

## NIMH 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 multisite, international efficacy trial of a behavioral intervention to reduce the incidence of HIV infection. Collaborating international sites teamed with US 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, 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) 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 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.

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:** We provided free anonymous mobile VCT using 2 rapid HIV tests in 12 marketplaces in Epworth and Seke, Zimbabwe. A subsample of HIV testers and individuals near testing vans who declined testing (nontesters) completed a questionnaire to assess motivations for and barriers to testing. A total of 1099 individuals participated in mobile VCT between March 2002 and August 2003. The proportion of participants infected with HIV was 29.2%. Overall, 98.8% of participants elected to receive HIV test results the same day. Reasons for not testing previously were often logistic (e.g., inconvenience of hours [25.6%] and location [20.7%] or cost [8%]). Those who used the same-day mobile testing services (testers vs. nontesters) perceived themselves at higher risk for HIV infection (adjusted odds ratio [AOR] = 1.8) but were less likely to have known people with HIV (AOR = 0.49) or where to get tested (AOR = 0.57). Same-day HIV testing in community settings seems to be acceptable in sub-Saharan Africa. Barriers to HIV testing are often logistic and can be overcome with community-based strategies. These strategies need to be refined to address the needs of those not using mobile testing services. (Morin SF, Khumalo-Sakutukwa G, Charlebois ED, et al. Removing barriers to knowing HIV status: same-day mobile HIV testing in Zimbabwe. *Journal of AIDS*. 2006;41:218-224.)

**Project End Date:** Approximately 2008