

Community Engagement from the Researcher's Perspective

Anchalee Varangrat
HIV/STD Research Program (HSRP)
Thailand–MoPH US CDC Collaboration (TUC)

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Outline

- HSRP research experiences & community engagement
 - HIV assessment among men who have sex with men (MSM) in Bangkok since 2003
 - Silom Community Clinic (SCC)
 - MSM cohort study
 - Clinical and behavioral studies at SCC
- MCAB: Multiple-sexuality person Community Advisory Board

HIV prevalence and associated risks among MSM in Thailand since 2003

- Prior to 2003, there were no HIV data available for MSM and transgendered women (TG) in Bangkok
- TUC initiated 1st HIV assessment among MSM in Bangkok
- Collaboration with Ministry of Public Health (MoPH), Thai Red Cross Society (TRC) and the Rainbow Sky Association of Thailand (RSAT)
- Study design:
 - Venue based assessments with community outreach as field-staff
 - Anonymous with informed consent
 - Non-invasive, self-collection of oral fluid for HIV testing
 - Handheld computer-assisted self-interviews
 - Bar code card to get HIV test results
 - Thai male, at least 15 years old and sex with another male

Preparatory meetings

- Community consultation
- Community representative meeting, including gate keepers and venue owners
- Meeting with Law enforcement representatives
- Meeting with BMA officials

















Thai MSM assessment: sequence of activities

- May 2003: Completion of HIV prevalence and risk behavior assessment in Bangkok
- Sept 2003: Dissemination of 17.3% HIV prevalence result to national sources
- May 2004: National workshop hosted by MOPH to plan preventive intervention to alleviate the spread of HIV among MSM epidemic
- Dec 2004: National workshop regarding the inclusion of MSM in the National Plan for the Prevention and Alleviation of HIV/AIDS and sexuallytransmitted infections (STI) in Thailand, hosted by MOPH
- Early 2005: Add on intervention, voluntary counselling and testing (VCT), STI and access to care components to the MOPH strategic plan
- 2005: Repeat cross-sectional MSM HIV prevalence survey, add on Phuket,
 Chiang Mai, MSW and TG
- Sept 2005: Silom Community Clinic starts operation with HIV VCT service
- Oct 2005: 1st MSM Community Advisory Board (MCAB) meeting
- Apr 2006: Start of MSM cohort study
- 2007: MSM surveillance transferred to MoPH

5 ilom Community Clinic

Since October 2005: Reaching out to the Community and creating an entry-point into research

Our Goals:

- Provide HIV and STI services to MSM as outreach to the community and as an entry-point into scientific studies
- Serve as a model clinic for HIV prevention and research in Thailand and the region
- Conduct biomedical HIV prevention research, such as research on vaccines, pre-exposure prophylaxis (PrEP), and microbicides—as well as other viable prevention methods
- Conduct cohort evaluations to provide critical information on HIV and STI prevalence, incidence, trends, and qualitative and epidemiologic factors associated with HIV & STIs in MSM & TGW



Silom Community Clinic – Since October 2005 Reaching out to the Community and creating an entry-point into research

- Integrated in health care facility, not immediately recognizable
- Located in the MSM hotspot, easy access
- Convenient hours of operation (16:00-22:00, Tue Fri)
- Private and confidential, relaxed atmosphere
- Friendly and understanding staff with client-based counseling (non-judgmental, professional and supportive atmosphere)
- No questions asked: No ID needed, no questionnaires, no interviews, no inquisitive counseling
- One-stop, comprehensive services with rapid HIV testing, free-of-charge
- Extra:
 - Syndromic STI evaluation
 - □ Hepatitis A and B (HAV and HBV) testing; HBV vaccine for those eligible
 - ☐ If HIV+: CD4 count and tuberculosis (TB) evaluation
 - □ Referral into public health care system

