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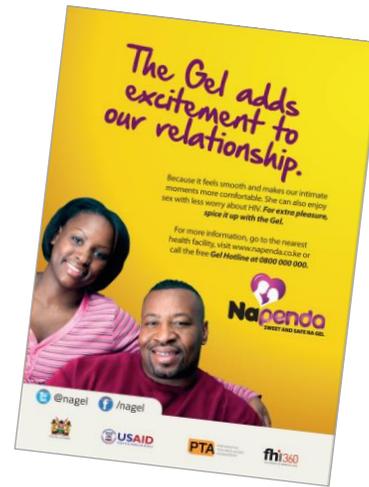
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**Messaging Sparks Interest in Microbicide Use**

An assessment of materials presenting either the potential of microbicides for HIV prevention or other benefits of their use has found that both approaches increase women's interest in using microbicide gels.

Before the assessment, the messages were developed and pretested in Kenya by the Preventive Technologies Agreement's (PTA's) Communicating about Microbicides with Women in Mind project as part of a larger initiative by the U.S. Agency for International Development (USAID) to begin preparing for potential microbicide introduction.

"We wanted to assess how the two ways of framing the benefits of microbicides would affect intention to use the products should they one day become available," explains Betsy Tolley, a scientist in FHI 360's Social and Behavioral Health Sciences Department.

The messages also sought to position microbicides to be used by women in intimate relationships without being associated with lack of trust or faithfulness, as condoms often are. Determining how to position microbicides relative to condoms is tricky, Tolley explains. Because microbicides are likely to be less effective than condoms for HIV prevention, messages should encourage women to turn to microbicides when condoms cannot be used or to use them in addition to, rather than as a replacement for, condoms.

Several prototype materials were assessed, including posters, radio spots and "storyboards" for TV ads, to raise awareness about microbicides. Flip charts and counseling cards to guide discussions with potential users of microbicides were also assessed, as were materials with in-depth information for health care providers.

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In a survey of 600 women and 200 men who listened to the radio spots and viewed the storyboards with audio, microbicide interest was high even though less than 3 percent of the participants had heard of microbicides before. Overall, the way the messages were framed did not affect interest in microbicides. One exception was for men and women who identified themselves as married and monogamous. For this group, messages about sexual pleasure and other benefits generated more interest in use than messages about HIV prevention.

After previewing the materials, 70 percent of the women and 75 percent of the men said they would use condoms only or gel with condoms should a microbicide become available. However, a substantial minority — 17 percent of the women and 12 percent of the men — said they would use gel only, although they had used condoms with a current or recent partner in the past. (The assessment did not determine whether participants were currently using condoms, or whether they were using them consistently and correctly.)

To assess the flip charts and counseling cards, 46 female sex workers and 53 young women answered self-administered questionnaires before and after participating in group educational sessions in which the materials were used. Those who said they were very interested in using a microbicide rose from 65 percent to 83 percent among the female sex workers and from 40 percent to 57 percent among the young women. Intent to use microbicide gel to replace condoms was low (2 percent) among the sex workers before and after the sessions, and it decreased among young women, from 7.5 percent to 2.5 percent, as a result of the sessions.

The response to materials developed for use by providers was also favorable. In in-depth interviews with a range of providers from public clinics and clinics run by nongovernmental organizations, most of the providers agreed that the materials would give them additional counseling messages to use with their clients.

The results of the assessment are being used to develop final versions of the materials, along with an adaptation guide describing how they can be developed, assessed and adapted for use in other contexts. All will be available [here](#) soon.

### **PTA Director Shares Microbicide Accomplishments**

Cynthia Geary, director of the PTA, represented the project at the recent *Microbicide Research, Development and Introduction Cooperating Agencies' Meeting* in Washington, D.C. Sponsored by USAID, the two-day meeting was a chance for national and international cooperating agencies to discuss microbicide products, formulations, ideas for eventual introduction, and opportunities for further collaborations in these areas.

During her presentation, Geary highlighted the key achievements and lessons learned from PTA-supported microbicide work. "I was proud to share many of our accomplishments, including our role in the CAPRISA 004 trial and our work in the FEM-PrEP trial, which helped us better understand the importance of adherence in HIV prevention trials," says Geary. She also touched on PTA-supported research to inform microbicide introduction and the many peer-reviewed journal articles, tools and guidelines created under the five-year project, which will end in August 2014.

The meeting was held at FHI 360 on March 31 and April 1, 2014. It was attended by representatives of USAID, the World Health Organization, Population Council, CONRAD and many other agencies contributing to microbicide research, development and introduction.

