

IRMA advocates. The VAC provided input and expertise on all aspects of the video, from script content to translations to final edit. An early cut of the video was viewed by over 80 participants at Microbicides 2012 who gave feedback via a survey, and was tested in 13 focus group discussions at five sites in English, Spanish, and Thai among more than 100 gay men, other men who have sex with men, and transgender women.

Results: Feedback from the surveys and focus groups resulted in several significant changes to clarify key messages, including the addition of information about HIV testing, the cutting of a main character as well as some interview footage, and a change in music. The final video has been made available to trial sites and advocates, and online via YouTube.

Conclusions: The extensive year-long process with multiple inputs used to develop the video resulted in concrete suggestions to improve it, and to make it relevant and accessible for intended audiences. By incorporating this vital feedback, video producers were able to develop a culturally competent educational video that was inclusive and responsive, and is being used extensively.

P02.03

Seven Steps to Strengthen Community Engagement in HIV Prevention Trials in Durban

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Background: Effective community engagement is the cornerstone of cultivating ownership, trust and acceptance of research within communities. Researchers at the six sites of the HIV Prevention Research Unit (HPRU) in Durban interact with a diverse range of urban and semi-rural communities where trials are conducted. We describe the outcomes of the seven steps in community engagement while conducting microbicide and other HIV prevention trials at HPRU.

Methods: Using a 7 step cyclical process, community engagement began a decade ago at the research sites. The process involved:

- (1) conducting a situational analysis at entry;
- (2) education and outreach;
- (3) networking and partnerships with stakeholders;
- (4) selection of community advisory boards (CABs);
- (5) input on protocol and study procedures;
- (6) participant engagement and
- (7) dissemination of study outcomes.

Results: Community partnerships with stakeholders and CABs have been sustained for over a decade. Ongoing engagement fostered trusting relationships and facilitated acceptance of trials by community and participants. Education from stakeholders on community culture and social dynamics helped researchers address community perceptions of HIV prevention and microbicides. CAB members observed the destruction of blood samples and this transparency enhanced their understanding of ethics in research and dispelled the myth that researchers sold blood. Trial participants volunteered to publicly share their experiences during the dissemination of trial results to stakeholders. They joined CABs and are currently advocates of HIV prevention research by promoting adherence and retention.

Conclusions: Stakeholders, CABs and trial participants assisted in developing trust between communities and researchers, who were transparent and engaged them throughout the research

lifecycle. Education and information enabled stakeholders to make informed decisions and facilitated their understanding of trial results and acceptance of the conduct of trials in their communities.

P02.04

How Community Education Tools Facilitated Understanding of the ASPIRE Vaginal Ring Study: Kampala Experience

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Background: UNAIDS Good participatory practice guidelines for biomedical HIV prevention trials recommends that sufficient trial information, such as study objectives, procedures, risks, benefits, and what is expected of participants, is provided for potential participants to make informed decisions. We describe how ASPIRE community education tools increased study awareness and enabled literacy regarding research, reproductive health, family planning, and HIV prevention.

Methods: Kampala site began community education about ASPIRE in July 2012. Community education tools are used to raise awareness and knowledge about the study. Tools like the ASPIRE Community Education flip chart and fact sheets; contain graphic images to support learning in low literacy populations. Visual aids, such as IUCD and pelvic models and a demonstration vaginal ring, are also used. These tools have helped to dispel anxieties and rumors, provide accurate information, and reduce potential barriers to participation. Following sensitization sessions in which these educational tools are used, a comprehension assessment is administered to randomly selected session attendees. The assessment is invaluable in identifying information that study educators need to clarify to enable informed decision-making. For example, when assessment results identified limited understanding of the placebo concept, educators adjusted their messaging to improve learning.

Results: Through March 2014, 7,611 women were educated about ASPIRE; 6,013 (79%) completed a comprehension assessment. 5,893 (98%) responded that one should be HIV negative to participate in the study; 5,592 (93%) identified 3 HIV prevention methods; (81%) indicated the study product to be tested; and 4,690 (73%) named 2 reliable family planning methods. However only 1,924 (32%) explained the placebo concept.

Conclusions: Community educational tools are effective in facilitating potential participants' understanding of research, reproductive health, and family planning and HIV prevention.

P02.05

Health Science Journalists Are Bridge Partners as HIV Prevention Research Moves Ahead

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