Multipurpose Prevention Technologies for Reproductive Health

Accelerating Research on Multipurpose Prevention Technologies for Reproductive Health

Availability & Access of MPTs: Implementation issues

Innovative partnerships/business models

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KHPT: The Beginning…..

The University of Manitoba and Karnataka State AIDS Prevention Society (KSAPS) established the Trust in 2003:

- Project Director and Additional Project Director are permanent trustees
- Health Secretary, is Chair of the Project Steering Committee

Close coordination with KSAPS state program

Geographic Presence: Four states in India

Global presence through the Centre for Global Public Health, UoM

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KHPT Vision and Mission Statement

Multipurpose Prevention Technologies for Reproductive Health

Vision:

Empowered communities..... working collectively to improve their health, reduce the incidence and burden of HIV/AIDS, and assert their rights and dignity.

Mission:

Reduce the incidence and burden of HIV/AIDS through the delivery of evidence-based, results-oriented, gender transformative, comprehensive, sustainable and scaled HIV/AIDS prevention, care and support programmes and services, built in partnership with the communities which we serve.

Strengthen the capacity of partners, including community-based, governmental and non-governmental organizations, to plan, deliver, monitor and evaluate HIV/AIDS prevention, care and support programs.

Develop as a learning organisation, continually improving our knowledge and approaches through reflection, research and engagement with our peers, in India and globally.

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Our Approach

Multipurpose Prevention Technologies for Reproductive Health

Work in close tandem with the national and state programs guided by the following principles:

- ***Use evidence-based approaches***
- ***Reach scale rapidly***
- ***Support & complement government services***
- *Build capacity at all levels*
- *Comprehensively address related issues*
- *Work towards mainstreaming and sustainability*

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Innovations

Multipurpose Prevention Technologies for Reproductive Health

- **Scaling up HIV Sentinel Surveillance: 2002**
- **Colour coded drug packs for STI: 2003**
- **Micro-planning outreach for most-at-risk populations (MARP) for HIV: 2005**
- **Rural outreach: Link worker scheme:2007**
- **PPTCT-NRHM integration model: 2009**
- Cash transfer scheme for children orphaned by HIV under Department of WCD: 2009
- Public-Private Partnership models for HIV care: 2010
- Catalyzed the first University recognized HIV Fellowship Course in India: 2010

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Background Note of CAMI

Multipurpose Prevention Technologies for Reproductive Health

A robust MPT framework is needed to:

- **Identify target populations** across regional, cultural, and socioeconomic backgrounds.
- **Characterize the products** best suited to fit their respective needs.
- **Define desired indications**, prioritize available drug candidates, and identify research gaps

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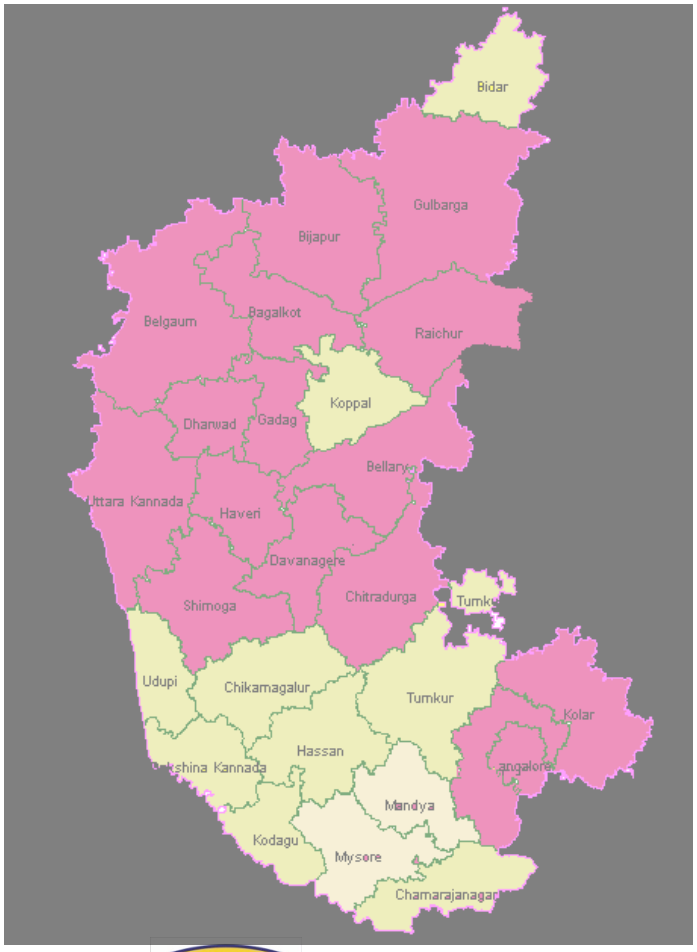
Scaling up TIs in Karnataka