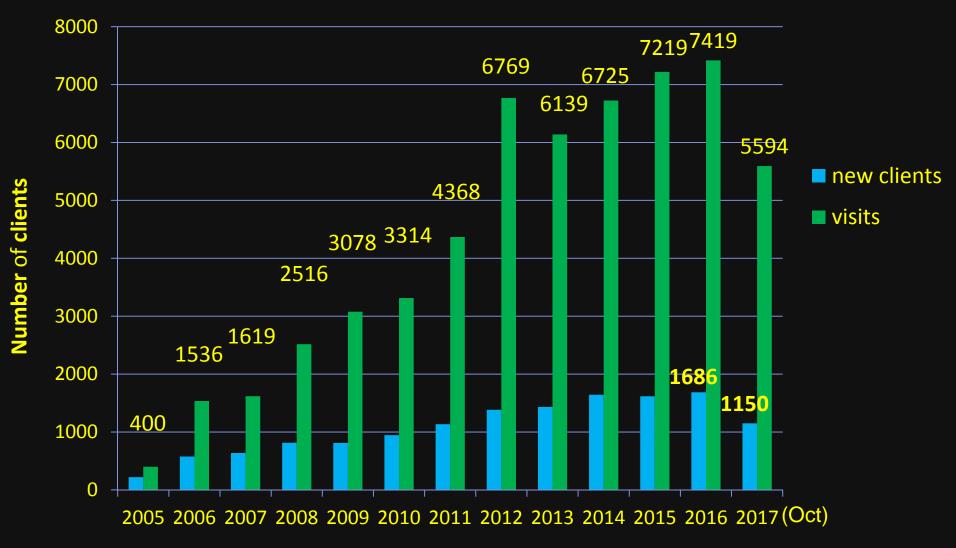


silom





SCC @TropMed - HIV VCT 2005-2017 (Oct)



Year Total = 14,055 clients have been served between 2005-2017 (Oct)



Multiple-sexuality person Community Advisory Board

Advises and promotes rights and sexual health for Thai multiple-sexuality persons

Consists of partners from government agency, private business, community-based organization, medical research institute, and public media in Thailand

Since 2005

What is M-CAB?

M-CAB is not just some CAB

- In 2005, we found high HIV prevalence (28%) among MSM in Bangkok.
- We need to involve community in stopping this epidemic.
- MSM Community-Based Organizations (activists), policy makers, publich health services/researches, business owners, and media sector joined forces.
- We called to all partners in the field of MSM and HIV care and support to come together to form the M-CAB. (not established and run by institutions or clinical studies)
- The 1st M-CAB Meeting was held on Oct 11, 2005; fifteen organizations from different sectors attended.
- We are currently working on the 6th term (twoyear membership) starting from Nov 2015-2017.

You might consider moving this slide earlier after Slide 5 "Silom Community Clinic: since 2005" so that you can explain more about the M-CAB before discussing our clinic.

Author, 29/11/2560 **A**1

Community Engagement Activities

- M-CAB 10th Year Anniversary (Symphosium & Thank You Party)
 Theme: Over 10 Years of Success and Shaping our Community's Future
- HIV Forum
 Celebration of 25th Anniversary of MoPH and TUC on HIV/STI Research and Program Implementation
- CommunityForum: PrEP Update
- VCT Day (1July)
- World AIDS Day (1 Dec)









Capacity Building: Trainings and Meetings

• Emory-CDC CTU/Training of Trainers (Bangkok in Oct 2015)

4 Modules: Human Rights in Clinical Research, Informed Consent, HIV Basics and HIV Infection & Continuum of Care

Semi Annual Clinical Trainings (Outside BKK: in May & Nov)

5th: Human Rights and HIV Training (Nakhon Sawan in Nov 2015)

6th: Work Plan Development (Hua Hin in May 2016)

7th: Update on National Guidelines on HIV/AIDS Treatment and Prevention (Nov 2016)

8th: Training course on Policy Advocay (May 2017)

