HIV STAR RESEARCH NEWS

UNITAID·PSI
HIV SELF-TESTING AFRICA

LONDON SCHOOL of HYGIENE &TROPICAL MEDICINE

Issue 3 January to March 2017

Welcome

2017 has kicked off with another busy few months for the UNITAID/PSI HIV Self-Testing Africa (STAR) Project, a four-year initiative to catalyse the market for HIV self-testing (HIVST).

A particular highlight has been the STAR project's hosting of the international "HIV Self-Testing - Going to Scale" workshop in Nairobi at the end of March, which provided a forum for key leaders from Ministries of Health, civil society, regulators, donors and implementers to meet, share experiences and discuss global scale-up. A summary of this is given on the back page of this newsletter, with more information available on the STAR Research website.

In Malawi, the Cluster Randomised Controlled Trial (cRCT) midline survey was conducted, and supplemental training and quality assurance procedures were put in place to improve the quality of the cRCT process data. The female sex worker social harms evaluation began - you can read on page 2 about the Malawi-Liverpool Wellcome Trust's approach of using Rapid Ethnographic Assessment to design a prototype peer distribution model.

In Zambia, baseline data analysis by Zambart is has been underway. cRCT midline survey data collection took place in three sites, and social science formative qualitative research activities were completed. In Zimbabwe, data collection for the Community Based Distribution model has been progressing well for the various components, telephone follow-up has been taking place for New Start clients, and the sex worker model has been designed.

In addition, a preliminary three-month results analysis of the visual stability study was undertaken (more on this soon), STAR's Qualitative Research Network held another face to face meeting (see page 5), as did the Quantitative and Epidemiology Research Network and the Economics Network. Also, abstracts by Peach Indravudh and Valentina Cambiano were presented at CROI.

For more information on the STAR research team, our activities and our abstracts and publications, visit the STAR Research website and follow us on Twitter: @HIVSTAR_LSHTM.

Liz Corbett and Cath Beaumont

Costing Research Assistants Progress Chiwawa and Tariro Chigwenah conducting a time and motion study at an HTC facility. Photo courtesy of @CeSHHAR Zimbabwe

Inside...

HIV STAR Malawi Key Populations study: A Rapid Ethnographic Assessment among Female Sex Workers

By Mr. Mwiza Sambo

What kind of assessment can be carried out to ensure the design of an effective peer-led HIV self-testing (HIVST) delivery model among Female Sex Workers (FSWs)?

Rapid Ethnographic Assessments (REA) were conducted in three districts in the Southern part of Malawi: Mulanje, Chikhwawa and Blantyre. We used REA, due to this being a method that quickly and efficiently gathers ethnographic data collected using triangulation of different qualitative and quantitative approaches. In this case we used a qualitative approach of observations and in-depth interviews. The purpose of conducting REA was twofold:
1) to identify establishments and locations where female sex workers (FSWs) operate from to gain a deeper understanding of their everyday life conditions;
2) to use the knowledge gained to inform the development of a contextually relevant HIV self-testing strategy delivered by peer distributors, to be implemented by Pakachere.

Packachere is one of the leading locally registered non-governmental organisations that specialises in social and behavior change communication. Pakachere has been sub contracted by PSI Malawi to carry out implementation work among FSWs.

Data was collected by trained social scientists from Malawi-Liverpool Wellcome Trust, namely Mwiza Sambo, Wezzie Lora, Wakumanya Sibande and Lusungu Kayira.

Prior to REA, researchers conducted stakeholder meetings and a mapping exercise. Stakeholders, which included Pakachere and district health officials working with FSWs, were engaged to provide information on the existing HIV testing services for FSWs and also information on the establishments and locations where FSWs hang out. Researchers used this information to follow up with venue owners. A mapping exercise was carried out to identify additional establishments and locations that were not mentioned/identified by stakeholders.

Sampling of venues in the three districts was conducted to reach out to most townships/ locations across a district. Two or three venues were selected per township. These venues were viewed as representative of the entire township, based on an assumption that most of the FSWs operating within the township would alternate around the same venues depending on their class and charging rates. Venues were of different classes and so were the FSWs. FSWs of a higher class would converge in venues where services were sold at a higher price, hence they charged higher prices for sex work based on the assumption that customers found in those venues would meet their charges. The same applied to FSWs of a lower class, who charged low prices for sex work because they were operating from low class venues.

