Critical catalysts for translation of research findings into local HIV policy and practice

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1.9 Million People are HIV Infected

- Two-thirds are Women.
- HIV infection 3 times higher among women 20-24 than men the same age
County HIV Prevalence

<table>
<thead>
<tr>
<th>County</th>
<th>Adult Prevalence (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Homabay</td>
<td>25.7</td>
</tr>
<tr>
<td>Siaya</td>
<td>23.7</td>
</tr>
<tr>
<td>Kisumu</td>
<td>19.3</td>
</tr>
<tr>
<td>Migori</td>
<td>14.7</td>
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<tr>
<td>Kisii</td>
<td>8</td>
</tr>
<tr>
<td>Nairobi</td>
<td>8</td>
</tr>
<tr>
<td>Mombasa</td>
<td>7.4</td>
</tr>
<tr>
<td>Turkana</td>
<td>7.6</td>
</tr>
<tr>
<td>Busia</td>
<td>6.8</td>
</tr>
<tr>
<td>Nyamira</td>
<td>6.4</td>
</tr>
<tr>
<td>Nakuru</td>
<td>5.3</td>
</tr>
<tr>
<td>Murang'a</td>
<td>5.2</td>
</tr>
<tr>
<td>Trans Nzoia</td>
<td>5.1</td>
</tr>
<tr>
<td>Machakos</td>
<td>5</td>
</tr>
<tr>
<td>Narok</td>
<td>5</td>
</tr>
<tr>
<td>Samburu</td>
<td>5</td>
</tr>
<tr>
<td>Kajiado</td>
<td>4.1</td>
</tr>
<tr>
<td>Uasin Gishu</td>
<td>4.3</td>
</tr>
<tr>
<td>Kuli</td>
<td>4.4</td>
</tr>
<tr>
<td>Tharaka Nithi</td>
<td>4.3</td>
</tr>
<tr>
<td>Laikipia</td>
<td>3.7</td>
</tr>
<tr>
<td>Kericho</td>
<td>3.7</td>
</tr>
<tr>
<td>Embu</td>
<td>3.4</td>
</tr>
<tr>
<td>Nandi</td>
<td>3.2</td>
</tr>
<tr>
<td>Kirinyega</td>
<td>3.2</td>
</tr>
<tr>
<td>Bungoma</td>
<td>3.0</td>
</tr>
<tr>
<td>Menu</td>
<td>3.0</td>
</tr>
<tr>
<td>Baringo</td>
<td>2.8</td>
</tr>
<tr>
<td>West Pokot</td>
<td>2.5</td>
</tr>
</tbody>
</table>
Research - Stakeholder involvement

- Governmental structures (MOH, NACC, NASCOP, COUNTY Gov.)
- Funders and Bilateral agencies funders (CDC, WHO, UNAIDS, NIH),
- Target communities, service providers and Civil society groups
Policy and Evidence

• Evidence:
  • The quality of evidence across studies for each important outcome
  • Which outcomes are critical to a decision
  • The overall quality of evidence across these critical outcomes
  • The balance between benefits and harms
  • The strength of recommendations.
VMMC RCTs in Africa

Rakai, Uganda
Gray et. al. (2007)
Lancet; 369: 657 – 66

Kisumu, Kenya
Bailey et. al. (2007)
Lancet; 369: 643 – 56

Orange Farm, South Africa
Auvert et. al. (2005)
Phase III randomized clinical trial of once-daily oral PrEP as TDF, combination FTC/TDF, or matching placebo in 4,758 sero-discordant couples

HIV-1 –ve given oral daily PrEP follow up for up to 36 m

HIV-1 +ve -No history of AIDS defining condition & no ART use
Partners in Prevention

PrEP was safe and efficacious;
Oral TDF and FTC/TDF substantially reduced HIV-1 acquisition risk in heterosexual men and women (Baeten J et al 2012)
Partners Demonstration Project

N=39.7 infections incidence = 5.2 (95% CI 3.7-6.9)

OBSERVED N=2 infections incidence = 0.2 (95% CI 0.0-0.9)

IRR observed vs. expected = 0.04 (95% CI 0.01-0.19) or a 96% reduction (95% CI 81-99%) P<0.0001

Baeten et al. CROI 2015
Disseminate the findings

- Have a dissemination strategy
- Define your target audience
- Package the message as per the audience
- Work with stakeholders in dissemination
Randomized, Controlled Intervention Trial of Male Circumcision for Reduction of HIV Infection Risk: The ANRS 1265 Trial

Bertrand Auvert¹,²,³,⁴, Dirk Taljaard², Emmanuel Lagarde²,³, Joëlle Sobngwi-Tambekou², Rémi Sitta²,³, Adrian Puren⁹

Male circumcision for HIV prevention in young men in Kisumu, Kenya: a randomised controlled trial

Robert C Bailey, Stephen Moses, Corette B Parker, Kawango Agot, Ian Maclean, John N Krieger, Carolyn F M Williams, Richard T Campbell, Jeckoniah O Ndinya-Achola

Male circumcision for HIV prevention in men in Rakai, Uganda: a randomised trial

Ronald H Gray, Godfrey Kagzi, David Serwadda, Frederick Makumbi, Stephen Watya, Fred Nabugadde, Noah Kiwanuka, Lawrence H Moulton, Mohammad A Chaudhary, Michael Z Chen, Nelson K Sewankambo, Fred Wabwire-Mangen, Melanie C Bacon, Carolyn F M Williams, Pius Opendi, Steven J Reynolds, Olivier Laeyendecker, Thomas C Quinn, Maria J Wawer
Partners PrEP publications
Policy Experts engagement

• Engaging data experts for further review of research findings
• WHO/UNAIDS - influences global and national health policies.
• Based on the strength of evidence Expert body issues recommendations with implementation guidelines
• Recommendations act as impetus for translation.
Government Leadership

- Government leadership is key in policy making
- Armed with evidence and backing from global policy experts, research results and the recommendations can be used by the respective ministry.
- Engage Champions for policy change
- Get buy in from the executive leadership: MoH and other Relevant Partners

Case 1 Example- VMMC

- The Kenyan MOH and NASCOP began providing leadership on medical MC for HIV prevention before the conclusion of the randomized controlled trials.

