

Combination prevention in South Africa: Some case studies

Prof Leickness C. Simbayi, D.Phil.

Executive Director, Social Aspects of HIV/AIDS & Health,
HSRC, Cape Town
& Visiting Professor/Researcher, STI & CASB

Presentation to the 4th Meeting of the UNAIDS
Prevention Reference Group Meeting held at the Royal
Plaza Hotel in Montreux Switzerland on 3 December
2009

RESEARCH OUTPUT



Outline of presentation

- Background
- Case Study 1: Gender-based violence & HIV
- Case Study 2: Male circumcision & HIV
- Case Study 3: STI treatment and HIV
- Case Study 4: Alcohol & HIV
- Case Study 5: Community-based VCT programme
- Case Study 6: Positive prevention with PLWHA who are aware of their status
- Conclusions

Background

- During the past year, the SA Department of Health has been developing a draft Operational Plan for HIV Prevention 2009-2011 as part of its mandate in leading the fight against HIV as stipulated by the NSP 2007-2011. This includes, among others, the concept of combination prevention.
- South Africa is currently undertaking a KYE-KYR exercise with UNAIDS and World Bank support as part of the mid-term review of the NSP 2007-2011.
 - This involves among other things reviewing all prevention policies and programmes at national and provincial levels which our research team is taking a lead on as we speak.
 - It will also look at combination prevention.

Background (contd)

- **It is important to acknowledge that many organisations especially NGOs including some represented at this meeting such as CAPRISA and Soul City are implementing numerous HIV prevention programmes throughout SA.**
- **A major challenge is that very few of the interventions have been formally evaluated and shown to be efficacious and/or effective.**

Background (contd)

- **For this presentation I have listed some five case studies of combination prevention from South Africa which address both individual and structural factors that increase vulnerability to HIV infection, such as gender inequality, male circumcision, alcohol use, STIs and VCT testing. However, due to time constraints I shall focus only on male circumcision, STIs and alcohol use.**
- **This is mainly based on an audit of social and behavioural interventions (SBIs) for reducing the risk of HIV and AIDS in South Africa (Setswe, Shisana & Simbayi, 2008) which we undertook last year as part SANAC's Research Sector.**

Case Study 1: Gender-based violence & HIV

- A couple of years ago Rachel Jewkes and her colleagues at the South African MRC completed a randomized controlled trial (RCT) of *Stepping Stones* behavioural intervention for HIV prevention.
 - This was a community workshop-based behavioural intervention in rural villages of the Eastern Cape to reduce the transmission of HIV and promote HIV risk reduction practices through effecting, *inter alia*, greater condom use, fewer partners, and improved gender power relationships and lowering of gender violence, among poor rural women and men.
 - The intervention did work by changing gender norms and reducing sexual violence but however it did not impact on HIV incidence.

Gender-based violence & HIV (contd)

Other gender interventions:

- a) Two local NGO Sonke Gender Justice and Engender Health has been implementing the same programme known as Men as Partners (MAP) and One Man Can respectively for the past few years. However, the intervention has never been evaluated formerly for its impact. This involves mainly changing social norms and values concerning masculinity as well as promoting HIV prevention.**
- b) Wendee Wechsberg of RTI and colleagues have been implementing an HIV prevention intervention in South Africa.**
 - This is a woman-focussed intervention to reduce alcohol and other drugs (AOD) use, HIV risk behaviours and related violence. It is based on an intervention developed and tested in USA and was also shown to work in Pretoria.**
 - It is now being continued in Cape Town in conjunction with the SA MRC.**

Gender-based violence & HIV (contd)

- c) Our research team at the HSRC working together with Seth Kalichman of University of Connecticut in the USA also recently completed an NIMH-funded RCT of an intervention which targeted men (*Phaphama Men meaning “Wisen up” or “Wake up” Men*) and also tried to change social norms through advocacy in their social networks and also to reduce their risk to HIV infection.
 - This is a small group-based HIV behavioural risk reduction intervention in Gugulethu, based on social constructionist theory of gender and a modified IMB model of health promoting behaviours for men who are at risk for perpetrating violence against women and a risk for contracting HIV infection.
 - The interventions worked in changing gender norms but however did not significantly change their HIV risk behaviour significantly.

Case Study 2: Male circumcision & HIV

- **Following the completion of the RCT by Betran Auvert and his associates in Orange Farm Informal Settlement in Johannesburg, the team has been undertaking some operational research and running a successful MC clinic.**
 - **Both the RCT and the follow-up entailed extensive community consultation and buy-in about the benefits of MC.**
 - **In addition, they also include some behavioural risk reduction counselling to reduce risk compensation or behavioural disinhibition among all circumcised men.**

Male circumcision & HIV (contd)

Other MC studies:

- a) Our HSRC-based research team with NIMH-funding is also currently undertaking a two-part RCT that will combine MC with behavioural risk reduction intervention, separately for both traditional and medical types, in Mpumalanga Province.**
 - The aim of the project is to also reduce any risk compensation or behavioural disinhibition following MC.**
 - The traditional healing component involves working closely with traditional leaders and traditional circumcisers in particular to integrate their traditional practices both making them safe and also to include HIV risk reduction counselling.**

Case Study 3: STI treatment and HIV

- Our research team working together with Seth Kalichman developed and tested a combined alcohol and HIV risk reduction intervention (*Phaphama*) for people who have repeat STIs and therefore are also high risk for HIV infection.
 - This is a 60-minute alcohol-related HIV risk reduction intervention programme based on a modified IMB model of health promoting behaviours and alcohol risk reduction intervention to reduce both alcohol consumption and sexual risk behaviour related to alcohol use.
 - The intervention worked was found to be efficacious.
- As was the case with the last presentation by USAID, this programme has been chosen by USAID's AIDS Support and Technical Resources (AIDSTAR-One) as a case study of a promising approach to combination HIV prevention.

