PROCEEDINGS AND EVALUATION REPORT

Ancillary Event at the 20th Annual Canadian Conference on HIV/AIDS Research

Emerging New HIV Prevention Technologies: Community and Public Health Preparedness in Canada
April 14, 2011 ~ Toronto

Prepared for the Canadian AIDS Society, the Interagency Coalition on AIDS and Development, CATIE and the Canadian Public Health Association

By Robert Reinhard with support from San Patten, Bachir Sarr, Lesley Abraham, James Wilton, Logan Broeckaert, Marnie Davidson and Nicolas Peissel
Acknowledgements

The host organizations express their warmest thanks to the attendees for providing a rich and comprehensive look at the challenges posed by new prevention technologies for use in Canada. The insightful feedback received during the event reflects the large talent pool available to move HIV prevention forward. The organizers also thank the speakers for highlighting the landscape of NPT implementation and motivating the audience to engage in a hard look at these questions. Finally, the host organizations are grateful to the Canadian HIV Vaccine Initiative for its continued support of this important work.
INTRODUCTION

Community and public health preparedness in Canada for new HIV prevention technologies (NPTs) is gaining relevancy thanks to the publication of results from trials conducted globally. Guidelines, tools and recommendations being developed in the United States and elsewhere will certainly have an impact on prevention strategies in Canada. There is, therefore, a need for community organizations to engage researchers, public health, policy-makers and others to assess, predict and adapt findings to the Canadian context and enhance community and public health preparedness.

The Canadian AIDS Society (CAS), the Interagency Coalition on AIDS and Development (ICAD), the Canadian AIDS Treatment Information Exchange (CATIE) and the Canadian Public Health Association (CPHA) are working in a close partnership to highlight the importance of HIV prevention technologies development in the Canadian response to HIV. The Canadian Association of HIV Researchers’ (CAHR) annual conference offered an opportune forum to foster dialogue with researchers and other stakeholders.

This report describes the proceedings of the ancillary event: “Emerging New HIV Prevention Technologies: Community and Public Health Preparedness in Canada” which took place in conjunction with the 2011 Annual Canadian Conference on HIV/AIDS Research in Toronto (April 14, 2011). The event was financially supported by the Public Health Agency of Canada’s Canadian HIV Vaccine Initiative. The report also summarizes the process and outcome evaluation findings from the perspective of the 92 attendees and the four host organizations.

This ancillary meeting brought together researchers, community and public health workers, healthcare providers/physicians, community members and government stakeholders to explore whether and how new HIV prevention technologies, including oral pre-exposure prophylaxis with antiretroviral drugs (oral PrEP), vaginal or rectal microbicides using these drugs, or vaccines may be advanced for use in Canada.

ORGANIZING PARTNERS

Since 2005, the organizing partners have helped develop nationally targeted frameworks for the collaboration of all actors including the Canadian Microbicides Action Plan and the Canadian HIV Vaccines Plan. Through various activities, the organizing partners have helped increase awareness and knowledge of Canadian community members on NPTs and are collaborating to
ensure coherent and relevant messaging around trial results. The scope of membership of the national organizations helped the ancillary event target researchers, community members, program planners, public and community health workers and policy-makers.

**PURPOSE AND OBJECTIVES**

The purpose of the event was to bring communities and researchers together with other key stakeholders to foster a dialogue in light of the recent encouraging HIV NPT trial results. The objectives for the meeting were:

1. To promote continuing dialogue and partnership between researchers, communities and other stakeholders;
2. To identify specific research, policy needs and capacities in the area of new prevention technologies; and
3. To foster further NPTs development in Canada and partnership between communities and researchers.

**EVALUATION METHODOLOGY**

Evaluation methods included: 1) pre-session participant self-assessment form; 2) post-session participant evaluation form; 3) table facilitator notes; and, 4) post-session debrief by the organizers. Please refer to Appendices for a copy of the pre- and post-session assessment forms.

