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CASE STUDY IN GENDER INTEGRATION

Taking on Gender in Clinical Research

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OVERVIEW

The International AIDS Vaccine Initiative's (IAVI's) focus on gender is unique among product development partnerships and demonstrates the value of using a gender-intentional approach in clinical research. In the early 2000s, IAVI began its efforts to engage women in trial communities and ensure gender-sensitive trial practices. This work was initiated in response to challenges recruiting women into safety trials in East Africa, as well as concerns in India that they may have difficulty recruiting women in upcoming trials, and that women's health advocates may object to the trials. These efforts resulted in more inclusive and efficient trials. IAVI also developed a strategy to link its support for the clinical trials with advocacy and policy efforts to address gender, as well as mainstreaming of gender within the organization itself. Over time, IAVI's clinical research center partners have integrated elements of these gender integration efforts into their routine work, and IAVI continues to drive other efforts, although the focus has changed. The nature of IAVI's gender work has evolved as the populations of focus for clinical research have changed to include key populations with a higher incidence of HIV infection, including men who have sex with men (MSM) and sex workers.

This case study in gender and clinical trials is part of the Bill & Melinda Gates Foundation's Gender Equality Toolbox, which includes a series of case studies and other resources for supporting Program Officers in applying a gender lens to their investments. Note that not all of these case studies are foundation-funded programs and a program's inclusion in this series does not indicate an endorsement by the foundation.

This is one of four case studies developed for the Bill & Melinda Gates Foundation Internal Gender Challenge: Gender Considerations in Clinical Trials. This case study is based on interviews with former and current IAVI staff and documents listed in Appendix A.

IAVI DEFINES GENDER

The terms "gender" and "sex" are often used interchangeably, but have very distinct meanings. "Sex" refers to biological characteristics – anatomical, physiological and genetic – that define a person as male or female. "Gender" is a term used to reflect the socially constructed nature of men's and women's identities, i.e., what society defines as "male" and female" or "masculine" and "feminine." IAVI often collapses the two terms and simply uses "gender" ...We acknowledge that society and biology both play a role in men's and women's vulnerability to HIV. – IAVI's Gender in AIDS Vaccine Trials, Addressing Challenges in developing countries, November 2004

I think gender affects how we recruit, how we design products, and how we design our clinical trials, and most importantly, it affects how people are going to accept and use the product moving forward.

IAVI Staff Interview

WHY GENDER?

In the early 2000s, IAVI began integrating gender considerations throughout its clinical research and advocacy programs for several reasons. First, IAVI had a philosophical **commitment to carry out its research in a manner that supports the needs of the countries and communities** where research is conducted. IAVI recognized that gender plays a fundamental role in HIV transmission, and women need HIV prevention methods they can control and potentially use without their partners' knowledge.

Second, IAVI recognized that addressing gender barriers would help meet a practical need of **ensuring adequate and efficient enrollment of women in clinical trials**. Since new products must be tested in the populations that will ultimately receive them, and women will be an important audience given their greater susceptibility to HIV and the disproportionate burden of HIV they experience, it is important to ensure they are included in clinical trials in sufficient numbers to detect any trends or differences in effect.

Third, as a product development partnership (PDP) supported by development donors (e.g. bilateral government overseas development aid), IAVI had a mandate to **take a public health and development approach** to its work. The organization understood that gender equality is fundamental to development goals and is a key social determinant of health and development outcomes. Later, when the clinical research populations shifted to include men who have sex with men (MSM), sex workers and other stigmatized groups, IAVI recognized the importance of attention to gender in its work in order to meet the needs of these key populations, as well.

GETTING STARTED

The organization's focus on gender began in two very different contexts between 2001-2004.

India, 2002: As IAVI was preparing for implementation of the first AIDS vaccine trials in India, concerns arose about the potential for civil society objection to the trials in the Indian context based on a history of unethical research and public health practice, particularly around contraception. IAVI understood that it would be essential to engage women's health advocates, among others, in order to ensure smooth trial implementation and reached out for their assistance in understanding factors that might limit women's enrollment and retention. IAVI overcame advocates' initial skepticism

by holding transparent and participatory consultations to discuss their concerns about vaccine research and trial participation, and to educate them about the scientific research process and potential benefits of a vaccine for women. Participants provided helpful recommendations on the ideal physical environment of the trial site and trial processes, such as gender-sensitive counseling and informed consent. Ultimately, women's groups became allies in supporting gender-sensitive trial implementation.

East Africa, 2004: In East Africa, researchers experienced unanticipated challenges recruiting women in early trials. Study protocols did not stipulate that specific proportions of men and women participate in safety trials, but staff were concerned about the poor representation of women given a philosophical commitment to include populations that would ultimately benefit from the vaccine. Clinical research center partners recognized that there were significant barriers to women's participation, particularly requirements that women avoid pregnancy for a significant period of time. However, at the time, the barriers to participation and approaches to overcoming them were not well understood. IAVI and the clinical research partners undertook a series of efforts to improve their knowledge of the constraints women face and to reduce barriers.

