

Key Populations Division Presented by: Sia Mdlalo

CAB Capacity Building: Peer education For HPTN 083 Training

Overview

- Background on DTHF Key Populations Division
- Community Engagement Model Key Populations Division
- Groote Schuur HIV CRS CAB
- Capacity Building



Background on DTHF Key Pop Division

- Began work in 2005 as Men's Division and became the only African site for the global iPrEX study.
- The Global iPrEX study was the first time MSM in our setting were engaged in biomedical HIV prevention research.
- In order to reach MSM we had to use a number of strategies. Even though we relied on our CTU CAB we quickly found that we had to be more innovative in reaching these populations.
- Since the iPrEX study our team has continued to conduct a variety of research projects with MSM in Cape Town.
- Transitioned to the more inclusive Key Populations Division in 2015



Community Engagement Model

Key Populations Division Philosophy:

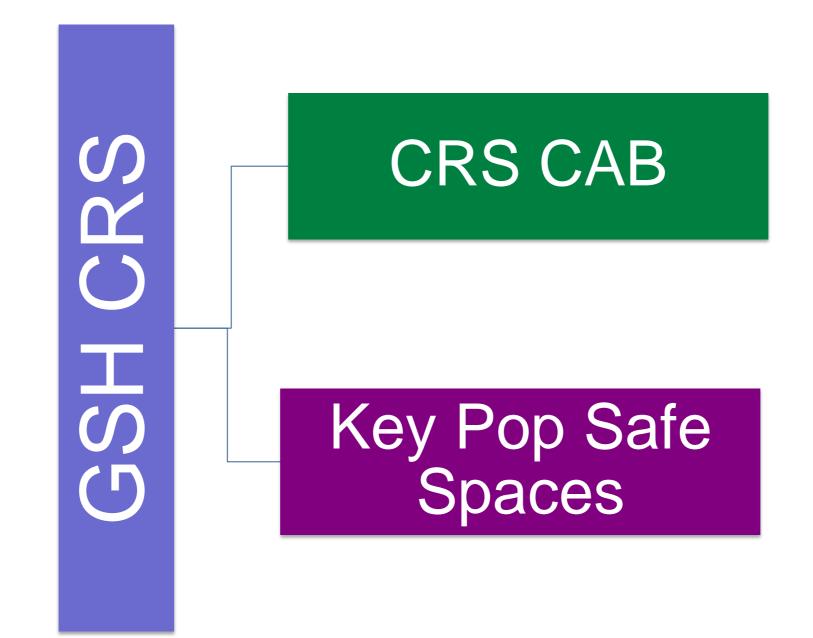
You don't do research and leave but live and engage the community in the process of clinical trials.



Community Engagement



Community Engagement Model



Safe Space Model

- Each group has at least 15 members
- Community Leader
- Community
 Coordinator
- Community Outreach team members
- Each meets monthly







GSH CRS CAB

- Restarted 2016
- 18 members
- 3 members from Safe Spaces
- NGO's, Healthcare workers, Ward councilor, Chief
- Cover all CRS network studies including Key Pop and women (AMP, 116, 075, 083)
- Meets monthly



Capacity Building



Research Centre

- Builds trust and relationship with the community
- Provides structural and biomedical prevention intervention information
- Give advices on the referral centers
- Provide prevention barriers
- Create an understanding why there is a need to be part of a clinical trial
- Coordinates community proposed activities



Safe Space Structure

Outreach Staff

Community Interns

Community Leaders

C1	C2	C3	C4	C5	C6	C7	C8	C9	C10	C11	C12

Team Structure and Capacity Building



Safe Spaces

Community Leaders

- Lives and stays in the community
- Identifies a safe space as a safe "Haven"
- Invites the research Centre to the community
- Engages the community by identifying issues faced by the communities:
 - Structural: double stigma, violence, substance abuse
 - Behavioral: behaviour change of dealing with the structural issues



Community Capacity Building events Gay Pride / Pageant / Intercommunity Activities