Market day in Mulanje - a peak day for sex work in surrounding venues

MLW research assistant outside a bar in Blantyre, after carrying out an in-depth interview

Venue owners were approached and asked for written consent to conduct in-depth interviews and REA participant observations. In-depth interviews were then conducted with the venue owners to gain insights of the nature of female sex work in their venues. In instances where venue owners were not equipped with enough information, we interviewed venue staff e.g. barmen, guards, waiters, landlords and bar owners who had some form of authority and insight into activities of the FSWs operating within the vicinity or inside the venue. Venues were receptive of FSWs and had established a good working relationship with them, since their presence was perceived to attract customers for both the venue and the FSWs.

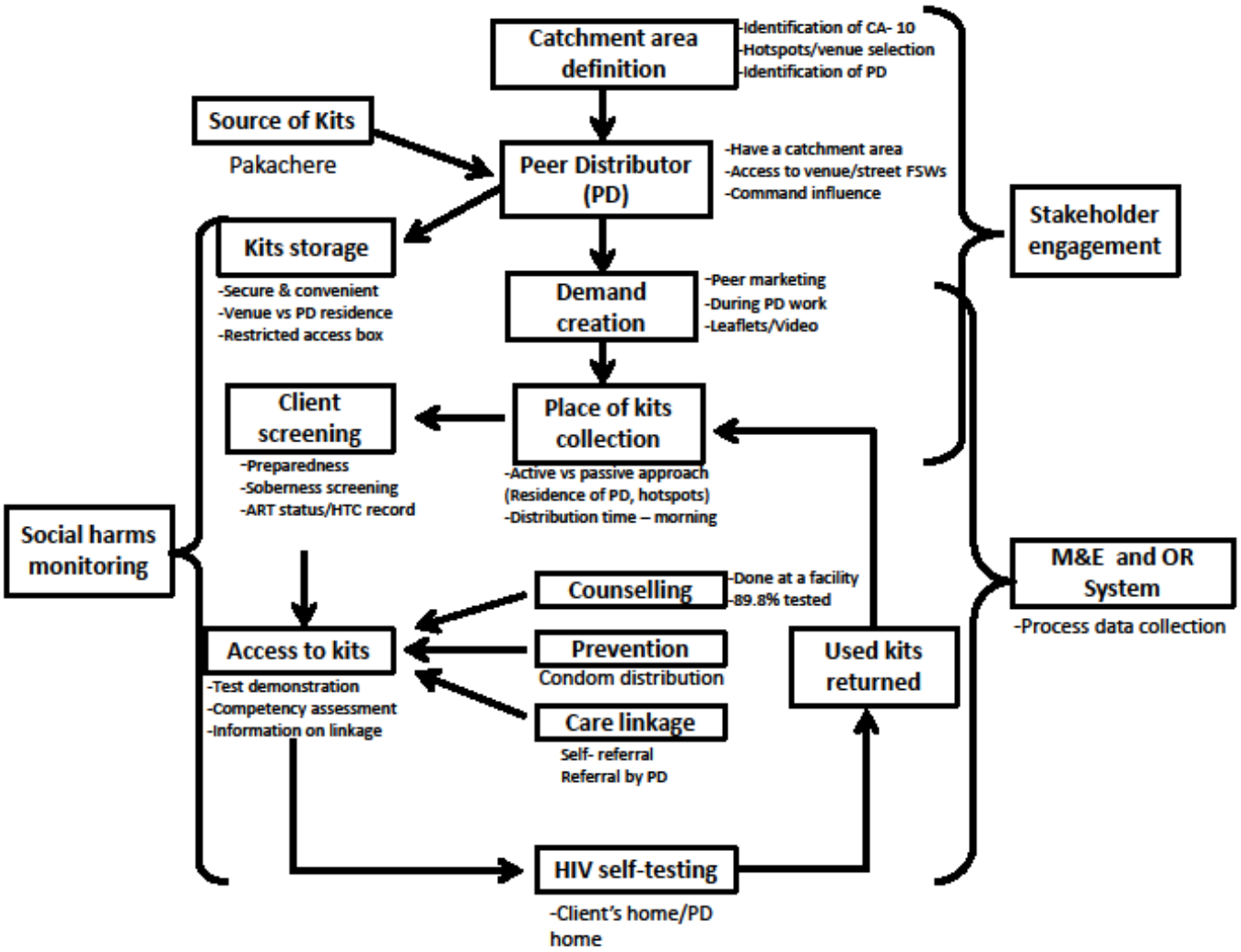
Data collected from venue owners centered on FSWs and we captured information around: FSW daily activities; sex work in relation to the venue; interpersonal relationships at the venue; staff/venue owners' perceptions on HIVST and how best HIVST kits can be distributed among FSWs.