**INDIVIDUAL EXPECTATIONS**

Participants were asked in a pre-conference questionnaire to identify the one thing they most wanted to get out of the event. Of the 14 respondents, most expressed their interest in learning more specifics about NPTs, updates on their use and how they may be deployed in Canada. Other responses included discovering “a research agenda for rollout,” and “how to make NPTs accessible and useful for hard to reach populations especially for individuals from HIV endemic countries.”
ANCILLARY EVENT DESCRIPTION

The ancillary event was divided into two sections. The first section, co-facilitated by San Patten and Robert Reinhard, introduced the topic of NPTs from the perspectives of research, public health, primary health care and civil society organizations. Following these presentations, participants were divided into smaller discussion groups. Each group was then given one of two discussion questions to explore for approximately 50 minutes. Results of the discussions were reported back to the full group by a facilitator. The co-facilitators then synthesised the findings and identified common themes and solicited feedback from the whole group. The session agenda is listed in appendices.

SMALL GROUP DISCUSSIONS

Following speaker presentations, attendees convened at small group tables to discuss either one of the two proposed questions. Staff from CATIE, CAS, CPHA and ICAD facilitated discussion at each of the tables. The table discussions were recorded by the staff facilitators and shared during a plenary session following the group discussions. From the table discussions, four general themes emerged: HIV prevention, partnerships, research themes and messaging and guidance.

Question 1: When looking at partnerships and stakeholder engagement from the iPrEx experience (Preexposure chemoprophylaxis for HIV prevention in men who have sex with men study published in the New England Journal of Medicine in November 2010), what are some of the key lessons learned and best practices?

HIV Prevention

From the discussion it was suggested that in order to effectively implement NPTs in Canada, there needs to be mandates, resources, time, information and capacity building for health and social support professionals. Moreover, significant work needs to be done to ensure that individual choice is not stigmatized, and this should be achieved by listening to the real ways in which individuals operate, feel and think in their sexual and social lives. Discussion on HIV prevention also focused on concerns and challenges related to the introduction of NPTs. Before NPTs are made widely available existing testing and prevention programs must be optimized. Difficulties in implementing NPTs may not be unique, since gaps are evident in the deployment of current prevention mechanisms and a better understanding of these gaps are necessary to
adequately plan for NPTs. In the implementation of NPTs in Canada, consideration needs to be given to such issues as access (cost-effectiveness compared with number of infections prevented). Access also needs to be explored for marginalized or disadvantaged groups, including the provision of subsidies, to mitigate inequities or disparities in HIV prevention. Possible side effects need to be better understood. Shortfalls of NPTs and ways in which the treatment community will be affected also need to be examined.

**Partnerships**

The groups identified the following partnership strategies to facilitate research on NPTs and the roll out of PrEP:

- Information feedback loops from community and front line workers to researchers through Advisory Groups and Boards.
- More opportunities to establish partnerships and for stakeholder engagement, including more of theses types of meetings and discussions.
- Research Steering Committees inclusive of all stakeholders to facilitate breaking down silos, and informing research and roll-out of NPTs.
- Community groups may engage clinicians in partnerships including talk of empathy skills toward their patients.

**Research themes**

Discussions on research centred mostly on the introduction and implementation of NPTs. One potential area for further research is the social context in which individual NPTs will be implemented, as this is critical to their effective introduction. It is suggested that public health needs to be more directly included in HIV prevention research, particularly in implementation and translational research. In order to support public health’s more active participation in research, there needs to be clear mandates from provincial and federal authorities to facilitate this kind of engagement of public health with research. Once NPTs are proven safe and effective, demonstration projects such as the ones currently underway in the United States on PrEP are needed to inform roll out in Canada. PrEP was identified as a good technology on which to base a demonstration project to better understand NPT roll out in Canada.
Messaging and Guidance

Discussions on messaging and guidance for NPTs focused largely on the role that public health, community-based organizations (CBOs) and primary health care should play. Messaging around HIV prevention and NPTs needs to be supported or assumed by provincial and national governments as CBOs, ASOs and CHCs are overburdened trying to meet the current HIV prevention needs of their communities. Stakeholders may lack education on the particulars of PrEP at this point, and health literacy for NPTs needs to be increased overall. Physicians may not be comfortable dealing with off-label use of oral PrEP and in using PEP as an example, may be unfamiliar with or may work with an absence of guidelines.

Question 2: How can researchers, public health and communities work together to advance the new HIV prevention technology agenda/process?

HIV Prevention

Discussions looked at NPTs in the context of HIV prevention from various dimensions. From a structural point of view, participants suggested that there needs to be an understanding of responsibilities between federal and provincial jurisdictions along with cost implications and an understanding of who should and will pay. Several discussions focused on questions around the real world implications of NPTs, particularly issues of risk negotiation and the need for meaningful and non-judgemental understanding of individual HIV prevention choices. Specific concerns centred on the intermittent use of PrEP in terms of ARV resistance, its side effects and the need to understand how PrEP is currently being used in Canada.

