

SUMMARY REPORT

Developing a collaborative partnership to improve the transition to adult care and health outcomes among adolescents living with HIV in South Africa

TRIP: JULY 26-AUGUST 9, 2018

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UWC HOST: BRIAN VAN WYK

DATE OF REPORT: SEPTEMBER 24, 2018

OVERVIEW OF PROJECT AND VISIT

Dr. Van Wyk and I met in 2017 and agreed that a research collaboration would be fruitful, both to advance our research agendas and advance public health. The overall purpose of our work was (and is) to improve the wellbeing of a vulnerable group of South Africans, adolescents living with HIV (youth aged 10-19 years); and in particular, adolescents aged 15-19 years, who are struggling to effectively transition to adults and adult HIV care [1-3]. We applied for and received UMSAEP funding for me to travel to Cape Town (CT). The goals of the trip were to: (1) Further establish our research partnership; (2) Review formative (Dr. van Wyk's existing epidemiological study on adolescents on HIV treatment) and collect pilot data (observation of "Adolescent Adherence Clubs"); and (3) Develop an NIH proposal to continue their work to better understand and support the needs of adolescents with HIV in South Africa. We are extremely appreciative of the opportunity that UMSAEP funding gave us to work towards these goals.

PROGRESS TOWARDS OUTCOMES

We worked together prior to my visit to review and discuss our work (Objectives 1 and 2). This led to two (unexpected) additional achievements. We submitted and were awarded a MU School of Health Professions Catalyst grant, AND a South African Medical Research Council grant, to supplement our UMSAEP funds for pilot data collection (Objective 2). Specifically, UMSAEP was basically covering my travel and lodging. These additional funds allowed us to expand our pilot work to conduct a Photovoice study¹ with around 50 youth to capture their barriers and facilitators to taking their HIV medication (called ART) and develop responsive intervention solutions.

During her visit to Cape Town, I accompanied Dr. Van Wyk to several potential research sites (community agencies and health clinics) to meet key stakeholders and learn more about adherence clubs for youth (Objective 2). As a result of these visits, we learned that we would have to make minor changes to my Photovoice protocol to make it successful in the South African setting (e.g., use phones and not cameras, add a visit for parental consents, change incentive from cash to phone card, etc.). Thus, I revised my Photovoice procedures and held a series of educational meetings to train Dr. Van Wyk and his staff regarding how to conduct Photovoice and analyze Photovoice data. I also advised Dr. Wyk about which cameras to purchase and we bought and set up

¹ Photovoice is a collaborator research method in which participants use images to identify, share, and problem solve health experiences. Dr. Teti is an expert in this method, which produces data that complements Dr. Van Wyk's expertise.

camera phones for the project. We also met with other faculty and key research leaders at UWC to discuss options for presenting our research to the UWC and broader community. By the time I left CT, the team had secured the first site for our research project and data collection was planned to begin in one week. Dr. Van Wyk and I discussed different NIH proposal options (Objective 3) and decided to wait until pilot data collection to discuss applications in more detail. In addition to my planned goals, during my visit I also met with other key educational leaders at UWC and participated in the Department of Health Sciences two- week trip (discussing my research informally with students). Related to this, Dr. Van Wyk discussed additional sites for the course for further development focusing on HIV prevention, treatment access, and economic development.

PLANNED WORK

The pilot work in Cape Town is ongoing until complete. Dr. Van Wyk is also coming to visit MU during the first week of November to learn how to analyze Photovoice data, further discuss NIH opportunities, and discuss plans for presenting our data and findings.

TIMELINE

BEFORE July, 2018: We secured funds to conduct more formal pilot data collection

JULY, 2018: I visited CT and set up pilot project, trained Dr. Van Wyk's staff, met key educational and community leaders and research sites

AUGUST 2018 - : pilot project ongoing

NOVEMBER 2018: Dr. Van Wyk visiting MU to conduct data analysis

SUMMARY

Youth adherence to ART is an essential individual and public health goal. It is critically important for us to continue this work. The UMSAEP allowed us to further develop our partnership, collect pilot data, secure additional pilot data funds, build community relationships and develop research sites, and train UWC staff on Photovoice procedures. We believe many more projects are in our future. I plan to apply for a Fulbright award during the next application cycle (September, 2019) to continue my opportunities to work longer term onsite in CT.