In terms of participant observations, we documented how FSWs conducted negotiation and sex work while paying a greater attention to their normative social conditions, personal behaviors and interpersonal relationships. Shebeens, pubs, bottle stores, lodges, rest houses, clubs, motels and brothels were all included. Peak days for sex work were weekends of month ends when people had received their wages, and on market days when people from surrounding districts would patronise the facilities after buying or selling goods. Some venues attracted more customers by holding special events during weekdays or weekends e.g. live bands and live performances from artists.

We also conducted in-depth interviews with FSWs themselves by strategically selecting FSWs across all locations in a district with the inclusion of all types of FSWs, and these included home and street based as well as venue based. Venue owners were used as key informants to link us with FSWs. Where it was difficult to find FSWs, especially street and home based, we used snowball sampling through other FSWs as key informants.

During in-depth interviews with FSWs, we were interested in sex work orientation, normative social conditions, interpersonal relationships, individual behaviors, issues on HIV testing and HIVST from the viewpoint of a FSW. It was noted that most FSWs have come to accept their identity. Most FSWs freely and openly discussed sensitive subjects after assuring them about confidentiality during informed consenting. One FSW was quoted saying 'if you are not on ART, you are not in fashion'. This further enhanced openness on discussions around HIV testing services in FSWs.

At the end of the REA exercise, a prototype peer distribution model was developed by the social science team based on the REA information. The model was designed to apply to both urban and rural settings. It was later validated at a workshop that was conducted in Blantyre.



Tentative HIVST peer distribution model informed by REA which was later validated at a workshop

Blog Highlights from the HIV STAR Research Website

Understanding the policy process to explain how stakeholders and policy actors interact and influence the direction of HIV self-testing policy

By Nuri Ahmed, Doctoral student at LSHTM

Supervisors: Dr Miriam Taegtmeyer (LSTM) and Fern Terris-Prestholt (LSHTM)

The UNITAID-PSI STAR project aims to scale-up HIV self-testing in Zambia, Malawi and Zimbabwe.

As part of my doctoral work at LSHTM, I designed a piece of qualitative research to understand the policy process around HIV partner notification in Zambia. During my data collection in Zambia, Zambia AIDS Related Tuberculosis (ZAMBART) project hosted my work. To understand the policy process and answer my research question, I interviewed participants from the Ministry of Health (national and district level), international and local non-governmental organisations, academia, media, local foundation and donor agencies. The intended result of this policy analysis is to describe for the STAR team the current policy environment in which stakeholders and policy actors make policy decisions.

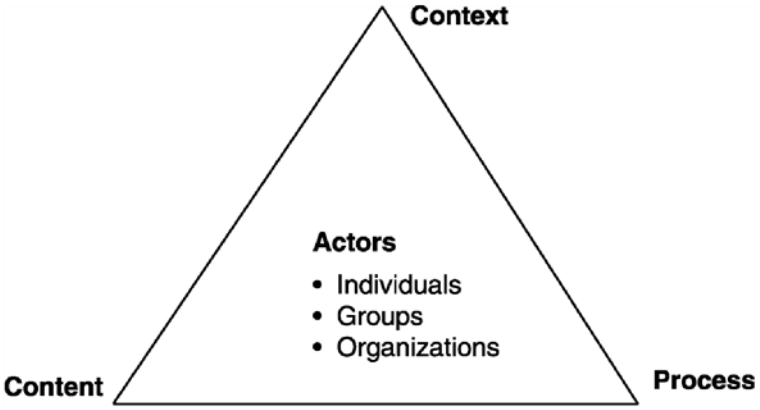


Figure 1: A holistic approach policy process (Walt and Gilson, 1994)

The policy analysis uses Walt and Gilson's policy analysis triangle (Figure1) and stakeholder analysis to understand the policy process by looking at process, power of policy actors, contexts, and contents. In addition, the stakeholder analysis will provide insights on how the health policy develops and the feasibility of future policy directions. It will facilitate the understanding of how each actor is involved, how they interact (internally and externally) and influence policy, the policy process that transpires under these influences, and the context within which these policy actions occur.

