



**HPTN**

HIV Prevention  
Trials Network

# Engaging PWIDs in a research study

**HPTN 074 Vietnam**

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# Outline

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- HIV and PWIDs in Vietnam – An overview
- HPTN 074 overview
- Engaging PWIDs in HPTN 074: challenges and solutions

# HIV in Vietnam

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- 1990: First case of HIV/AIDS diagnosed in a PWID in Vietnam
- 2014: 256,000 PLWH
- After 20 years: HIV in Vietnam is considered a “mega epidemic” among PWIDs
- 45% attributed to injecting drug use

## HIV is concentrated in key populations in Vietnam

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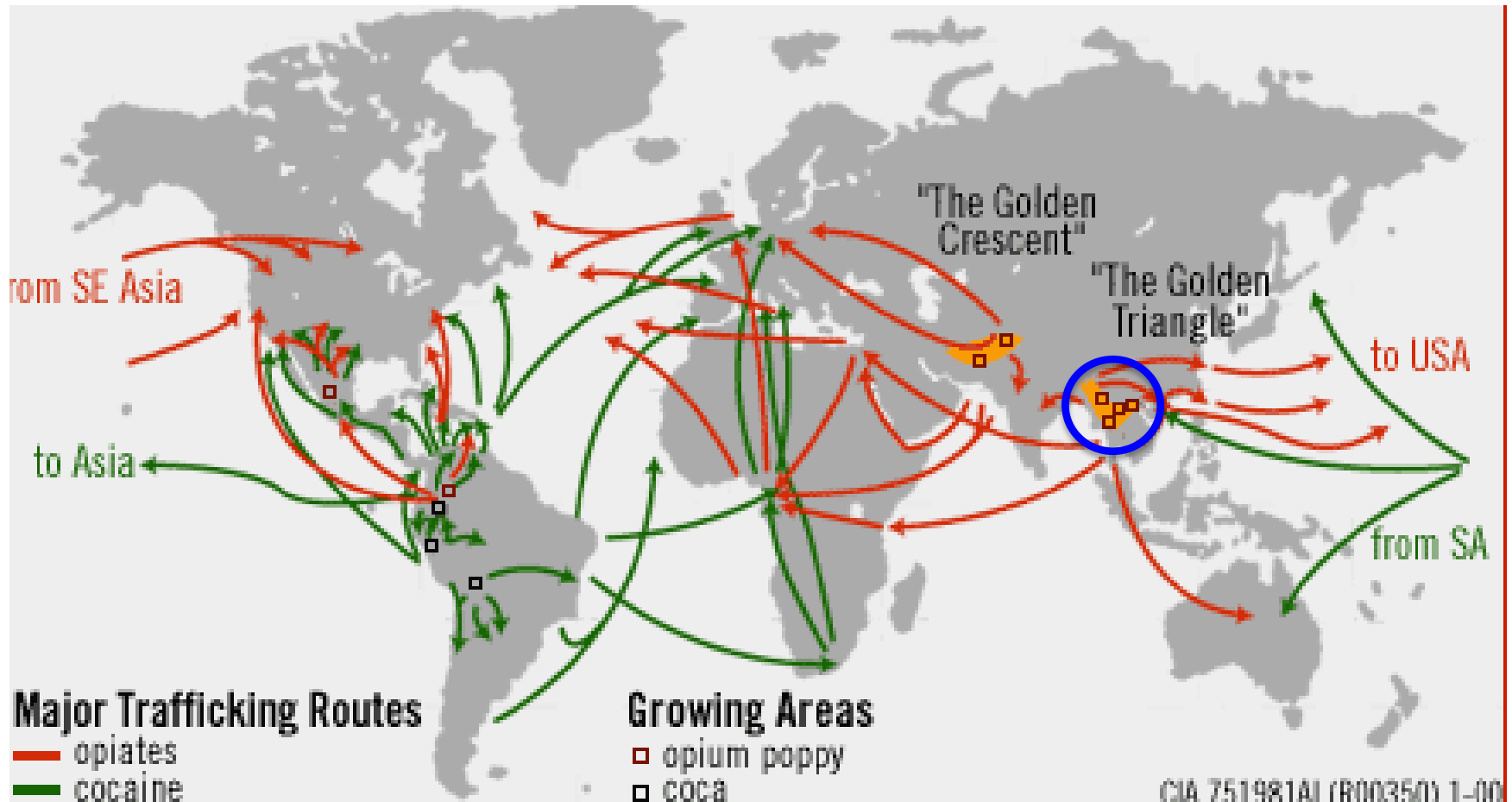
- General population: 0.26%
- Sex worker: 2.6%
- MSM: 3.7%
- **PWIDs: 10.3%**

