

Getting research into policy and practice: Some case studies on HIV/AIDS from the HSRC

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Presentation to the Colloquium on HIV/AIDS in Africa: Getting Research Evidence into Policy and Practice (GRIPP) held at Kopanong Hotel & Conference Centre in Benoni, Gauteng on 27 March 2008



HSRC RESEARCH OUTPUT
5293



Outline

- Introduction to SAHA- Mission, visions and its research focus areas
- Case Study 1: The WK Kellogg Foundation's OVC Care Interventions Project in Botswana, South Africa and Zimbabwe
- Case Study 2: The South African National HIV Prevalence, Behavioural Risks and Mass Media Household Surveys 2002, 2005 and 2008.
- Case Study 3: Development and evaluation of the Phaphama theory-based HIV risk reduction intervention programme
- Case Study 4: Cultural adaptation and evaluation of the positive prevention intervention programmes
- Conclusions

Introduction to SAHA: Mission statement

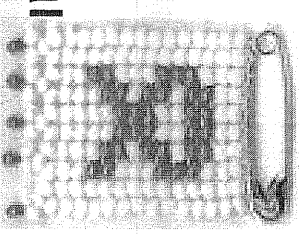
Social Aspects of HIV/AIDS and Health

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*Research to inform HIV/AIDS
prevention, care and impact mitigation*

Introduction to SAHA: What we do – Our vision



- SAHA is a multi-disciplinary research programme consisting of social scientists and public health specialists
- Strives to undertake cutting-edge, scientifically sound and innovative research that contributes to public policy formulation and programme development in order to improve service delivery.
- Pioneered research on the social determinants of health
 - Best known for HIV/AIDS work
 - Also focus on public health in general and going beyond bio-medical paradigm



**Case Study 1: The OVC Kellogg Foundation's
OVC Care Interventions Project in Botswana,
South Africa and Zimbabwe**

- **At the start of 2002 The W.K. Kellogg Foundation (WKKF) awarded the Human Sciences Research Council (HSRC) of South Africa with a 5-year grant worth US\$5 million as part of preparations for their 75th Anniversary celebrations (during 2005).**
- **The main goal of the project was to develop evidence-based “models of successful practice” that would help strengthen the capacities of households and communities to respond to the challenge of the growing number of OVC in the SADC region.**

**Case Study 1: The OVC Kellogg Foundation's
OVC Care Interventions Project in Botswana,
South Africa and Zimbabwe (contd)**

- **The objectives were as follows:**
 - **To establish a framework to implement the project;**
 - **To evaluate and monitor the impact of home-based child-centred care programmes;**
 - **To evaluate the impact of families and household support programme, and**
 - **To strengthen community based systems for sustaining care to OVC and households.**

**Case Study 1: The OVC Kellogg Foundation's
OVC Care Interventions Project in Botswana,
South Africa and Zimbabwe (contd)**

- **The project involved working with an implementation network consisting of the following partners:**
 - **relevant government departments dealing with OVC issues from each country,**
 - **influential national grant makers in the field of OVC, and**
 - **researchers from universities or research institutions each of the countries.**

