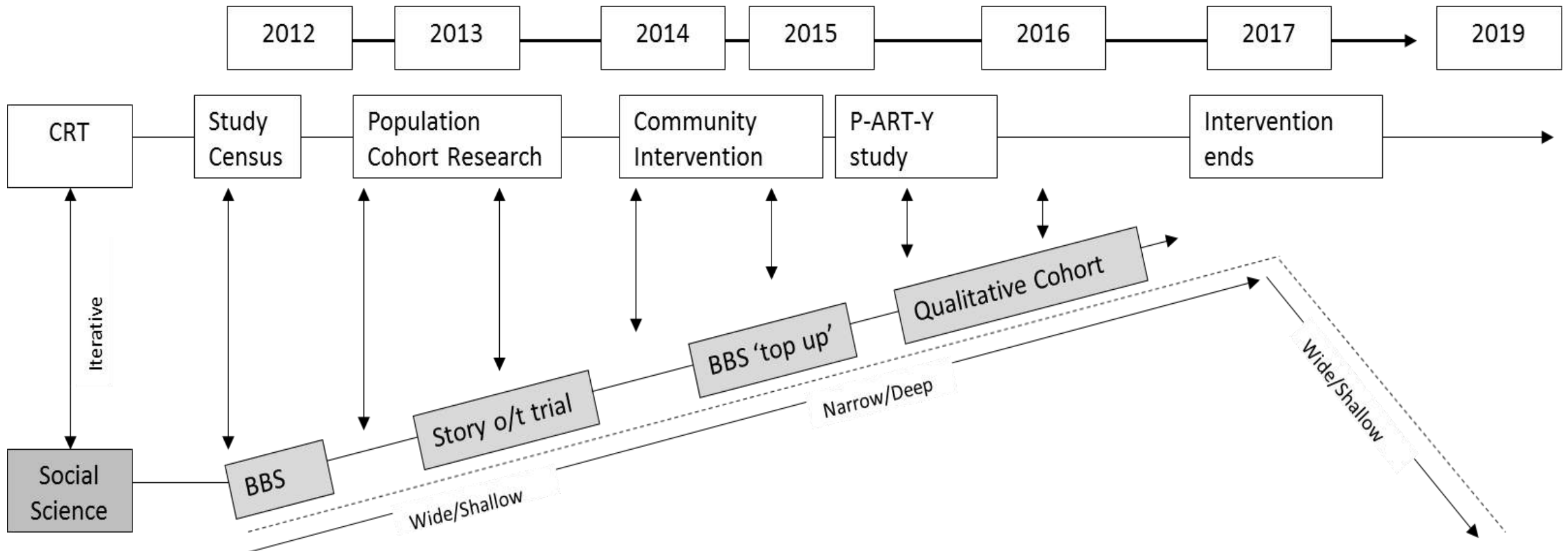
PopART intervention package

- Annual rounds of Home Based Voluntary HIV Testing by Community HIV-care Providers (CHiPs)
- Health promotion, Active Referral and/or Retention in Care support by CHiPs for the following:
 - Voluntary Medical Male Circumcision (VMMC) for HIV negative men
 - Prevention of Mother to Child Transmission (PMCT) for HIV positive women
 - HIV treatment and care for all HIV positive individuals
 - Promotion of sexual health and TB services
 - Condom provision
- ART irrespective of CD4-count or immune-status provided at the local health centre in Arm A