Funded by the Bill & Melinda Gates Foundation – AVAHAN - India AIDS Initiative

- First Phase – 2003 – 2008
- Second Phase – 2009- 2014

Covering 19 districts where prevalence (>1.5%), under-served districts

- 57000 FSW and 18000 MSM
- 127 cities and 1232 villages (6531 sex work sites)
- 987 peers
- 140 Drop in centres
- 548 clinics (static and outreach)

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Background

Multipurpose Prevention Technologies for Reproductive Health

A Systematic Approach to the Design and Scale-Up of Targeted Interventions for HIV Prevention among Urban Female Sex Workers

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The 'M' approach to scale up!

Multipurpose Prevention Technologies for Reproductive Health

Mapping: To estimate the denominator

Macro-planning: To identify geography

Micro-planning: To prioritize populations

Minimum package of services

Mobilization: For community ownership

Monitoring & Evaluation

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Planning for, with and by the community

STI services

- Community Preferred Providers
- Community decides location and periodicity of outreach clinics
- Clinic Committee monitors quality at clinics
- Role-model peer educators motivate others from personal experience

Condom Use

- Condom demonstrations by peers/ORWs/clinic care-givers
- Community consultants teach negotiation skills
- Client interventions: lovers clubs, etc.,
- Community mobilization & setting of norms:
  - No condom no sex
  - Do not drink at work

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Community Engagement

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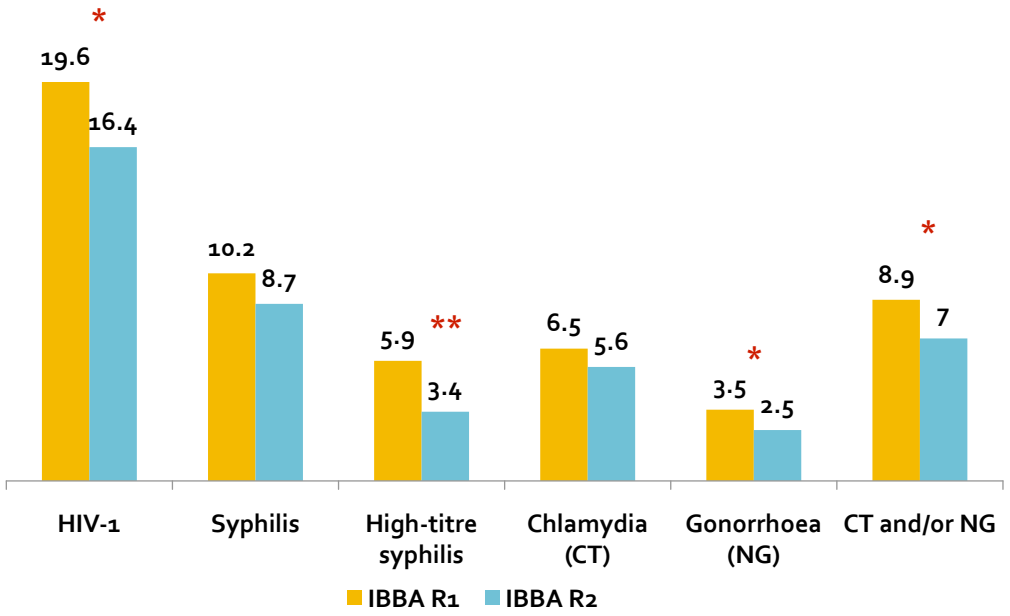
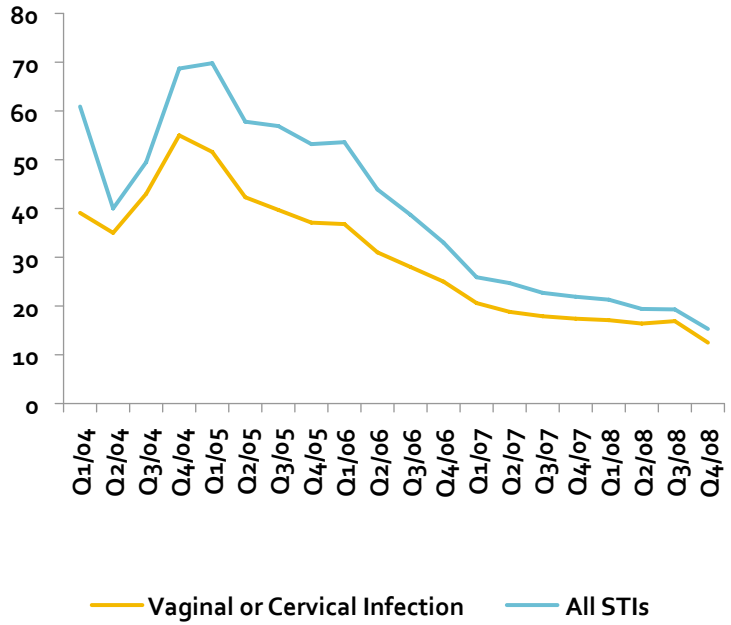
Significant Decline in HIV Prevalence and Clinically Diagnosed STIs in FSWs

