



Challenges of Recruitment for PrEP Study Participation in Rural Uganda: The Kabwohe Experience



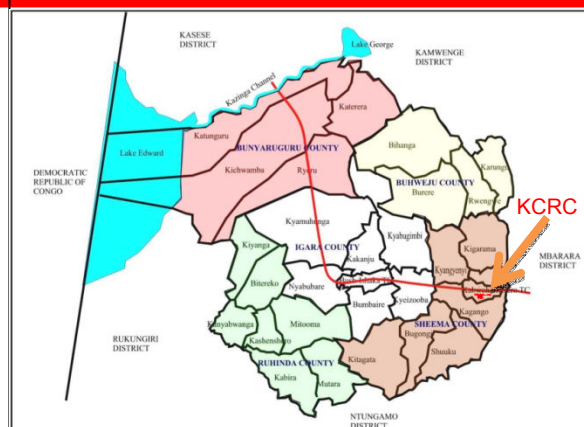
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BACKGROUND

- The immediate KCRC catchment area covers the size a Geographical area of 120 km radius. The local population in the catchment area includes the districts of Bushenyi, Mbarara, Ntungamo, Rukungiri, Kamwenge, Ibanda and Kasese.
- KCRC has since established links with VCT/CHCT referral partners for HIV discordant couples with CT sites in the region (satellite sites) including Hospitals, Health center IVs, IIIs, IIs as well as HIV/AIDS care organizations/NGOs and community volunteers (CORP's).
- Despite this, the site has faced some challenges in recruiting HIV discordant couple participants for the partners PrEP study. We present findings and progress to-date, after 1.5 months post site-activation

Map of Bushenyi District indicating the Location of KCRC Study Clinic and the neighboring Districts



Some Infrastructural Hindrances' to Couple Visits

Couples Referred, by Strategy	N
Health Center/ Hospital/Clinic	21
Local Health Program/Project	5
Self Referral	4
Community Volunteers	89
Others (Model Couple)*	3
TOTAL	122

Stakeholder Engagement	N
Health Workers CHCT Trained	46
CORP's Refresher in CHCT	186
Local Leaders Sensitization	1,200
CAG Members Trained	15
Staff CHCT & Protocol Trained	25

Indicator	Gender	Index	Partner	Total
# Pre-screened	n/a	n/a	n/a	240¶
# Screened	Female	18	37	55
	Male	37	18	55
# DBNE	Female	4	10	14
	Male	10	4	14
# Refused to Consent	Female	0	1	1
	Male	1	0	1
# Awaiting Lab Results	Female	4	9	13
	Male	9	4	13
# Awaiting Enrollment	Female	4	7	11
	Male	7	4	11
# Enrolled	Female	6	10	16
	Male	10	6	16

CHALLENGES ENCOUNTERED IN RECRUITMENT

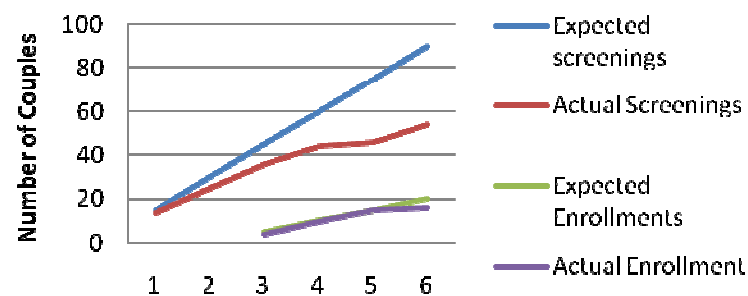
- ❖ Inadequate staff at rural health units to provide CHCT & VCT
- ❖ Couples come from hard to reach areas /distant villages
- ❖ Bad terrain, poor roads and telecommunication net work, increasing costs of follow-up or contact
- ❖ Irregular supply of HIV test kits at public testing health-centre's/CT sites with some NOT conducting HIV testing routinely as a result
- ❖ Some couples referred can't afford transport costs for the first trip to KCRC even if there is transport refund
- ❖ Discordant couples /community volunteers as well as some health workers associate the study site with community programs which can cater for other social economic needs (High expectations by the community /couples on the study clinic)
- ❖ Lack of transport reimbursement for couples found ineligible at pre-screening
- ❖ CHCT coverage & uptake is still low perhaps due to low male involvement in CHCT in general

LESSONS LEARNT

- Involvement of community leaders & CORPs increases/facilitates participation and acceptability of a program**
- There is need for continual stake holder mobilization & Involvement**
- Readiness to listen and respect all people regardless of whether ones opinions are related to study or not is vital at start-up.**
- Never to relax recruitment strategies because one has some potential couples for recruitment. Many discordants turn ineligible because of inclusion and exclusion criteria or other factors**
- Study initiation no walk over. It requires a lot of committed and sustained HARD WORK!**

¶ 120 couples have been pre-screened to-date. 55 have been screened, 21 re-scheduled for screening visit-1, 44 Couples Ineligible (19 on ART, 12 BF, 3 Concordant, 3 >65 yrs, 3 WHO stage 4, 2 Abstaining)

Kabwohe Site, PrEP Recruitment Weekly Progress Chart August 4th- September 12th 2008 (6 weeks)



§ Expected Screenings/Enrollments Calculated based on a 3:1 Screen to enroll ratio

RECOMMENDATIONS

- ✚ Use of Community Volunteers (CORP's) in recruitment of discordant couples should be encouraged to boost the referrals from static VCT/CHCT sites
- ✚ Other innovative measures to encourage men to test for HIV with their partners are critical
- ✚ Continued staff training, support and capacity building for health workers in field VCT/CHCT sites essential

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