- Director of Medical Services established a national MC task force to advise the government on how to proceed after trials were stopped in 2006
New policies/Policy Changes

• Once government has embraces the new findings and recommendations, policy must be drafted to enable mass scale up of an intervention.

• Researchers, Advocacy groups, policymakers and donors must come together to make new policies

• Technical working groups, task forces e.t.c must be formed with leadership from government.

Case 2 Example- VMMC
The national MC task force drafted The ‘National Guidance for Voluntary Male Circumcision in Kenya the first national MC policy in sub-Saharan Africa—

Approved December 2007, Published in January 2008
Policy into Practice

• What is needed
  • Guidelines
  • Regulations
  • Registration
  • Legislation

• Spear headed by NASCOP and NACC in collaboration with other stakeholders

• PPB- key partner is registration of drugs

• Parliament engagement where new legislation is needed
Program Objectives

• Leadership should clearly articulate intervention/program objectives

  ✓ Preventing new HIV infections
  ✓ Extend and improve life for those already infected with HIV
  ✓ Mitigate the social and economic impacts of the epidemic
Target Population

• The target population should be clear from the start
  ✓ Age
  ✓ Sex
  ✓ Occupation
  ✓ Location

• Define the target numbers for planning purposes
Guidelines Development

• Setting up multidisciplinary guideline development committee to spearhead the process
• Identifying stakeholders in guideline development
• Apply scientific evidence
  • RCT findings
  • Clinical knowledge
  • Systematic reviews
• Establish consensus with the working teams
• Derive evidence based recommendations for adoption
Guidelines Development

• Drafting guidelines - Emphasis on:
  • Validity
  • Reliability (reproducibility of recommendations)
  • Clinical applicability
  • Flexibility

• External Reviewers - Involve key experts and practitioners to assess applicability.
Some of the current guidelines

Guidelines for antiretroviral therapy in Kenya
4th edition 2011 (Re-print)

Framework for the Implementation of Pre-Exposure Prophylaxis of HIV In Kenya

MINISTRY OF HEALTH
Costing and Budgeting

• Success of a scale up program depends on financing
• Estimates should be based on target numbers and on the planned components of the services and their costs
• It is important to be comprehensive and not to underestimate costs, particularly the start-up costs.
• Include a contingency in the budget to cover unexpected or emergency expenditures.
• Justifying costs and budgets—Should be realistic and comprehensive
Resource mobilization strategy

• A proper resource mobilization strategy is key for sustainability
• Critical analysis is needed on the prevailing funding sources
• Funding sources may include
  • GOK budgetary allocation
  • MOH targets bilateral and multilateral donors and international agencies
  • Public private partnership
• Arrange dissemination workshops and presentations at meetings and conferences.
Service Delivery

• Clear Service delivery strategy
  • Decide on model of service delivery- Fixed vs mobile
  • Facilities- Private vs Public
  • Staff recruitment / training / expertise
  • Development of Clinical techniques and Guidelines e.g. SOPs and Job AIDs
• Procure commodities, equipment and supplies
Demand Creation

- Situational analysis especially on the receptiveness and any barriers
- Characterize the target audience
- Develop a communication strategy
- Package the message as per target audience
- Communicate the benefits of service/intervention clearly
- Dispense exiting myth and fears with the audience
- Leverage on mainstream and social media
- Use branding and campaign materials
- Ensure the sustainability of HIV program to meet demand
You mean you’re not CIRCUMCISED!

Stand Proud. Get Circumcised.

For more information about Safe Male Circumcision visit the nearest health facility where you see the SMC sign or call the National Health Hotline on 031 2 500 600 or 0800-200 600 OR Type SMC (leave a space) your question and send to 8198.
Champions of change

• A champion to influence and facilitate change
• Multiple champions should be engaged to promote change at different levels:
  ✓ Public specialist
  ✓ Practitioners
  ✓ Politicians
  ✓ Community leaders
• Engage champions
• Factor expenses in budget
Monitoring and Evaluation

- Determine what data are to be used for (what decisions need to be made?)
- Prepare M&E Plan
  - M&E Framework
  - Indicators
  - Data sources and data collection schedule
  - Evaluation design / targeted evaluations needs
  - Data reporting and utilization plan
- Implement M&E Plan
- Use data for program decision-making and reporting
Use data in Decision Making

- National Level: What should be our strategic priorities and goals? What resources are needed to address these?
- Program Level: Are we distributing services to meet the need?
- Facility Level: Are we providing enough services to meet the need?
- Provider Level: What is quality of a care for this client?
- Community Level: What are we doing as a community to meet the need?
- Individual Level: Where should I get services?
Challenges

• High cost
• High level of expertise
• Contextual challenges
  • Cultural, social or political
• Lack of proper engagement channels between researchers and policy makers
• Funding constraints/ Over reliance on donor funding
• Lack of sustainability plans
Conclusion

• Important to develop policies that are evidence-based
• Researchers must ensure stakeholder engagement both at national and global levels from the beginning
• Need to have good communication between researchers and policy-makers (and researcher and researcher!)
• Resources influence policy - research on cost-effectiveness vital
• Once policy is set there is a need for on-going research or evaluation to ensure best quality practice
THANK YOU