## Project Reaches Domestic Workers in Kenya

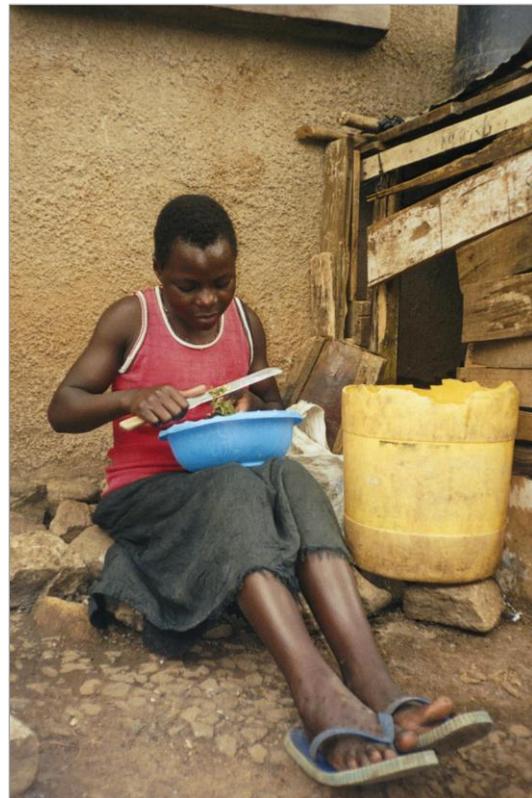
According to the Kenya Union of Domestic, Hotels, Educational Institutions, Hospitals and Allied Workers (KUDHEIHA), an estimated 1.8 million domestic workers are employed in Kenya. Because domestic work takes place in private homes, the house girls, house boys, drivers, gardeners and guards who typically perform the work may not have access to the sexual and reproductive health information and services they need.

To raise awareness about sexual and reproductive health and to equip domestic workers with life skills for making informed sexual and reproductive health decisions, the Domestic Workers Sexual and Reproductive Health Project was initiated in Nairobi in May 2013. Implemented by the National Organization of Peer Educators (NOPE) in collaboration with KUDHEIHA and with technical assistance from FHI 360, the project provides training for domestic workers to become peer educators, sensitizes health practitioners to the sexual and reproductive health needs of domestic workers, and conducts sexual and reproductive health outreach activities. Another goal of the project is to build KUDHEIHA's capacity to conduct its own sexual and reproductive health trainings and to eventually implement the project on its own.

Since the project began, more than 500 domestic workers have been trained to serve as peer educators, and outreach workers have conducted more than 12,000 door-to-door meetings with domestic workers. The project has also resulted in a key health systems change: selected government health facilities have extended their hours, allowing domestic workers increased access to sexual and reproductive health prevention and treatment services.

“We have also been able to identify youth as a target population; before we didn't know that so many youth do domestic work because they didn't speak out. Now we have been able to address sensitive sexual and reproductive health issues that affect these young domestic workers,” says Dickson Kilonzo, the KUDHEIHA Domestic Workers Sexual and Reproductive Health Project coordinator.

Kilonzo is hopeful that KUDHEIHA, through the capacity building efforts of FHI 360 and NOPE, will be able to continue the project and eventually support additional efforts to address the sexual and reproductive health needs of domestic workers in Kenya.



James Kilonzo, Courtesy of Photoshare, 2013

A domestic worker in Kenya chops vegetables.

## New Family Planning Policy and Campaign in South Africa

With support from the PTA, the South African Department of Health is promoting a new national contraceptive and fertility planning policy and accompanying family planning campaign. The policy and campaign were launched in February 2014 at Ethafeni Clinic in Guateng Province by the Minister of Health, Dr. Aaron Motsoaledi.

“The new policy reflects changes over the past decade in the fields of HIV and contraceptive technology,” says Dr. Refilwe Sello, a senior technical advisor at FHI 360 who has been providing technical assistance for the launch. “It focuses on reprioritizing contraception and fertility planning in South Africa, with an emphasis on dual protection for pregnancy and HIV prevention.”

The campaign, which will last one year, is using educational materials, public service announcements and radio programs to spread messages in support of the new policy. The campaign aims to encourage individuals to use both contraception and condoms, engage men in sharing sexual and reproductive health responsibilities, educate women about their contraceptive choices and improve access to all contraceptive methods, especially long-acting reversible methods such as implants and intrauterine devices.

As part of the campaign, FHI 360 has also partnered with the Department of Health to pilot a new contraceptive and fertility planning training curriculum for service providers. Twenty-seven national master trainers, 65 provincial master trainers and 1,000 frontline service providers have been trained on the new curriculum so far.