SOCIAL SCIENCE DESIGN



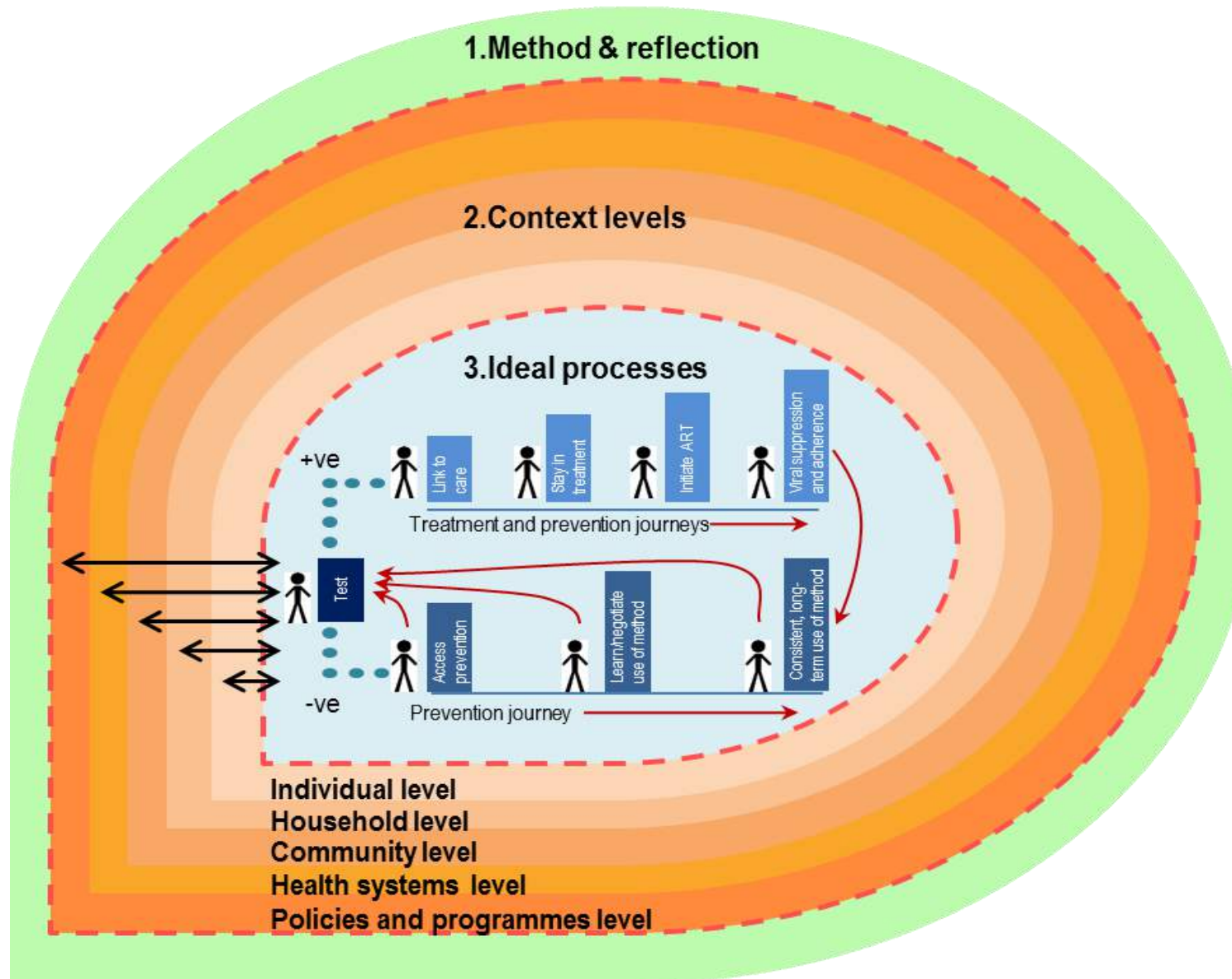
INTERACTIONS BETWEEN SOCIAL SCIENCE & WIDER TRIAL



DOING SOCIAL SCIENCE RESEARCH



THREE ANALYTIC THEMES FOR HPTN 071 (POPART) SOCIAL SCIENCE OUTPUTS



(1) Reflections on how data are collected; determining which methodological frame to use

(2) Contextual factors influencing ideal treatment and prevention (including UTT) processes on various levels; involves continuous interactions between levels

(3) Ideal treatment and prevention processes (including UTT); client journeys of treating and trying to prevent HIV

Role of Broad Brush Surveys (BBS)

- Rapid, systematic qualitative surveys of the HIV prevention, treatment and care landscapes, 2012-13
 - Aim is to collect, collate and compare data on communities
 - Runs ahead of the intervention & research and informs both
 - Set of core participatory qualitative research activities in sequence
- Documents and compares four meta-indicators
- Applied and academic outputs
 - Applied: Community profiles, introductions & messaging
 - Academic: Inform questionnaire design, social science & mixed methods analyses

BBS META-INDICATORS:

1) PHYSICAL FEATURES



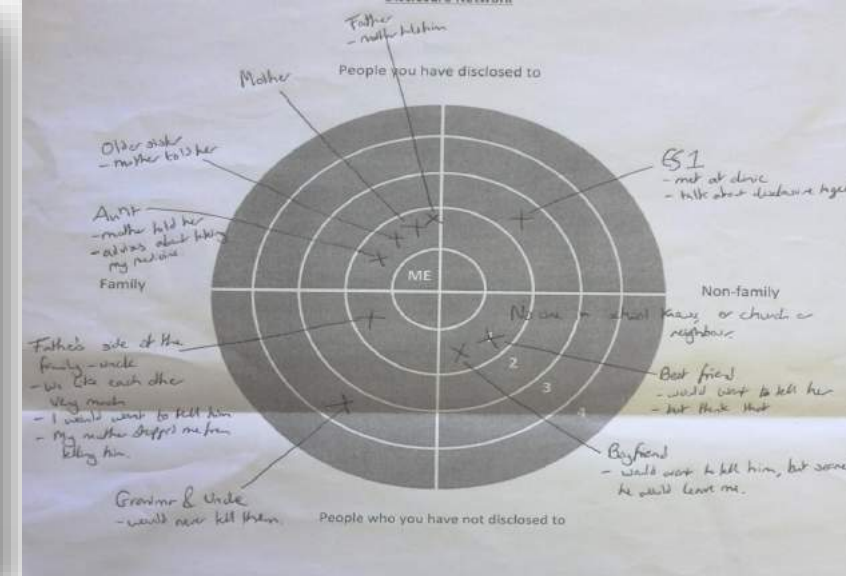
BBS META-INDICATORS:

