

The Well Woman and Partner Study



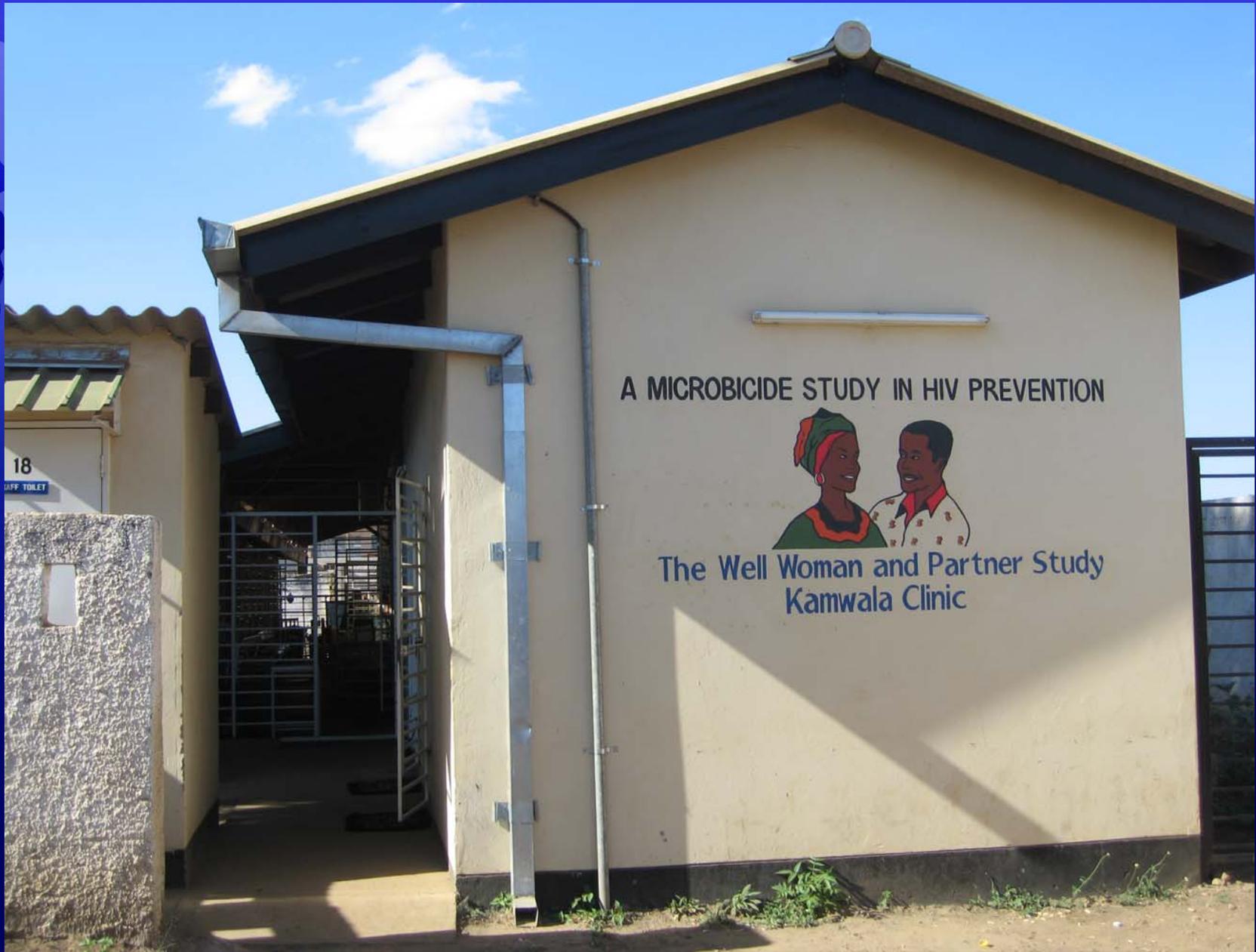
HPTN 035

Kamwala, Lusaka

Dr. Muzala Kapina IoR

Zambia





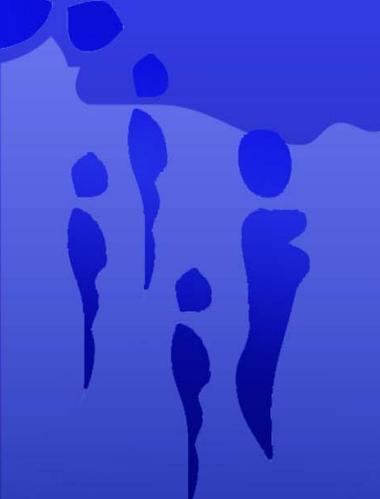
A MICROBICIDE STUDY IN HIV PREVENTION



The Well Woman and Partner Study
Kamwala Clinic





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Study Clinic at Kamwala District Health Centre

On site:

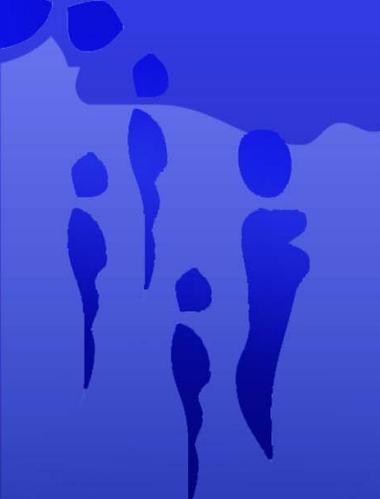
- Satellite Lab
- Out/In-Patient and Dental Care
- Antenatal Clinic (PMTCT)
- HIV Care and ARV Clinic

10 minutes:

