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Community Involvement Raises HIV Testing Rates

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A new study suggests that community-based programs in rural areas can increase HIV testing in young people. Putting this type of strategy into practice might reduce risky behavior and help keep the spread of HIV in check.



Mobile HIV testing clinics in Africa provide counseling and a safe testing environment. Photo by Clive Chilvers, Wellcome Images. All rights reserved by Wellcome Images.

When people know their HIV status, they can begin treatment and make better decisions about sexual behaviors, breastfeeding their children and other activities. However, in developing countries, getting people into clinics to get tested is often difficult. Mobile clinics that provide voluntary counseling and testing in combination with community-based support may help address this problem.

To compare the effectiveness of different HIV testing programs, NIH's National Institute of Mental Health (NIMH) is funding a 10-year clinical trial in nearly 50 rural communities in Africa and Southeast Asia. Additional support comes from NIH's National Institute of Allergy and Infectious Diseases (NIAID) and Office of AIDS Research. The current analysis—reported in the May 4, 2011, online edition of *Lancet Infectious Diseases*—looked at a subset of 32 communities in Tanzania, Zimbabwe and Thailand. Study participants ranged in age from 16 to 32.

The researchers paired communities with similar economies, health services and other demographic factors. In each pair, the communities were randomly assigned to receive either standard, clinic-based voluntary counseling and testing or an enhanced community-based intervention. The enhanced community-based program included access to standard clinic-based care as well as activities like dances and discussion forums, mobile clinics to make testing more accessible and psychosocial support after the test.

A much higher proportion of people in the community-based programs got tested for HIV for the first time, and a substantial number went back for repeat testing as well. First-time testing increased from 5% of people in the standard programs to 51% in the enhanced programs in Zimbabwe, from 23% to 69% in Thailand, and from 9% to 37% in Tanzania. The repeat testing rate in Thailand and Zimbabwe was about 28%

by the end of the study. Because so many more people were tested in the community-based programs, nearly 4 times more HIV cases (952 vs. 264) were detected than at sites using clinic-based testing alone.

These findings are significant because simply getting tested for HIV and receiving counseling has been shown to reduce risky behaviors—and is also the first step toward getting HIV-infected people into treatment. Community-based strategies like the ones used in this study will likely prove effective in other situations as well.

"This is an important part of HIV prevention and care," says Dr. Thomas Coates of the University of California Los Angeles, chairman of the steering committee for the clinical trial. "Many individuals in the United States with HIV infection do not know if they have it, and strategies like this might be used in cities and neighborhoods with high densities of HIV infection."

—by Allison Bierly, Ph.D.