GPP Case Study: Microbicides Development Programme (MDP) 301

Background
MDP 301 was a large scale clinical trial conducted by the Microbicides Development Programme (MDP), a not-for-profit partnership of African and European research institutions, and was funded by the U.K. Department for International Development (DFID) and the U.K. Medical Research Council (MRC). The trial involved more than 9,000 sexually active, HIV-negative women at six trial sites in South Africa, Tanzania, Uganda and Zambia and was conducted between 2005 and 2009.

MDP 301 evaluated two strengths of an experimental vaginal gel, 0.5% PRO2000 and 2% PRO2000, and aimed to provide conclusive evidence of whether and to what degree this gel might prevent HIV infection in women.

The Scenario
In February 2008, the MDP301 independent data monitoring committee (IDMC) reviewed interim data and recommended that evaluation of 2% PRO2000 gel should be discontinued, as there was 'no more than a small chance of it showing protection against HIV infection'. In response, MDP stopped enrollment in the 2% PRO 2000 gel arm and asked existing participants from that arm to return the gel they had been given. The placebo and 0.5% arms were continued.

One year later in February 2009, results of a separate smaller trial, HPTN035, suggested that 0.5% PRO2000 may actually be effective in reducing HIV risk, although results were not statistically significant. This news heightened interest in the MDP 301 to provide conclusive evidence of whether and to what degree 0.5% PRO 2000 gel might reduce HIV risk.

In December 2009, MDP 301 announced its final results: that the 0.5% PRO 2000 gel did not reduce women's risk of HIV infection. Therefore, both 2% and 0.5% gel were ineffective. Especially after the promising result from HPTN 035, HIV prevention researchers and advocates were disappointed to find that neither gel formulation was effective.

Even with these disappointing results, much of the media coverage was accurate and balanced, largely due to the extensive planning and community/stakeholder engagement conducted by the local research teams. This was especially important in South Africa, where some media outlets had previously manipulated flat trial results to spread misconceptions about clinical research in Africa. Although participants and stakeholders in South Africa were disappointed by the results, their feedback suggested that they accepted this was a potential outcome of the trial. They also appreciated the quick dissemination and had a good understanding of the data.

Zambia was an exception. Erroneous reporting by one Zambian blogger living in the UK stimulated a media fallout that rapidly linked back to Zambian communities and journalists. Online, newspaper, and radio stories fueled myths and misconceptions, framing the trial as exploitative. The surge of negative media happened during the December holidays and this

made it difficult for Zambian researchers to brief key stakeholders and respond to the stories..

The combination of high expectations around results, unpredictable media networking at international levels, and suboptimal timing issues led to controversy and mistrust of research that was almost impossible to avoid. The research team did have a strong foundation of local support; however, some prior partners refrained from challenging the negative reports because they did not want to risk exposure to the backlash. Other groups who had not been as closely engaged jumped to negative conclusions about the flat results and initiated controversy. These individuals happened to be local thought-leaders; therefore, the negative messages and questions they raised spread rapidly through the community and to key national stakeholders, especially in the absence of any external 'independent' voice to counterbalance their perspective. The research team worked diligently with all groups involved and was able, with time, to restore trust. The repercussions, however, had a lasting effect in the country. Significant challenges remained for years around securing approval for new microbicide trials.

GPP-Relevant Issues

Stakeholder engagement and communications planning. All MDP research centers had dedicated resources and personnel for stakeholder engagement, including established stakeholder advisory mechanisms. Community stakeholder representatives helped develop appropriate messages and learning aids to support message delivery (such as pictures, songs or plays), participated in information dissemination sessions, and provided feedback from the broader community on these messages. All MDP research centers had prepared participants and other stakeholders for results from up to a year in advance of planned dissemination.

Communications strategies and development of key messages were coordinated from the central MDP team. They provided strong support to local trial sites to adapt and implement plans.

Community liaison officers (CLO) at each research center conducted regular informational and educational sessions. The CLOs systematically documented feedback from all community and stakeholder activities, categorized it by topic, and discussed it on trial management group calls.

GPP-Relevant Actions

Stakeholder input on potential issues. When the 2% PRO 2000 gel arm was stopped, MDP teams used existing mechanisms to engage participants and other stakeholders in the discontinuation process. Research teams worked with local stakeholders to develop appropriate messages, dissemination plans, and participant discontinuation protocols. Some centers used in-depth interviews and other ethnographic research techniques to monitor responses to the discontinuation and revise messages and logistical procedures as necessary. Feedback gathered by CLOs at informational and educational sessions also helped research teams monitor community reactions to the discontinuation and respond appropriately to concerns and inaccurate or negative rumours. One sign that the

stakeholder engagement efforts were successful is that the discontinuation did not have a negative impact on participant enrollment or retention in the 0.5%/placebo arms.

Lessons Learned

Online media monitoring and crisis communications. The speed and visibility of social media and online communication can escalate a situation in a matter of hours and allow the public to become key players in constructing and framing trial results. Researchers must be prepared to respond immediately in the event of a crisis. Involving community stakeholders in early communications planning, response mapping, and ongoing media monitoring are critical strategies that enable researchers to prevent and manage unexpected issues, especially in a 24-hour media environment.

Scenario planning. Unexpected situations can cause even the best-laid plans to go awry. Community reactions can be unpredictable, especially for sensitive trial closures and dissemination of negative or flat results. Scenario planning can help researchers anticipate expectations held by different community groups, national and global stakeholders and equip them with ways to enhance stakeholders' comprehension of complicated or disappointing messages. Although it is impossible to predict the future, comprehensive planning with local stakeholders can help researchers think through worst-case scenarios and forces that may impact the research process. This planning process can also enable researchers to respond swiftly in turbulent times, allowing them to respond with nuanced messages based on a given scenario, make decision and create 'buy-in' about who will stand up to negative reports, identify what circumstances may prevent these events, and determine back up plans and options.