## Complex socio-political context of PWID in Vietnam

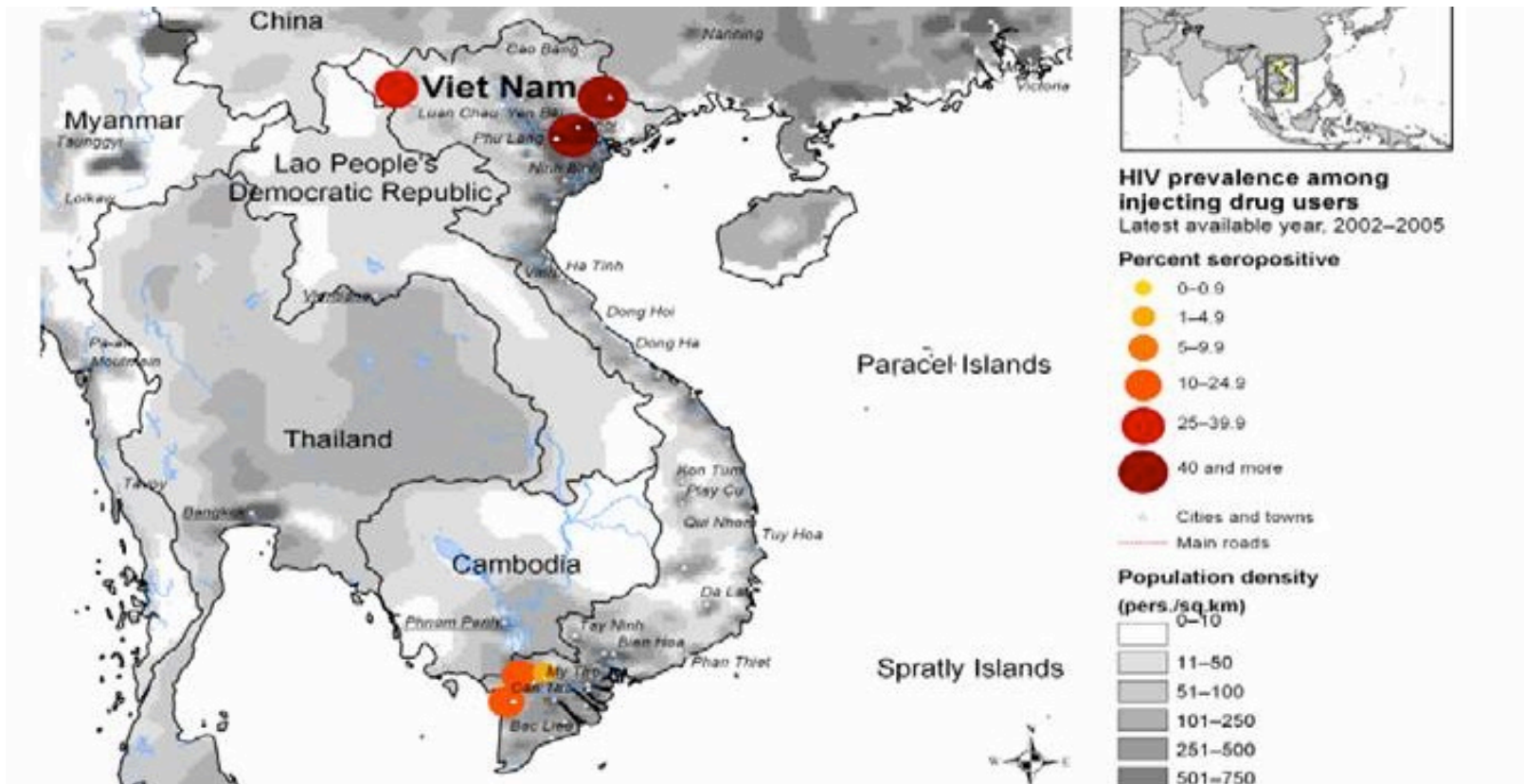
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- Golden Triangle has fueled Asia's drug epidemic
- Shift from smoking opium to injecting heroin
- *Doi Moi* has led to growth and development
- Drug users increased 70% between 2000-2004