Safe Space Peer Education

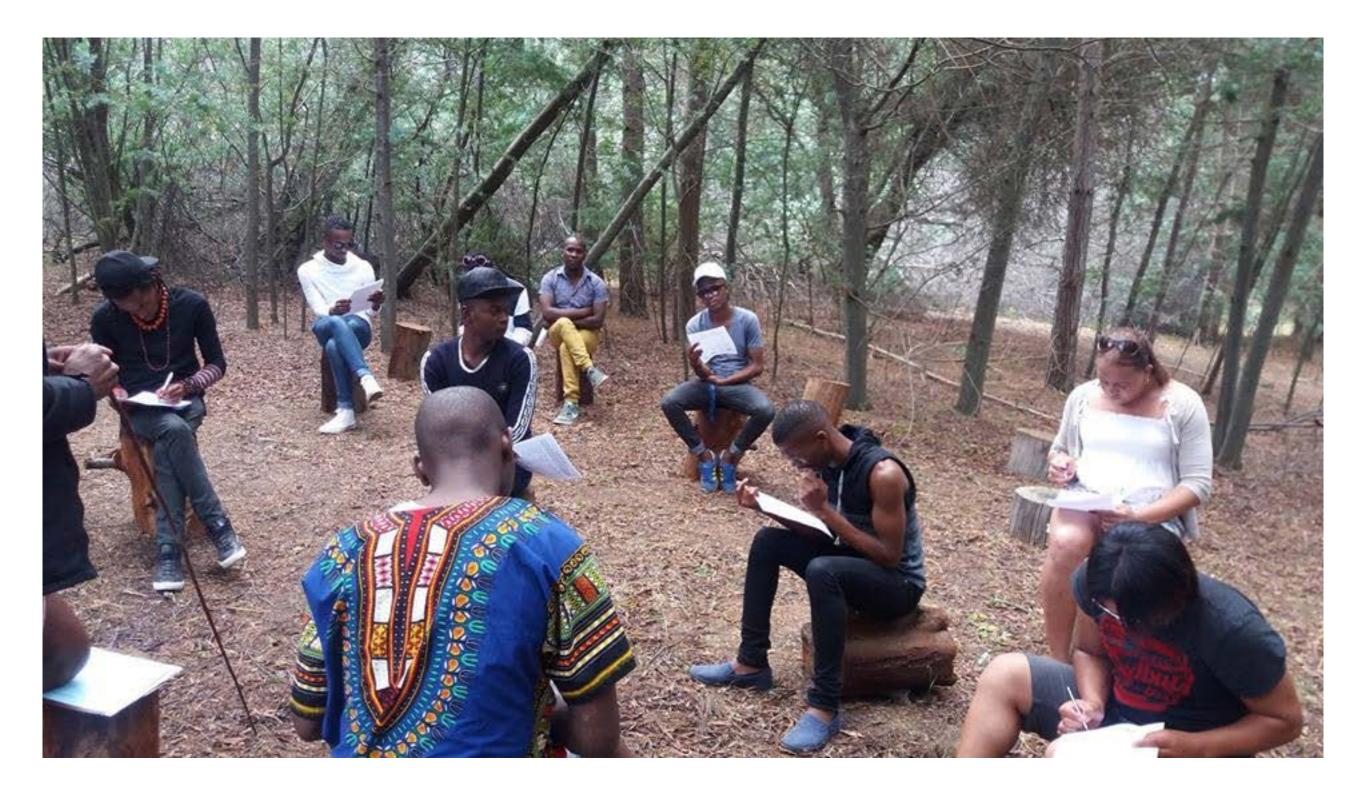
Clinical Knowledge

- HIV Education, awareness and understanding of prevalence in the communities
- STI education and understanding
- Study specific procedures (ie anoscopes)
- Study outcomes / dissemination

Personal Development

- CV / Resume workshop
- Offer computer / internet access
- Notify of learnership opportunities





CAB Peer Education

Clinical Knowledge

- HIV Education and understanding of prevalence in the communities
- STI education
- CRS Studies: Prevention and Treatment
- Study outcomes / dissemination
- Workshops to improve understanding of studies

Personal Development

- GCP
- Opportunities to attend conferences
- Report preparation



Engaging the community on HIV prevention research

Mutual Understanding

- Socio-cultural competency
 - -The community understanding the importance of research
- Research competency
 - -The research understanding the community as a stakeholder



Engaging the MSM community on HIV prevention research

Transparency

- Ensuring that the community receive open, honest and understandable information and objectives and process of a clinical trial
- Ensuring role and responsibilities and how that may influence trial related decisions



Thanks to ...

- Cape Town MSM communities
- GSH CRS CAB
- DTHF study staff and Community engagement team

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