IBBA survey ^ (% prevalence)



% Clinic attendees diagnosed with STI



** p<0.01, * p<0.5

Source: Ramesh et al, STI BMJ 2010

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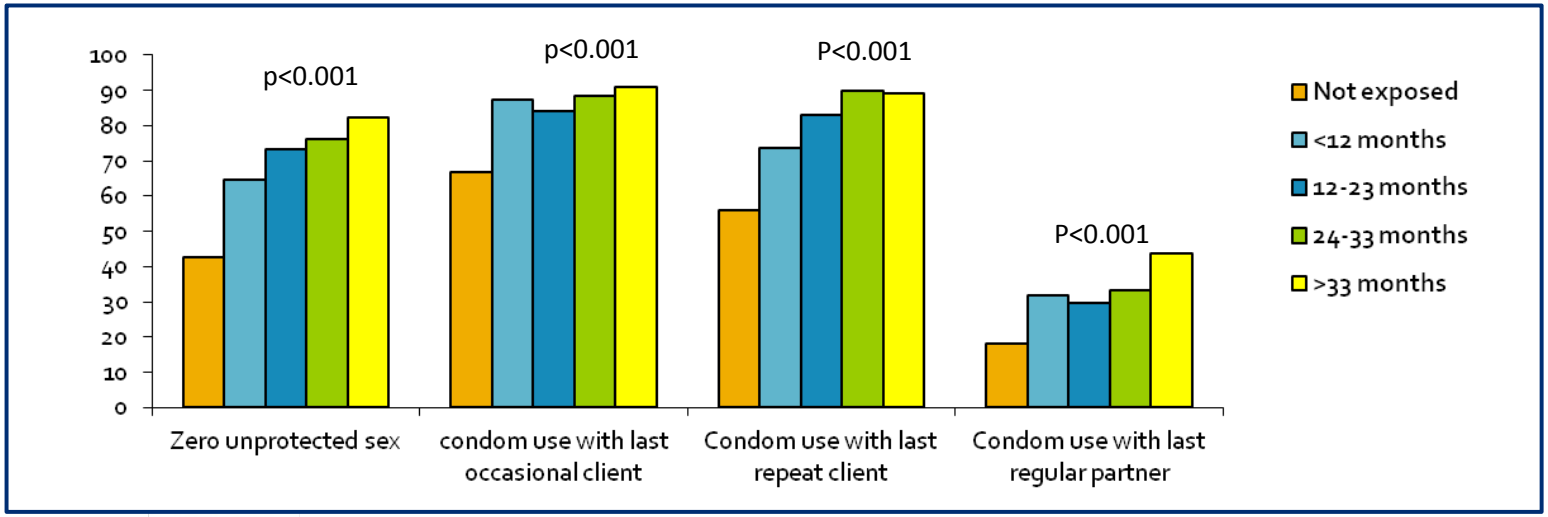
Overall Increase in Reported Condom Use by FSW Associated with Program Exposure

	Baseline %	Follow up %	AOR (95% CI) ^	P value
Zero unprotected sex acts in past month with commercial clients	58.3	76.3	2.40 (1.85-3.11)	< 0.001
condom use last sex act occasional commercial clients	82.9	88.0	1.22(0.89-1.66)	0.2
Condom use last sex act repeat commercial clients	63.5	87.1	2.93 (2.27-3.79)	< 0.001
Condom use last sex act regular partner	31.9	33.9	1.07 (0.76-1.51)	0.7