While these early trials in India and Uganda were small, IAVI was, at that time, starting to develop epidemiological studies among much larger cohorts in preparation for future efficacy trials and was recognizing that they needed to better understand and address gender-related barriers to participation within these studies to prepare for large-scale trials. But the need was not initially recognized or supported across the organization. While staff who had public health and social science backgrounds pushed the agenda, some of the more traditional scientists failed to understand the need for this work and felt it was not a priority.

Eventually, through dialogue and experience, they came to understand that while developing a vaccine, it is important to consider how it will be taken through to licensure and use, and they began to accept the value of addressing gender and other social issues explicitly. IAVI undertook a great deal of gender work in the early-to-mid 2000s, and by 2008, gender was included in IAVI's clinical guidance document for research partners, which outlines the organization's expectations for trial and research-related practices.

They [the scientists] then realized that we aren't just dealing with clinical trial data. We are dealing with developing a vaccine and needing to take it through to licensure and use, and people who will take the vaccine need to be part of that process.

IAVI Staff Interview

TACTICS TO FOSTER GENDER-SENSITIVE CLINICAL TRIALS

In the early-to-mid 2000s, IAVI developed and deployed a number of tactics to support clinical research centers in better understanding gender-related constraints and to foster gender-sensitive clinical trials.

Gender Advisory Boards: IAVI formed gender advisory boards and committees in India, Uganda and Kenya to provide guidance to clinical research center partners on how to address gender issues and reduce barriers to women's participation. The boards included a blend of women's health advocates, NGOs and academics. They helped clinical research center partners develop gender-sensitive informed consent forms and processes, design training curricula for trial teams, and conduct outreach and education around women's participation and need for an AIDS vaccine. As needs changed, IAVI eventually discontinued support for these groups, but in the case of Uganda, the community advisory board took a strong interest in integrating gender into its own work, and diversified its representation, diminishing the need for a separate group.

Training: IAVI developed gender training curricula for its clinical research partners in India and Africa to sensitize trial teams and community advisory boards to gender issues and to help them design more gender-sensitive research processes. Trainings included such topics as women's limited autonomy in decision-making, how that could impact recruitment and consent processes, and the potential social and physical harms that women could experience as a result of any breaches in confidentiality. The training was well-received and helped clinical research center teams "come out of their normal way of thinking." (see Appendix A)

Social Research: In order to better understand barriers to women's participation, the IAVI team in Uganda held focus group discussions with police women, housewives, sex workers and others. IAVI also collaborated with the International Center for Research on Women to conduct qualitative research in Kenya that provided insights into the gender issues influencing volunteers' decision to participate in AIDS vaccine research and experience of participation. This research validated observations indicating that factors such as access to information, decision-making processes and costs affect women's participation differently than men's.¹

Contraceptive and Other Health Services: Clinical trials of AIDS vaccines have important requirements that female participants use contraception to prevent pregnancy during the trial since they will be exposed to an experimental product for which safety has not been fully evaluated. Early on, few clinical research centers utilized informed choice counseling, a fundamental tenet of family planning, and they offered a very limited range of contraceptive options on site, although other methods were available through referral. In order to better prevent incident pregnancies during the trials and ensure good public health and ethical practice, IAVI worked with clinical research centers to improve the quality of their contraceptive counseling and to expand the method mix available on-site and through robust referral mechanisms.²

Trial Processes and Clinical Research Site Environment: Trial sites identified a wide range of actions to facilitate women's participation and to address gender norms and preferences. Sample actions and processes included:

- shifting **recruitment and clinic hours** so that they didn't conflict with women's schedules
- holding **sex-segregated information sessions** so that women felt comfortable asking questions
- creating reception areas and spaces that were **welcoming and volunteer-friendly**, in some cases including designated areas for women and children
- providing **childcare** during medical examinations or counselling sessions
- ensuring **privacy** during interviews
- providing some **healthcare** services on-site
- allowing women more **time during the informed consent process** to consult with family

Results: Although these efforts were not formally evaluated, IAVI staff believe they had positive results. Clinical research partners were receptive to the inputs, which helped make the research more responsive to the needs of communities where the research took place. In India, the preparatory work seemed to pave the way for sex-equitable enrolment from the start, and in East Africa, the subsequent trials were able to recruit women more quickly and easily than in the initial trials. There are now specific targets for recruitment of women and men.