2) SOCIAL ORGANISATION

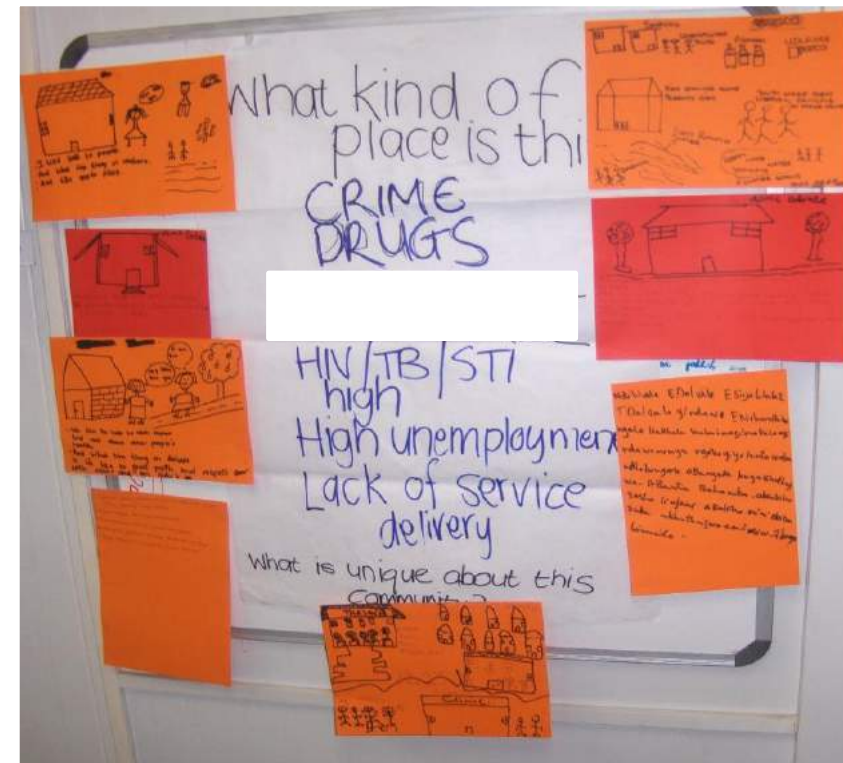
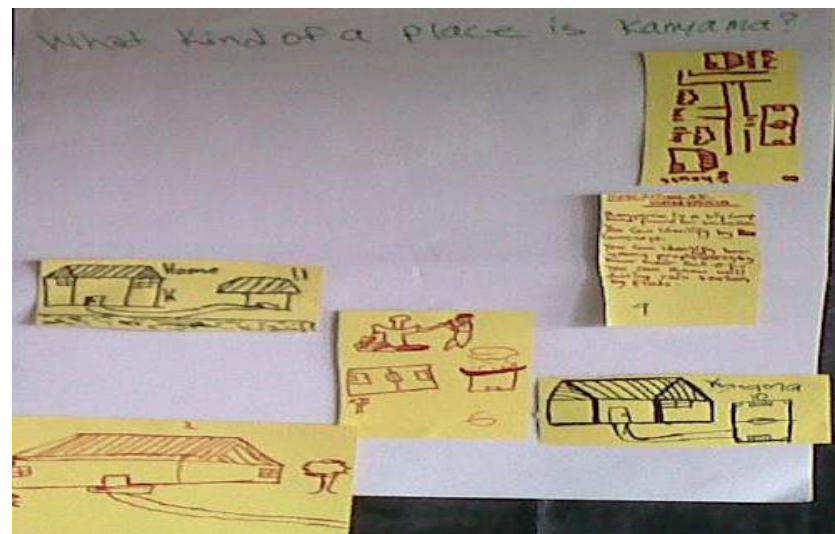
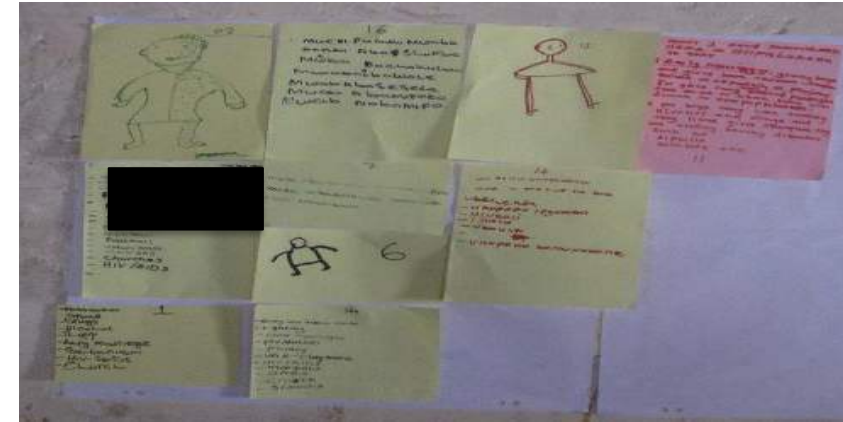
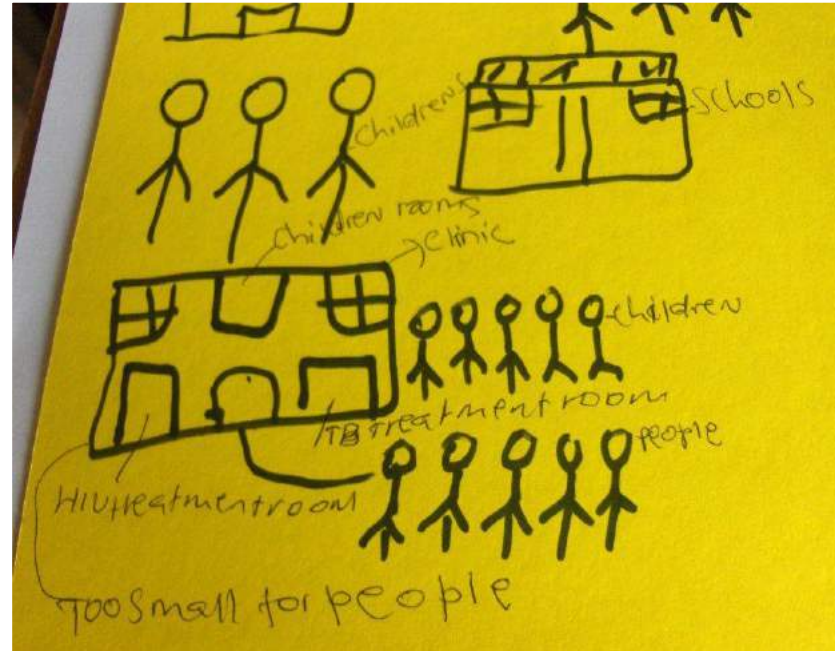


BBS META-INDICATORS:

3) NETWORKS



BBS META-INDICATORS: 4) COMMUNITY NARRATIVES



Adapting Intervention to Social Context: Community Engagement



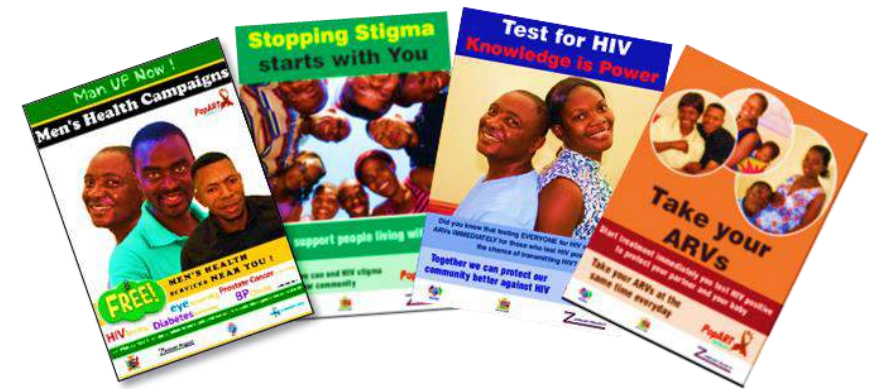
Defining the Community in a CRT

- Contested definition of the community
- Randomization of whole communities or sections of communities:
 - Control/Intervention Arm
- Challenge of designing targeted community engagement strategies:
 - Geographic or Interest representation?
 - Challenge of contamination



