Contraceptive Action Team: Update 2014

Katie Bunge and Devika Singh MTN Annual Meeting February 2014



Background

- MTN formed the CAT in June 2012
 - June 2012, Jan 2013, June 2013, February 2014
- Two to three members from each study site represent the CAT
 - Goal is to explore misconceptions and expand contraceptive mix across MTN 020 sites

Successes

- Staff education and motivation
- Participant education
- Community education
- IUCD provider training
- Implant provider training
- Networking
- Expanded method mix

Staff Education and Motivation

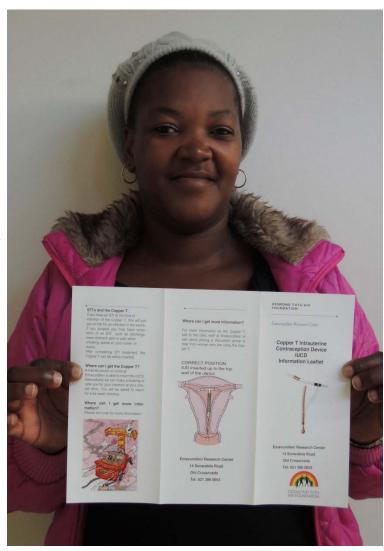
- All sites have implemented staff site trainings with an emphasis on continuing education
 - Trainings since last year: thirteen
- CAT members make contraceptive choice a priority
 - Integrate into ASPIRE meetings
 - Review monthly stats





Participant Education

- Expanding educational tools
 - Site-developed fliers
- Peer to peer education
 - IUCD discussion group
 - Peer educators in waiting rooms
- Retention events
- Male involvement workshops
- Adherence counseling

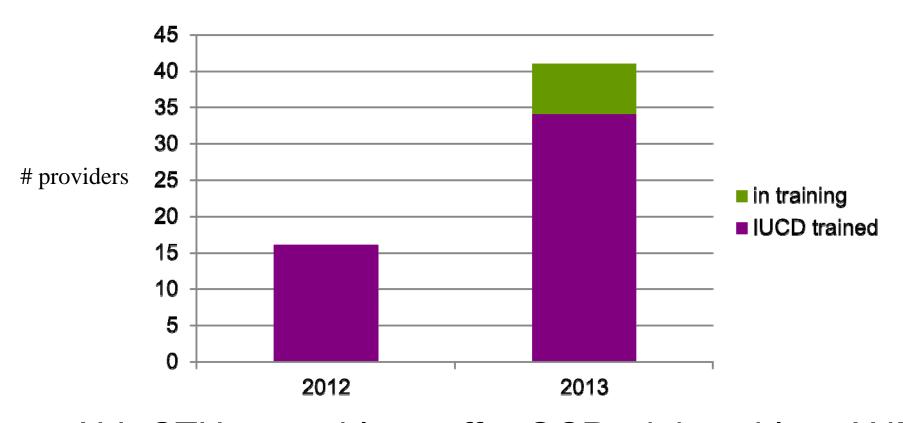


Community Education

- More involvement with the CAB
- Community events
 - Recruitment activities
 - Stakeholder meetings
 - Condom week
 - Pregnancy awareness workshops
 - Wellness day events
 - World AIDS vaccine day event