# The Golden Triangle



# 70% of HIV infections among PWID are in concentrated regions of Vietnam

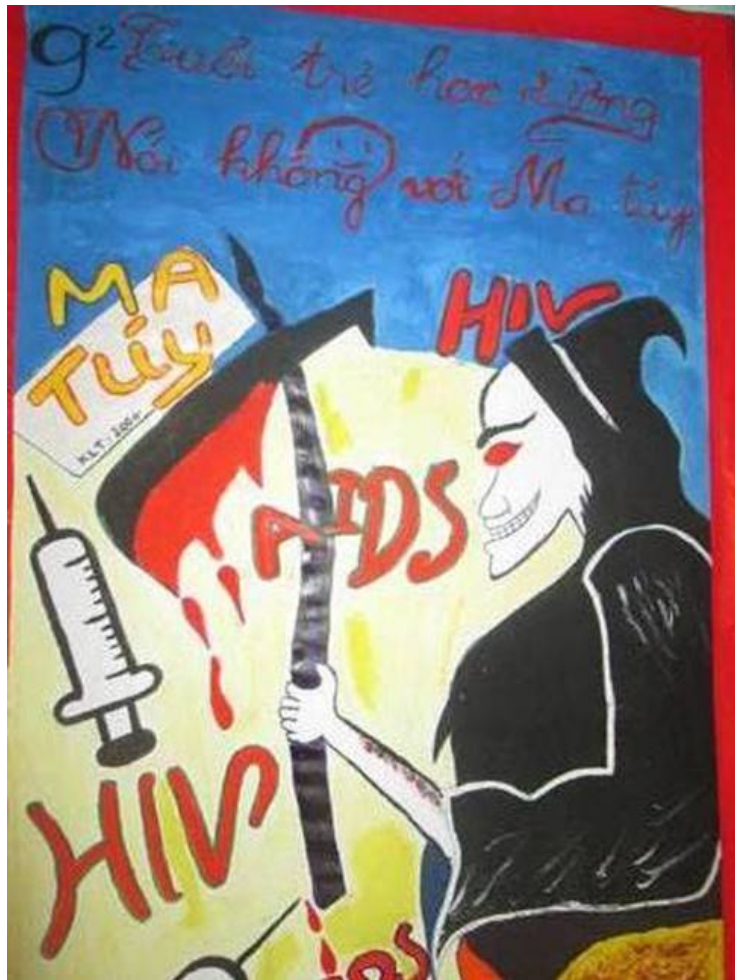


## PWIDs in Vietnam – A vulnerable group

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- Drug use is labeled a “social evil”
- Historically, government has used crackdowns, mass arrests and forced detoxification to discourage drug use
- Stigma and discrimination against PWID







# Thai Nguyen province



# Our previous studies among PWID in Thai Nguyen

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1. HIV/STD Network Prevention Trial (1R01 MH64895)
  - *Goal:* To reduce HIV, injecting and sexual risk among PWID and their risk networks
2. Prevention for Positives (1R01 DA37440)
  - *Goal:* To reduce HIV risk behaviors among HIV-infected PWID



# HPTN 074 overview

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- Target population: People who inject drugs (PWIDs)
- Targets:
  - Enroll: 195 units (an index + at least 1 injection partner)
  - FU participant: 12 - 24 months, retention rate at least 90%
- Site activated: Feb 2015
- First enrollment: 21 Apr 2015
- Recruitment end: May 2016
- Study end: May 2017

# Recruitment strategies

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- Recruiters do community outreach activities
- Peer educators/leaders of self-help groups refers PWIDs
- Peer referral
- Engage CAB in study's activities

# Key values

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- No stigma and discrimination
- Honest and trustworthy
- Supportive

## Community advisory board (CAB)

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- Engage people from different groups, including participants, leaders of self-help groups
- Help understand participants
- Protect participant's safety and rights
  - Authorities understand the contribution of the study for HIV/AIDS prevention in Vietnam
  - Authorities help protect participants
- Increase the study's prestige and dispel rumors