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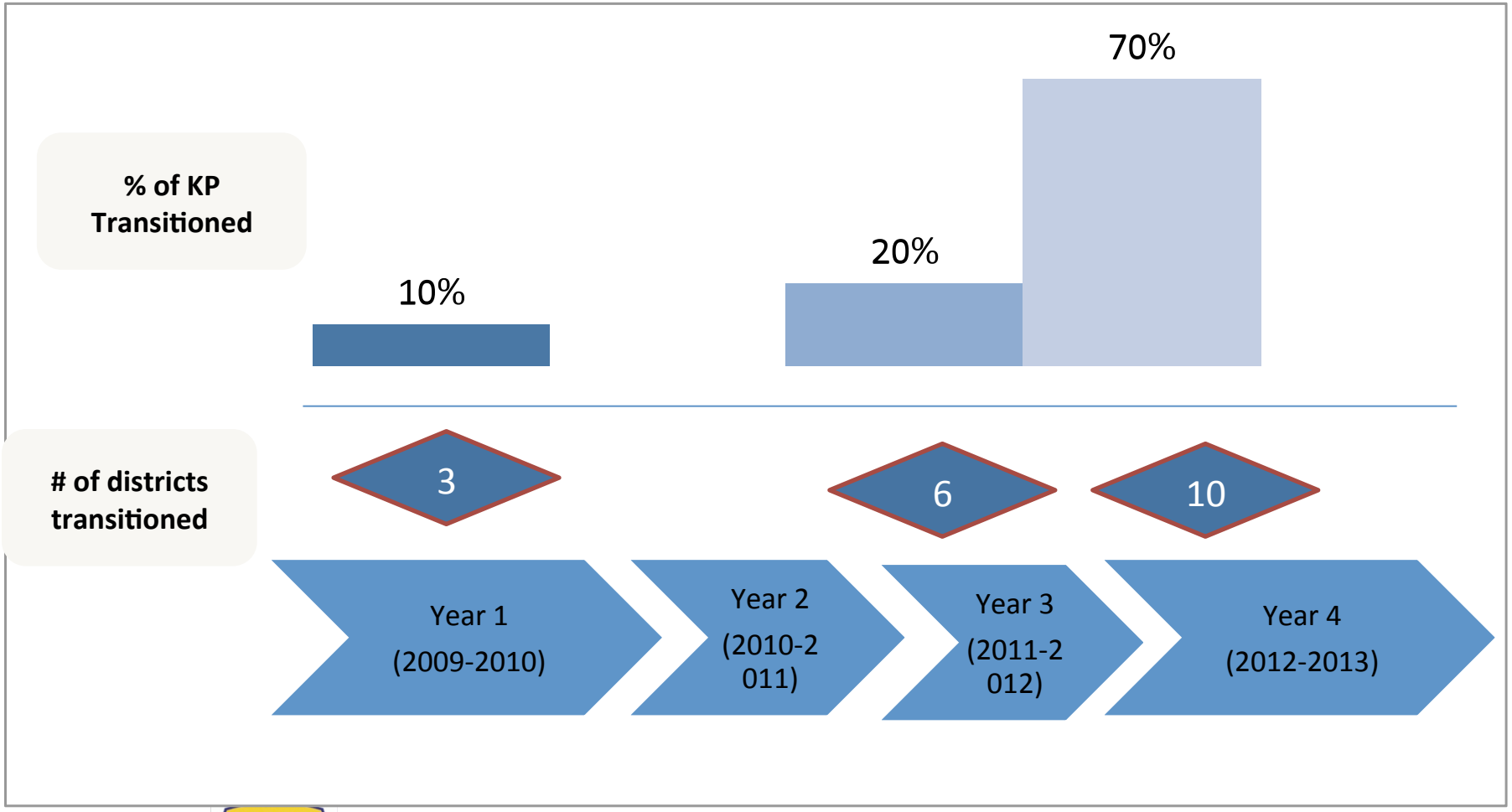
Moving towards Sustainability: Transition to the State



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Key Learning

- Know your denominator
- Rapidly Scale up – coverage first!
- Community engagement is critical
- Minimum standard for implementation but encourage context specific innovation
- Evidence based approach
- Work with Government:scale & sustainability

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We know what works!
Can we make it work?

