



Social Aspects of HIV/AIDS Research Alliance

Comprehensive HIV Prevention Package for MSM in Southern Africa: Pilot Study:

The Sibanye Health Project

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Investigators



Name of Investigator	Project Role	University/ Institution
Prof Patrick Sullivan	Principal Investigator (PI)	Emory University: USA
Prof Nancy (Refilwe) Phaswana- Mafuya	Co-PI/Site PI	SAHARA-HRSC: South Africa
Prof Linda-Gail Bekker	Co-PI/Site PI	DTHF: South Africa
Prof Robert Stephenson,	Co-PI	Emory University: USA
Prof A.D. McNaghten	Co-PI	Emory University: USA
Prof Carlos del Rio,	Co-PI	Emory University: USA
Prof Christopher Beyrer	Co-PI	JHU: USA
Dr. Stefan Baral	Co-PI	JHU: USA
Prof Ronald Brookmever.	Co-PI	UCLA: USA







4 Phases: January 2012 – 2015

Outcome

Phase I: Literature Review: Completed $\sqrt{}$

Phase II: Mathematical modeling: Completed √

Phase III: 1a.Qualitative: Completed √

1b.Stigma supplement: Completed $\sqrt{}$

2.Pilot study: Likely: Conclusion 2015 !!!!

Phase IV: Analysis and Evaluation of

Phase III results to inform

future studies:

To be completed in 2015 !!!!





Sibanye Health Project Sites



- 1. Cape Town: DTHF
- 2. Port Elizabeth: HSRC-3 Clinics
- Port Elizabeth Central Hospital.

Location: Central: General population

❖West End Community Health Centre.

Location: Coloured Community

Kwazakhele Community Health Centre.

Location: Township Area: Black Community





MP3-Overarching Objective: Pilot Study



To evaluate the acceptability and uptake of a combination package of behavioral, biomedical and community-level HIV prevention interventions and services for key population especially MSM in South Africa.

Eligibility: Male at birth, aged ≥18 years, self-report having had anal intercourse with another man in the 1 past year

Longitudinal cohort study

Total number participant both PE & CT =200 100 per site 20 % HIV Positive 80% HIV negative





RECRUITMENT



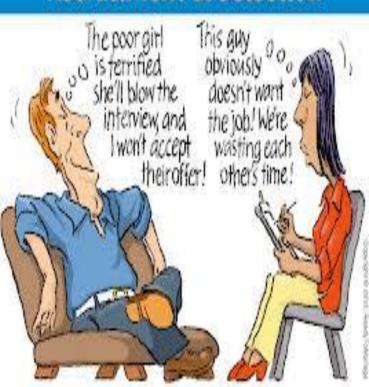
- 1. Event/Venue
 - Movie nights
 - Coffee
 - •Braai
 - Get-togethers
 - Pride events
 - Bars
 - LGBT-friendly spaces
- 2. Participant referral
- 3. Walk-in

For men who walk into a clinic visit or call at the study office without a referral coupon

4. Online

Targeted recruitment using Facebook banner

Recruitment & Selection







What the MP3 study will provide



Intervention offered

- □Condom choices: Assortment styles, colour, sizes, condom-compatible lubricant choices
- □Risk reduction counseling, CVCT
- □PrEP and PEP for eligible MSM
- □HIV testing and counseling
- □HIV linkage to care \$ Treatment
- □Circumcision assessment and referral
- □Drug abuse and referral
- □ Psychiatric assessment and referral
- □STI testing and treatment
- ☐ Hepatitis B testing and Vaccination
- □Drop in visits for HIV testing, condom & lubricants, CVCT.
- □Adherence-SMS, wisepil, pill Count

Community Engagement



Normal Visit schedules Baseline, 3, 6 12



Recruitment

Baseline visit

3 month Visit

6 month Visit

12 month Visit

Administering of information and eligibility

- Demographics, behavioural and biological data, Survey
- Drop in
- behavioural and biological data,
- Survey
- Drop In
- Behavioural and biological data, Survey
- Drop In
- Behavioural and biological data,
- Survey
- Drop In







PrEP visits-HIV-VE PX



Engagemen

STEPS

Baseline /PrEP assessment (Grp A)

1 Month/PrEP Grp A initiators

2 month/ PrEP Grp A Follow up

3 month Visit/PrEP assessment (Grp A & B!!!)

4month / PrEP Grp B intiators

5month /PrEP Grp B Follow up

6 month visit Grp A& B

9 month/PrEP monitoring Grp A& B

12 Month Visit Grp A& B

TESTS/Assessment

- □VCT/CVCT
- □HIV testing
- □Hepatitis B
- □ Creatinine Clearance
- □AST/ALT
- □Serum Phosphate
- □Glycosuria/Protenuria
- □STI Screening
- □Drug abuse
- **□**Circumcision
- **□**STI Treatment
- □Drop in for condoms
- □ lubricant,





LABORATORY



Supported by Center for Disease Control and prevention (CDC)











SPECIMEN AND DIAGNOSIS



All participants:

DBS-ARV screening-Adherence

Syphilis

Urethral gonorrhea and chlamydia

HIV Test

Substance drug abuse

HBV

Participants who initiated PrEP at 1 or 4 months:

Creatinine

AST/ALT

Serum phosphate

Proteinuria

Glycosuria

Participants with reactive or invalid HIV rapid test(s)

Western blot

CD4

Viral load

ELISA (according to local algorithms)





Outcomes/Setback & Way forward



- 1. Trainings & ongoing process-HSRC/ICAP√
- 2. Clinics staff trained on the study-HSRC/ICAP $\sqrt{}$
- 3. Clinic sensitized on MSM issues-HSRC/ICAP√
- 4. Study staff trained $\sqrt{}$
- 5. Materials set-up at the clinics√
- 6. Community engagement-Ongoing process HSRC/ICAP√
- 7. HSRC Ethics approval Obtain√
- 8. DHTF Ethics approval Obtain √

Outstanding

- 9. MCC-approval letter !!?
- 10. Laboratory-NHLS!!?

Solution!!!













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Mars sur et la lutte contre le VIH/SIDA avec SAHARA!

Março e luta contra o HIV/SIDA com SAHARA!

Thank you!
Merci!
Obrigado!

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