

Collaborative HIV/STD Prevention Trial (C-POL)



From 1999 to 2010, RTI International served as the data coordinating center for a trial examining the efficacy of a community-level intervention to reduce HIV/STD incidence and high-risk behaviors in China, India, Peru, Russia, and Zimbabwe.

The high incidence of HIV in developing countries has resulted in an urgent need to develop and evaluate community-level interventions that are targeted at populations most vulnerable to HIV, that can be adapted across cultures, and that can be administered by service providers in resource-poor regions of the world. In response to this need, the U.S. National Institute of Mental Health sponsored the Collaborative HIV/STD Prevention Trial.

Begun in 1999, this trial examined the efficacy of a community-level intervention to reduce HIV/STD incidence and high-risk behaviors in China, India, Peru, Russia, and Zimbabwe. The intervention was designed to modify social norms at the community level using community popular opinion leaders (C-POLs) as behavior change agents. In theory, as members of the community (friends, neighbors, coworkers) adopted the safer behaviors endorsed and practiced by the C-POLs, the behaviors gradually would diffuse through the community and become normative. Both biological and behavioral outcomes were collected to assess the success of the intervention.

Approach

- An ethnographic study to determine HIV/STD-related knowledge, attitudes, and behaviors in target communities
- Pilot studies to assess data collection and intervention procedures
- Large epidemiologic studies to obtain data to plan the main trial and to establish that risk profiles of the selected communities were conducive for the trial
- Baseline, 12-month, and 24-month followup assessments providing behavioral and biological data for trial evaluation
- Randomization of pairs of venues in each country to intervention and control conditions
- Tailoring and implementation of the C-POL intervention in selected venues
- Implementation of the intervention in control venues after the 24-month followup
- Analysis and dissemination of study methodology and results



RTI's Role

RTI served as the data coordinating center for this trial, which was implemented under the U.S. National Institute of Mental Health Cooperative Clinical Research (U10) award mechanism. This award mechanism required all sites to work collaboratively and implement the same protocol. RTI's responsibilities included

- Statistical and operational leadership
- Overall study coordination and execution, including oversight of materials development and distribution
- Design and implementation of the data collection, data management, and data analysis aspects of the study
- Logistics and selected aspects of training for ethnography, behavioral data collection, biospecimen collection and analysis, data management, and intervention study activities using a train-the-trainer model
- Tracking, management, and inventory of biospecimens and oversight of collection
- Quality control (assessment, laboratory, protocol, intervention, ethnography)
- Dissemination of study results and materials, including publications and presentations

Selected Accomplishments

- Ethnographic studies provided data to tailor study materials and procedures to each site.
- Epidemiological studies indicated the need to refine community selection in India and Peru, and a second epidemiological study was conducted in these two countries.

- Baseline and followup assessments were conducted in all countries.
- The intervention was tailored for each country and implemented in all intervention venues; intervention was implemented in control communities after followup.
- Overall and site-specific publications and presentations related to preliminary activities, methodology, and outcomes were developed and submitted.

Findings

The community-level intervention did not produce greater behavioral risk and disease incidence reduction than the comparison condition, perhaps because of the intensive prevention services received by all participants during the assessment. Repeated detailed self-review of risk behavior practices—coupled with HIV/STD testing, treatment, HIV risk reduction counseling, and condom access—can substantially change behavior and disease acquisition.

More Information

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