International Conferences and Meetings

2015 HPTN Annual Meetings (1 M-CAB member, USA in June 2015) ICAAP (2 M-CAB members, Dhaka, Bangladesh in March 2016)

2016 HPTN Annual Meeting (2 M-CAB members, USA in June 2016)











The Bangkok MSM Cohort Study (BMCS), 2006 – 2016

- Preparatory cohort study of HIV prevalence, incidence, follow-up rates and risk behavior among MSM
- Duration 3 to 5 years, study visits at 4-monthly intervals (36-60 months or 10-16 visits, including baseline)
 - > Two periods of enrollment Period 1 (5 Apr 2006 31 Jan 2008) and Period 2 (17 Sep 2009 30 Nov 2010)
- Thai MSM, residing in Bangkok, at least 18 years of age and have had penetrative oral and anal sex with another man in the past 6 months
- Oral fluid HIV testing and STI evaluation, computer-assisted selfadministered questionnaire and risk reduction counseling at every 4 month visit



Bangkok MSM Cohort Study

Origin of recruitment: 1,744 MSM recruited, 1,292 during 2006 –2008 (cohort 1) and 452 during 2009 – 2010 (cohort 2)

Recruitment Origin of Participants in the Bangkok MSM Cohort Study, 2006-2010

	Cohort 1 05/06 – 12/08	Cohort 2 09/09 – 12/10	Total 05/06 – 12/10
Source	n (%)	n (%)	N (%)
Internet	91 (7.0)	21 (4.4)	112 (6.4)
HIV VCT	162 (12.5)	2 (0.4)	164 (9.4)
MSM CBO	296 (22.9)	101 (21.4)	397 (22.8)
Viva Voce	743 (56.0)	328 (73.8)	1071 (61.4)
Total	1292 (100)	452 (100)	1744 (100)



Bangkok MSM Cohort Study

Origin of recruitment (reported referral approaches)

Conclusions

- Over time, the proportions reporting CBO referrals remained substantial, suggesting community outreach is a good way for initial population access
- However, the high and increased rate of personal referrals throughout the study may indirectly reflect increasing community interest and trust
- Demographics of participants were consistent despite larger numbers recruited in the second period
- To maximize MSM recruitment, programs should pursue personal, website, and CBO referrals at initiation with VCT referral as back-up method



Current and future studies @SCC

COPE	COPE4YMSM – Phase I	Combination HIV Preventive Interventions for Young Thai MSM (COPE4YMSM): Qualitative Assessment and Community Engagement
	COPE4YMSM – Phase II	Effectiveness and Cost Effectiveness of a Combination HIV Preventive Intervention with and without daily oral Truvada® pre-exposure prophylaxis (PrEP) with adherence support among young men who have sex with men (YMSM) and transgender women (TGW) aged 18-26 in Bangkok and Pattaya, Thailand
silom community clinic	HPTN 083	A Phase 2b/3 Double Blind Safety and Efficacy Study of Injectable Cabotegravir Compared to Daily Oral Tenofovir Disoproxil Fumarate/Emtricitabine (TDF/FTC), For Pre-Exposure Prophylaxis in HIV-Uninfected Cisgender Men and Transgender Women who have Sex with Men
Y MSM	YMSM	Young Men Who have Sex with Men (YMSM) Cohort Study
microbiolds trials network	MTN 026	A Randomized, Double Blind, Placebo-Controlled, Phase 1 Safety and Pharmacokinetic Study of Dapivirine Gel (0.05%) Administered Rectally to HIV-1 Seronegative Adults

Current and future studies

 Community engagement as part of the "Combination package" for HIV prevention

"Community engagement in research may enhance a community's ability to address its own health needs and health disparities issues while ensuring that researchers understand community priorities." (Am J PubHealth, Aug2010)

Lessons learned from community-led Test & Treat and PrEP project

- CBO can be successfully trained as HIV counselors, HIV testers and HIV care providers
- CBO are eager and proud to have their capacities built up beyond just being outreach worker and recruiter for the research projects. Now they can be community research sites.
- CBO is an essential partner in scaling up HIV prevention and care in the country
- More sensitive (4th generation) self-test (finger prick, oral fluid, urine) is urgently needed
- STIs are common among MSM/TG. Asymptomatic screening and treatment of STI are essential components for successful overall HIV prevention

Source: Phanuphak P, Future HIV Prevention. 18th Bangkok International Symposium on HIV Medicine, 13 Jan 2016



THANK YOU