These frameworks have been utilized in both developing and developed countries. In the Zambian context, it will allow the policy analysis to systematically identify various factors and internal and external relationships that affect the health policy process.

It is vital to understand the policy process in order to maximize the role of evidence as a basis for policy making. This study is expected to make several contributions to the STAR project: to harmonize policy recommendations and to inform future development of guidelines on HIV self-testing policy from the perspective of the HIV partner notification policy.

Reflections on the Qualitative Research Network (QRN)

By Miriam Mutseta, PSI's Zimbabwe STAR Programme Manager

Following the successful launch of my blog in Zambia, Lusaka, here I am again with reflections on the QRN, Liverpool Chapter! Our eyes are already set on STAR phase 2 and how we can transition the QRN to the dizzy heights of the next level.

A long road travelled

During the February 2017 QRN meeting, I appreciated the long road we have travelled thus far and how much more we still need to do, with preliminary results bringing in more questions. The work on the visual stability of HIV Self-Test (HIVST) kits and client interpretation is ongoing and will expand to blood-based kits. Building upon the work conducted in Malawi and Zimbabwe, we want to do a stability test at one of the fixed sites but, having looked at the work done by Dr. Victoria Watson of the Liverpool School of Tropical Medicine (LSTM), I am thinking we could modify our protocol to look at more field-based conditions on community distribution instead of mimicking the same conditions explored at the LSTM laboratories or we could do both. With key challenges in late reads and a low return rate of 34% of kits in Zambia, this work could be vital in ensuring clients can accurately interpret their results. Urgent communication messages must be incorporated into the training sessions and provided to the public in general - a "lightbulb" moment for Varaidzo Mabhunu, PSI Zimbabwe's Marketing Manager, and all marketers, and food for thought for Quality Assurance.

Dr. Victoria Watson's work on the visual stability study and implications for HIVST quality control

Sharing ideas to improve linkage rates

We discussed low linkage rates in general and among the youth. Are we making efforts at packaging our linkages services so that clients naturally gravitate towards them or are we using a stick to push them to facilities? Uptake among the youths in Malawi is very high and I am wondering if in Zambia and Zimbabwe we might be failing them by not providing them with an attractive enough linkage package. Any Discrete Choice Experiments (DCEs) out there on linkages? More thoughts are needed regarding the barriers to integration of self-testing into the health care systems and beyond.

New to NVivo

We took some time in the meeting to work on the coding framework and perfected our skills on the use of NVivo. The coding framework is a work in progress and will need to be finalised. Our discussions now gravitate towards blood-based self-testing and into issues affecting self-testing that may be different from traditional methods of testing.

New starters

Of course, the QRN group has grown bigger and more inclusive. We welcomed to the network Richard Chilongosi, PSI Malawi's HIVST Program Manager, and PSI Zimbabwe's Marketing Manager, Varaidzo Mabhunu. We introduced the new arrivals to our business as usual way of doing things - a short train ride to LSTM's Dr. Miriam Taegtmeyer's place for the best curry I have ever had and a moonlight walk to the mighty River Mersey. The following evening it was the "Shiverpool" night tour – a ghost tour of Liverpool.

The shaping of our curriculum was deeply rooted in the outputs of the QRN discussions and feedback. The coordination and free flow of ideas between researchers, implementers and marketers ignited the start of a regional

Continued on page 6

Continued from page 5

communications campaign, based on the findings of both research and implementation.

Collaboration between STAR research arms

STAR researchers from other disciplines joined us and gave insights into their work - LSHTM's Melissa Neuman (a Research Fellow and Lecturer in Epidemiology), Marc D'Elbée (a Research Fellow and Lecturer in Health Economics) and Cath Beaumont (STAR Project Manager) all made it to our meeting. Such was the high level of inspiration that there were whispers in the corridors to change the name of the network from QRN TO QIRN J, as we move to scale.