Community engagement activities

- Must be responsive to performance of the study and feedback from community
- Must be contextual to communities and different contexts
- Interpersonal Vs Mass
 - Door to door
 - Community meetings
 - Health talks
 - Work place
 - School-based
 - Stakeholder meetings/ ongoing conversations



Engaging Men

- BBS data reflected:
 - Men's space and movement, different for younger & older age groups, on the move for recreational & work reasons, more demarcated and mobile in Zambia in general although clear variations across communities
- Dominant narratives:
 - Health facility & HIV service space more comfortable for women
 - Ideal of men to be strong, well, fit
 - Ideal of men to be providers
 - Men as reluctant health seekers
- What are men looking for? Complex, heterogenous and need to remember engaging men for life and not just for months.....

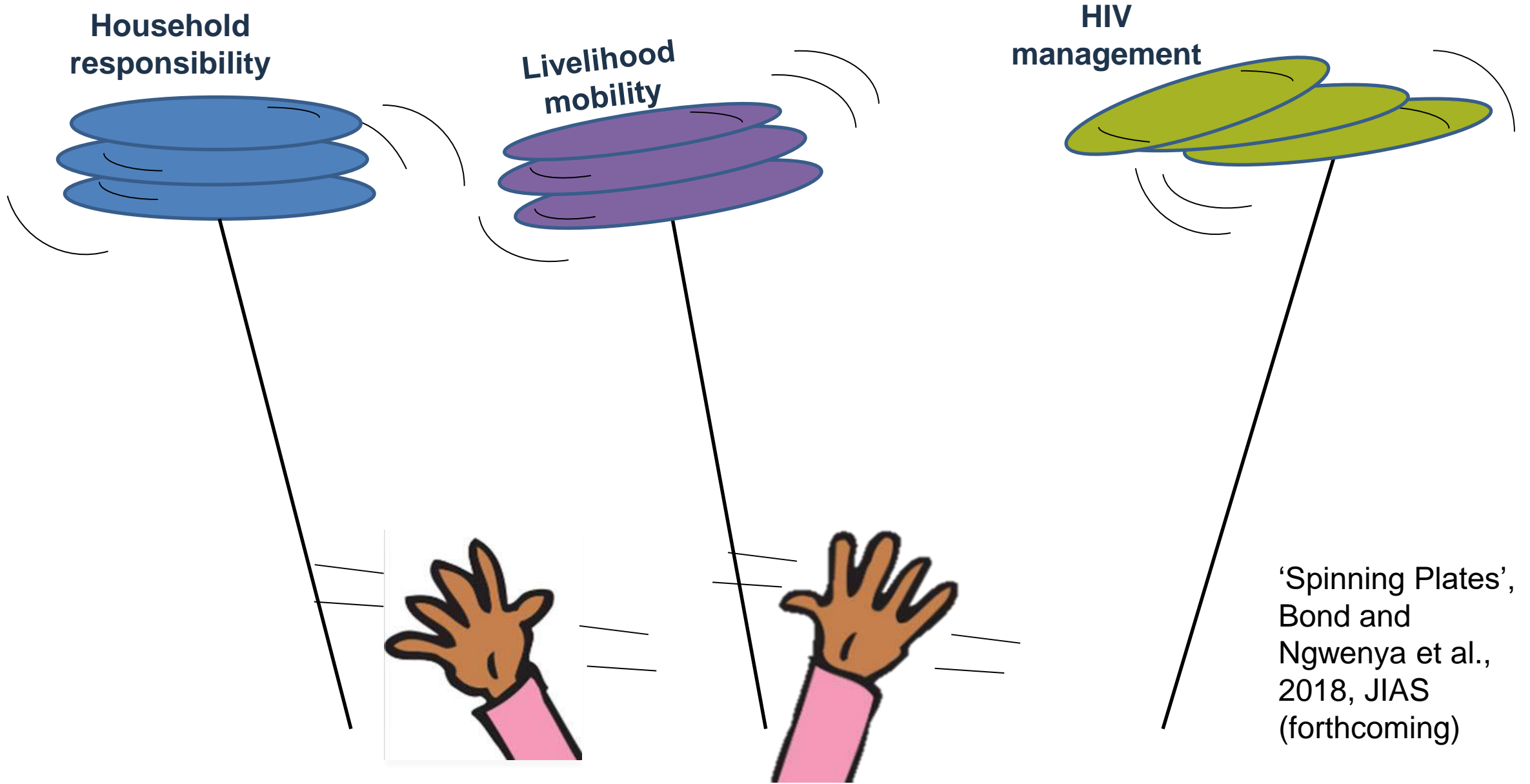
Reaching Men, Community Engagement

- Local Initiatives
 - Scaled down versions on Man UP
 - Local campaigns for VCT day etc
 - Business/workplace activities e.g. taxi rank
 - Use of social/entertainment places e.g. taverns
 - Use of FBO/church based structures
 - Use of the clinic to 'catch' men
- Flexible working hours for CHiPs
- HIV Self Testing Trial in 4 Zambian sites (2017) increased uptake of testing in men & effective in reaching married men and couples



