

### The challenges of long-term follow of up trial participants - MEMA kwa Vijana Trial Further Survey, Tanzania

K. Maganja<sup>1</sup>, A. Doyle<sup>2</sup>, K. Baisley<sup>2</sup>, J. Chagalucha<sup>1</sup>, R. Hayes<sup>2</sup>, D. Watson-Jones<sup>2</sup>, S. Mc Cormack<sup>3</sup>, D. Ross<sup>2</sup>

<sup>1</sup>National Institute for Medical Research, Mwanza, Tanzania, <sup>2</sup>LSHTM, London, United Kingdom, <sup>3</sup>Medical Research Council, London, United Kingdom

**Issues:** Measuring impact of HIV prevention interventions, especially those targeting behaviour change, is usually done after 3 years. However measurable impact of behaviour change may take longer than this. We describe experiences of long-term follow-up (8 years post-intervention) of young people in Mwanza Region, Tanzania.

**Description:** The MEMA kwa Vijana (MkV) Community Randomised Trial evaluated the impact of an adolescent sexual and reproductive health intervention in a cohort of 9645 adolescents in 20 communities. Adolescents were recruited late 1998 before entering primary school years 5-7. The impact of the intervention on HIV incidence and other sexual health outcomes was evaluated in 2001-2002 (~3y follow-up), when 73% follow-up of cohort was achieved. A further survey is currently evaluating the long-term impact of the intervention. In order to find the young people, mobilisation officers meet ward, village and sub-village leaders to explain the survey aims and procedures. A household census then identifies young people to invite to the survey. In the survey teams visit to the first 12 communities, only 3068 (31%) of those recruited in 1998 were located and interviewed. 47% of 3068 still had their MkV1 laminated photo-identification (photo-ID) cards.

**Lessons learned:** High levels of migration in rural communities makes long-term follow-up difficult and can bias follow-up towards those at lower risk of HIV. The common use of multiple names makes confirmation of identity challenging. However, nearly half the MkV1 participants who were located and interviewed in the trial communities still had the photo-ID cards they received in 1998. These greatly facilitated ID checks, and the use of photo-ID cards is recommended for future cohort studies.

**Next steps:** We will attempt to increase follow-up by return visits to all 20 communities and to selected major migration points within the Lake Zone of Tanzania, using address information supplied by household members.

*Presenting author email: rkaballa2001@yahoo.com*