The Well Woman and Partner Study

HPTN 035
Kamwala, Lusaka

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A MICROBICIDE STUDY IN HIV PREVENTION

The Well Woman and Partner Study
Kamwala Clinic
Study Clinic at Kamwala District Health Centre

On site:
- Satellite Lab
- Out/In-Patient and Dental Care
- Antenatal Clinic (PMTCT)
- HIV Care and ARV Clinic

10 minutes:
- Study Admin Office
- University Teaching Hospital (3° referral)

15 minutes:
- CIDRZ Central Lab
Healthcare and Referrals

- Provided by study clinic staff
- Health Scheme card for after hours/weekend/holiday access
- Gynae and general medical referrals to UTH
- Adjunct psychosocial counseling to community services
Accessibility to Potential Ppts

- **Estimated population:** ~170,000
- Low to middle socioeconomic status
- Formal and informal compounds
- ~70% require impartial witness
- ~60% vernacular; 40% English
High Risk Recruitment

Age: 18-30 year olds
  • more sexually active
  • frequently older partners
  • 055 highest HIV incidence in 18-25

Catchments Area:
  • poverty → transactional sex

Background:
  • low condom use
  • men often have multiple partners
  • STIs
  • high alcohol use → risky sex
035 Recruitment Experiences

College Sensitisation: limited success

Army/Police partners: limited success
  • difficult bureaucracy
  • have own clinics
  • possible non voluntary attendance

Sex workers:
  • limited success; most screened out as HIV positive

OPD/STI referrals:
  • limited success; logistic, financial issues
Future Recruitment Strategies

Army/Police partners:
  • increase sensitisation/collaboration

OPD/STI referrals:
  • improve referral process

Male sensitisation:
  • permits participation

Minibus driver/ trucker partners:
  • how to identify?
  • continue to develop alliance with “Queen Mothers”
Community Involvement

National M’cide Advocacy Group:
• currently inactive

Political Will/ NGO support: present

Engagement: Sensitisation/Collaboration
• general community and health zone leaders
• district health clinic staff
• traditional healers and marriage counselors
• faith based community
• NGO Coordinating Council

Successes: acceptance/engagement in further sensitisation activities

Challenges: bureaucracy, staffing, money, misconceptions
Retention Challenges

Mobile Population:
- starting school, marriages, jobs
- called by extended family to be caregivers/ nannies/ maids

Negative Influences:
- partners; peers; parents/guardians; older relatives

Seasons:
- rainy; cold; festive; farming cycle

Satanism/Misconceptions:
- blood draw/pelvic exams
- research in general
Retention Lessons

Continuous Sensitisation:
- target population & gen. community
- long run in period, multiple visits

Accurate Maps:
- drawn by those who know community

Comprehensive Locator Forms:
- 3 reachable contacts - minimum
- active updating at each visit
High Retention

• Starts at community sensitisation
• Screen for quality retention ppts
• Needs to fully understand study requirements before randomization
• Every contact or procedure influences retention
• Respect and timeliness important
Adherence Challenges

General:
• few people like to use condoms
• men make the decisions/women want to please men
• low level of discussion between partners

Product:
• requires timing and effort
• bulky packaging
• volume??
Adherence Lessons

Continue to involve men/partners:

• general and partner meetings
• men to men teaching
• specific tools geared for men

Possible Future Considerations:

• non coitally dependent
• smaller packaging/applicator size
• less gel volume