Mobility

- BBS indicated:
 - Daily routine mobility patterns e.g. daily movement of men and women aged 18-45 years to buy & sell goods in Zambia, working men and women aged 30-45 travelling in and out in SA, young men looking for work in both countries
 - Seasonal routine mobility patterns e.g. to buy and sell fish and charcoal in Zambia (2 weeks to 6 months), Xhosa residents to Eastern Cape for festive & cultural events & health
 - Variations in transport depots, distance from town centre & international borders, reach of rural areas, entry/exit points, porous boundaries, local & neighbouring facilities influenced degree of population mobility

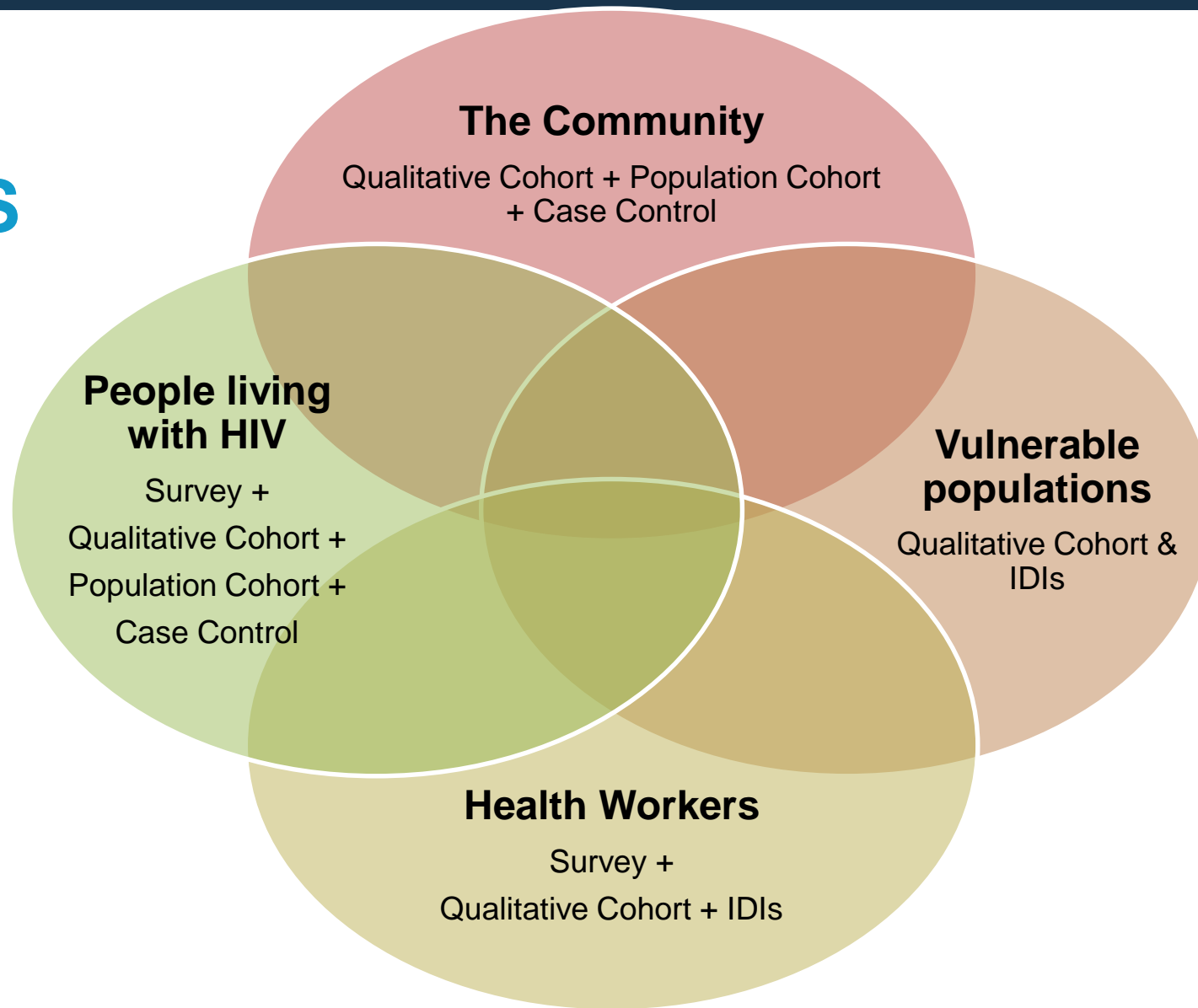


Stigma Ancillary Study

Hypotheses

1. HPTN 071 (PopART) intervention may reduce HIV-related stigma
2. HPTN 071 (PopART) intervention may change the nature of and/or increase HIV-related stigma
3. HIV-related stigma may pose challenges to the delivery and/or success of UTT

