Promoting Product Adherence at MRC HPRU:

Recent Innovations

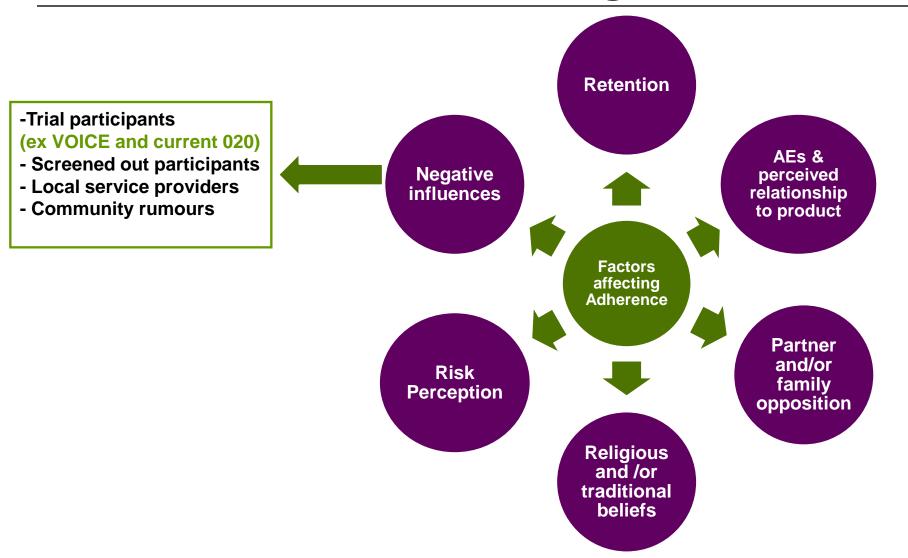
Nonzwakazi Mnqonywa
Study Co-ordinator, HPRU, MRC (on behalf of 6 MRC Sites)
Cape Town MTN Regional Meeting
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OVERVIEW

- Potential factors affecting adherence
- Post Adherence Workshop Strategies (March 2013)
- Recent Strategies

Potential factors affecting adherence



POST ADHERENCE WORKSHOP

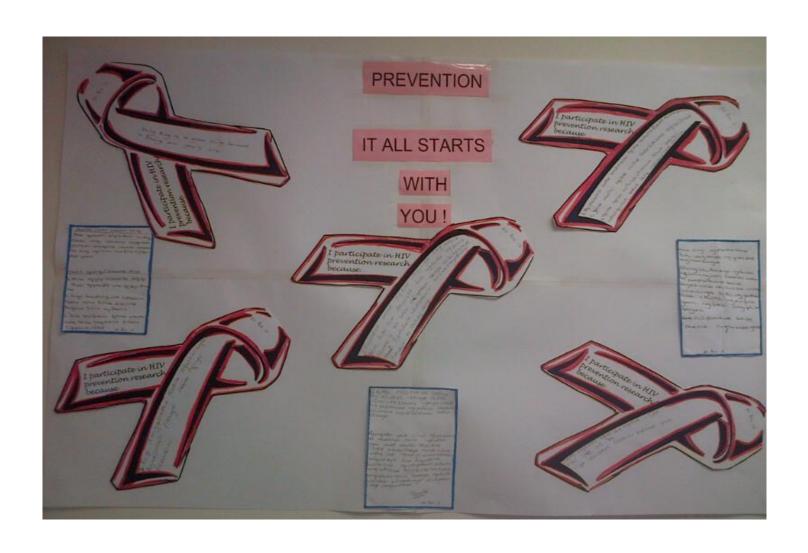
Recruitment and Pre Enrolment

- Assess the ppts motivation for joining the trial
- Identify possible retention challenges prior to her enrolment
- Assess her partners knowledge of the trial and possible influence on ring use
- Post enrolment calls made approximately a week after enrolment to check if there are any issues with ring use.

Education Sessions are more focused on adherence

- Discussion of VOICE results and implications
- How clinical trials work, need for participants commitment
- Adherence task team
- Adherence scenarios

POST ADHERENCE WORKSHOP



PEER EDUCATORS

- A Peer educator is a current or ex-trial participant. i.e. She could be participating in ASPIRE or had been a ppt in previous trial at HPRU.
- We currently have about 16 Active Peers across the MRC sites.
- These peers have demonstrated a good understanding of the research and are able to communicate confidently about the trial. They are required to conduct education in the clinic and community and volunteer to disclose their participation in the trial to their communities.
- Receive ongoing training in the areas of HIV and STI prevention, nutrition, co-enrolment issues and counselling related to HIV testing.