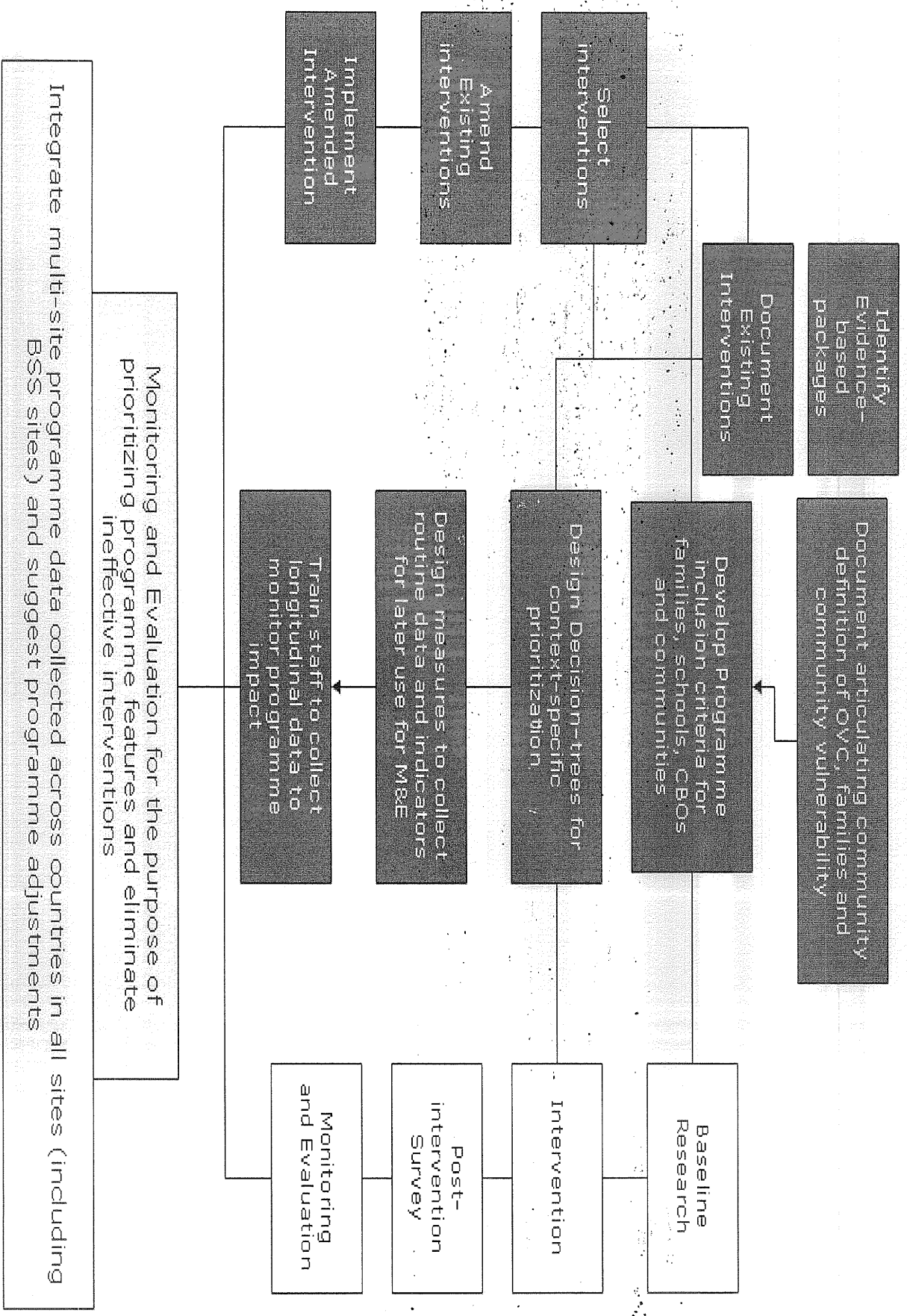
**Case Study 1: The OVC Kellogg Foundation's
OVC Care Interventions Project in Botswana,
South Africa and Zimbabwe (contd)**

Country	Research Partner	Grant Maker
Botswana	University of Botswana	Masiela Trust Fund
South Africa	HSRC	Nelson Mandela Children's Fund
Zimbabwe	Biomedical Research and Training Institute & National Institute of Health Research (formerly Blair Research Institute)	Family AIDS Caring Trust (FACT)

ARM 1

ARM 2

ARM 3



**Case Study 1: The OVC Kellogg Foundation's
OVC Care Interventions Project in Botswana,
South Africa and Zimbabwe (contd)**

Outputs

- Apart from original research and documenting of OVC interventions being implemented by community- or faith-based organisations in each country, some 'good practice' OVC interventions have been identified and recommended to Sub-Saharan African countries for scaling up to help mitigate the impact of the HIV/AIDS epidemic on the OVC.
- About 27 research reports and two peer-reviewed journal articles from all three countries have been published which are available on the HSRC and SAHARA websites.

Case Study 1: The OVC Kellogg Foundation's OVC Care Interventions Project in Botswana, South Africa and Zimbabwe (contd)

Impact

- The research undertaken has informed programme and policy development in two main ways:
 - through the conduct of literature reviews mainly to identify interventions that could be used to modify the existing child and family interventions (e.g., Strebel, 2003 and Richter et al., 2004) and
 - through convening public meetings for public dialogue among the Ministers and policy makers responsible for OVC issues, researchers, NGOs/CBOs/FBOs and donors on the key issues emanating from research which have policy implications (e.g. schooling, child-headed households, psychosocial wellbeing, etc).

