What is R2P?

The Research to Prevention (R2P) project was a USAID-funded task order under the Project SEARCH IQC conducted from 2008-2014. R2P aimed to identify effective interventions for preventing HIV and improving HIV prevention programs in countries most affected by the HIV epidemic. The specific objectives of R2P were:

1. To conduct applied research and program evaluation to identify interventions that successfully increase access to and the quality of HIV prevention services;
2. To promote the utilization of data in the design or mid-course modification of HIV prevention programs to make them more effective;
3. To build local capacity, both in applied research and in the utilization of data for improving HIV prevention programs and influencing policy.

Conducting Operations Research

R2P included approximately 30 operations research projects in 18 countries. These projects examined multi-level aspects of interventions related to HIV prevention, including biomedical, behavioral, structural and combination approaches. R2P also examined the intersections of HIV and other public health challenges and the unique HIV prevention, treatment and care needs of key populations.

Biomedical Aspects and Interventions

R2P conducted several studies to examine clinic and community-level barriers and facilitators to the scale-up, uptake, and integration of biomedical interventions, specifically voluntary medical male circumcision.

- SYMMACS: The Systematic Monitoring of the Male Circumcision Scale-up in Kenya, South Africa, Tanzania and Zimbabwe
- Integration of Provider Initiated Testing and Counseling for HIV with Voluntary Medical Male Circumcision Services in Tanzania
- Exploring Aspects of Demand Creation and Mobilization for Male Circumcision among Older Men in Turkana, Kenya

Behavioral Aspects and Interventions

R2P conducted multiple studies on HIV risk behavior with a focus on sexual partner concurrency. These studies examined...
the measurement of concurrency, the socio-cultural context surrounding concurrency, and perceptions and impacts of communication campaigns to reduce concurrent partnerships in multiple countries.

- Improving the Validity of Self-Reported Sexual Concurrency in South Africa
- Understanding the Dynamics of Concurrent Sexual Partnerships in Malawi and Tanzania: A Qualitative Study
- Understandings and Interpretations of Communication Campaign Messages about Concurrent Partnerships, Acute HIV Infection, and Sexual Networks in Botswana and Tanzania
- Evaluating the Impact of a Communication Campaign on Multiple Sex Partnerships in Mozambique

**Structural Aspects and Combination HIV Prevention Interventions**

Several R2P studies used a multi-level approach to understanding HIV risk and service utilization, aiming to generate evidence to inform programs and policies. One study team went on to pilot test a cash transfer intervention to address structural aspects of HIV risk among urban youth.

- Multi-level Factors Affecting Entry into and Engagement in the HIV Continuum of Care in Iringa, Tanzania
- Formative Research to Inform Combination HIV Prevention in Iringa, Tanzania
- Feasibility of Economic Interventions for HIV Prevention in Young People Living in Inner-City Johannesburg

**Intersections with Other Health Challenges**

Public health is increasingly interested in multiple, compounding risks experienced by select populations, as well as integrated approaches to improve health. R2P studies examined the interconnections between HIV and other health challenges, such as substance use and mental health, and also developed materials to advance programming in this area.

- Integrated HIV Serological and Behavioral Surveillance among Persons Attending Alcohol Consumption Venues in Gaborone, Botswana
- Formative Research Regarding the Sexual Risk Behavior of Drug Users in Guatemala

**Addressing the Needs of Key Populations**

Through bio-behavioral surveillance conducted in multiple countries, R2P documented significantly higher risk for HIV infection among key populations such as men who have sex with men and female sex workers. R2P also conducted critical studies on the needs of key populations living with HIV in both sub-Saharan Africa and the Caribbean.

