Translating operations research findings into rapid programmatic action: Reflections from the ACCESS study in South Africa

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In September 2015 the World Health Organization (WHO), released its updated recommendations on Test & Treat and oral pre-exposure prophylaxis (PrEP) for HIV. Application of these recommendations were said to have the potential to avert more than 21 million HIV-related deaths and 28 million new infections by 2030 (1).

WHO Recommendation (30 September 2015): Treat and provide PrEP for men who have sex with men (MSM) and women on an as-needed basis.

In response to the WHO recommendations on oral PrEP, the South African National Department of Health (NDoH) convened a National PrEP Technical Working Group (TWG), comprised of implementing partners, donors, civil society, researchers and programmers in October 2015 to inform oral PrEP rollout. The TWG was instrumental in the development of the South African National Policy on PrEP and Test and Treat and by June 2016, oral PrEP was launched in South Africa in a phased approach, beginning with sex workers, followed by men who have sex with men (MSM) and adolescent girls and young women (AGYW) (Figure 1).

Figure 1: PrEP Timeline in South Africa

The TWG meets regularly and remains a platform for sharing programmatic and research data to inform service delivery. The OPTIONS Consortium (USAID) and the Prevention Market Manager project (BMGF) are part of the TWG through Wits RHI and the Clinton Health Access Initiative respectively.

METHODS

When the ACCESS study was being conceptualized, study plans were shared with the TWG and input was provided.

1. This was followed by sharing of the study protocol and data collection tools and input was provided.

2. Prior to data collection, the NDoH facilitated buy-in and approvals from clinics through formally drafted letters to the clinic in support of the ACCESS study.

3. Survey and in-depth interview data were collected from clients (aged 18 and above) at 9 PrEP implementing clinics (6 sex worker clinics, 3 MSM clinics) from September 2017 to January 2018.

4. After the completion of the survey data collection and prior to the start of the qualitative research phase of the study, preliminary findings from descriptive analysis of survey data were shared with TWG in November 2017.

5. The TWG provided input on focus areas for the qualitative research phase of the study.

6. Additional quantitative findings were shared with the TWG in March 2018 and final results in October 2018 in the form of a detailed PowerPoint presentation and a technical brief.

7. Programmatic action was taken by the NDoH.

CONCLUSIONS

• All too often research findings only reach program implementers at the stage of publication, and at times lose relevance due to the lengthy time periods prior to results dissemination
• Developing a method of how research findings can rapidly be turned into practice is key to ensuring the impact of public health research
• Our methods of engagement with NDoH and TWG proved to be effective, resulting in rapid translation of translating research findings into programmatic action
• This was achieved by ensuring NDoH was a core research partner and getting input from NDoH and TWG at every step of study planning, implementation, reporting, and translation
• This method of engagement can be applied within any healthcare setting for rapid programmatic refinement (learn and adapt) and is an example of good participatory practice being applied to programs

REFERENCES

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OPTIONS Consortium Partners

NDoH, Wits RHI, MSF, FHI 360, LSHTM, McCann Health, and primary partners include FHI 360, Wits RHI, AVAC.