Partnership

The following strategies and opportunities were identified to develop and support partnerships among research, public health and community-based organizations.

- In trials, develop medical terminology comprehension. Recognize that some participants might not be comfortable saying that they don’t understand something.
- Include private sector (HIV test producers and drug manufacturers) in partnerships.
- Establish CIHR interdisciplinary teams and use deliberative dialogue technique in CBR study.
• Construct other partnership models beyond Community Advisory Boards to build collaboration through all phases of research process, incorporating adequate resources for community organizations to engage in research.
• Partnership models for guidelines should be developed with those responsible for operationalizing interventions in advance of roll outs.
• Engage community meaningfully and continuously from the early phases of research and beyond large urban centres.

Research themes

The groups identified the following areas and strategies to enhance partnership between research, public health and community-based organizations:

• Examine the real life issues around taking pills as an HIV prevention strategy.
• Examine risk negotiation and individual prevention choices.
• Research combinations of different prevention methods in different circumstances, especially integration of older and newer methods of prevention and differences between specific technologies and who really benefits from each specific technology.
• Research on real world implementation and use, including how affected populations receive and understand NPTs and whether risk compensation results from their use both in the short and long term.
• Set aspirational 10 year research goals, defining where we would like HIV prevention to be in that time.

Messaging and Guidance

The discussion groups raised questions around messaging of NPTs and how they should be presented. Key questions included:

• How can unrealistic expectations be avoided?
• How should messaging around NPTs be done so that existing prevention technologies and approaches do not get sidelined?
• How counselling methods should be adapted to meet new and complex HIV prevention choices?

Other messaging issues included efficacy, changes in standards of care, and risk compensation. Messaging, it was suggested, could be improved if meaningful dialogue between participants,
researchers and communities is an intrinsic part of any research project and an ongoing dialogue that extends beyond the study is envisioned.

ACHIEVEMENT OF OBJECTIVES

This section assesses the extent to which the objectives were achieved based on participant evaluation and feedback from the event organizers. Overall, there was 65% (n=28/43) agreement to the statement “The discussion questions helped meet the objectives of the meeting” from participant evaluations. Though not an insignificant number, 14% (n=6/43), disagreed. Given the amount of time for the event, the objectives were quite broad and challenging to cover in the allotted time.

Objective 1: To promote continuing dialogue and partnership between researchers, communities and other stakeholders

A vibrant, dynamic and large group of attendees from a cross section of stakeholders and disciplines helped to achieve this objective. Geographical diversity of attendees also contributed, thanks in large part to the availability of scholarships. The quantity of the dialogue was circumscribed to some extent because of the time devoted to presentations, and some partners recognized that a larger portion of the event could have been earmarked for break out and working table dialogue of specific questions.

Great opportunity to bring together members from many walks of care – research, prevention, community, direct physician practice. Participant Comment.

From the evaluations, participants found the opportunity for dialogue the most valuable part of the event, in particular they noted that the most useful aspects of the meeting were the small group discussions and the diversity of perspectives and backgrounds present at the event.

It is important for public health to understand research and grass roots perspectives on past and future research efforts. Participant Comment.

Several participants commented that public health perspectives were underrepresented, particularly in the presentations. As one participant wrote in the evaluation, I was
“[d]isappointed that there essentially was not a presentation on the Canadian public health perspective on PrEP.” Despite concerted efforts by the organizers to have relevant public health speakers from municipal and provincial public health bodies, there was difficulty in identifying individuals willing to present on the topics of PrEP or NPTs.

**Objective 2: To identify specific research, policy needs and capacities in the area of new prevention technologies**

In a short time frame, it was difficult to achieve the second event goal in great detail. Participants did identify some general research areas particularly related to the social science questions on NPTs and research to help understand the real world implications of NPTs in relation to current HIV prevention technologies and approaches. However, many participants required or sought further basic knowledge of NPTs before feeling comfortable engaging in conversations on specific research, policy and capacity suggestions.

Not enough knowledge at the table to really have a meaningful conversation regarding potential frameworks for going forward. Participant Comment.

