



HIV PREVENTION RESEARCH UNIT

Strategies to Improve Retention: Sharing Best Practices from the Isipingo CRS

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South African Medical Research Council
BUILDING A HEALTHY NATION THROUGH RESEARCH





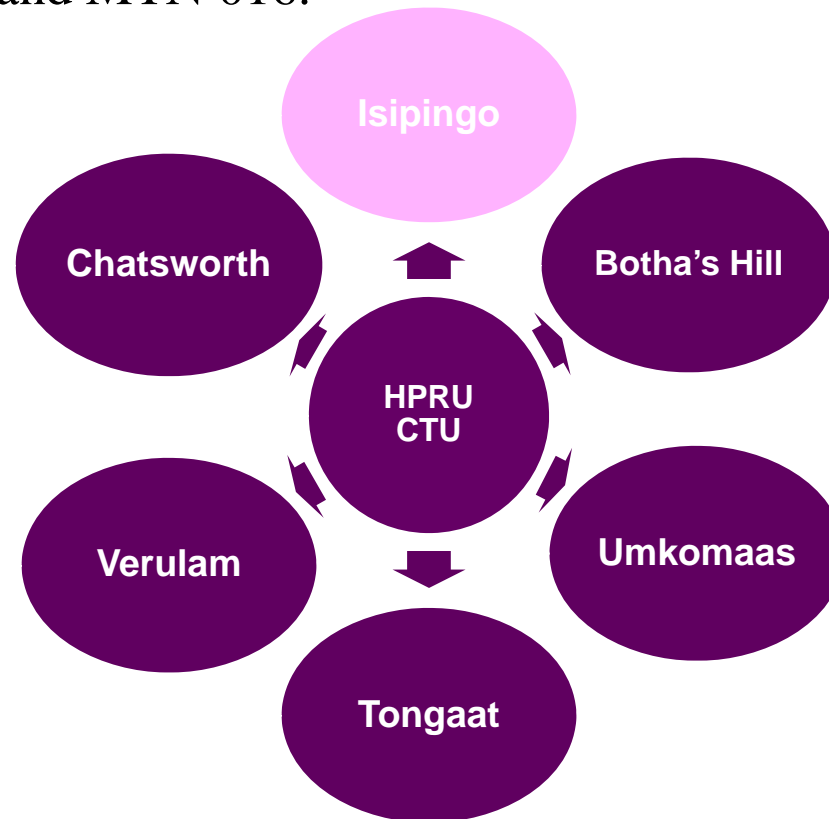
Overview

- ❑ **SAMRC HPRU**
- ❑ **Isipingo CRS Community Profile**
- ❑ **Missed visits - 2013**
- ❑ **Factors Impacting on Retention**
- ❑ **Strategies to Improve Retention**
- ❑ **CTU Retention Outcomes**
- ❑ **Conclusion**