## CAB roster

<b>Name</b>	<b>Organization</b>	<b>Name</b>	<b>Organization</b>
Nguyen Duc Vuong	Pho Yen District Health Center	Truong Be Thien	Thai Nguyen city Health Center
Nguyen Van Chinh	Local authority	Nguyen Duc Viet	Police
Tran Van Chinh	Doctor, HIV/AIDS prevention	Hoang Van Thang	Thai Nguyen PAC
Ngo Ngoc Tam	DOLISA	Ho Quynh Trang	Thai Nguyen PAC
Do Thi Hong Khanh	Women Union	Ha Chi Dan	Leader of self-help groups
Pham Thi Thom	PLWH	Hoang Thi Van	Resident
Pham Van Minh	PWID	Le Xuan Vinh	Farmer



# Encourage information spread

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- Community approach to introduce the study to potential participants
  - Appropriate words
  - Appropriate dressing
  - Appropriate context – street context
- Disseminate flyers with appropriate messages
- Collaborate with “key persons” – peer educators, leaders of self-help groups, “prestigious” PWIDs
- Encourage “word of mouth”
  - Be friendly, no stigma and discrimination
  - Support participants as much as possible
  - Transparent: procedures, benefits, risks and discomforts
  - Incentive for peer referral

# Flyer

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## BY PARTICIPATING, YOU MIGHT GAIN

- ✓ Free HIV test
- ✓ Free CD4 and HIV viral load tests, if needed
- ✓ Referral to MMT and early ARV services

THAI NGUYEN PROVINCIAL HIV/AIDS PREVENTION AND CONTROL PROGRAM



PARTICIPATE IN THE  
**“Cùng bạn”**  
(HPTN074)

FOR A BETTER LIFE



## “CUNG BAN - HPTN 074” PROJECT

Branch 1: Pho Yen District Health Centre  
Ba Hang Town, Pho Yen District, Thai Nguyen Province  
☎ (0280) 3864.525

Branch 2: Ground Floor, Building E, Medical Centre of Thai Nguyen City  
Group 34, Phan Dinh Phung Ward, Thai Nguyen City  
☎ (0280) 3656.188



**HOT LINE**  
**0912 456 769**

## PROJECT PURPOSE

*Cung Ban is a research project to help us understand more about factors that impact HIV transmission in the community*

1

**WE INVITED YOU TO PARTICIPATE IF YOU**

- ✓ Identify as an active injection drug user
- ✓ Are between 18 and 60 years old

2

# Dedication of recruitment staffs

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- Residents in the community
- Trainings: study procedures, soft skills
- Encouragement at work
- Closely monitor
  - Progress update
  - Orientation/strategies
  - Booster training need assessment: soft skills
- Listen, share and support