Nevertheless, the answers to the meeting’s discussion questions, recorded earlier in this report, list a number of research topics, structural and institutional barriers to overcome, and sophisticated linkage opportunities that provide groundwork to develop an overall and coordinated strategy.

**Objective 3: To foster further NPTs’ development in Canada and partnerships between communities and researchers**

Community representatives struggled with clear cut ways to establish relationships with other stakeholders who deliver or implement research, as well as the lack of availability of NPTs. However, the attendees were clearly invigorated by the event’s challenges to doing so and were exposed to a variety of examples where partnerships were carried out. Further work is necessary to support initiating partnerships by attendees within their local circumstances.

**Lessons Learned**

- Dialogue on NPTs is valued by researchers, public health and those working in community-based organizations.
• There is significant stakeholder interest in gaining more knowledge and perspectives (community-based organizations, public health, primary health care, research) on NPTs.
• There is a desire from all stakeholders to collaborate on various aspects of research, policy and programming related to NPTs.
• While the event objectives were all very relevant to the work of the National Partners working group on NPTs, fewer and more focused objectives might have been more effective, given the amount of time allocated for the session.
• Discussion questions need to be more clearly linked to the event objectives.

**PROCESS EVALUATION**

**Organization**

Most people found the information they received prior to the workshop helpful (n=30/42). Everyone agreed that the meeting was well organized (n=43/43) and almost all (n=40/44) felt the agenda covered important items relevant to new HIV prevention technologies. Participants felt that the session seemed rushed for both the presentations and the discussions. The following graph indicates the level of agreement from attendees on various elements of the event’s organization.

![Graph showing evaluation results]

- Information prior to workshop was helpful
- Well organized meeting
- Agenda was important

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**Strongly agree**

**Agree**

**No opinion**

**Disagree**
Presentations

Overall the participants either strongly agreed or agreed that the presentations were informative and useful (n= 39/42).

*All of the personal experiences, stories, and the quick recap of the studies was excellent.* Participant Comment.

*Amazing depth and breadth to the presentations.* Participant Comment.

The presentations from basic science and the primary care perspectives rated the highest while those from civil society and public health rated the lowest. This reflects the difficulty the organizing committee had in identifying relevant speakers from public health and civil society to speak on the topic of NPTs. Speakers from public health, in particular, were drawn from the participant list and given only a short amount of time to prepare. The table below shows how useful and informative the participants regarded each presentation.

In terms of content, there might have been more time spent on describing the different new HIV prevention technologies and practical implications for Canada. The presentations did not necessarily provide sufficient information for those unfamiliar with NPTs to fully contribute to answering the discussion

*Would have appreciated more specific details about the technologies themselves - technical aspects as well as practical aspects.* Participant Comment.
questions. Comments from several participants (n=3) also suggested that including time for question and answer after each presentation, and allowing for group dialogue would have been beneficial.

**Participation and Discussions**

Interest in the ancillary event exceeded the organizing committee’s expectations and was therefore thus unforeseen. As a result, significantly more participants were included in the event than the maximum number planned. Onsite registration was available, but it was difficult to regulate the number of individuals who had not signed up for the event.

Most (n=39/43) participants felt that they were able to participate and felt comfortable offering opinions. However, almost everyone commented that there were either too many participants or that the room was too small to accommodate the number of people in attendance. There was also a sense that the event was rushed in trying to cover all the material and provide ample time for the presenters. Of all the questions in the evaluation, participants agreed most on the skills of the facilitators Robert and San who they all thought helped the meeting run smoothly and productively.

**Additional Remarks**

A few attendees remarked on the lack of engagement with issues specific to women or youth. Furthermore, the event did not provide sufficient grounding about individual NPTs, practical examples for specific implementation in specific Canadian populations or sufficient answers to “who should receive NPTs?” One participant noted that the order of presentations might have suggested a hierarchy and another that felt the importance of NPTs were not necessarily well reflected in the discussion notes. However, the overwhelming majority (15/19) of comments reflected a very positive participant experience and an enabling environment as illustrated by the following word cloud based on participant feedback.
Lessons Learned

- A planning group comprised of organizations representing different constituencies definitively enriched the discussion and enhanced the outcomes.
- There was significant improvement in planning from the CAHR ancillary event in 2010, in terms of shared workload among the organizing partners as no one person or organization took on an undue amount of work.
- Unlike the previous year’s planning process, more focused teleconferences helped reduce the planning meetings from 2-3 hours to 1 – 1.5 hours by ensuring that decisions were not revisited and discussions concretely moved the planning forward.
- As in 2010, greater clarity about the roles of each organization and the level and nature of sharing in decision-making and tasks is needed. In future collaborations, it is advisable to make more explicit how duties will be shared among the partners and how decisions will be made.