**Case Study 1: The OVC Kellogg Foundation's
OVC Care Interventions Project in Botswana,
South Africa and Zimbabwe (contd)**

Impact (contd)

- While recognizing that the path from research to policy often meanders, and that it is usually difficult to demonstrate that research has informed policy, a systematic examination of the South African policy on OVC as presented to Parliament in 2005 by the Deputy Minister of Social Development shows concordance between social science research findings and the essential elements of the strategy that has been adopted to address the question of OVC.
- Our findings are also being used to develop a regional OVC policy by SADC.

**Case Study 1: The OVC Kellogg Foundation's
OVC Care Interventions Project in Botswana,
South Africa and Zimbabwe (contd)**

Lessons learnt:

- **The involvement of various levels of governments (e.g., national, district, local, etc.) in projects of this kind through their policymakers and programme developers enhances the viability of a project of this kind.**
- **More importantly, it also increase the project's ability to influence policy in the long term.**

Case Study 2: The South African National HIV

Prevalence, Behavioural Risks and Mass Media Household Surveys 2002, 2005 and 2008.

- **The Nelson Mandela/HSRC Study of HIV/AIDS: South African National HIV Prevalence, Behavioural Risks and Mass Media Household Survey 2002** which was funded by the Nelson Mandela Foundation, the Nelson Mandela Children's Fund and the Swiss Agency for Development Cooperation was a collaboration amongst the HSRC, SAMRC, CADRE and French ANRS.

- **The 2002 survey was the first population-based which employed second-generation HIV prevalence and behavioural risks surveillance survey methodology in South Africa using oral fluid for determining the HIV status for people randomly selected from households aged from 2 years and older.**

Case Study 2: The South African National HIV Prevalence, Behavioural Risks and Mass Media Household Surveys 2002, 2005 and 2008 (contd).

- It provided independent national data to complement surveillance data derived from ante-natal clinic surveys of pregnant women which has been collected annually since 2001 and used for estimating national HIV prevalence rates hitherto.
- The HIV prevalence statistics found were much lower than those reported earlier.
- There was also some evidence that some segments of the population especially the youth were responding positively in terms of their levels of knowledge about HIV/AIDS, attitudes and beliefs about the disease and people living with HIV/AIDS (PLWHA), and sexual practices.
- In addition, there was some evidence of the wide reach of mass media-based HIV/AIDS interventions.

Case Study 2: The South African National HIV Prevalence, Behavioural Risks and Mass Media Household Surveys 2002, 2005 and 2008 (contd).

Implementation network:

- The survey involved a nationally constituted Steering Committee consisting of various key stakeholder groups including representatives from government and civil society as an implementation network as well as an Expert Panel consisting of leading national experts on various aspects of HIV/AIDS.
- This ensured that they is a buy-in into the project as well as that it is done using both the most up-to-date methodology and strategies.
- The findings were disseminated through a report, press conference, meetings with relevant stakeholder groups including relevant government departments and civil society, peer-reviewed publications and conference presentations.

Case Study 2: The South African National HIV Prevalence, Behavioural Risks and Mass Media Household Surveys 2002, 2005 and 2008 (contd).

IMPACT

- These findings had a tremendous impact in the understanding of both the prevalence and the dynamics underlying the HIV/AIDS epidemic in the country.
- This provided the country with useful data to further sharpen its response in the fight against the disease.
- Together with the 2005 follow-up survey which included the measurement of HIV incidence, the findings of this original study have influenced the development of the National Strategic Plan (NSP) for HIV/AIDS and STIs for 2007-2011.
- The two studies together has provided surveillance data which complement surveillance data obtained from surveys of pregnant women attending ante-natal clinics.

Case Study 2: The South African National HIV Prevalence, Behavioural Risks and Mass Media Household Surveys 2002, 2005 and 2008 (contd).