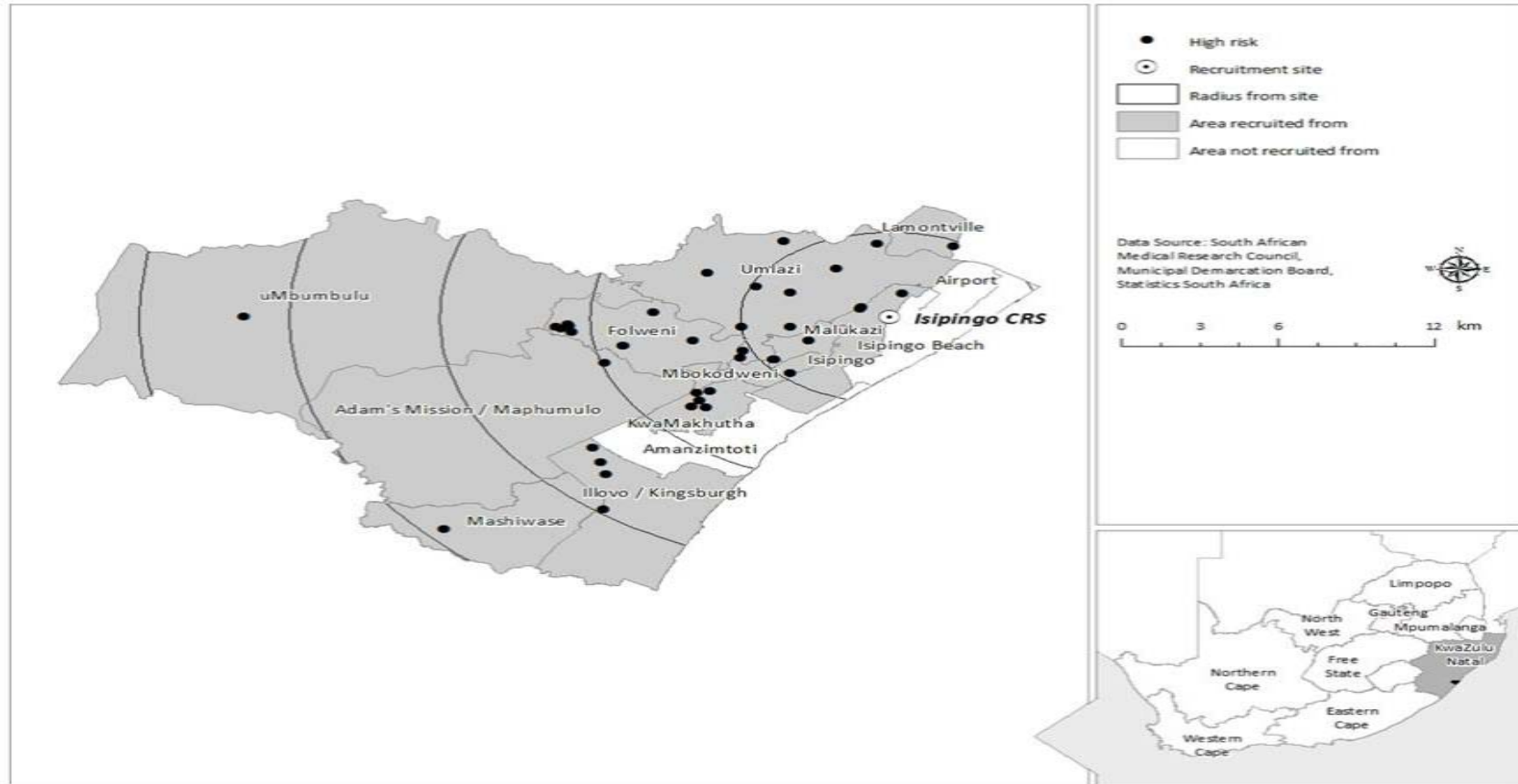
SAMRC HPRU

- Isipingo CRS is one of six CRSs of the South African Medical Research Council (SAMRC) HIV Prevention Research Unit (HPRU) Clinical Trial Unit (CTU), conducting the MTN 020 (ASPIRE) study and the observational sub-studies MTN 015 and MTN 016.





Isipingo CRS



- ❑ The Isipingo CRS recruits in 13 areas depicted in the map covering a radius of 25-30 km from the Isipingo CRS.