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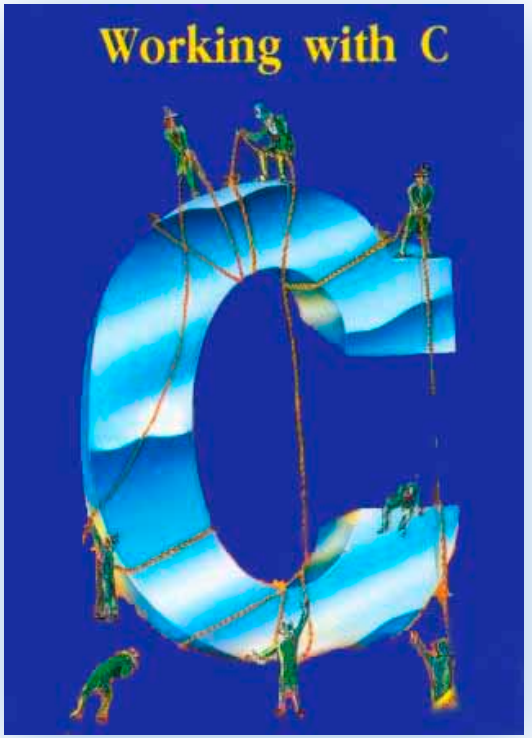
Core Groups for Prevention: MSM-T, FSW (Young, New, High volume)

Consistency in use: Condoms

Coverage: PPTCT

Continuous Adherence: ART

Cultural Context: Circumcision



Combination Prevention

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Convergence

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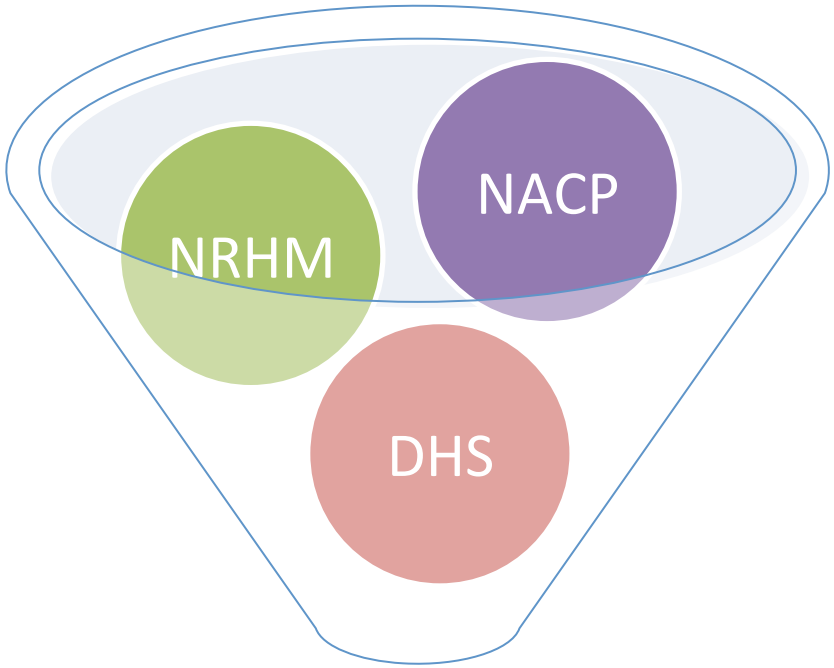
Programs



Person

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Unmet Needs for Pregnancy and Contraception

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- 1.8% of the pregnancies over a lifetime ended in induced abortions.
- Non-use, discontinuation of effective contraceptives is 64% in India due to:
  - side effects,
  - shortages of supply,
  - Satisfaction (lack of)
  - Spousal opposition
  - Self inconvenience
  - $: high cost

- Unmet need for family planning (FP) remains at a high level of 20%. More pronounced among:
  - young,
  - illiterate,
  - rural and
  - HIV vulnerable and infected populations

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Some Preliminary Results

The 3B* New Female Sex Worker Study: Pregnancy among FSWs

Centre for Global Public Health
University of Manitoba

*Bagalkot, Bijapur, Belgaum

Pregnancy & Abortion Among New Female Sex Workers (<2years)

Multipurpose Prevention Technologies for Reproductive Health

	Devadasi	Ever married	Never married
N	246	739	26
Ever been pregnant*	71.1%	90.4%	29.6%
Mean number of pregnancies*	1.5	2.2	0.3
Ever had an abortion*	12.6%	6.3%	14.8%

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*Significance at alpha <0.05

Most common reason(s) for undergoing abortion(s)

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Reason for abortion	Proportion of FSWs who had an abortion (N=78)
Forced by lover	22.2%
Forced by brothel madam / Garwali	11.5%
Forced by family	52.0%
To be able to continue sex work	55.1%