IMPACT (contd)

- On a global level, the study has contributed towards more accurate estimates of prevalence rates in individual countries as well as on a global scale following similar studies in other African countries as part of the Demographic and Health Surveys coordinated globally by ORC Macro International.
- Consequently, national, regional and global estimates of HIV prevalence rates and corresponding totals of PLWHA have been adjusted downwards twice, first in 2004 and then last year.
- Such adjustments were most pronounced in countries in Southern Africa and in India.
- The 2008 survey will be used to for national HIV surveillance to gauge the implementation of the NSP.

Case Study 3: Development and evaluation of the Phaphama theory-based HIV risk reduction intervention programmes

- Goal 2 of the NSP is concerned with the reduction of sexual transmission of HIV.
- This is to be accomplished through, among others, renewed research efforts to find more effective ways to reduce new infections over the next 5 years especially through theory-based HIV risk reduction interventions.
- During the past 5 years my research team in collaboration with a team of some US-based researchers from the University of Connecticut have developed and evaluated a number of theory-based behavioural risk reduction intervention programmes under the name *Phaphama* (meaning “wise up” or “be wise”).

Case Study 3: Development and evaluation of the Phaphama theory-based HIV risk reduction intervention programmes (contd)

Four phases of behavioural prevention research (NIH, 2005):

- **Phase I: Discovery** involves undertaking behavioral epidemiological studies to document the demographics of HIV infection and AIDS and to describe the behavioral risk patterns associated with different at-risk groups.
- **Phase II: Exploratory** involves adapting or developing, and initially testing some preventive interventions that may stop HIV infection and its consequences. If effective, the studies demonstrate preliminary efficacy (internal validity) of prevention interventions.

Case Study 3: Development and evaluation of the Phaphama theory-based HIV risk reduction intervention programmes (contd)

Phases of behavioural prevention research (contd).

- Phase III: Efficacy Involves conducting a selected number of randomized, clinical trials of interventions initially tested in Phase II to ensure that there is sufficient external validity to justify scaling up these interventions. If successful, the interventions are shown to work.
- Phase IV: Effectiveness involves demonstrating that they can be transferred to other settings with other populations, that they work in real-life settings in non-government organizations and public clinics, and that they are cost-effective.

Case Study 3: Development and evaluation of the Phaphama theory-based HIV risk reduction intervention programmes (contd)

The following interventions which address the following target groups to try to reduce HIV infections have been conducted by my team in the HSRC or are currently underway:

- Phase II: STI patients in one clinic (individuals) [Original Phaphama; Adapted IMB model; one 60-min individual counselling session] Completed
- Phase II: STI patients in one clinic who drink alcohol (individuals) [Phaphama Alcohol; Adapted IMB model; one 60-min individual counselling session including 15-min WHO Brief alcohol intervention] Completed
- Phase II: Members of one community who drink alcohol (small groups of 8-12 people of both sexes) [Phaphama Alcohol – Community; Social learning theory; one 3-hour highly interactive session] Completed

Case Study 3: Development and evaluation of the

Phaphama theory-based HIV risk reduction intervention programmes (contd)

- Phase II: Men in one community (small groups of 8-12 people of both sexes) [*Phaphama* Men which addressed the nexus between gender-based violence and HIV; Social learning, gender social construction and social networking theories; five 3-hour highly interactive sessions] Nearing completion
- Phase III: STI patients in three clinics (individuals) [Original *Phaphama*; Adapted IMB model; one 60-min individual counselling session including 15-min WHO Brief alcohol intervention] Currently in progress
- Phase III: Men who patronise shebeens or informal drinking places in 12 communities (small groups of 8-12 men who drink alcohol and community) [*Phaphama* Multi-level* Alcohol; Social learning and social networking theories) Intervention currently under development and will probably involve 3-hour highly interactive sessions

* addresses individual behaviour and social norms around sex in the context of drinking

Case Study 3: Development and evaluation of the Phaphama theory-based HIV risk reduction intervention programmes (contd)

Implementation networks:

- **Each trial in the community has included some representatives of key stakeholder groups including those from the relevant tier of government (province, district or local municipality).**
- **This community advisory boards (CABs) serve as sounding boards and assist with advocacy to get a community buy-in into the project.**
- **They are invited to attend public meetings within the communities especially when the findings of a research project are presented.**

Case Study 4: Cultural adaptation and evaluation of the positive prevention intervention programmes

- In the same way providing some research evidence about effective theory-based HIV behavioural risk reduction interventions is imperative for the NSP, so is evidence about the effectiveness of positive prevention intervention programmes.
- Positive prevention is a new approach emphasizing the importance of PLWHA who are aware of their HIV status to prevent the spread of HIV to their sexual partners (primary prevention) and /or acquiring secondary HIV infections (secondary prevention) through safer sex practices (i.e., partner reduction and consistent use of condoms).