## Village Health Teams Test for HIV in Uganda

Community-based approaches to HIV testing and counseling (HTC) have the potential to reduce some of the physical and geographic barriers to testing, thus increasing access to and uptake of testing services. Because HTC is an entry point to both HIV prevention and treatment services, community-based HTC also has the potential to prevent many new HIV infections.

In Uganda, where HIV prevalence is rising but testing rates remain low, village health teams (VHTs) offer a nationwide government-supported platform for community-based reproductive health services. Under the PTA, FHI 360 collaborated with the Uganda Ministry of Health to pilot test an intervention in which VHTs that were already providing family planning services were trained to offer HTC. Between May 2012 and September 2013, 36 trained members of VCTs delivered HTC services to female family planning clients.



Village health teams integrate HIV testing and counseling with family planning provision in rural Uganda.

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“The pilot study showed that this community-based model of HTC is feasible and acceptable to both VHTs and their clients,” says Angela Akol, country director of FHI 360 in Uganda. “Our hope is that further implementation of the model will substantially increase the number of people who are tested for HIV for the first time and the number who undergo repeat testing,” she says.

The study’s findings were presented at the district level, at the national level and during the April 2014 session of the National Maternal and Child Health Technical Working Group. During the dissemination meetings, stakeholders agreed that key policymakers and technical experts should help refine and adapt the approach, which could be used to revise Uganda’s national VHT strategy.

“Since VHTs have established relationships with their communities and already provide reproductive health services, community-based HTC could reach individuals whose sexual and

reproductive health needs may be underserved by traditional clinic-based services,” says Akol.

### Online Forum Highlights Youth Engagement for Policy Change

Youth, defined as young people ages 10 to 24, were a major focus of the 2013 International Conference on Family Planning (ICFP), held in Addis Ababa, Ethiopia, in November. In particular, the conference provided an opportunity to discuss ways to improve the sexual and reproductive health and rights (SRHR) of young people around the world.

In February 2014, as a follow-up to the conference and on behalf of USAID’s Interagency Youth Working Group, FHI 360 and the Youth Health and Rights Coalition hosted the two-day online forum “Following through on the 2013 ICFP: Youth, SRHR and Policy Change.” Representatives from Pathfinder International, as well as several global youth

### New Youth Publications

The final two YouthLens briefs to be supported by the PTA were published online in March 2014 on the website of the Interagency Youth Working Group. [YouthLens #39](#) explores emerging research and evaluated programs related to very young adolescents (those ages 10 to 14). [YouthLens #40](#) focuses on resources for adolescents living with HIV. The entire series of YouthLens briefs, which summarize the latest information on key issues regarding reproductive health and HIV prevention among youth ages 10 to 24, can be found [here](#).

*Positive Connections: Leading Information and Support Groups for Adolescents Living with HIV (ALHIV)*, which was already [available online](#), is now available in print. This unique guide provides background information about the needs of ALHIV, tips for starting an adult-led information and support group for ALHIV, 14 sessions to follow in a group setting, and guidance on tracking a program’s progress. If you wish to order hard copies of the resource, please write to [youthwg@fhi360.org](mailto:youthwg@fhi360.org).

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advocates, helped moderate the discussion. The forum was viewed by 572 unique visitors from 73 countries, with the highest number of visitors from the United States, South Africa and Nigeria.

“The questions and dialogue during the forum emphasized the importance of meaningful youth engagement in the development of policies surrounding youth’s sexual and reproductive health, rights and access to services, particularly in sub-Saharan Africa,” says technical officer Marta Pirzadeh of FHI 360, who managed the planning and implementation of the forum.

The forum also highlighted the importance of cross-sectoral collaboration in developing sexual and reproductive health policies and programs for youth. Participants recommended that global implementers and advocates continue to support governments, relevant ministries, and local grassroots and civil society organizations to foster these types of collaborations.

To read the full discussion and closing remarks from the forum, which was supported by the PTA, [click here](#).

## Study Identifies Challenges to Integrating Health Services

The Ministry of Health in Kenya is supporting a national rollout of the Minimum Package for Reproductive Health and HIV Integrated Services, which recommends a range of HIV, AIDS and reproductive health services as part of comprehensive care. Because the Ministry of Health fully endorses this effort, the rollout provides an excellent opportunity to study what happens in the real world when health facilities are charged with integrating an added service.

In collaboration with the National AIDS and STI Control Programme (NASCOP) and the Ministry of Health’s Reproductive Health and Maternal Services Unit (RHMSU), FHI 360 documented the extent to which integrated services are being delivered in 15 public health facilities in Kenya and the factors that facilitate or impede service delivery. The data, which were collected between October 2013 and January 2014, were shared with key stakeholders in March 2014 at a data interpretation workshop in Nairobi.

