



REACH STUDY-THE SPILHAUS EXPERIENCE AND LESSONS LEARNED

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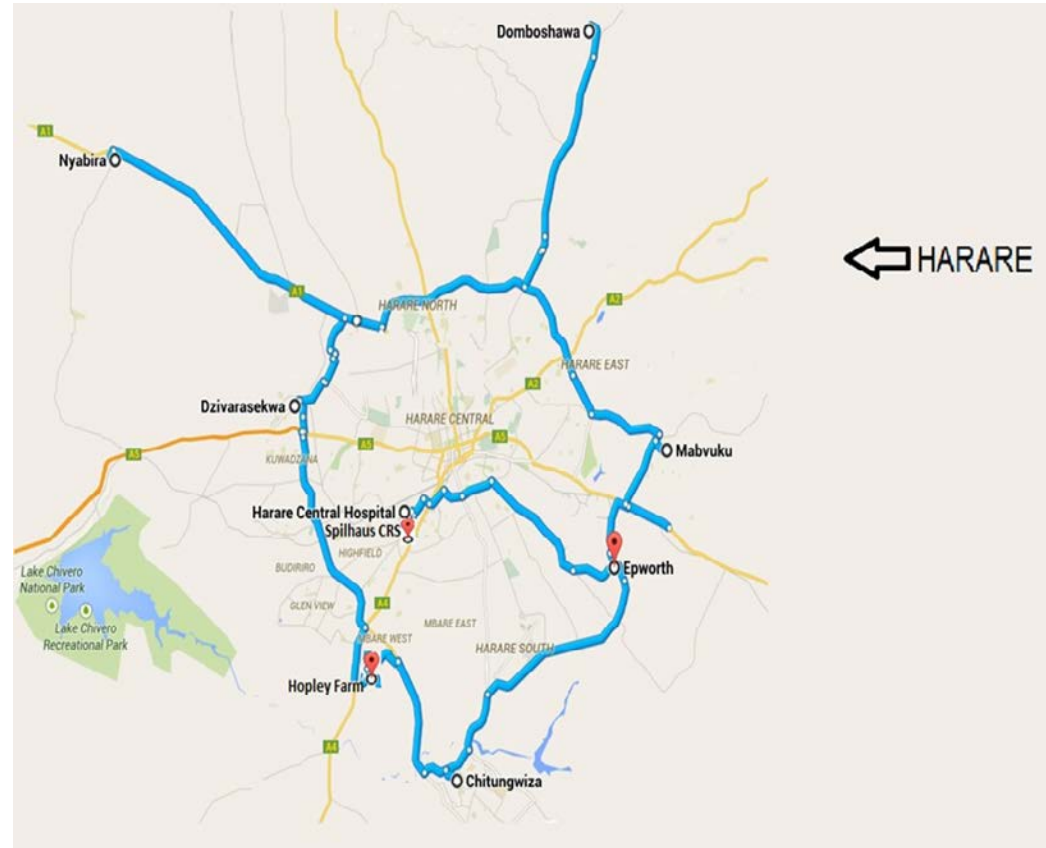
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Presentation outline

- CRS location
- REACH study update
- Lessons learned
- Conclusion

Spilhaus CRS Location

- ❖ Located on the grounds of Harare Central Hospital
- ❖ We recruit from surrounding densely populated suburbs ~5-15km away
- ❖ CRS has ready access to public transport from research communities.



Study progress

- ❖ Activation for REACH study- 01 FEB 19
- ❖ First Enrolment- 07 MAR 19
- ❖ Total enrolments-60
 - ❖ 18-21yr olds (35)
 - ❖ 16-17yr olds (25)
- ❖ First Choice Visit-03 FEB 20



Contraceptive Choices

Contraceptive Method	Number of participants
Implants (Jadelle and Implanon)	30 (50%)
Cu-IUCD	11 (18.3%)
Depo provera (DMPA)	17 (28.3%)
Oral contraceptive pill	0

Lessons Learned- Rumours and misconceptions

- ❖ Intense community sensitization is important to mitigate misinformation and rumours.
- ❖ From previous studies, we have identified rumours/misconceptions that included allegations of blood being sold for profit and linking research to satanism.
- ❖ Rumours persisting (MTN034 EFGD). New ones emerging (use of contraception by girls- infertility and promiscuity).

Lessons Learned- Rumours and misconceptions

- ❖ To mitigate the rumours in REACH, study team conducted a series of follow up community engagement meetings in all recruitment areas ~6m into the study.
- ❖ We had support from Local MP, local leadership, CAB members, local health care workers and HIV organizations.



Lessons Learned- Rumours and misconceptions

- ❖ To address blood related misconceptions, the study team organized a lab tour ~6 months into the REACH study.
- ❖ Representatives of enrolled participants (5) and yCAB (1) were invited for the lab tour to appreciate specimen management and chain of custody.

Lessons Learned-Recruitment and Retention

- ❖ Adolescents trust information from peers (One of the most effective recruitment strategy was snowball)
- ❖ High retention of participants needs regular ongoing engagements with them (daily briefs with manager, monthly adherence meetings, courtesy calls/visit reminders, youth friendly services)

Gaining their Confidence

- ❖ SRH issues are a sensitive topic for adolescents. They want to be assured of privacy and confidentiality for them to open up- beginning at recruitment.
- ❖ Efforts are made for participants to maintain same counselors whenever possible.
- ❖ The concept of shared confidentiality is difficult for adolescents.



Need for support

- ❖ Parents are supportive when they are well informed
- ❖ Peer support works for adolescents to improve adherence- adherence clubs
- ❖ Adolescents are vulnerable to social harms but are hesitant to take steps to seek justice possibly for fear of the unknown

Experience with pelvic exams and LARCs

- ❖ Pelvic exams are generally feared for their discomfort but using pelvic models and doing the procedure correctly greatly improved the perception among REACH participants (IDI feedback)
- ❖ High LARC uptake- Adolescents are amenable to correction of myths and misconception

Experience with SRH care needs

- ❖ We observed high STIs at baseline as well as during follow up - safer sex negotiation remains a challenge despite in-study risk reduction counselling.
- ❖ Symptoms like vaginal discharge or pelvic pain may be wrongly attributed to VR use by participants and may affect study product use.

Conclusion

- ❖ Adolescents are a sensitive group that especially need sexual and reproductive health care services because they are vulnerable
- ❖ To effectively serve them, adolescents need confidential services and support
- ❖ Community support is important for successful implementation of research and SRH service provision

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