Case Study 4: Cultural adaptation and evaluation of the positive prevention intervention programmes (contd).

- Our team is currently conducting two Phase III trials involving two different intervention programmes which were both developed and tested and shown to be efficacious in the USA.
- To contextualise the two interventions we first undertook formative or elicitation research (Phase I study).
- This was as part of an eight nation study led by the HSRC involving four SADC countries (Botswana, Lesotho, South Africa and Swaziland), two EAC countries (Kenya and Rwanda), and two countries in ECOWAS (Senegal and Burkina Faso).

Case Study 4: Cultural adaptation and evaluation of the positive prevention intervention programmes (contd).

- The first intervention is known as **Healthy Relationships** which was developed for use among both HIV-positive men and women,
 - It is a multi-session (five X 3-h) intervention,
 - It is used on small-groups of 8-12 PLWHA (e.g. from existing support groups),
 - It involves a skills-building programme for men and women living with HIV/AIDS.
- It is designed to reduce participants' stress related to safer sexual behaviours and disclosure of their sero-status to family, friends, and sexual partners.

* The word *Marang* in Sotho languages means *rays* (of the sun) and it was chosen because the research SAHA is conducting on AIDS is hoped to bring some "rays" as it will lead to more knowledge about the HIV epidemic being discovered,

Case Study 4: Cultural adaptation and evaluation of the positive prevention intervention programmes (contd).

- The programme is based on Social Cognitive Theory, which states that persons learn by observing other people successfully practice a new behavior.
- The study is being conducted in the OR Tambo District in the Eastern Cape with PEPFAR and CDC support (known as the *Marang** positive prevention project).
- We are also currently analysing data from the pilot study completed recently in Botswana by our research partners from the University of Botswana.

Case Study 4: Cultural adaptation and evaluation of the positive prevention intervention programmes (contd).

- The second intervention is known as Options for Health.
- The intervention is based upon the IMB and employs Motivational Interviewing (MI) techniques as an intervention delivery system to convey critical HIV risk reduction information, motivation, and behavioural skills content.
- It is provided one-to-one, with people regularly visiting a service centre for support of some kind such as ARV treatment. It involves at least three sessions with the first one last about 15 min and subsequent ones lasting for only 3-5 min each usually piggy-backing on some regular activity between the health provider and the PLWHA.
- The study is being implemented through all 65 or so ARV sites in the Western Cape province in collaboration with SAMRC and UWC.
- The HSRC component is funded by the Dutch DGIS (known as *Phaphama* positive prevention).

Case Study 4: Cultural adaptation and evaluation of the positive prevention intervention programmes (contd).

- If found to be efficacious, Phase IV trials to evaluate for generalisability and effectiveness by NGOs and other providers as well as cost- effectiveness.
- It is hoped that once this implementation research is done successfully and the intervention is shown to be effective, the interventions will then be rolled out first throughout the Eastern Cape and then throughout South Africa and the SADC region.
- Implementation networks similar to those for *Phaphama* are involved in this work and findings will be disseminated at appropriate meetings of key stakeholders especially including PLWHA NGOs and provincial, district and local government representatives.

Conclusions

- In this presentation, I have presented some strong evidence of how the HSRC is getting some HIV/AIDS research evidence into policy and practice.
- Depending on the scope of the project, implementation networks involving all key stakeholders such as government policy makers, researchers and civil society who operate on a multi-country, national, provincial or community level are critical for this success.
- In particular, the OVC project and population-based surveys have directly contributed to OVC policy and programmes and the NSP respectively.
- Finally, the *Phaphama* and positive prevention interventions are still undergoing further evaluations with the two most advanced ones undergoing Phase II trials and therefore there will be a need to conduct both Phase III and IV trials if the interventions are shown to be efficacious (i.e., to work under carefully controlled conditions) and effective respectively.

