

PROJECT ACCEPT:

A Phase III Randomized Controlled Trial of Community Mobilization, Mobile Testing, Same-Day Results, and Post-Test Support for HIV in Sub-Saharan Africa and Thailand

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PROJECT DESCRIPTION

UCSF is one site of an NIMH-funded multi-site, international efficacy trial of a behavioral intervention to reduce the incidence of HIV infection. Collaborating international sites teamed with US sites are: Zimbabwe (S. Morin, UCSF, PI), South Africa (T. Coates, UCLA, PI), Tanzania (M. Sweat, Johns Hopkins University, PI) and Thailand (D. Celantano, Johns Hopkins University, PI). In this prevention trial, 34 communities in Africa (Tanzania, Zimbabwe, and South Africa) and 14 communities in Thailand will be randomized to either a community-based HIV voluntary counseling and testing (CBVCT) intervention or clinic-based standard VCT (SVCT).

The intervention has three major strategies:

- 1) Make VCT more available in community settings
- 2) Engage the community through outreach and community mobilization
- 3) Provide post-test support services.

These strategies are designed to change community norms and reduce risk for HIV among all community members, irrespective of whether they participated directly in the intervention. Thus, we plan a community-level sampling approach as opposed to a cohort design to evaluate outcomes.

SIGNIFICANCE

A theoretically based, pragmatic, and sustainable approach to community level change will be tested. The approach can be culturally tailored for appropriateness in different countries, as well as sensitivity to gender-based issues. Community level approaches to prevention need to (a) tip the scale to establish as the community norm reductions in behaviors and attitudes (e.g., stigma, fears of getting tested for HIV) which lead to HIV transmission as well as increases in behaviors that help people maintain health (e.g. getting tested for and discussions about HIV); (b) support early adopters of behavior change so that others are encouraged to follow their lead; (c) ensure that individuals have the information and skills they need to initiate and maintain risk reduction; and (d) establish support systems to promote effective coping for those diagnosed with HIV.

INTERESTING FINDINGS

A total of 10,789 residents of the 32 communities in Tanzania, Zimbabwe and Thailand participated in HIV testing during the first 12 months of the study. Communities randomized to the intervention had 4 times as many people testing (8,692) as the comparison communities (2,097). The difference was greater in Zimbabwe (2,666 v. 302) and Tanzania (1,689 v. 362) than Thailand (4,337 v. 1,433), where SVCT was more accessible than the African sites. Very few individuals in communities randomized to the comparison condition sought HIV testing in neighboring communities randomized to offer mobile testing (9 in Zimbabwe, 6 in Tanzania, and 72 in Thailand). The five- to nine-fold increase in testing at the African sites indicates that the provision of mobile services, combined with appropriate support activities, may have dramatic effects on utilization of VCT. These findings also provide early support for community mobilization as a strategy for increasing testing rates.

PROJECT WEBSITE: www.cbvct.med.ucla.edu

PROJECT RECRUITMENT DATES: January 2006 - December 2008

PROJECT END DATE: June 2010