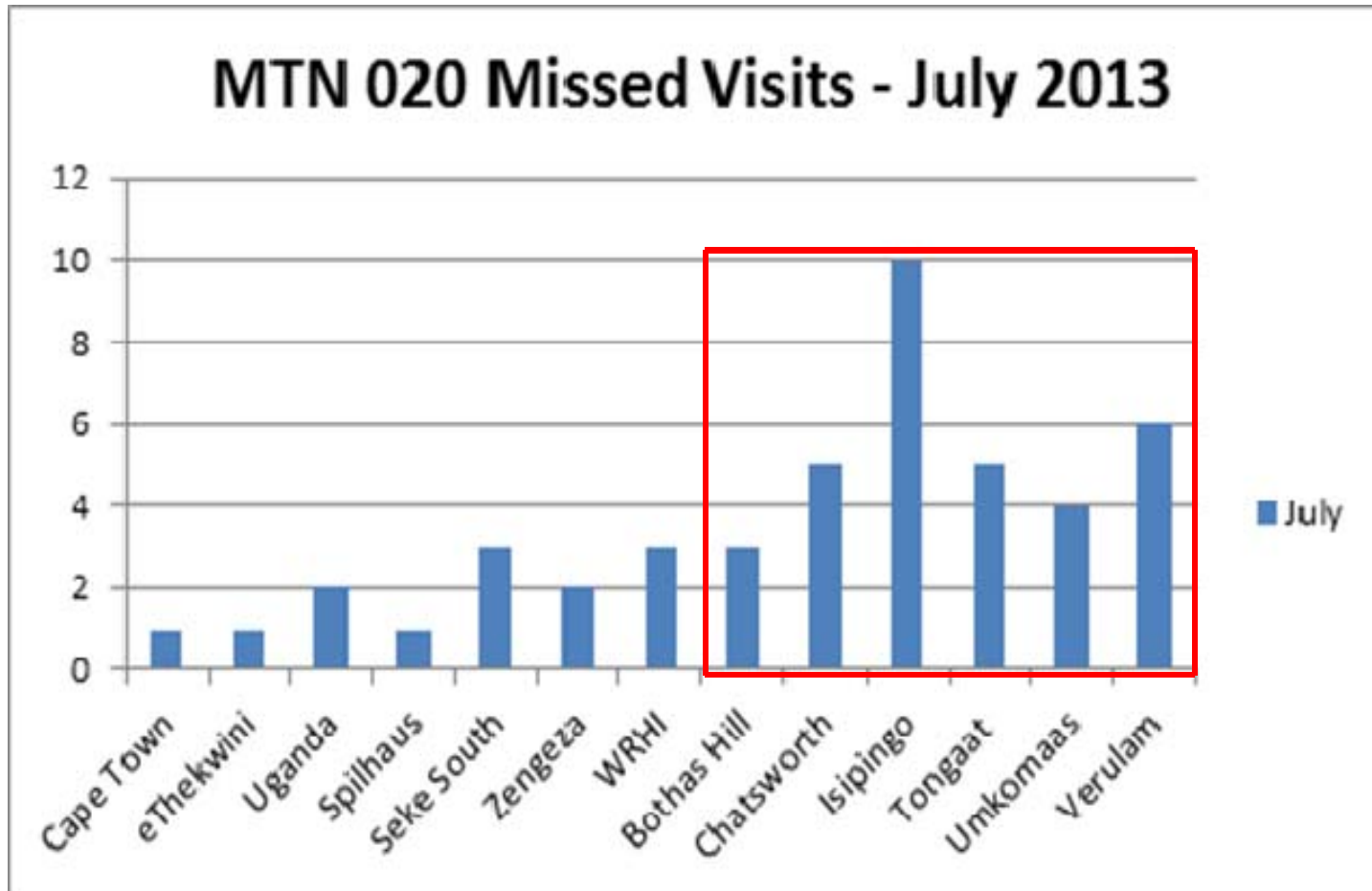


Isipingo CRS Community Profile

- The Isipingo CRS is situated in the South of Durban at Isipingo Rail, which is a residential and industrial urban area.
- The community has a reliable public transport system allowing easy access to the CRS.
- The population surrounding the CRS has access to electricity, water and sanitation.
- The communities surrounding the CRS are comprised of Black Africans (78%), Indians (10%), colored (7%), Whites (3%) and other nationalities (2%).



Missed Visits - 2013





Factors Impacting on Retention

These are the factors that contributed to women missing their visits:

- Highly mobile population
- Seeking employment
- Full and part-time employment
- Students
- Family and /or partner objection to study participation
- Loss of interest by participant
- Participant fatigue related to extended follow up period



Strategies to Improve Retention

- ❑ CTU and CRS-specific Retention task teams comprising of site managers, clinical team, community team and counselors strategized to improve retention.

Operational Strategies:

- ❑ Weekend, early morning and late afternoon clinics are facilitated for participants who are employed, studying, or unable to attend for a specific reason.
- ❑ Saturday clinics are held once every month for employed women.
- ❑ Employed participants who need to leave the clinic early are prioritised.
- ❑ Scheduled dates are negotiated and confirmed with participants at every visit.
- ❑ Participants are scheduled closer to the opening of their visit windows to allow more time for follow up if an appointment is missed.
- ❑ Telephone reminders are made the day before scheduled visit dates.