NEXT STEPS

As a follow up to the CAHR ancillary session *Emerging New HIV Prevention Technologies*, the organizing partners have identified a series of strategic next steps to engage participants from the session in continued dialogue on NPTs, and to contribute to a coordinated approach to NPTs in Canada. These next steps include the following:

**New HIV Prevention Technology Webinar Series**

- Building on the success of past webinars and demand for similar activities, the national partners are developing a series of webinars to examine current issues around NPTs in the Canadian context.

**Re-vitalize and re-launch MAG-Net**

- Expand MAG-Net’s mandate to include HIV vaccines and other new prevention technologies and revise TOR’s to include specific roles for national partners to broaden the dialogue around NPTs.
- Increase involvement of other national partners in providing content for MAG-Net.
National Stakeholder Meeting on New HIV Prevention Technologies (September 2011)

- Convene an in-person working meeting with relevant stakeholder groups: policy-makers, community representatives, researchers, public health and the private sector; identify research needs and priorities that will clarify how NPTs may work in the Canadian HIV landscape; and, identify regulatory, policy, programming barriers and issues that need to be addressed.
- Produce and disseminate a framework document identifying regulatory, policy and programming barriers and issues that need to be addressed regarding the introduction and delivery of NPTs.

CONCLUSION

Based on this CAHR ancillary event, interest in NPTs appears to be high among public health, researchers, community-based organizations and beneficiaries. For many participants, this event on NPTs was a starting point in their understanding of the topic. In terms of HIV prevention, participants articulated a need to develop a much more sophisticated understanding of NPTs in the broader context of HIV prevention approaches and the social environment and lived experience of the individuals who would likely benefit. Participants felt that a research agenda on NPTs needs to look at the continuum from basic science to the implementation of NPTs. Specifically, participants identified a better understanding of the social contexts of HIV prevention, de-stigmatizing individual choice, and roll out of NPTs as areas for future research. Partnership models to support NPTs need to be developed during study design and continued throughout the study. Mechanisms for ongoing collaboration beyond the end of the study among researchers, community-based organizations and public health should be established. These partnership strategies would promote a continuum between community needs and research agendas and facilitate appropriate messaging. In terms of messaging, participants suggested that collaboration between stakeholders facilitates appropriate messaging but that provincial and federal health bodies need to provide leadership and support in this area. This is also true for guidelines to assist health and social workers in effectively implementing NPTs.

There were a few challenges to the event. For many of the participants, a foundation of general information on NPTs is still needed. More focused objectives, fewer presentations and more time for discussions would have been useful, along with capping the number of participants. At the same time, a vast majority of participants who filled out evaluation forms valued their time...
at the event and felt that the discussions on NPTs from various perspectives were engaging and worthwhile. The organizing partners have articulated a clear path forward, ensuring that participants have opportunities to continue the dialogue on NPTs, and can continue to work toward improved collaboration between all interested stakeholders.
## APPENDICES


