

# **NIMH Project Accept (HPTN 043)**

## **Key Messages**

### **LAY AUDIENCE**

#### **RESULTS**

NIMH Project Accept (HPTN 043)<sup>1</sup> demonstrated that an intervention with community mobilization, mobile HIV counseling and testing (VCT), and post-test support services increases the number of people who know their HIV status, and reduces HIV risk behaviors, especially among people with HIV who might otherwise transmit the virus to others. The prevention strategy also resulted in a modest reduction in HIV infection.

NIMH Project Accept (HPTN 043) demonstrated that multiple levels of interventions can change community norms and result in a decline of transmission risk among HIV-positive men.

The intervention was especially effective in reaching men, with both increased HIV testing and greater reductions in HIV risk behavior among HIV-positive men (compared to control communities).

The study demonstrated that HIV testing increased by 45% among men and 15% among women in the intervention communities compared to the control communities. With increased testing, there is increased HIV detection, which makes referral to care possible. The study intervention resulted in an almost four-fold increase in the detection of new HIV cases at the three sites where differential utilization could be assessed.

HIV-infected participants in the intervention communities reported 8% fewer sexual partners as well as 30% fewer concurrent partnerships than HIV-infected participants in the control communities.

The study found a modest reduction in HIV incidence in the CBVCT communities compared to the SVCT communities. The study found an overall reduction in HIV incidence of 13.9% in the intervention communities compared to the control communities.

Women older than 24 years had a 30.2% reduction in incidence. HIV incidence was reduced only by 1.5% in 18-24 year olds, but by 25.4% in 25-32 year olds. There was no change in HIV incidence among women under 24 years of age. There were not enough incident cases among younger men and older men to evaluate the effect of the intervention reliably in these subgroups.

HPTN 043 (NIMH Project Accept) was safe and did not increase harm to communities. The study demonstrated that a community-wide HIV testing intervention had no effect on negative life events (break-up of marriage or sexual relationship, physical abuse by a sexual partner, neglect by family, rejection by peers, or being discriminated against by providers or employers).

#### **STUDY BACKGROUND AND OBJECTIVES**

HPTN 043 (NIMH Project Accept) is the first community-randomized trial to test a combination of social, behavioral, and structural approaches for HIV prevention and to assess the impact of an integrated strategy for HIV prevention on HIV incidence as well as behavioral and social outcomes at the community level.

Forty-eight communities were randomized to receive either the community-based intervention plus standard clinic-based voluntary counseling and testing (CBVCT) (intervention), or SVCT alone (control). Eight communities were located in rural Zimbabwe; 10 in rural Tanzania; 8 in Soweto, South Africa; 8 in rural KwaZulu-Natal, South Africa; and 14 in Northern Thailand.

The primary objective of the study was to determine whether communities that received at least 36 months of intervention would have a lower HIV incidence, increased rate of HIV testing, and lower rate of high-risk sexual behavior, compared to control communities. All outcomes were evaluated among community residents, male and female, aged 18 to 32, not only those who participated in the intervention.

The intervention included a multi-level structural and behavioral approach to HIV prevention with four major strategies:

1. **Community Mobilization** – was designed to change community norms around HIV awareness, particularly the benefit of knowing one’s HIV status. This strategy was implemented through the following components: community preparedness and mobilization, involving major stakeholders in community working groups; HIV education, provided by project outreach workers; testimonials on the benefits of testing given by community-based volunteers who were among the early adopters of HIV testing; and linkage of the project to larger community goals.
2. **Increased Access to Voluntary Counseling and Testing** – was designed to remove barriers to knowing one’s HIV status and to reinforce the goal of making testing more normative. This strategy was implemented through the following components: provision of free, parallel rapid tests by mobile vans or in community settings with same day results; condom distribution; and counseling sessions that included individualized risk reduction assessments, motivational interviewing to promote behavior change, and linkage to available community services.
3. **Post-Test Support Services** – was designed to increase safety and minimize the potential negative consequences of testing by providing various forms of support. This strategy was implemented through the following components: large information-sharing sessions; smaller support groups; coping effectiveness workshops; stigma reduction workshops to develop leaders against discrimination; and individual counseling designed to link those tested to services the community. The three strategies were designed to be synergistic and to result in sustainable change in communities mediated by more adaptive community norms.
4. **Real-Time Performance Feedback** – was designed to ensure that milestones were set for each of the intervention components, and that utilization data was continuously examined to ensure that milestones were being met as the intervention components were implemented.

All HIV prevention studies to date have measured change in HIV incidence among study participants; thus generalizability of results to entire communities has been limited. HPTN 043 (NIMH Project Accept) measured HIV incidence in a randomly-selected community cohort, and included people who may or may not have participated directly in any of the interventions. Thus, the results evaluate the intervention in the entire community and not only among enrolled participants.

## **IMPLICATIONS AND NEXT STEPS**

NIMH Project Accept (HPTN 043) has demonstrated that it is possible to implement interventions in entire communities and evaluate results for the entire community. Most HIV prevention studies to date have produced results for individuals involved in cohorts, but have not demonstrated results for entire communities.

NIMH Project Accept (HPTN 043) has shown that it is possible to effectively engage men in community-based HIV testing programs. Many HIV prevention programs, especially in sub-Saharan Africa, have reported difficulty in reaching men. Men were not only engaged (with higher rates of testing in intervention vs. control communities), but HIV-infected men reported greater reductions in sexual risk behavior in intervention vs. control communities.

This intervention was effective at increasing both HIV testing in communities and the detection of previously undiagnosed HIV cases – important findings that can help to inform emerging work on HIV “test-and-treat”/ linkage to care studies such as HPTN 065 and HPTN 071.

NIMH Project Accept (HPTN 043) achieved modest reductions in HIV incidence, suggesting that the addition of other components (ie, referral to care, assistance in maintenance in care and adherence to medications) might be successful in achieving greater reductions in HIV incidence in entire communities.

Inclusion of accessible, community-based VCT is likely to be a key component of an integrated combination approach to HIV prevention and care and suggests that community-wide testing plus treatment programs can be potentially successful.

1. Coates TJ, Kulich M, Celentano DD, Zelaya CE, Chariyalertsak S, Chingono A, Gray G, Mbwambo JKK, Morin SF, Richter L, Sweat M, van Rooyen H, McGrath N, Fiamma A, Laeyendecker O, Piwowar-Manning E, Szekeres G, Donnell D, Eshleman SH; the NIMH Project Accept (HPTN 043) study team. Effect of community-based voluntary counselling and testing on HIV incidence and social and behavioural outcomes (NIMH Project Accept; HPTN 043): a cluster-randomised trial. *Lancet Global Health*, 9 April 2014 (Early Online Publication) doi:10.1016/S2214-109X(14)70032-4.

**NIMH Project Accept (HPTN 043) Website:** <http://www.cbvct.med.ucla.edu/>