- Examining Risk Factors for HIV and Access to Services among Female Sex Workers and Men who Have Sex with Men in Burkina Faso, Togo and Cameroon
• Formative Research on HIV among Female Sex Workers and Men Who Have Sex with Men in Swaziland

• Exploring the Positive Health, Dignity and Prevention Needs of Female Sex Workers, Men who Have Sex with Men and Transgender Women in the Dominican Republic and Swaziland

• Abriendo Puertas: Testing an Integrated Intervention to Promote Prevention, Treatment and Care among Female Sex Workers Living with HIV in the Dominican Republic

• Implementation of a Comprehensive HIV Prevention Intervention for Men who Have Sex with Men in Malawi: Assessment of Feasibility and Impact

**Utilizing and Disseminating Data**

R2P placed a special emphasis on translating and communicating findings to a variety of stakeholders. Throughout the award, the core team led a number of activities that targeted audiences on multiple levels. These include

**Academic audiences:** As of March 31, 2014, R2P staff and partners produced 34 peer-reviewed publications, including a presence in three HIV-related supplements in academic journals. The team gave presentations at 11 international conferences.

**General public and policymakers:** Final reports for each project were published on the R2P website along with a two-page research brief highlighting key findings and recommendations for HIV program planners. The core team also developed accessible, user-friendly factsheets for program managers and policy makers summarizing existing evidence on popular HIV interventions such as peer education and needle/syringe exchange programs. R2P also explored novel ways of engaging a broader audience, including webinars, blog posts, and a Twitter chat.

**Partners in the field:** To ensure that R2P partners were actively engaged in dissemination efforts, R2P awarded small grants to five partner organizations with compelling plans to utilize and publicize important findings. Teams from the Dominican Republic, South Africa, Swaziland, Tanzania, and Vietnam undertook various information-sharing activities with technical assistance from JHU faculty and staff. Projects included the organization of a data analysis workshop for government officials in Tanzania, development of a draft training curriculum for health providers treating men who have sex with men in Swaziland, and production of an educational film on female sex workers living with HIV in the Dominican Republic.

**Building Local Capacity**

R2P created a Small Grants Program to strengthen in-country capacity to conduct, interpret and disseminate HIV prevention research. This program provided funds to more than 10 local investigators to lead their own research or dissemination activity. Grantees attended a one-week training at Johns Hopkins University in Baltimore, and received ongoing mentorship and technical assistance from faculty and staff. Each year, the program had a specific research or practice theme of importance to HIV prevention.

**SYMMACS**

The rapid expansion of Voluntary Medical Male Circumcision (VMMC) services in priority countries in eastern and southern Africa has raised some skepticism and concerns about whether health systems can deliver high volume of services while keeping the quality of services high. The Systematic Monitoring of the Voluntary Medical Male Circumcision Scale up (SYMMACS) was a facility-based survey conducted in Kenya, South Africa, Tanzania, and Zimbabwe with two rounds of data collection (2011 and 2012).

Results showed that safe, high-quality VMMC can be implemented and sustained at scale, although quality declined in areas where the number of new VMMC sites increased rapidly. Depending on country, key areas in need of improving and monitoring included infection control, pre-operative examinations, and post-operative patient monitoring and counseling. Likewise, the adoption of practices designed to improve surgical efficiency in the operating room varied by country, reflecting national policy. For example, Kenya and Tanzania effectively employed task-shifting (allowing nurses to perform the VMMC procedure in place of physicians), but South Africa and Zimbabwe did not, as this practice was not currently allowed. Notably, the results of SYMMACS contributed to a change in policy in Zimbabwe, which allows task shifting to nurses as of January 2014. Overall, the results of SYMMACS helped to focus greater attention on monitoring and improving the quality of services in all countries.
Year 1: Alcohol use and HIV prevention: Democratic Republic of Congo, Ethiopia, and Vietnam

Ethiopia Highlight: The Miz-Hasab Research Center (MHRC) is a licensed private research center located in Addis Ababa, Ethiopia. Since 1997, researchers at MHRC have conducted local, regional, and national level research on reproductive health and population and development. After noting a lack of targeted interventions for female sex workers in Ethiopia, MHRC used the R2P Small Grant to examine associations between female sex workers’ characteristics, sexual behavior, and alcohol use in Adama City. Using lessons learned in the Baltimore workshop, investigators collected formative research to inform a survey questionnaire and interview guide. Survey data was collected from 350 female sex workers. After all data was collected and analyzed, researchers at JHU and MHRC worked collaboratively to develop and publish a peer-reviewed article based on the study findings. The article, “Work-related violence and inconsistent condom use with non-paying partners among female sex workers in Adama City, Ethiopia,” reported that work-related violence is common among FSW, and significantly associated with unprotected sex with regular, non-paying partners.

