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**Background:** The success of longitudinal trials depends greatly on effective strategies to retain participants to ensure internal validity. This paper describes the challenges, and strategies in retaining participants in the MTN-003 (VOICE) trial at Makerere University - John Hopkins University Collaboration, Uganda.

**Methods:** A total of 637 women aged 18 to 45 were screened. Once enrolled, participants were seen every 28 days for HIV testing and product refill among other procedures. Retention and visit schedule adherence were critical due to short visit windows. Challenges to good retention included mobile population, poor communication, non-disclosure to family, and economic constraints. Strategies to maintain participation rates included adherence counseling, use of locator information, a tracking database, medical care, and close bonds between staff and participants. Participants were traced by health visitors if they did not come for their visit. Non-adherent participants were scheduled early to allow time for tracing.

**Results:** Of the 637 screened, a total of 322 were enrolled. The overall retention rate was 95%. Only 179 (3%) of the 6124 total visits expected were missed. Reasons for missed visits included being HIV negative and therefore thinking they did not need frequent visits, finding it difficult to attend visits due to sex work, and migration for better employment. There were a total of 18 early terminations; 3 withdrew consent, 9 were lost to follow-up; 5 lost interest and 1 died from a road traffic accident.

**Conclusions:** With the implementation of comprehensive follow-up and retention strategies, high retention rates were achieved. These low technology, labor intensive methods are effective in a low resource setting.

### P23.10

#### Recruitment for Retention in Biomedical HIV Prevention Studies: Strategies, Challenges, Lessons Learned from MTN-020 (ASPIRE) Study, at Kampala Site

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**Background:** Recruitment of participants is labor intensive and a critical aspect of prevention research. It is important to incorporate early retention techniques into recruitment strategies during the planning phase to ensure that retention targets are met. The Kampala team describes the strategies, process, and challenges in ensuring retainable participants are recruited into the study.

**Methods:** Various strategies have been designed to address recruitment for retention. Participants are identified by community contact persons, after which recruitment staff use pre-screening checklists to identify those who would be retained. This is done in two phases; in the community and at the clinic before

screening to check for consistency in participant responses. Critical indicators considered include: having stayed in an area for  $\geq 6$  months; willingness to provide adequate locator information, access to a reliable phone for easy tracing; stable jobs like the self-employed ones; positive health seeking behavior like initiating a modern contraceptive method, and interest in getting an HIV test before reporting for screening. At clinic Level, the main indicator is maintaining consistency of information using the pre-screening check lists that is administered in the community, and attempting to communicate with staff in case one fails to make it for their appointment.

**Results:** Lessons learned and challenges include; screening many women, making multiple contacts to get a few good ones. Some get to know what we want and coach others in the community. Those interested may lack public transport to get to the clinic or may not have a phone with good network to call for getting directions and rescheduling clinic visit appointment. To facilitate them, a site vehicle picks them from the community on the day of appointment.

**Conclusions:** Overcoming recruitment and retention barriers involves planning and adequate recruitment strategies long before the study begins so as to recruit participants who are likely to be retained.

### P23.11

#### The Impact of Participant Mobility on Missed Visits among Women Taking Part in the VOICE (MTN-003) Study in Zimbabwe

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**Background:** Effectiveness trials depend on good retention rates to minimize bias resulting from loss-to-follow-up. VOICE, a multi-site HIV prevention study was conducted in South Africa, Uganda and Zimbabwe. We identified the major driver of missed visits and demographic characteristics of women who missed visits in VOICE in Zimbabwe in an effort to give recommendations for accrual and retention strategies in future PrEP trials.

**Methods:** Data of the 630 women enrolled at the 3 sites in Zimbabwe were analyzed. We used descriptive analyses to summarize demographic characteristics of the women who defaulted or missed their clinic visits.

**Results:** A total of 214 women who had home visits after either defaulting or missing their scheduled visits were included in the analysis. These women contributed to 825 (87%) of the 949 missed visits reported in Zimbabwe. Average age of the 214 women was 27 years (range 18–39) and average parity was 2.1 (range 0–5). The majority of women, 152 (94%) were married and 151 (93%) were currently staying with partner. A total of 93 (57%) worked as vendors and all, (100%) received financial support from partner and 94 (44%) owned their homes. All women had attained at least 7 years of primary school with 142 (88%) having completed 4 years of high school. Of the 825 missed visits, 662 (80%) were due to mobility as reported in 162 (76%) of the 214 women. Of the 162 women, 93 (57%) missed due to rural visits, 34 (21%) were employed in neighboring countries, 25 (15%) were cross-border traders and 9 (6%) had relocated to another city. The remaining 20% (163/825) of