ROLE OF PEER EDUCATORS

Provide continuous education and support to trials ppts and the community

Adherence

- Communicate regularly with participants
- Discuss barriers of adherence and how to overcome them with ppt
- Offer support and empathy
- Discuss life circumstances and stresses (feedback to study staff)
- Provide referrals and help with navigating the health system
- Educate family and partners

ROLE OF PEER EDUCATORS

Benefits

- Recruitment, retention and adherence may be enhanced by involving trial participants as peer educators
- Engage the community with appropriate HIV prevention and trial related messaging as they are more familiar with the cultural dynamics.
- Work as a link between the trial team and the community as they report any rumors related to the research.

Challenges

- Some participants identified as potential peers are not vocal enough or have other commitments and hence choose not to be peer educators.
- Some Peers may initially be active but may lose interest with time or become committed elsewhere and no longer participate in peer activities

Group education sessions:

- Remind participants of why clinical trials are conducted. Implications of their use and non use on trial outcomes.
- Make the session personal for the participant-get her to talk about her motivators and personal HIV experience.
- Her current challenges with product use- any AEs she has experienced, issues with partners, etc
- Discussion on real time testing and current adherence data.

<u>Facilitated by</u>: Nurse, Clinician, Counsellor, Pharmacist, Community team <u>Includes:</u>

- VOICE participants that were good or bad at adherence and how they feel now that the trial is over.
- Peer educators and CWG members
- "Good Adherers" from ASPIRE
- Current ASPIRE ppts that were motivated during Patrick's visit (Adherence Peer gp)

Re-inforcing IC

- Emphasize the value of the participant's involvement in the study during informed consent process and that we won't know if the study product works or not if its not used.
- Discuss the commitment she made when joining the study.

Participants social events

- Host social and educational events for our participants
 - Celebrate events within the community e.g. Women's day/ Heritage Day.
 - Includes various activities (Dancing, Singing, reciting poems, competitions, watching movies, etc.)
 - Invite motivational speaker- someone ppts can relate to from their community

All 6 sites have had at least 1 or more participant social event and the response from ppts has been very encouraging.

Core talk Messages

- Making use of all available contact methods e.g. sms to encourage product use and reminding ppts that they can contact the clinic if they have any trial related issues.
 - Sent weekly
 - □ Reminder for participants to change the ring (if issued with 2 rings)
 - Verbal consent obtained

Issuing of extra study product

Participants that have found employment and cannot attend clinic monthly or report that they will be travelling during the following month, are issued with 2 rings. This ensures product coverage even if a visit is missed.

Partner Involvement

- Discussing partners disclosure as it relates to trial participation and ring use. These are individual discussions and the decision to disclose is made by the participants.
- Staff support discrete ring use to those not willing to disclose.
- With participants consent, we contact partners to provide:
 - Education on the trial and ring use
 - Offer HCT and treatment, if indicated. (Also offered at all participant visits)
 - Invitation for partner workshops

PARTNER INVOLVEMENT

Pros

- Partner feeling valued in the relationship.
- Getting support from Partner to honour visits and to adhere to study product.
- Use of the study product without fear.
- Encourages partner to come for treatment, couple counselling and testing.

Cons

- Partner opposition of ring use and trial participation.
- Ppt removing the ring during sexual acts due to fear.
- Partner feeling the ring
- Complains that the ring interferes with sexual practises.
- Opposition due to cultural beliefs.

Partners/Couples workshops (all sites had at least 1 to date)

Engage male partners through education on HIV/AIDS, clinical research, ASPRE trial, and couple counseling. As part of the workshop, we offer:

>HCT (CD4 tests, if positive),

> Checking BP, Blood sugar levels, Cholesterol and

Urinalysis testing

>STI treatment



RETENTION

Ensuring that participants return for their visits and have access to the product is critical. To ensure adequate retention the following strategies were implemented:

Picking up and dropping off participants	
Early, late and/or Saturday clinics	
Scheduling visits earlier in window	
Educating family/partners	
Negotiate time off with employers	
Split visits	

Thank You