**Thursday April 14, 2011 1:00 to 5:00 PM**

Marine Room Westin Harbour Castle, Toronto

### AGENDA

<table>
<thead>
<tr>
<th>Time</th>
<th>Session</th>
<th>Presenters</th>
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<tbody>
<tr>
<td>1:00 to 1:10</td>
<td>Introduction: review meeting format, objectives, key questions and outcomes</td>
<td>San Patten (Facilitator)</td>
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<tr>
<td>1:10 to 1:20</td>
<td>Current and future basic science research and perspectives on new HIV prevention technologies</td>
<td>Dr. Rupert Kaul</td>
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<td>1:20 to 1:35</td>
<td>iPrEx Case study: looking at the history, process and outcomes of community involvement, partnerships and stakeholder engagement</td>
<td>Robert Reinhard (Co-Facilitator)</td>
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<td>1:35 to 1:45</td>
<td>Canadian public health perspectives on PrEP</td>
<td>TBD</td>
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<td>1:45 to 1:55</td>
<td>Primary health care perspective on PrEP</td>
<td>Dr. Darrell Tan</td>
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<td>1:55 to 2:05</td>
<td>ASO/CBO perspectives on PrEP</td>
<td>David Thompson</td>
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<tr>
<td>2:05 to 2:15</td>
<td>Q&amp;A</td>
<td>San Patten (Facilitator)</td>
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<td>2:15 to 2:25</td>
<td><strong>Health Break</strong></td>
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<tr>
<td>2:25 to 2:35</td>
<td>Perspective on working with researchers and public health regarding new HIV prevention technologies. What are the issues, strengths and challenges?</td>
<td>Marvelous Muchenje</td>
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<tr>
<td>2:35 to 2:45</td>
<td>Understandings and perspectives of clinical trials to test new prevention technologies from the point of view of several populations at higher risk of HIV exposure</td>
<td>Dr. Peter Newman</td>
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<td>Time</td>
<td>Session</td>
<td>Presenter/Leader</td>
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<td>2:45 to 2:55</td>
<td>Perspective on working with community-based organizations and researchers regarding new HIV prevention technologies. What are the issues, strengths and challenges?</td>
<td>Adele Lane</td>
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<tr>
<td>2:55 to 3:05</td>
<td>Q&amp;A</td>
<td>San Patten (Facilitator)</td>
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<tr>
<td>3:05 to 3:20</td>
<td><strong>Break and return to Discussion Tables</strong></td>
<td>San Patten (Facilitator)</td>
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<tr>
<td>3:20 to 4:10</td>
<td><strong>Discussion Question #1:</strong> When looking at partnerships and stakeholder engagement from the iPrEx experience what are some of the key lessons learned and best practices?</td>
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<td></td>
<td>• How can these be applied to the Canadian context and future work with new HIV prevention technologies?</td>
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<td></td>
<td>• How can we create opportunities for ASO/CBO and public health to inform research?</td>
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<td></td>
<td>• How can the partnership between research, public health and ASOs/CBOs set up for the iPrEX study help in the roll out of PrEP?</td>
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<td>3:20 to 4:10</td>
<td><strong>Discussion Question #2 :</strong> How can researchers, public health and communities work together to advance the new HIV prevention technology agenda/process?</td>
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<td>• Can we identify 4 major research questions to involve researchers, communities and public health? (E.g. What kind of research can we do around introduction of various new HIV prevention technologies?)</td>
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<td>• What options for partnership between research, public health and ASOs/CBOs can we explore (e.g., university research boards, CDC interim guidelines)?</td>
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<td>4:10 to 4:30</td>
<td><strong>Report Back</strong></td>
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<td>4:30 to 4:55</td>
<td>Synthesis of discussion findings and identification of common themes and next steps.</td>
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<tr>
<td>4:55 to 5:00</td>
<td><strong>Closing remarks</strong></td>
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Pre Meeting Questionnaire

Emerging New HIV Prevention Technologies: Community and Public Health Preparedness in Canada

Thursday April 14, 2011
1:00 to 5:00 PM
Marine Room Westin Harbour Castle
Toronto

Pre meeting questionnaire

The development of new HIV prevention technologies such as microbicides, vaccines and oral pre exposure prophylaxis (PrEP), that are safe, effective, affordable and acceptable to communities will add new tools to the HIV prevention toolkit. A direct outcome will be to reduce the transmission of HIV while helping bring normalcy to the lives of people living with HIV by reducing the stigma and discrimination associated with a disease of no known cure.

Please answer the following questions to help us guide the meeting discussions.

1. How would you rate your level of knowledge of the following new prevention technologies? Please circle one rating for each technology.

<table>
<thead>
<tr>
<th></th>
<th>Expert knowledge</th>
<th>Very knowledgeable</th>
<th>Some knowledge</th>
<th>Basic knowledge</th>
<th>No knowledge</th>
</tr>
</thead>
<tbody>
<tr>
<td>Microbicides</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>Vaccines</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>Oral PrEP</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
</tr>
</tbody>
</table>
2. Are you aware of any research being conducted in Canada on new HIV prevention technologies?

   YES  NO

If yes, please list what Canadian research you are aware of.

3. Do you feel that sufficient resources are available in Canada to prepare for the introduction of NPTs?

   YES  NO

If no, please describe what additional resources would be of use.