The value of the QRN to both researchers and implementers as we move to STAR phase 2 is immense, providing sustainability of the HIV self-testing initiative in the future. Phase 2 comes with more challenges as we move to blood-based testing, and the dreaded "prick", more public sector involvement, more countries and more models. Moving from research to full-scale implementation. Issues of regulatory frameworks as governments warm up to integrating self-testing all need careful analysis.

STAR's Youth Champion for HIV Prevention

Mr Mwiza Sambo of the Malawi Liverpool-Wellcome Trust (MLW) has successfully applied for a $5,000 grant to become a Youth Champion for HIV prevention among key populations – young Female Sex Workers (FSW) in Malawi.

The aim of this project is to scale up innovative approaches to HIV prevention work for young FSW in urban Blantyre using behavioural, biomedical and structural approaches, which will be linked to HIVST being implemented under STAR in Southern Malawi.

The project has the following objectives:

- To conduct formative research to establish the current HIV prevention needs of young FSW in Malawi;
- To set up youth peer groups among young FSW;
- To monitor Impact of peer groups on HIVST and linkage to care;
- To set up a linkage to care system among young FSW;
- To monitor uptake of HIV testing through HIVST among young FSW.

The grant runs for nine months from February 2017. An update on Mwiza's work will follow later this year.

Coming Events: STAR

- Epidemiology Network meeting, 13th to 15th May, Lilongwe
- Quantitative and Epidemiological Research Network, meeting, 31st May to 2nd June, Harare

Coming Events: Other

- INTEREST Conference: 16th to 19th May 2017, Lilongwe
- IAS Conference: 23rd to 26th July 2017, Paris.
- International Health Economics Association Congress: 8th to 11th July 2017, Boston

STAR's "HIV Self-Testing - Going to Scale" Workshop

On 29th and 30th March 2017 the STAR project hosted a global workshop: "HIV Self-Testing – Going to Scale." This brought together key stakeholders, to catalyse and inform new programming and evidence-based implementation and scale-up as well as to disseminate the latest World Health Organization (WHO) HIVST guidance in Africa.

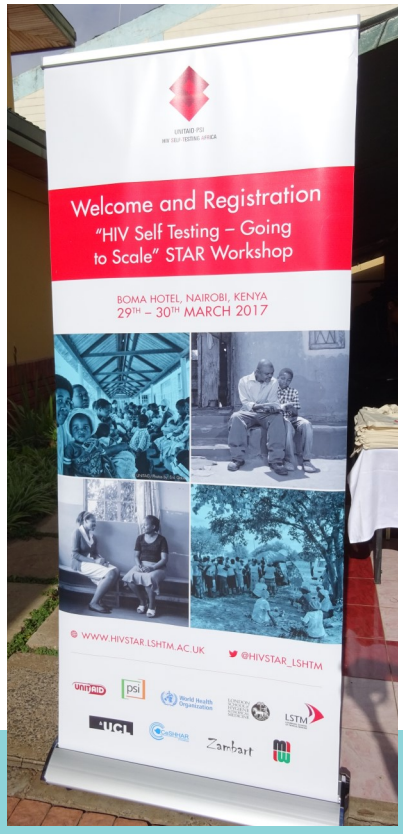
The workshop focused on sharing the latest evidence and lessons learned on HIVST, and skills building among key leaders from Ministries of Health, civil society, regulators and implementers who are working towards introducing and scaling-up HIVST.

The workshop was preceded by a meeting hosted by WHO to roll out their new HIVST guidelines for the Africa Region, and was followed by a planning meeting for Phase Two of the STAR project, due to begin in July 2017.

For more information on the workshop, including the full report and photos to be uploaded soon, see the STAR Research website.

STAR Phase One teams from the USA, UK, Malawi, Zambia and Zimbabwe

Senior government officials discuss moving HIVST from research to policy and action



Contact Us

London School of Hygiene & Tropical Medicine, Keppel Street, London, WC1E 7HT
Cath.Beaumont@lshtm.ac.uk +44 (0) 207 958 8235 www.hivstar@lshtm.ac.uk
Follow us on twitter @HIVSTAR_LSHTM