

Poster Exhibition Topic: Ethics in biomedical prevention

WEPEC046 - Access to care in HIV prevention trials: the MIRA standard of care programme, Durban, South Africa

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**Background and objectives:** A phase III multi-site randomised controlled trial has been underway to measure the effectiveness of the diaphragm with Replens gel in preventing heterosexual acquisition of HIV infection among women. Sponsors provided funding for a programme to care for women who acquired HIV whilst in the trial. Memorandums of understanding were established between researchers and health care providers. Although all participants were provided with general referral information, the care programme enabled seroconverters to receive additional counselling and CD4 testing at sites. This paper describes seroconverters' reported access to care in the public sector before and after the programme was implemented at two clinics in Durban, South Africa.

**Methods:** Participants' chart notes were reviewed to determine HIV seroconverters' reported access to health care facilities prior to and after the implementation of the care programme. A descriptive analysis was conducted.

**Results:** There were 154 HIV seroconverters at these clinics. Prior to the care programme, 40 seroconverters reported accessing public healthcare services. From implementation (January 2007) to date (28 February 2007), 36 of the 154 seroconverters had enrolled in the care programme. They received ARV counselling, had CD4 counts and were provided with results and letters to facilitate entry into the public sector. 29 were not interested in enrolling in the care programme and 31 were not contactable. A further 36 seroconverters enrolled in other treatment trials. We are continuing to contact and link those exited participants who have not yet accessed services until site closure (May 2007).

**Conclusions:** Less than one third of seroconverters have accessed services in the public health care sector. Even when offered free services at clinical trial sites, some participants refuse. Although sponsors are addressing ways to facilitate participant access to treatment/care for HIV infection, further exploration is needed as to what the perceived barriers are.

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