Community Preparedness, Stigma, Engaging Men, and Mobility

HPTN 071 (PopART) Contributions from Social Science

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LSHTM and Zambart
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Introduction

• Social Science Design & Involvement
• Community Preparedness
• Stigma
• Engaging Men
• Mobility
• Summary of Social Science
3 arm cluster-randomised trial with 21 communities

Arm A
- Full PopART intervention
  - including immediate ART irrespective of CD4 count

Arm B
- PopART intervention except
- ART initiation according to current national guidelines

Arm C
- Standard of care at current service provision levels
  - including ART initiation according to current national guidelines

7 communities per arm (N=21)

Total Population ~ 1M

2,500 random sample from each community:
Population Cohort
N=52,500

Primary outcome: HIV incidence at 36 months

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

12 in Zambia
9 in S. Africa

HPTN HIV Prevention Trials Network

Original Trial Design
Phase 2
During Trial Social Science
- Document study implementation and community responses to this, and contextualise study processes and outcomes in relation to a variety of social factors

Aim 1 – ‘Story of the trial’

Aim 2 – ‘Qualitative Cohort’

Data collection timeline

Phase 1
Broad Brush Survey (BBS)
- Rapidly describe community and health service context in each community site

Dec 2012 – May 2013

Oct 2013 – Trial completion
INTERACTIONS BETWEEN SOCIAL SCIENCE & WIDER TRIAL

- CRT
- Study Census
- Population Cohort Research
- Community Intervention
- P-ART-Y study
- Intervention ends

Social Science

BBS

Qualitative Cohort

BBS ‘top up’

Story o/t trial

Iterative

Wide/Shallow

Narrow/Deep
DOING SOCIAL SCIENCE RESEARCH
THREE ANALYTIC THEMES FOR HPTN 071 (POPART) SOCIAL SCIENCE OUTPUTS

1. Method & reflection
   - Reflections on how data are collected; determining which methodological frame to use

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

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

Individual level
- Household level
- Community level
- Health systems level
- Policies and programmes level

Treatment and prevention journeys
- Prevention journey
- Integration and evaluation
- UTT and treatment
- HIV testing
- HIV care and treatment

Prevention journey
- HIV testing
- UTT and treatment
- HIV care and treatment
- Integration and evaluation
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
Household responsibility
Livelihood mobility
HIV management

‘Spinning Plates’, Bond and Ngwenya et al., 2018, JIAS (forthcoming)
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

The Community
Qualitative Cohort + Population Cohort + Case Control

Vulnerable populations
Qualitative Cohort & IDIs

People living with HIV
Survey + Qualitative Cohort + Population Cohort + Case Control

Health Workers
Survey + Qualitative Cohort + IDIs
## Baseline Stigma prevalence in PLHIV (n=3859)

<table>
<thead>
<tr>
<th>HIV stigma outcomes</th>
<th>Total</th>
<th>South Africa (n=1704)</th>
<th>Zambia (n=2155)</th>
<th>P</th>
</tr>
</thead>
<tbody>
<tr>
<td>Current internalised stigma</td>
<td>868</td>
<td>310 (18.2%)</td>
<td>558 (25.9%)</td>
<td>&lt;0.001</td>
</tr>
<tr>
<td>Responding Agree or Strongly Agree to any of 3 items</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Experienced any stigma in past year</td>
<td>853</td>
<td>320 (18.8%)</td>
<td>533 (24.7%)</td>
<td>&lt;0.001</td>
</tr>
<tr>
<td>Responding Once, A few times or Often to any of 5 items</td>
<td></td>
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</tr>
<tr>
<td>Experienced health setting stigma in past year</td>
<td>280</td>
<td>148 (8.7%)</td>
<td>132 (6.1%)</td>
<td>0.002</td>
</tr>
<tr>
<td>Responding Once, A few times or Often to any of 3 items</td>
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<td></td>
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<tr>
<td>Any stigma last year</td>
<td>1371</td>
<td>503 (29.5%)</td>
<td>868 (40.3%)</td>
<td>&lt;0.001</td>
</tr>
<tr>
<td>Yes to current internalised stigma, experienced any or</td>
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<tr>
<td>health setting stigma in last year</td>
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</table>
Negative attitudes towards key populations are high

I would be ashamed if:

- Someone in my family had a disability
- A man in my family had sex with other men
- A woman in my family sold sex
- A young woman in my family became pregnant before marriage
- Someone in my family had HIV

% Agree or Strongly Agree

South Africa
Zambia
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
Implementing Community Engagement for Combination Prevention: Lessons Learned From the First Year of the HPTN 071 (PopART) Study

James Hargrove1, Shari Krishnaratne1, Hengam Mathema1, Pamela S. Lilliston1, Kirsty Skewbright1, Nontha Mandia2, Tita Malina1, Redwan Yousuf1, Eddie Plowman-Manning1, Ab Schaaf1, Deborah Donnelf, Helen Ayles1, Richard J. Hayes1, Graeme Hoddinott1, Virginia Bond1, Anne Stang1. On behalf of the HPTN 071 (PopART) Study Team.

Objective: To describe the processes and lessons learned from the first year of the HPTN 071 (PopART) Community-Randomized Study.

Background: The HPTN 071 (PopART) study is a randomized controlled trial of combination prevention (CP) in three populations in South Africa. The study aims to assess the effectiveness and feasibility of two interventions: a) incorporating individual and partner behavioral change and b) strengthening community mobilization and social change approaches. The study is conducted in three phases: a baseline phase, a 12-month implementation phase, and an 18-month follow-up phase.

Methods: The study is conducted in three phases: a baseline phase, a 12-month implementation phase, and an 18-month follow-up phase. The implementation phase focuses on community mobilization and social change approaches aimed at reducing HIV and TB transmission.

Results: The community mobilization and social change approaches included the following interventions: a) peer education and mentorship programs, b) community-led HIV testing and counseling, c) peer-led interventions aimed at reducing TB transmission, d) community-led peer education and mentorship programs, and e) community-led peer education and mentorship programs aimed at reducing HIV transmission.

Conclusions: The study has demonstrated the potential for community mobilization and social change approaches to reduce HIV and TB transmission. The results of the study are expected to inform future interventions aimed at reducing HIV and TB transmission.

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