# Identifying the challenges

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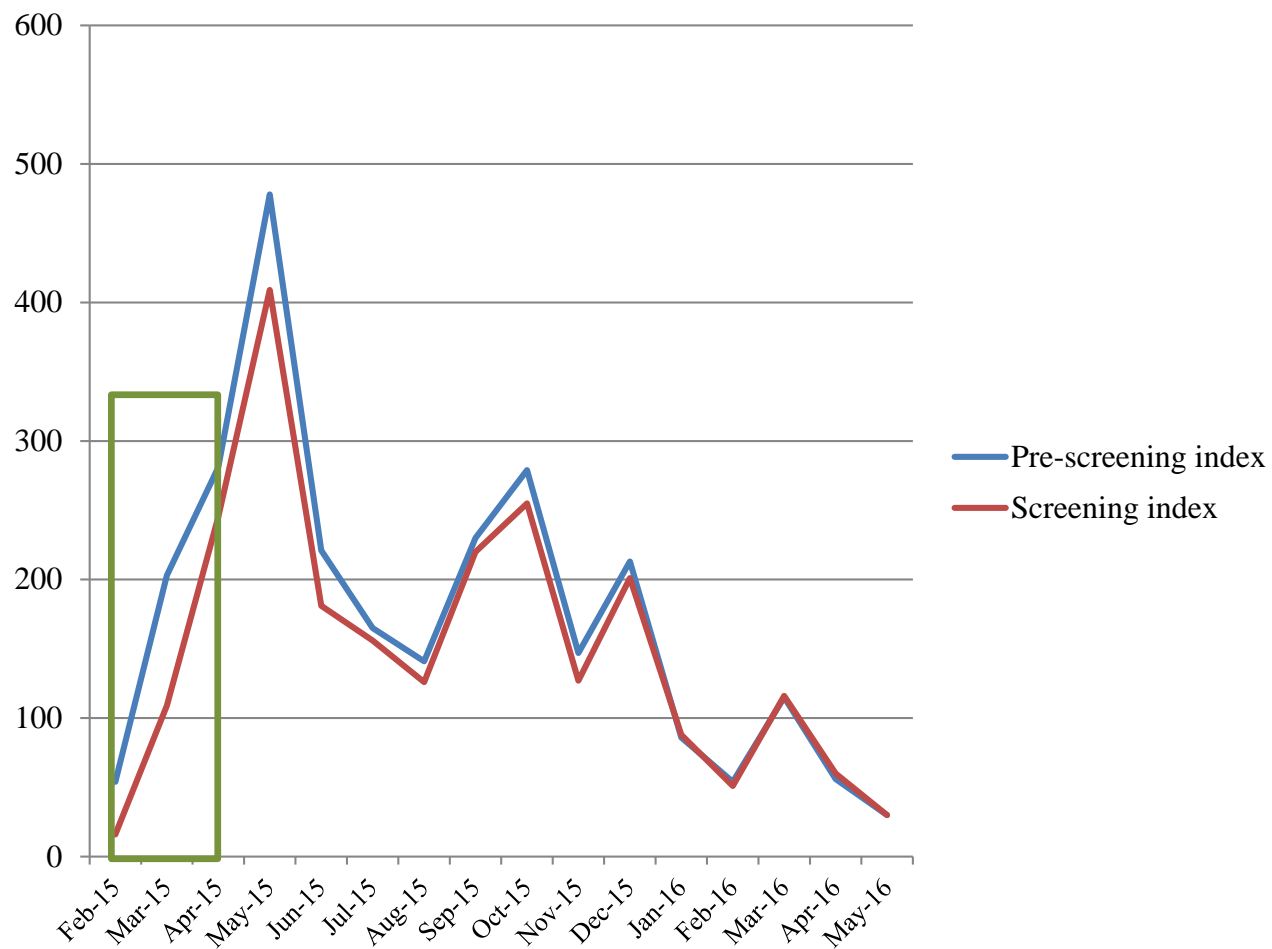
- To identify and understand the recruitment challenges:
  - Consulted CAB
  - Worked closely with recruiters – weekly meeting
  - Analyzed data from our tracking data base
  - Employed GPS