EVOLVING APPROACH BASED ON CHANGING STUDY POPULATIONS

As the HIV epidemic evolves, researchers are shifting their focus to higher-incidence populations that they will need to engage in future efficacy trials – each of which has distinct gender-related needs and barriers. IAVI and its clinical research center partners are now working with MSM, sex workers, new mothers and fishing communities, in addition to continuing work with discordant couples. The following are some of the specific efforts IAVI has undertaken to address these distinct needs:

- **MSM Best Practices:** IAVI partnered with amfAR, UNDP and Johns Hopkins University to develop a [guide](#)³ on best practices for conducting HIV research with MSM in rights-constrained environments. This work is particularly relevant in East Africa, where HIV incidence is high and social stigma against same sex partnerships is strong.
- **MSM Training:** IAVI partnered with the Kenya National AIDS and STD Control Program (NASCO) and the Centre of Geographical Medicine Research Coast, Kenya Medical Research Institute (CGMRC-KEMRI) to develop an online training module that provides awareness and sensitivity training to healthcare workers to address stigma and homophobia and to better meet MSM's health needs. This module was developed in part because researchers realized that MSM were accessing general healthcare services through the clinical research centers due to negative experiences in the national healthcare system.
- **Engagement with Fishing Communities:** IAVI is conducting formative research on gender issues in fishing communities in Uganda to inform future efficacy trials. This includes a simulated vaccine efficacy trial among women to understand adherence to study schedules and procedures. In these communities, traditional gender norms are strong, including gender issues that put men at risk due to pressure to prove their masculinity, prevalence of gender-based violence, high rates of transactional sex starting at a young age, and the large role alcohol plays in sexual risk.
- **Prevention of Social Harms:** IAVI clinical research center partners working with MSM and sex workers have developed sexual violence prevention interventions and put in place special security at clinical research centers to prevent harm to these populations. For example, IAVI supported the establishment of a national violence prevention and response working group in Kenya under the National AIDS Control Council.
- **Engaging Adolescent and Young Women:** IAVI developed [guidelines](#) for conducting HIV- and sexual/reproductive health-related clinical trials with adolescents and young women in Kenya and Nigeria.

ADVOCACY

IAVI also developed an advocacy strategy to position AIDS vaccines as an important part of the response to women's vulnerability to HIV. Through publications, sessions at international conferences and high-level UN meetings, they argued that in the same way that women need choices in family planning to increase the likelihood of using a method, women will want HIV prevention choices based on their varying needs and circumstances. For example, IAVI supported Jeanette Kagame, the first lady of Rwanda, in writing a widely publicized op-ed piece on the importance of the AIDS vaccine for women and girls. IAVI also collaborated with other groups working on new HIV prevention technologies to promote harmonized messaging around women's needs.

Most recently, IAVI developed a partnership with the International Community of Women Living with HIV (ICW) to build the capacity of a core group of advocates around women's issues. Under this partnership, ICW is providing feedback to researchers on women's needs and is also reaching out to the heads of research organizations, asking them to sign pledges to integrate attention to gender into their clinical trials. They have obtained over one hundred signatures to-date.

GENDER MAINSTREAMING IN THE ORGANIZATION

IAVI explored gender mainstreaming within the organization in an effort to ensure that it was paying attention to gender equality within its own structures and policies. IAVI's gender and human resources teams reviewed gender balance in the organization's board, leadership ranks and staffing patterns and held meetings with staff throughout the organization to solicit input on how the organization could be more gender-sensitive. While a great deal of work went into the initial exploration stages, the organization recognized that many gender-sensitive policies and programs, such as maternity and paternity leave and flexible work schedules, were already in place. Since other identified gender mainstreaming needs fit into broader diversity efforts of the organization, the gender mainstreaming strategy was not continued as an isolated effort.

SHIFTING DONOR AND ORGANIZATIONAL PRIORITIES

Over time, the emphasis on gender at IAVI has shifted. Some tactics have become institutionalized within the clinical research centers, and now IAVI's annual agreements with clinical research partners set expectations that they will consider sex and gender issues in the populations with which they work. Some efforts that IAVI itself was leading are ongoing, while work to address gender in other areas, such as social science research, has waned. The explicit focus on gender and women is not as sharp as it once was, given a shift in focus to other populations, including adolescents and stigmatized populations, such as MSM and sex workers. While opinions on the reasons for the change vary, it appears to be in part due to resource constraints that emerged around 2008 when IAVI began to focus more on what was seen as its core business. Around that time, resources to address social issues became a lower priority, particularly due to increased emphasis on early research and the fact that efficacy trials were seen as further in the future. These changes also coincided with leadership changes that might have caused weakened support for these efforts.

Yet development donors have played a large role in influencing the focus on gender and other development issues at IAVI and continue to set expectations that gender will be addressed. As the organization gets closer to efficacy trials, continued investment in this work will be critical.