STI treatment and HIV (contd)

Other STI studies

a) We are currently completing a large RCT of 1800 STI patients to test the generalisability of Phaphama at three PHC clinics also funded by NIMH.

- A subset of the sample includes PLWHA who were attending a Wellness Clinic at one of the clinics, and therefore we shall be testing it also as a positive prevention intervention.**
- We are doing some abstractions of STIs every 6 months from clinic cards of participants.**
- The 12-month follow-ups will end by June 2010.**

Case Study 4: Alcohol use and HIV

- After successfully showing the efficacy of *Phaphama* in a clinical setting, our research team set out to extend the use of the intervention in a community setting using funding from NIAAA.
- The 60-min individual intervention was lengthened to 3 hours for 8-10 men and women who drink in either formal or informal drinking places in single-sexed groups.
- The intervention reduced drinking and HIV risks among moderate but not heavy drinkers and the effects were short-lived as they disappeared after only 3 months.

Alcohol and HIV (contd)

Other alcohol studies

- a) This suggested the need for multi-level interventions which is being currently evaluated in NIAAA-funded 12-community RCT involving men recruited from informal drinking places as well as communities in which some changes to alcohol drinking norms is being done through both advocacy through the social networks of the men who are participants in small groups of 8-12 men each and also through some community-level interventions such as small media and plays which we are doing together with both Universities of Connecticut (Seth Kalichman) and Syracuse (Mike & Kate Carey) as well as the University of the Western Cape (Kelvin Mwaba).
- We are also monitoring HIV prevalence in the community through VCT results from local clinics and also from annual antenatal data.
 - We are half-way through the 5-year project.

Case study 5: Community-based VCT programme

- **A Phase III Randomized Controlled Trial of Community Mobilization, Mobile Testing, Same-Day Results, and Post-Test Support for HIV in Sub-Saharan Africa (Tanzania, Zimbabwe and South Africa) and Thailand is being done both in Soweto, Johannesburg and in Sweetwaters in Pietermaritzburg.**
 - **This NIH-funded trial with US-based counterparts from John Hopkins (David Celentano & Michael Sweat), UCSF (Steve Morin) and UCLA (Thomas Cotes) is run by Linda Richter of the HSRC and Glenda Gray of Wits PHRU as local PIs in Sweetwaters and Soweto respectively .**

Community-based VCT programme (contd)

- **This is an on-going very large-scale community-based HIV VCT intervention programme to change community norms (such as less HIV-related stigma and social harm, more favourable social norms regarding HIV testing and more frequent disclosure of HIV status and discussions about HIV) using the C-POL approach to reduce risk for HIV infection among all community members irrespective of whether they participated directly in the intervention.**
- **It also involves testing for HIV incidence as well as prevalence.**
- **It started in 2004 and is scheduled to be completed the next couple of years.**

Case Study 6: Positive prevention with PLWHA who are aware of their status

- **Our research team is currently also implementing two behavioural risk reduction Intervention strategies among PLWHA in South Africa which were culturally adapted from original versions which were developed in the USA.**
- **The first intervention known as *Healthy Relationships* developed by Seth Kalichman of University of Connecticut is based on small support groups of 8-12 PLWHA (additional small group work for 6-10 weekly sessions piggy-backing on existing support groups for PLWHA) to provide HIV prevention education that seeks to address the problems of stigma and gender discrimination of PLWHA simultaneously with behavioural risk reduction.**

prevention with PLWHA who are aware of their status (contd)

- This includes both PLWHA on ARV treatment and those who are not yet on treatment.
- The main goal is to encourage disclosure of status and also promote the use of condoms during sex.
- This cluster RCT study funded by PEPFAR has just been completed among 1200 PLWHA in the OR Tambo District in the Eastern Cape of South Africa.
- The data are currently being analysed.
- The second intervention called *Options for Health* targets PLWHA in clinical care whereby counsellors provide health education to PLWHA for 2-5 minutes during every visit to clinic for ARVs or treatment of opportunistic infections.
 - Apart from behavioural risk reduction, the intervention is also addressing treatment adherence.
 - Our team is implementing the intervention together with the South African MRC.

prevention with PLWHA who are aware of their status (contd)

Other positive prevention studies.

- The *OPTIONS for Health* intervention was originally culturally-adapted and piloted in clinics in KwaZulu-Natal using medical doctors in 2005 by Jeff Fisher and Debbie Cornman, both of the University of Connecticut, who originally developed the intervention.
 - During 2006 Fisher and colleagues decided to use VCT counsellors instead of doctors as they had done previously to implement the intervention and preliminary reports suggest that the intervention was more efficacious this time around.
 - Fisher and Cornman are currently running a large NIMH-funded 5-year RCT at 16 clinics in the Pietermaritzburg area.

Conclusions

- **While many examples of combination prevention are found in South Africa as in other countries, there are several published studies of efficacious interventions which combine biomedical, behavioural and social/structural interventions as was shown in this presentation.**
- **Furthermore, there is a very strong push nationally for scaling up only evidence-based interventions including those using combination prevention.**

Thank you for your attention

