Promotion of couples’ voluntary HIV counseling and testing in Lusaka, Zambia by influence network leaders and agents

K Wall1, W Kilembe2, A Nizam1, C Vwalika2, M Kautzman2, E Chomba2, A Tichacek2, G Sardar2, D Casanova2, F Henderson2, J Mulenga2, D Kleinbaum1, S Allen2

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Background
In sub-Saharan Africa, most HIV transmissions occur in stable heterosexual relationships. Couples’ voluntary HIV counseling and testing [CVCT] is an effective strategy targeting this at-risk group. This study identified predictors of successful CVCT promotion in Lusaka, Zambia.

Methods
CVCT promotions were conducted by influential network leaders [INLs] who identified agents [INAs], who in turn delivered CVCT invitations from over an 18-month period, with a mobile unit crossing over from one intervention neighborhood to another at 9 months. INA, couple, and invitation characteristics predictive of couples’ testing were evaluated accounting for two-level clustering.

Results
320 INAs delivered 29,119 invitations resulting in 1727 couples testing (6% success rate). In multivariate analyses, INA characteristics significantly predictive of CVCT uptake included promoting in community-based (adjusted odds ratio [aOR]=1.3) or health (aOR=1.5) networks versus private networks, being employed in the sales/service industry (aOR=1.5) versus unskilled manual labor, owning a home (aOR=0.7) versus not, and testing for HIV with a partner (aOR=1.4) or alone (aOR=1.3) versus never testing. Cohabitating couples were more likely to test (aOR=1.4) than non-cohabiting couples. Context characteristics predictive of CVCT uptake included inviting couples (aOR=1.2) versus individuals, the woman (aOR=1.6) or couple (aOR=1.4) initiating contact versus the INA, the couple being socially acquainted with the INA (aOR=1.6) versus having just met, home invitation delivery (aOR=1.3) versus elsewhere, and easy invitation delivery (aOR=1.8) versus difficult as reported by the INA. Use of mobile units was very low and did not substantially contribute to CVCT service delivery.

Conclusion
This study demonstrated the ability of influential people to promote CVCT and identified agent, couple, and context-level predictors of CVCT uptake in Lusaka, Zambia. We encourage the development of CVCT promotions in other sub-Saharan African countries to support sustained CVCT dissemination.

Author details
1Emory University, Atlanta, GA, USA. 2Rwanda Zambia HIV Research Group, Atlanta, GA, USA.

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