- Study Admin Office
- University Teaching Hospital (3^o referral)

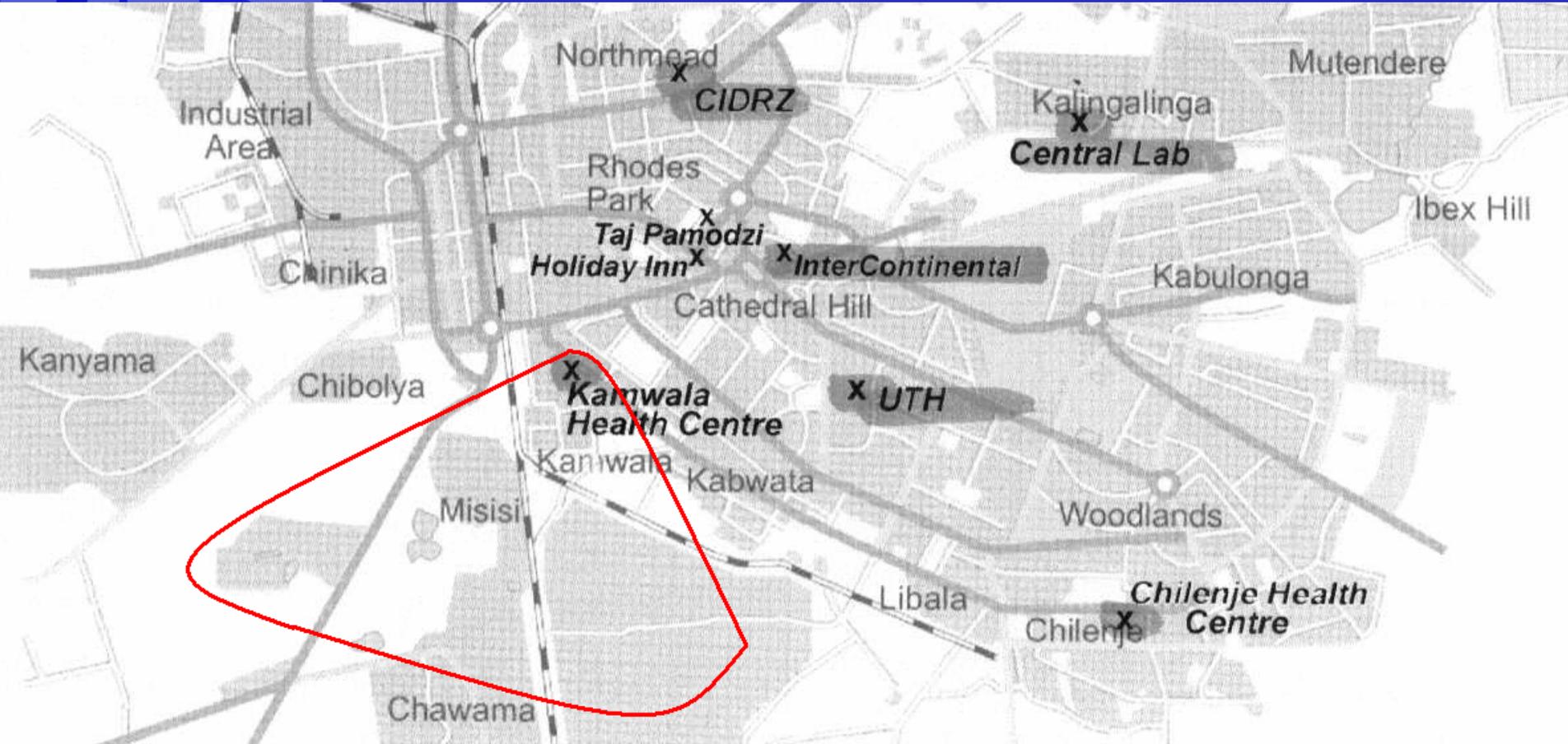
15 minutes:

- CIDRZ Central Lab

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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



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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

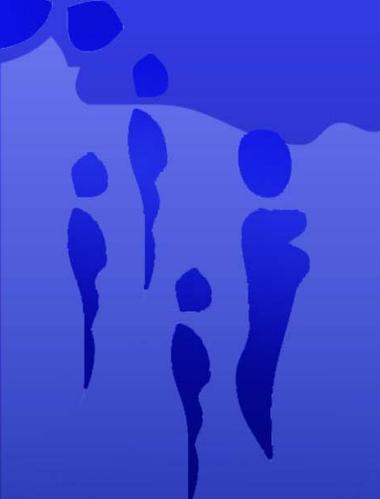
- more sexually active
- frequently older partners
- 055 highest HIV incidence in 18-25

Catchments Area:

- poverty → transactional sex

Background:

- low condom use
- men often have multiple partners
- STIs
- high alcohol use → risky sex

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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:

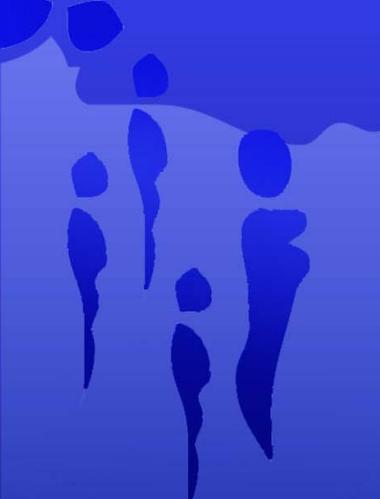
- improve referral process

Male sensitisation:

- permits participation

Minibus driver/ trucker partners:

- how to identify?
- continue to develop alliance with “Queen Mothers”

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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