PARALLEL ASSESSMENTS OF STIGMA

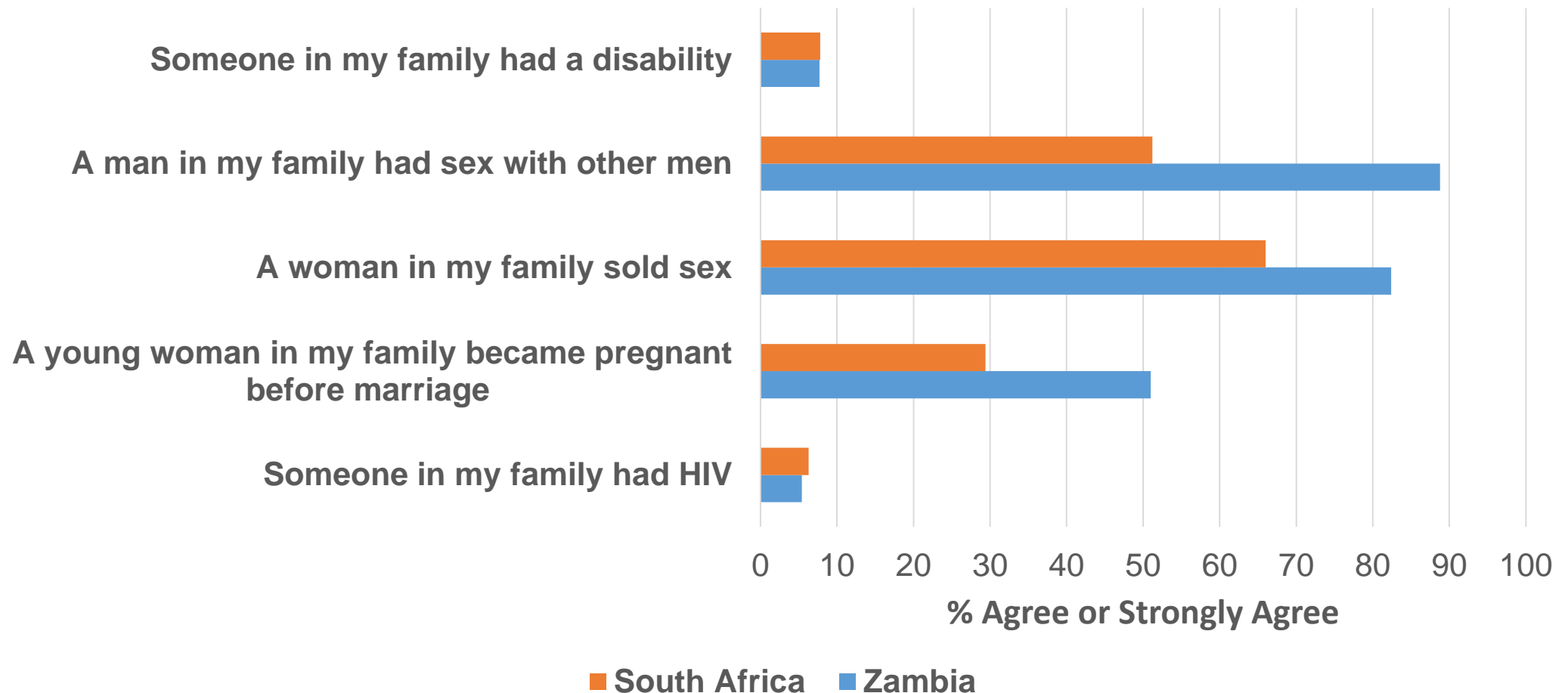


Baseline Stigma prevalence in PLHIV (*n*=3859)

HIV stigma outcomes	Total	South Africa (<i>n</i> =1704)	Zambia (<i>n</i> =2155)	<i>P</i>
Current internalised stigma Responding Agree or Strongly Agree to any of 3 items	868 (22.5%)	310 (18.2%)	558 (25.9%)	<0.001
Experienced any stigma in past year Responding Once, A few times or Often to any of 5 items	853 (22.1%)	320 (18.8%)	533 (24.7%)	<0.001
Experienced health setting stigma in past year Responding Once, A few times or Often to any of 3 items	280 (7.3%)	148 (8.7%)	132 (6.1%)	0.002
Any stigma last year Yes to current internalised stigma, experienced any or health setting stigma in last year	1371 (35.5%)	503 (29.5%)	868 (40.3%)	<0.001

Negative attitudes towards key populations are high

I would be ashamed if:



The link between health facility space and stigma

Map of a Health
Facility reflecting
areas of comfort,
discomfort and being
talked badly about

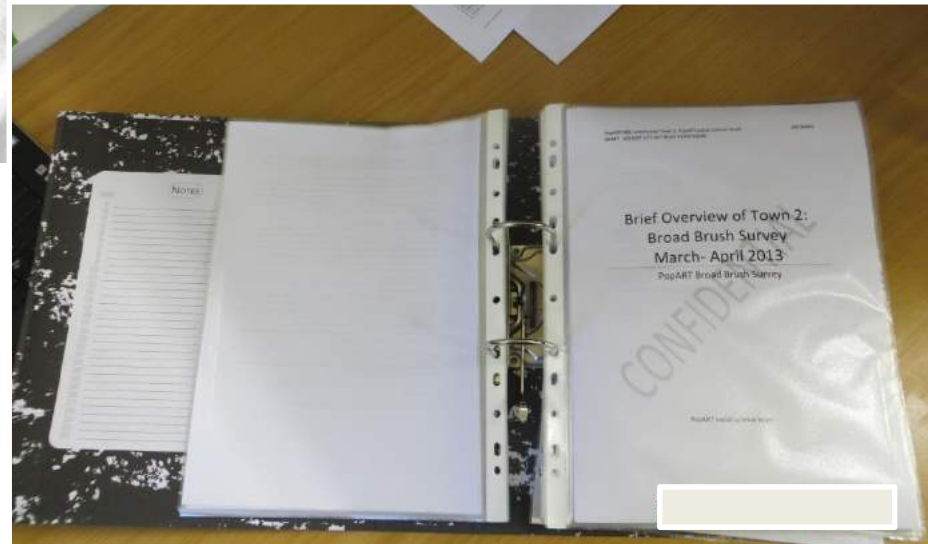
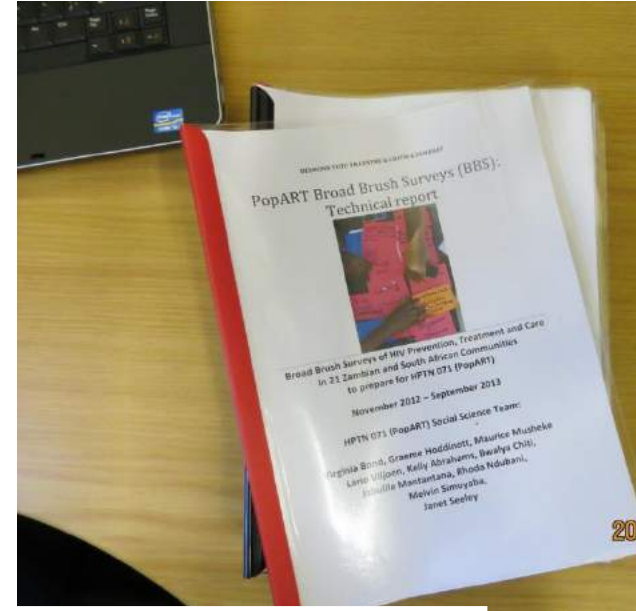