Please rank (from 1 highest to 4 lowest) how the following NPTs would compare on acceptability, adherence, development of resistant viruses and side effects for people vulnerable to HIV in your community:

<table>
<thead>
<tr>
<th></th>
<th>Condoms</th>
<th>Microbicides</th>
<th>Vaccines</th>
<th>Oral PrEP</th>
</tr>
</thead>
<tbody>
<tr>
<td>Example: ease of access</td>
<td>1</td>
<td>2</td>
<td>4</td>
<td>3</td>
</tr>
<tr>
<td>Acceptability</td>
<td></td>
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<tr>
<td>Adherence</td>
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<td>Development of resistant viruses</td>
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<tr>
<td>Side effects</td>
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</tbody>
</table>

5. Are you aware of people using ARVs for prevention purposes (i.e., as PrEP) in your community (even though ARVs are not yet approved for PrEP)?

   YES  NO

Please explain.

6. Have you or your organization ever participated in research around new prevention technologies? Please explain.

7. Please complete the following sentence: “The one thing that I want to get out of the Ancillary Event is...”
Post Meeting Questionnaire

Emerging New HIV Prevention Technologies: Community and Public Health Preparedness in Canada

Thursday April 14, 2011
1:00 to 5:00 PM
Marine Room Westin Harbour Castle, Toronto

EVALUATION

Please circle the answer that best reflects your opinion on the following:

1. Organization
   a. The information I received prior to the workshop was helpful
      Strongly Agree    Agree    No opinion    Disagree
   b. The meeting was well organized
      Strongly Agree    Agree    No opinion    Disagree
   c. The agenda contained the major items I considered important
      Strongly Agree    Agree    No opinion    Disagree
   d. Comments:

2. Information Presented

The following presentations were informative and useful:

   a. Current and future basic science research and perspectives on new HIV prevention technologies
      Strongly Agree    Agree    No opinion    Disagree
   b. iPrEx Case study: looking at the history, process and outcomes of community involvement, partnerships and stakeholder engagement
      Strongly Agree    Agree    No opinion    Disagree
   c. Canadian public health perspectives on PrEP
      Strongly Agree    Agree    No opinion    Disagree
d. Primary health care perspective on PrEP
   Strongly Agree   Agree   No opinion   Disagree

e. ASO/CBO perspectives on PrEP
   Strongly Agree   Agree   No opinion   Disagree

f. Perspective on working with researchers and public health regarding new HIV prevention technologies. What are the issues, strengths and challenges?
   Strongly Agree   Agree   No opinion   Disagree

g. Understandings and perspectives of clinical trials to test new prevention technologies from the point of view of several populations at higher risk of HIV exposure
   Strongly Agree   Agree   No opinion   Disagree

h. Perspective on working with community-based organizations and researchers regarding new HIV prevention technologies. What are the issues, strengths and challenges?
   Strongly Agree   Agree   No opinion   Disagree

i. Comments:

3. Discussions

   a. The time allowed for clarification questions after each presentation was adequate:
      Strongly Agree   Agree   No opinion   Disagree

   b. The discussion questions helped meet the objectives of the meeting:
      Strongly Agree   Agree   No opinion   Disagree

   c. Comments:

4. Relevance to the concerns of my organization and community

   a. The meeting covered the major issues of concern to my organization and community:
      Strongly Agree   Agree   No opinion   Disagree

   b. The information and ideas from the meeting will be useful to my organization and community:
      Strongly Agree   Agree   No opinion   Disagree
c. Comments:

5. Participation
   a. I was able to participate and felt comfortable offering my opinions
      
      | Strongly Agree | Agree | No opinion | Disagree |
      |----------------|-------|------------|----------|
   b. Comments:

6. Translation/Interpretation
   a. The translation/interpretation services were effective
      
      | Strongly Agree | Agree | No opinion | Disagree |
      |----------------|-------|------------|----------|
   b. Comments:

7. Facilitation
   a. The facilitators helped the meeting to run smoothly and productively
      
      | Strongly Agree | Agree | No opinion | Disagree |
      |----------------|-------|------------|----------|
   b. Comments:

8. Environment
   a. The facilities were supportive of an effective meeting
      
      | Strongly Agree | Agree | No opinion | Disagree |
      |----------------|-------|------------|----------|
   b. Comments:

9. What was the most useful aspect of the meeting for you and your community or organisation?

10. Suggestions for improving future meetings

11. Additional comments: Please use the other side of the paper if needed