The preliminary results highlighted several challenges common to integrating HIV testing and

### Evidence-Based Practices for Integrating Family Planning into HIV Programs

The evidence base for the effective integration of family planning and HIV services is growing, and a broad array of guidance documents and tools are available to support integrated programming. With support from the PTA, FHI 360 has issued a new [brief](#) and narrated 15-minute [Prezi](#) (an interactive online presentation) to summarize the evidence base and offer recommendations for institutionalizing and scaling up integrated family planning and HIV services. The brief and Prezi are based on a review of research findings, program experiences in the field, and technical guidance on integrated services.

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counseling into current family planning and outpatient services. They also identified challenges to integrating the provision of reproductive health, infectious disease and psychosocial support services into current services for HIV-positive clients who are not eligible for antiretroviral treatment. Lack of HIV test kits, overburdened staff, insufficient training, and issues of privacy and space all made integration difficult. During the workshop, these limitations were discussed, and participants proposed actionable recommendations for overcoming them.

“Implementation of the recommendations will help improve the current rollout of integrated services,” says Emily Evens, a scientist at FHI 360 and a co-investigator of the study, which was conducted with support from the PTA.

“Implementation will also prepare public health facilities for the introduction of additional services, such as microbicides and other forms of antiretroviral-based prevention when they become available.”

### **Two Journal Articles Highlight Adherence in HIV Prevention Trials**

Good adherence is necessary for researchers to be able to assess the efficacy of potential biomedical HIV prevention products during clinical trials. Two new journal articles, both based on studies supported by the PTA, emphasize the need for better adherence during clinical trials and better methods for measuring it.

An article accepted for publication in the *Journal of Acquired Immune Deficiency Syndromes (JAIDS)* describes adherence patterns among a randomized subgroup of FEM-PrEP trial participants. Among 150 participants from sites in Kenya and South Africa (just a small fraction of all 2,120 FEM-PrEP participants), 23 percent consistently had no or low concentrations of the study drug (oral Truvada for pre-exposure prophylaxis) in their blood or cells, and 60 percent had concentrations that suggested fluctuations in adherence during the trial. Only 12 percent had concentrations consistent with good adherence throughout the entire trial. The authors conclude that more research is needed to understand methods to support good adherence to oral pre-exposure prophylaxis within the context of a placebo-controlled clinical trial.

The second article reports on a study of the Wisebag — a new container for microbicide gel applicators that uses cell phone technology to track when the container is opened and thus, presumably, when the gel is used. Conducted by the Centre for the AIDS Programme of Research in South Africa (CAPRISA) among 10 participants of the CAPRISA 004 trial, the study showed that adherence measured with the Wisebag moderately agreed with self-reported adherence to the gel. This suggests that the Wisebag could help reduce reliance on self-reported adherence and offer a more objective and accurate measure of how often trial participants use microbicides. The article was published in May 2014 in [AIDS and Behavior](#).



## NEW RESOURCE

To learn more about this resource — the online Communications Handbook for Clinical Trials — and how the Preventive Technologies Agreement (PTA) is advancing the science of HIV prevention, please visit [fhi360.org/projects/preventive-technologies-agreement-pta](http://fhi360.org/projects/preventive-technologies-agreement-pta) or write to [PTAinfo@fhi360.org](mailto:PTAinfo@fhi360.org).

### Online Communications Handbook for Clinical Trials

The popular PTA-supported *Communications Handbook for Clinical Trials*, first published in 2010, is now available in an interactive [online](#) version. With nine easy-to-navigate chapters plus videos, slide presentations and other resources not included in the original version, the online edition provides practical guidance to clinical trial staff and research partners on how to anticipate and respond to the special communications challenges posed by clinical research.

The handbook contains more than 40 contributions from researchers and communications experts who share their ideas, lessons learned and advice based on their experiences with clinical trials in Africa, Asia, Europe, Latin America and the United States. Using context-specific case studies and practical insights from these experiences, the handbook covers the spectrum of communications activities that are necessary throughout a clinical trial.

The main chapters of the handbook are organized chronologically according to how a trial would progress, beginning with planning and budgeting for communications and ending with working with the media to disseminate study results. Other topics covered include developing a strategic communications plan, preventing and managing a communications crisis, and developing key messages about the trial results.

A range of materials that research sites can adapt for use in their communications planning and implementation are also included. Among these are sample communications plans, templates and checklists for communications and crisis management, and tips and techniques on how to communicate effectively during interviews with the media. As an alternative to the online version of the toolkit, the printed version can be downloaded in its entirety or chapter-by-chapter [here](#).

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