Year 2: Preventing HIV infection among MSM: Kenya, Senegal, and South Africa

Kenya Highlight: Established in 1979, The Kenya Medical Research Institute (KEMRI) is the national body responsible for carrying out health research in Kenya. The R2P Small Grant program enabled researchers at KEMRI to evaluate the feasibility of implementing an online e-learning curriculum to healthcare workers health care workers to improve sensitivity and quality of health services for men who have sex with men in Coastal Kenya. Seventy-four healthcare workers attended a two-day sensitivity training in e-learning format, supplemented with small discussion groups. Results demonstrated increases in supportive behaviors towards men who have sex with men and a decrease in homophobic attitudes. These findings led the Provincial Medical Officer of Kenya to request that KEMRI actively promote the use of the online training for community health workers across the Kenyan Coast Region.

Exploring Economic Interventions for Youth in Johannesburg

The high HIV prevalence and incidence in South Africa, especially among young people in disadvantaged urban settings, has led to an increased interest in prioritizing interventions that address the underlying economic drivers of the epidemic. One such intervention is a conditional cash transfer program (CCT), in which participants receive direct cash payments for engaging in positive social behaviors such as attending school or health clinic visits. We conducted a randomized trial of 120 young people (16-18 years old) to evaluate three different cash transfer strategies in a low-income urban setting in South Africa: (1) an unconditional monthly cash transfer over 6 months; (2) a monthly cash transfer conditioned on school attendance; or (3) a single cash transfer conditioned on attendance to a clinic for a sexual and reproductive health visit.

At 6-month follow-up, the clinic condition arm demonstrated a significant impact on health behavior, with 3 times greater clinic visits compared to the other arms. The school condition arm did not significantly increase school attendance and there were no differences in sexual behavior by intervention arm, suggesting that the cash transfer strategies are equivalent in terms of their effects on sexual behavior. Results demonstrated high feasibility and acceptability of cash transfers in an urban setting where adolescents themselves receive transfers, with little evidence of negative consequences (e.g., spending money on alcohol or drugs). Findings also provide critical information to the South African government regarding the conditioning social grants.

R2P Funding and Management

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R2P was conducted in partnership with the Tulane School of Public Health and Tropical Medicine, the Medical University of South Carolina, and the University of North Carolina Gillings School of Global Public Health.
**Abriendo Puertas: a Multi-Level Intervention for Female Sex Workers in the Dominican Republic**

Female sex workers (FSW) have a significantly higher burden of HIV than adult women in the general population across settings. Yet, few interventions exist to address the needs of FSW living with HIV including specific barriers to engagement in HIV care and prevention services. To address this gap, formative research conducted under R2P was used to develop a multi-level, community-based intervention for FSW living with HIV called Abriendo Puertas – “Opening Doors.” A cohort of 250 women was enrolled to assess the feasibility of the intervention and its initial effects on consistent condom use, sexually transmitted infections, engagement in HIV care and treatment services, adherence to antiretroviral therapy (ART), and viral load suppression. The intervention model included:

1. Individual counseling and health education
2. Peer service navigation
3. Sensitivity training of HIV care providers
4. Community mobilization and support
5. HIV testing and counseling for the male steady partners of FSWs

After 10 months, women in the intervention showed statistically significant improvements in consistent condom use with all sexual partners in the last 30 days. Treatment continuity and adherence to ART also improved significantly among study participants. Additionally, approximately one-quarter of the participating women referred their male partners for HIV testing and counseling during the intervention; through that process, seven new cases of HIV were detected and nine men were linked to care. Both female and male participants found the intervention highly acceptable and empowering. Findings suggest that the Abriendo Puertas model should be expanded, and further engagement with the local public health system will be critical to promote greater reach and sustainability of the intervention.

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