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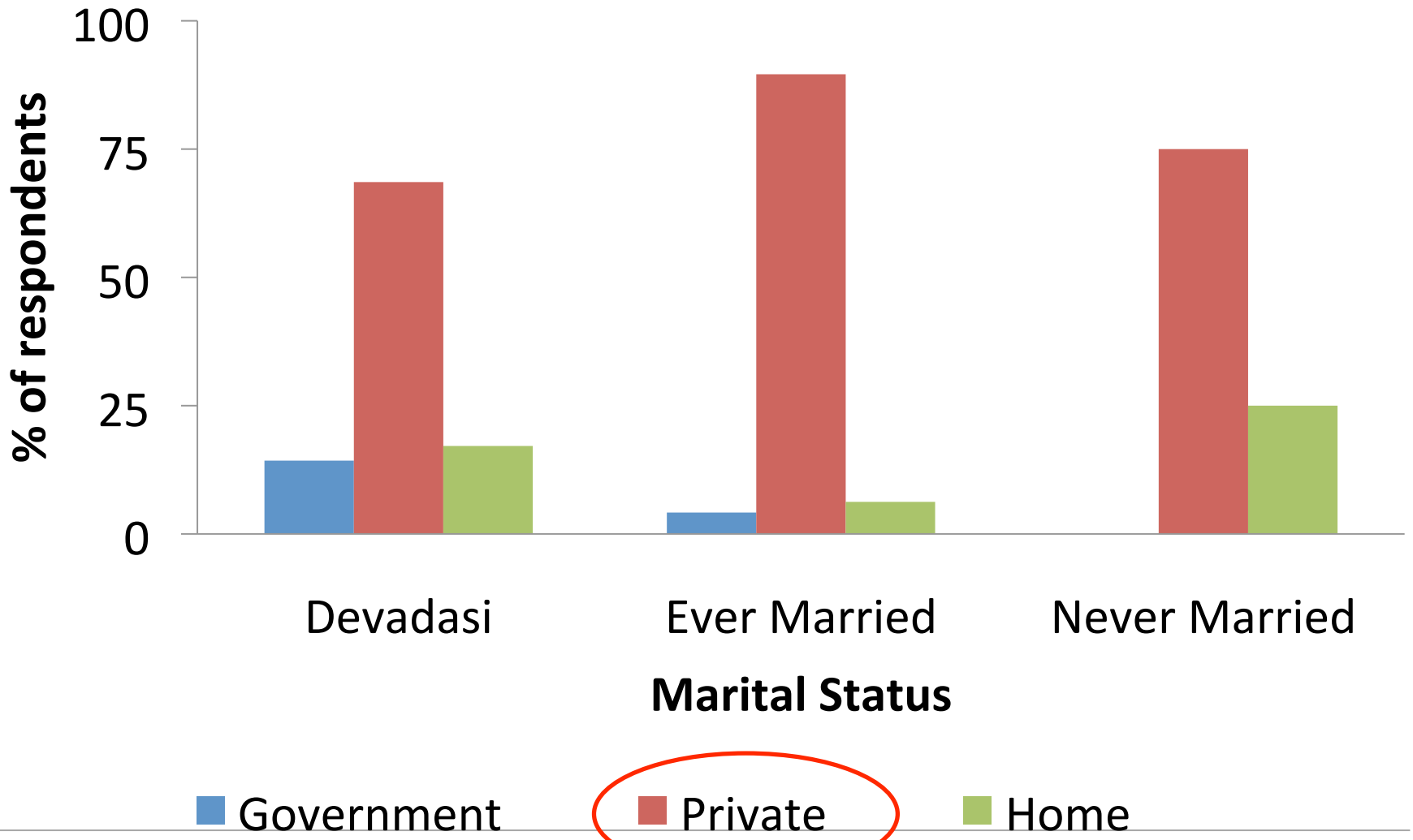
NB: could have more than one reason

Place where abortions were carried out (N=78)



Way Forward

Multipurpose Prevention Technologies for Reproductive Health

Principles:

Core community
Consistency
Continuous adherence
Cultural diversity
Convergence
Co-operation between Government & Private sectors

Program:

Mapping
Macro-planning
Micro-planning
Minimum package
Mobilization
Monitoring

Product:

X Side effects,
✓ Satisfaction
✓ Self convenience

X Shortages of supply,
X Spousal opposition
$: affordable cost

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Acknowledgements

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ICMR-CAMI

Avahan

USAID/Samastha

NACO/KSAPS

KHPT/UoM

Community

And for listening!

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