High levels of self stigma amongst Health Workers Living with HIV

- 87.8% of health workers self-reported their HIV status
- Reports of HIV-positive status:
 - 15.3% to 28.5% in Zambia
 - 8.3% to 19.6% in South Africa
- Internalised stigma higher in Zambia amongst health facility workers
- Health facility workers more closed than community health workers

Summary

- Broad Brush Surveys useful for implementation & research
- Community engagement is a before, during, after process & a research activity in its' own right
- Engaging men remains challenging, but partial successes indicate that doing so in ways that protects their masculine identities offer some promise
- Mobility is endemic and HIV services need to adjust to retain PLHIV in care
- Considerable stigma present in communities at baseline



Example of BBS Applied
Outputs - Community Profiles:

- *Technical Report*
- *Site Specific Short Reports (narratives & matrices)*
- *Site Specific Long Reports*

PUBLICATIONS



"The difference that makes a difference": highlighting the role of variable contexts within an HIV Prevention Community Randomised Trial (HPTN 071/PopART) in 21 study communities in Zambia and South Africa

Virginia Bond, Bwalya Chiti, Graeme Hoddinott, Lindsey Reynolds, Ab Schaap, Melvin Simuyaba, Rhoda Ndubani, Lario Viljoen, Musonda Simwanga, Sarah Fidler, Richard Hayes, Helen Ayles, Janet Seeley & on behalf of the HPTN 071 (PopART) study team

To cite this article: Virginia Bond, Bwalya Chiti, Graeme Hoddinott, Lindsey Reynolds, Ab Schaap, Melvin Simuyaba, Rhoda Ndubani, Lario Viljoen, Musonda Simwanga, Sarah Fidler, Richard Hayes, Helen Ayles, Janet Seeley & on behalf of the HPTN 071 (PopART) study team (2016) "The difference that makes a difference": highlighting the role of variable contexts within an HIV Prevention Community Randomised Trial (HPTN 071/PopART) in 21 study communities in Zambia



Implementing Community Engagement for Combination Prevention: Lessons Learnt From the First Year of the HPTN 071 (PopART) Community-Randomized Study

Musonda Simwanga¹, Virginia Bond^{1,2}, Nazirwe Makufa³, Graeme Hoddinott⁴, Steve Belesma¹, Rhonda White⁵, Kwame Shanubhe⁴, Janet Seeley^{3,6}, Ayanza Moore⁴, on behalf of the HPTN 071 (PopART) study team

Abstract Key: To the success of a HIV combination prevention strategy, including galvanizing the current push to roll out universal test and treat (UTT), is the involvement and buy-in of the population that the strategy aims to reach. Drawing on the experiences of engaging with 21 communities in Zambia and South Africa in the design and implementation of a community-randomized study of combination HIV preven-

Keywords: Community engagement, HIV prevention, Community-randomized trial, Community participation

Introduction

Health Policy and Planning, 31, 2016, 1342-1354
doi: 10.1093/heapol/cpw071
Advance Access Publication Date: 3 July 2016
Original Article



HIV-related stigma and universal testing and treatment for HIV prevention and care: design of an implementation science evaluation nested in the HPTN 071 (PopART) cluster-randomized trial in Zambia and South Africa

James R Hargreaves,^{1,*} Anne Stangl,² Virginia Bond,³ Graeme Hoddinott,⁵ Shari Krishnaratne,¹ Hlangani Mathema,⁵ Maureen Moyo,⁴ Lario Viljoen,⁵ Laura Brady,² Kirsty Sievwright,² Lyn Horn,⁵ Kalpana Sabapathy,⁵ Helen Ayles,^{1,4} Nulda Beyers,⁵ Peter Bock,⁶ Sarah Fidler,⁷ Sam Griffith,⁸ Janet Seeley⁹ and Richard Hayes,⁶ on Behalf of the HPTN 071 (PopART) study team

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OPEN

Individual and community-level risk factors for HIV stigma in 21 Zambian and South African communities: analysis of data from the HPTN071 (PopART) study

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Objective: To describe the prevalence and determinants of HIV stigma in 21 communities in Zambia and South Africa.
Design: Analysis of baseline data from the HPTN 071 (PopART) cluster-randomized trial. HIV stigma data came from a random sample of 3859 people living with HIV. Community-level exposures reflecting HIV fears and judgements and perceptions of HIV stigma came from a random sample of community members not living with HIV (n = 5088), and from health workers (HW) (n = 851).
Methods: We calculated the prevalence of internalized stigma, and stigma experienced in the community or in a healthcare setting in the past year. We conducted risk-factor analyses using logistic regression, adjusting for clustering.
Results: Internalized stigma (86/7/859, prevalence 22.5%) was not associated with sociodemographic characteristics but was less common among those with a longer period since diagnosis (OR = 0.42). Stigma experienced in the community (82/3/2820,

International Journal of Women's Health

Dovepress

Community narratives about women and HIV risk in 21 high-burden communities in Zambia and South Africa

Lario Viljoen¹, Rhoda Ndubani², Virginia Bond^{1,3}, Janet Seeley⁴, Lindsey Reynolds^{4,5}, Graeme Hoddinott⁶

On behalf of the HPTN 071 (PopART) Study Team

¹Diamond Trust TB Centre, Department of Paediatrics and Child Health, Faculty of Medicine and Health Sciences, Stellenbosch University, Cape Town, South Africa, ²Zambia AIDS e-vised Tuberculosis Project (Zambart) School of Medicine, Lusaka, Zambia, ³Department of Global Health and Development, London School of Hygiene and Tropical Medicine, London, UK, ⁴Population Studies and Training

This article was published in the following Dove Press journal: International Journal of Women's Health