IAVI has been known for its leadership in research preparedness and its efforts to take a holistic public health and development approach to its work, with a strong focus on social and behavioral issues. The organization remains committed to addressing gender in many areas of its work. For example, IAVI, with its network of clinical research centers, continues to ensure gender- and family-friendly settings for counseling and clinical services and continues to offer high quality family planning counseling on-site at the research centers. IAVI also continues to ensure that female African researchers are provided opportunities for career growth and leadership.

IAVI is now enhancing its gender work by, for example, embedding key socio-behavioral questions related to women's participation in research study protocols to gain a better understanding of gender-specific, social benefits and harms of participation in research, including gender-based violence. The organization also continues to assess ongoing barriers to women's participation, such as power dynamics, access to information and fertility-specific concerns. It has begun to take gender issues into account in designing target product profiles. Data from work with vulnerable populations, such as adolescent girls and young women, sex workers, and MSM in particular, will inform product design, development and future strategies for uptake.

CONCLUSION

IAVI's experience demonstrates how an organization can take a philosophical and applied approach to addressing gender in clinical trials. This experience also demonstrates that gender is an evolving issue that requires fresh thinking and planning. With sufficient donor support and ongoing leadership for attention to gender in clinical trials, IAVI can continue to evolve and deepen its work on gender and serve as an example to other product development partnerships.

APPENDIX A: IAVI GENDER PUBLICATIONS

1. Integrating Gender Issues into AIDS Vaccine Clinical Research: A Training Manual for sub-Saharan Africa. First edition 2009.
2. Programme Brief. Women in AIDS Vaccine Clinical Research: Applying a Gender Lens in India. December 2006.
3. Updated Guidelines to Respect, Protect and Fulfill the Needs of Men Who Have Sex with Men (MSM) in HIV Research
4. Guidelines for Young Persons' Participation in Research and Access to Sexual and Reproductive Health Services in in Nigeria. Published August 2014
5. Best practices guidance in conducting HIV research with gay, bisexual, and other men who have sex with men (MSM) in rights-constrained environments. Developed in partnership by amfAR, The Foundation for AIDS Research, International AIDS Vaccine Initiative (IAVI), Johns Hopkins University – Center for Public Health and Human Rights (JHU-CPHHR), and United Nations Development Program (UNDP). Published 2011
6. Insights Policy Brief. Research and Development of New Biomedical HIV Prevention Tools for Women and Girls: Combating the Global AIDS Epidemic Through a More Empowered Response in Sub-Saharan Africa. September 2015.
7. Guidelines for Conducting Adolescent HIV Sexual and Reproductive Health Research in Kenya. National AIDS and STI Control Programme (NASCOP) & Kenya Medical Research Institute (KEMRI). Published May 2015.
8. ICW-IAVI Partnership on Gender & Sex in HIV Research. Final Project Report. Published May 2015
9. The Power of Community Engagement. "HIV Vaccine Research in Kenya Yields Better Healthcare, Less Stigma and Empowerment for Men Who Have Sex with Men." January 2016.
10. The Power of Community Engagement. "How Discordant Couples and HIV Vaccine Research Benefit From Each Other." January 2016.
11. International AIDS Vaccine Initiative. IAVI Factsheet, Why Women and Girls Need an AIDS Vaccine: The Urgency for New and Better Prevention Options. 2006; 4 pp.
12. IAVI (International AIDS Vaccine Initiative). 2008. AIDS Vaccine Literacy Training: hosted, IAVI –Southern Africa Regional Office and Gender AIDS Forum, 31 March 2008, Durban, South Africa. Durban: Gender AIDS Forum. As of 27 May 2015: <http://searchworks.stanford.edu/view/8218232>
13. Clinical Science Meets Social Science: Gender and AIDS Vaccine Research. Published 2008.
14. IAVI Clinical Guidance. Essential Approaches for the Conduct of IAVI Clinical Research. Published 2009.
15. IAVI Insights Policy Brief. From Research Volunteers to the Global Political Community: Building on Preparedness Efforts for the Development of an AIDS Vaccine. Published May 2010.
16. IAVI Aids Vaccine Literacy Toolkit. Published 2005.
17. van der Elst EM et al. Experiences of Kenyan healthcare workers providing services to men who have sex with men: qualitative findings from a sensitivity training programme. Journal of the International AIDS Society 2013, 16 (Suppl. 3): 18741

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1. Ross J, Stover J. Use of modern contraception increases when more methods become available: analysis of evidence from 1982-2009. Global Health, Science and Practice. 2013;1(2):203-212
 2. Ross J, Stover J. Use of modern contraception increases when more methods become available: analysis of evidence from 1982-2009.
 3. <http://www.iavi.org/publications/file/123-respect-protect-fulfill-msm-research-guidance-2015-english>
 4. Fishing communities are known to have a high burden of HIV infection. Efficacy trials focus on high-incidence populations because they will be likely beneficiaries and to ensure sufficient statistical power with a reasonable sample size.
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