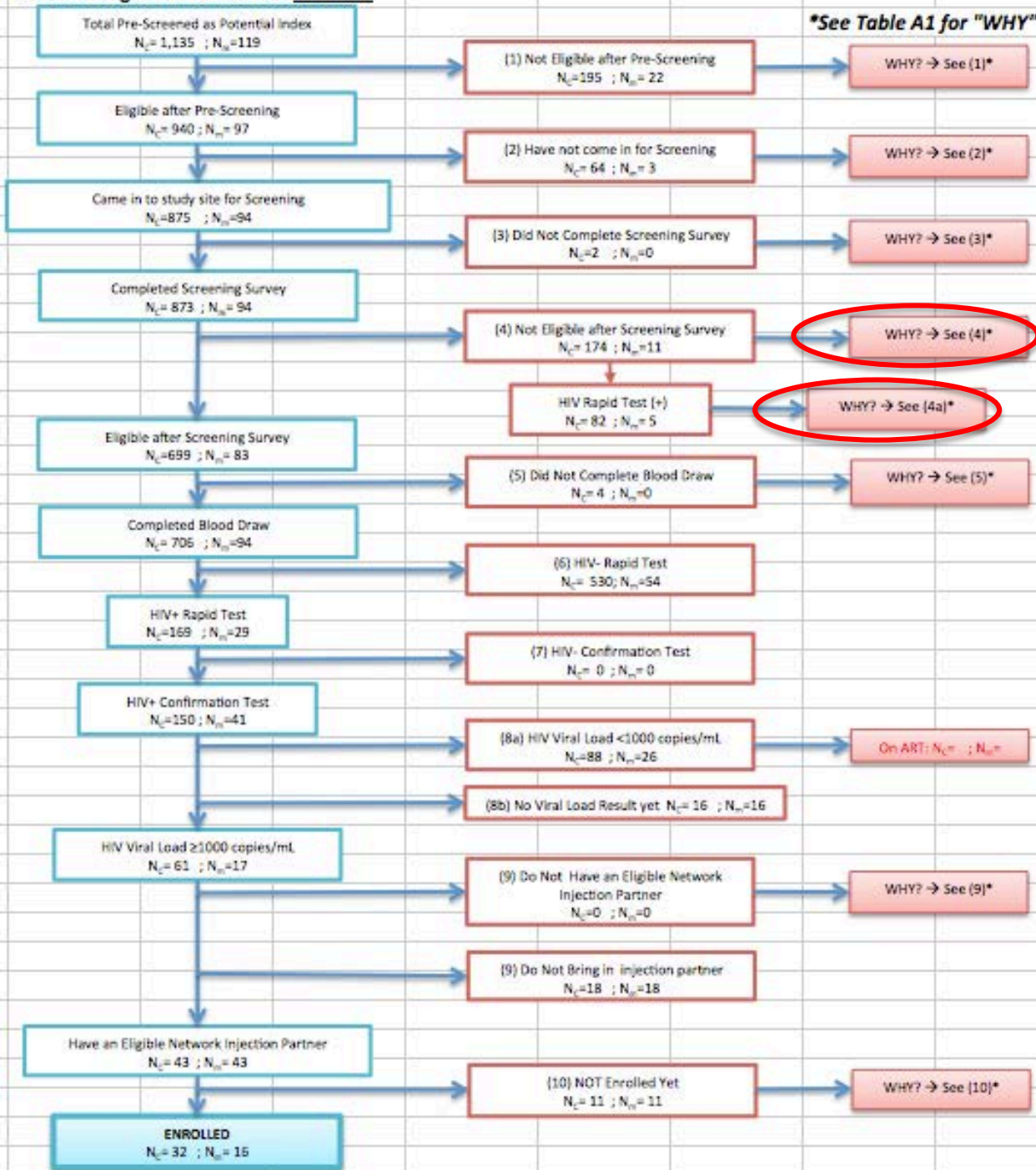
# Screening and enrollment

**Cumulative Screening:**  
Peer referral: (65%)  
Community outreach: (32%)  
Others: 3%





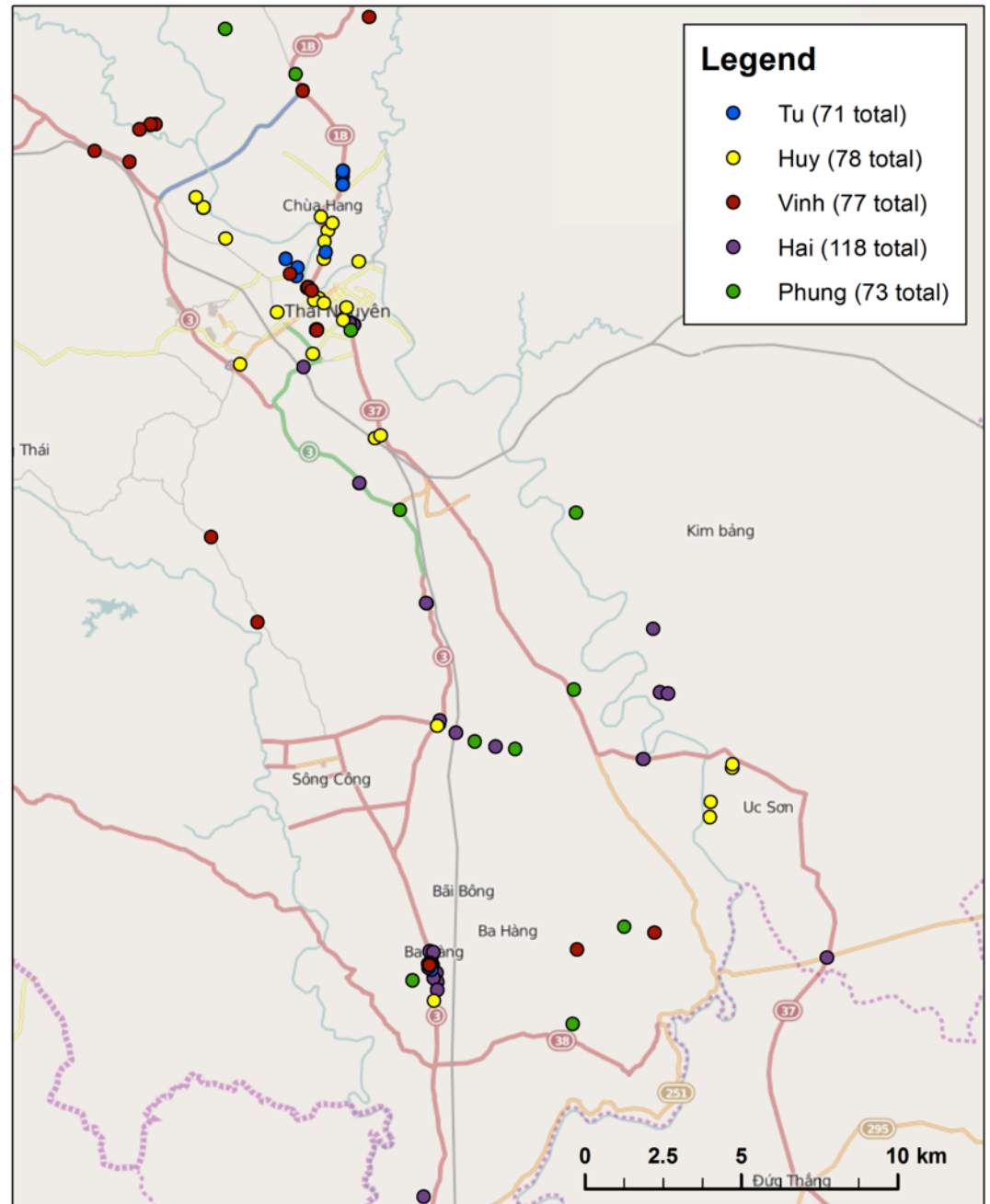
**Consort Diagram for Potential INDEXES**



Point when became ineligible	Cumulative N	Reason Ineligible	Cumulative n
(4) Not Eligible after Screening Survey & <i>HIV negative</i>	91	Did not inject within last 3 months	4
		<b>Injected &lt; 2times/week</b>	<b>19</b>
		<b>Unable to verify injection anatomy</b>	<b>11</b>
		<b>Did not share needles/syringes in last month</b>	<b>83</b>
		Not willing to introduce a partner	3
(4a) Not Eligible after Screening Survey & <i>HIV positive</i>	82	Did not inject within last 3 months	2
		<b>Injected &lt; 2times/week</b>	<b>14</b>
		<b>Unable to verify injection anatomy</b>	<b>6</b>
		<b>Did not share needles/syringes in last month</b>	<b>46</b>
		Not willing to introduce a partner	4
		<b>Currently on ARV treatment &amp; adherent</b>	<b>49</b>

# GPS map

## 6 August GPS Points by Recruiter







# Major challenges in recruitment and retention

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- Coverage of MMT and ART
- Rumors about the study (at the beginning of the study only)
  - Police/authorities
  - Cross check ART and MMT services
- “Social evils” elimination campaigns
  - Rehabilitation centers
  - Incarceration
- Community stigma and discrimination
  - PWIDs hide their injection status
  - PWIDs travel far away from home for work

# Combined key solutions

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- Encourage information spread in the target population
- Use data to understand and monitor the issues
- GPS mapping
- Build rapport and increase mutual understanding between study staffs and participants and their family members
- Brings more benefits to the target community – referral services

## Build rapport and increase mutual understanding

- With both enrolled and not enrolled participants and their families as well (if applicable)
- Act as a friend
  - Care about their needs/thoughts/situations before talking about our needs.
  - Frequently contact
  - Listen and appropriately answer questions
  - Support them as a friend can do
- Respect “the contract” - ensure participant’s confidentiality
- Dispel rumors about the study



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