

## Community-Based HIV Voluntary Counseling and Testing: Zimbabwe

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**Project Description:** UCSF is one site of an NIMH funded multisite, international efficacy trial of a behavioral intervention in reducing the incidence of HIV infection. Collaborating international sites teamed with U.S. sites are: Zimbabwe (Steve Morin, UCSF, PI), South Africa (Thomas Coates, UCLA, PI), Tanzania (Michael Sweat, Johns Hopkins University, PI) and Thailand (David Celantano, Johns Hopkins University, PI). In this prevention trial, 32 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 CBVCT intervention has three major strategies: (1) to make VCT more available in community settings; (2) to engage the community through outreach and community mobilization; and (3) to provide post-test support services. These three strategies are designed to change community norms and reduce risk for HIV infection 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.

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.

**Significance:** This is the first randomized controlled Phase III trial to determine the efficacy of a behavioral/social science intervention with an HIV incidence endpoint in the developing world. Achieving important and meaningful reductions in HIV-1 incidence in countries hit hard by the HIV/AIDS epidemic requires evidence-based approaches to prevention that mobilize communities.

**Project Recruitment Dates:** 2004 – 2007

**Project End Date:** Approximately 2008