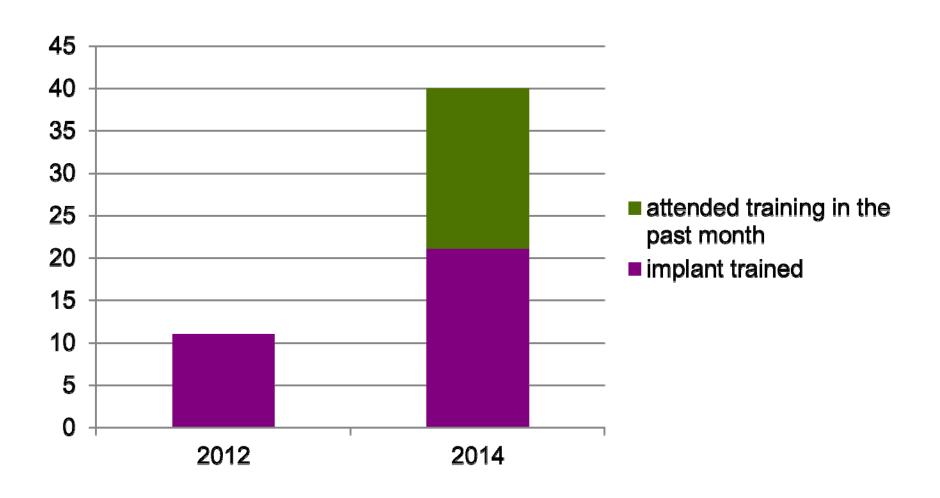


IUCD provider training



 ALL CTUs are able to offer OCPs, injectables, AND IUCD on site

Implant Provider Training



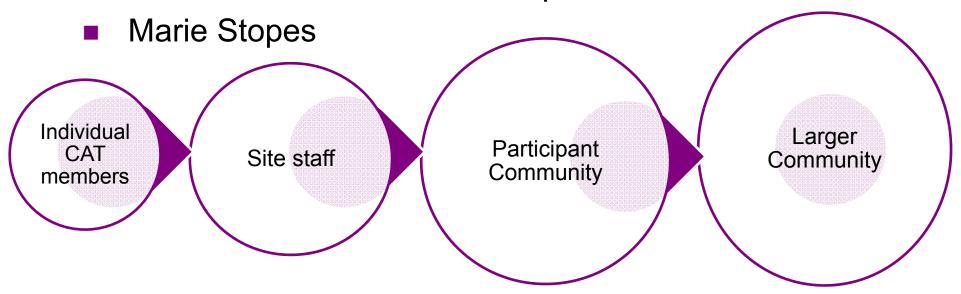
CAT Meeting - February 10-12, 2014

 19 South African clinicians attended the implant training (joint effort involving FHI360-South Africa, Katie Bunge, Catherine Chappell)

 Guest speakers: Sharon Hillier, Helen Rees, Nelly Mugo, Mala Panday, Chelsea Polis

Networking

- Sites are beginning to reach out to other local organizations
 - DOH
 - Local FP clinics
 - Wentworth AIDS Action Group



Measurable Success

- Pregnancy rate in prevention trials
 - Partners PrEP-10%
 - CAPRISA 004- 4%
 - Fem-Prep- 9%
 - VOICE 7.8%
- Pregnancy rate in ASPIRE to date-3%

All Sites – February 14, 2014

	Injectable	ОСР	Sterilization	Implant	IUCD
All	47.8% (33.7% DMPA)	8.1%	3.2%	16.2%	21.8%

Contraceptive Uptake by Country Follow Up Use – February 14, 2014

	Uganda	Zimbabwe	Malawi	South Africa
Implant	23%	41%	45%	<1%
IUCD	43%	32%	4%	15%
Sterilization	3%	<1%	7%	2%
Injectables	22%	23%	41%	65%
OCPs	7%	3%	0%	12%

- Lilongwe
- Blantyre
- Uganda
- Zimbabwe
- MRC
- eThekwini
- Cape Town

- □ Lilongwe: 81 enrolled! 57% on implant
- Blantyre
- Uganda
- Zimbabwe
- MRC
- eThekwini
- Cape Town

- Lilongwe
- □ Blantyre: 83 enrolled! 35% on implant
- Uganda
- Zimbabwe
- MRC
- eThekwini
- Cape Town

- Lilongwe
- Blantyre
- □ Uganda: injectable use ↓ 30% to 22%
- Zimbabwe
- MRC
- eThekwini
- Cape Town

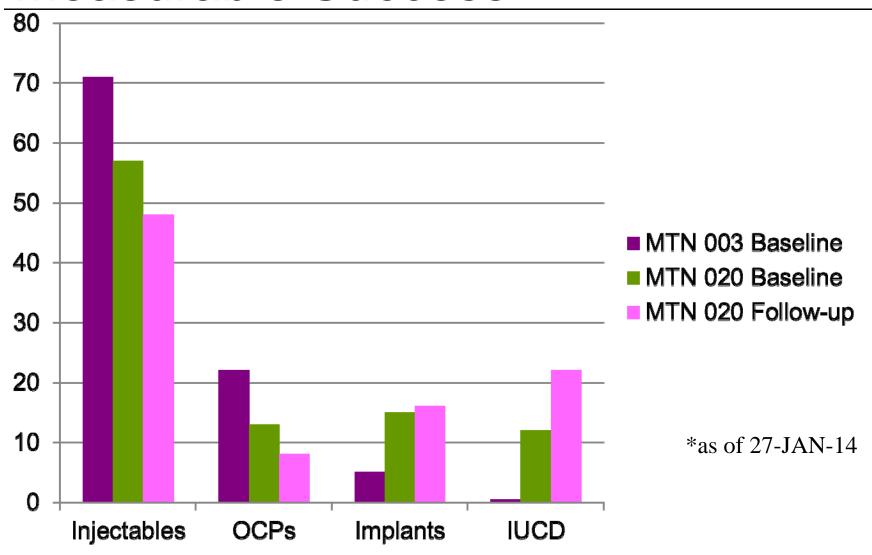
- Lilongwe
- Blantyre
- Uganda
- □ Zimbabwe: IUCD↑ 24% to 31%
- MRC
- eThekwini
- Cape Town

- Lilongwe
- Blantyre
- Uganda
- Zimbabwe:
- MRC: DMPA ↓ 50% to 45%
- eThekwini:
- Cape Town

- Lilongwe
- Blantyre
- Uganda
- Zimbabwe
- MRC
- eThekwini: IUCD uptake at 23.0%
- Cape Town

- Lilongwe
- Blantyre
- Uganda
- Zimbabwe
- MRC
- eThekwini:
- □ Cape Town: DMPA↓ 50.5% to 47.0%

Measurable Success*



Steps Forward

- Roll out of implants in South Africa
 - Counseling, education, placement
- Continue to expand on mix of methods across sites
- Communicate successes and understand challenges of long-acting reversible contraceptive methods

Implant provider training