Abstract: Public health researchers repeatedly represent women as a group vulnerable to ill health. This has been particularly true in the field of HIV research, where women are disproportionately affected by HIV in terms of disease burden and the social effects of the epidemic. Although women have been the focus of many prevention and treatment programs, structural barriers to implementation of these targeted programs persist. In this article we explore how high HIV-burden communities in South Africa and Zambia engage with the concepts of "woman" and "HIV risk". The data are drawn from participatory storytelling activities completed with 698 participants across 21 group discussions between December 2012 and May 2013. During discussions we found that participants made use of the core archetypal caricatures of "goodness," "badness," and "vulnerability" when discussing women's HIV risk. Community members debated between these categories in their characterizations of women, as they recognized the multiple roles women play, situated in different stories about women, and sometimes debated gender in the same stories. Findings suggest that health implementers, in consultation with community members, should consider the multiple positions women occupy and how this impacts the wider community's understandings of women and "risk". This approach of taking on board community understandings of the complexity of HIV risk can inform the design and implementation of HIV prevention and care programs by rendering programs more focused and in-line with community needs.
Keywords: HIV/AIDS, gender, vulnerability, community beliefs

AIDS PATIENT CARE AND STDs
Volume 30, Number 5, 2016
Mary Ann Liebert, Inc.
DOI: 10.1089/apc.2016.0114

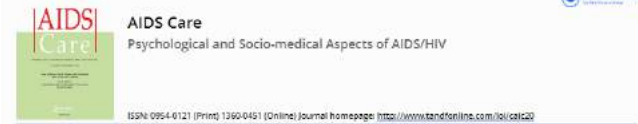
BEHAVIORAL AND PSYCHOSOCIAL RESEARCH

Good Health and Moral Responsibility: Key Concepts Underlying the Interpretation of Treatment as Prevention in South Africa and Zambia Before Rolling Out Universal HIV Testing and Treatment

Virginia Bond, MA (Hons), PhD,^{1,2} Graeme Hoddinott, MScScD,³ Lario Viljoen, MA², Melvin Simuyaba, BSW⁴, Maurice Mushoke, MPH, PhD,⁵ and Janet Seeley, MPhil, PhD^{1,4}

Abstract

Gauging community responses to the WHO 2015 recommendation to provide an antiretroviral treatment (ART) to all people living with HIV (PLHIV) is critical. There is limited qualitative evidence on the acceptability of this Universal Test and Treat (UTT) strategy or community understanding of the impact of ART on reducing HIV transmission, promoted as Treatment as Prevention (TasP). This article explores early understanding of UTT and TasP in 21 urban communities in South Africa and Zambia in 2013 before a community randomized trial of combination prevention—HPTN 071 (PopART). It draws on participatory research conducted in each community, which carried out group discussions and interviews with 1202 respondents and 203 structured observations. Participants were largely unfamiliar with the concepts of UTT and TasP. They were concerned about an accompanying de-emphasis on sexual behavior change. Treatment and prevention seemed, at first glance, to be experienced separately. With the exception of the prevention of mother-to-child transmission, prevention seldom came into discussion about ART. This was partly because this science had not yet been explained to many and also because it was not an easy fit. Contemplating the link between treatment and prevention, participants emphasized both PLHIV taking care of themselves through good health and preventing disease progression and the moral responsibility of PLHIV to prevent HIV transmission. To avoid ignoring moralizing and blaming when introducing UTT and TasP, we should capitalize on the "taking care of yourself" legacy while boosting public responsibility through broad anti-stigma education and patient empowerment efforts.



A narrative analysis positioning HIV relative to personal (sexual) relationship challenges in an agony aunt column in the Western Cape, South Africa – Aunty Mona's "love advice"

Lario Viljoen, Marguerite Thorne, Angelique Thomas, Virginia Bond, Graeme Hoddinott & on behalf of the HPTN 071 (PopART) team

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To link to this article: <https://doi.org/10.1080/09540121.2016.1178957>

OPEN

Correspondence

AIDS 2016, 30:969-974

Strengthening universal HIV "test-and-treat" approaches with social science research

The recent publication of new WHO guidelines, including a call for antiretroviral therapy for everyone diagnosed with HIV regardless of CD4⁺ cell count and pre-exposure prophylaxis for people at substantial risk of HIV infection [1], marks an important moment for taking stock of what will be needed to take biomedical HIV prevention approaches to scale, and sustain them. As the author of a recent editorial in *The Lancet* [2] observes, these guidelines are "welcome but ambitious. [...] No studies exist that address how such a strategy can be executed on a global scale" (p. 1420).


We, a multidisciplinary group of social scientists working as part of five large-scale "universal test-and-treat" (UTT) trials being implemented across five African countries

pregnant with her fourth child explained that she had not yet gone to the clinic to services because she was worried about her response to her status. She feared that he r her if he found out she had HIV. The d about real dilemmas among people mak about HIV care, in aggregate, inform a l standing of the ways in which individual couples, families, and communities can pressures that may force them onto testing and treatment or delay access, as well as affect continued access to care. Certain populations, such as adolescents, are facing particularly severe pressures. We are also observing that migrant and highly mobile individuals, a key marginalised and increasingly mobile population, need


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 - NIAID, the National Institute of Mental Health (NIMH), and the National Institute on Drug Abuse (NIDA) all part of the U.S. National Institutes of Health (NIH)


The HPTN 071 Study Team, led by:



LONDON SCHOOL of HYGIENE & TROPICAL MEDICINE




Imperial College London




HPTN
HIV Prevention
Trials Network


Dr. Richard Hayes
Dr. Sarah Fidler
Dr. Helen Ayles
Dr. Nulda Beyers
Dr. Peter Bock



Zambart Project



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Every breath counts



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PEPFAR Implementing Partners:








With thanks to:

- All research participants and their families
- The 21 research communities and their religious, traditional, secular and civil leadership structures
- Volunteers in the community advisory board structures



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