Strategies to Improve Retention

Operational strategies cont...

- PTIDS of participants who missed appointments and visits are recorded on a white board as a visual reminder.
- A cupboard is allocated for binders of participants who have missed visits, for ease of access and as a reminder for continued retention efforts.
- Site research staff are allocated to participants with whom they have developed a good rapport.
- Regular retention feedback is provided to the CTU PI and central research administrators to monitor site-specific retention progress.
- A suggestion box is used for participants to anonymously indicate their concerns, compliments and requests.



Strategies to Improve Retention

Transport Assistance:

- Women are transported to and from the clinic only if necessary.
- Re-imbursment is provided for long-distance travel costs to participants who have relocated.

Participant and Community Education:

- Waiting room education sessions are conducted to engage participants in discussions on study-specific goals, to address challenges and provide a forum for discussion on socio-economic concerns relevant to the study population.
- Challenges on adherence and retention are discussed and provide a forum for participant to make suggestions on how to overcome those challenges.
- The local community is educated on the study goals and updates, as well as topics such as contraception, cervical cancer.



Strategies to Improve Retention

Participant events:

- Study-specific adherence group discussions are held intermittently with small groups of women.
- Women are in addition invited to regular social events where staff and participants are able to interact less formally, for example acknowledging women for Mothers day.

Milestone Tokens:

- Tokens of appreciation are provided to participants when they reach certain milestones in the study.

Incremental reimbursement:

- An additional strategy employed was an MRC Ethics Committee (EC)-approved incremental re-imbusement which commenced in January 2014.



Strategies to Improve Retention

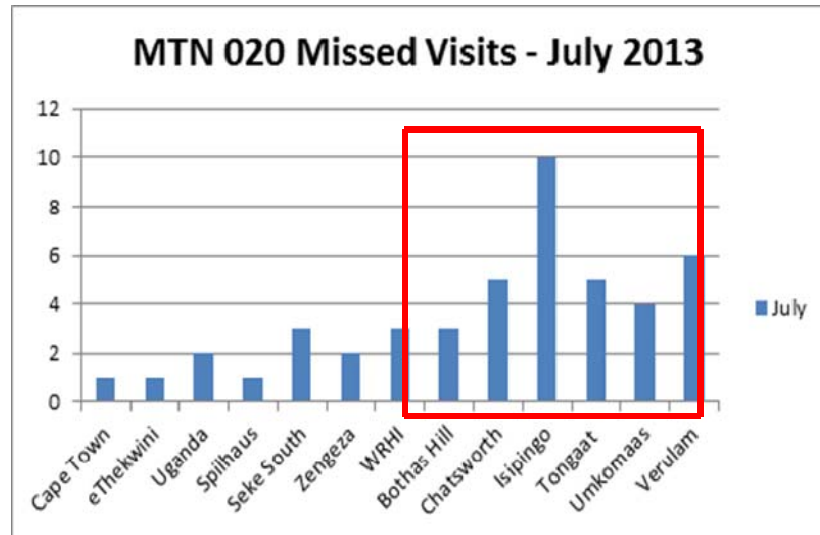
Additional strategies:

- The option of transfer to another ASPIRE site is offered when a participant relocates.
- The participation of the Isipingo CRS in the MTN020 qualitative component assisted greatly in cross-site sharing of challenges, myths and misconceptions, and praises raised by participants.



CTU Retention Outcomes

- ❑ Strategies to improve retention were implemented at all the CTU CRSs.
- ❑ As of September 2014, the overall retention of 803 participants for the 6 MRC sites ranges from 87.95 % to 91.29% as per ASPIRE metrics.
- ❑ Overall retention of 721 women, excluding early exits, ranged from 95.51 to 98.37%, achieving a retention of >95% for all CRSs.





Conclusion

- Participant retention in HIV prevention research is essential in meeting all study outcomes.
- This requires continuous effort and contribution from the Unit and site management filtering down to staff interacting and communicating with participants on a daily basis.
- We have a long road ahead to fight the HIV/AIDS pandemic. HIV prevention intervention trials and their outcomes are critically important.





Acknowledgement

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Acknowledgement

Isipingo Team





Thank You

