



Replicating Community Dialogue Interventions: A Cluster-Randomised Trial on Voluntary Medical Male Circumcision Uptake in Eswatini's High HIV Prevalence Zones

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Abstract

Voluntary medical male circumcision (VMMC) is a cornerstone HIV prevention strategy in sub-Saharan Africa. While community dialogue interventions have demonstrated efficacy in increasing VMMC uptake in controlled trials, their effectiveness when replicated under routine programme conditions remains unclear. This replication study aimed to evaluate the effectiveness of a structured community dialogue intervention, adapted from a prior efficacy trial, on increasing VMMC uptake among men aged 20-34 years in high HIV prevalence zones of Eswatini. A two-arm, cluster-randomised trial was conducted. Communities were randomised to receive either the community dialogue intervention (intervention arm) or standard VMMC mobilisation (control arm). The intervention utilised trained facilitators to conduct dialogues addressing local norms, safety, and benefits. The primary outcome was the proportion of men aged 20-34 undergoing VMMC within six months, verified through health facility records. The intervention did not yield a statistically significant increase in VMMC uptake. The proportion of men undergoing VMMC was 18.2% in the intervention arm, compared to 16.7% in the control arm (adjusted risk difference 1.4%, 95% CI: -2.1 to 4.9). Qualitative data indicated that logistical barriers and persistent cultural perceptions outweighed the intervention's effect. The replicated community dialogue intervention, as implemented, was not effective in significantly increasing VMMC uptake among the target population in this setting. This finding contrasts with those from the original efficacy study. Future programming should integrate demand creation activities with enhanced service accessibility. Community-based interventions may require more intensive contextual adaptation or combination with structural enablers to achieve impact at scale. Further research should investigate the specific contextual factors limiting replication success. HIV prevention, voluntary medical male circumcision, replication study, cluster-randomised trial, community dialogue, Eswatini. This study provides critical evidence on the challenges of replicating health behaviour interventions from controlled trials to real-world programme settings, informing future scale-up strategies for VMMC.

Keywords: *Voluntary Medical Male Circumcision, Community Dialogue, Cluster-Randomised Trial, HIV Prevention, Sub-Saharan Africa, Health Behaviour*

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