HPTN 043 “Project Accept” Study Demonstrates that Community Mobilization Boosts HIV Testing Rates in Developing Countries

Getting to the HIV Test: It Takes a Village
Major Challenge in HIV Epidemics

- HIV spreads through communities faster than recognition by community members.
  - Few visual cues to epidemic
  - Stigma and discrimination drive people to keep infection secret
  - Biased beliefs that HIV affects “the other”
- Thus, we felt there was a need to test an intervention that will:
  - De-stigmatize HIV and normalize HIV testing
  - Enhance disclosure of HIV infection status
    - Harmonize perceptions of the scope of epidemic with reality
    - Get large proportion of community to know HIV infection status
  - Take advantage of community-dynamics
  - Capitalize on prevention opportunities of post-test needs
  - Refer infected individuals into care and uninfected individuals into prevention services
Two Approaches to HIV VCT

- **Community-based VCT** *(CBVCT)*
  1. Community preparation, outreach, mobilization
  2. Mobile VCT
  3. Post-test support services
    - stigma reduction skills training,
    - coping effectiveness training,
    - ongoing counseling
  4. Ongoing data feedback and field adjustments

- **Standard VCT** *(SVCT)*
  - Clinic-based
The Complete Package

TSS Club guests receive stigma and HIV/AIDS info: mobilised for testing.

Participants tested, move on to TSS for support and referrals.

Social networks are identified and secured for information sessions.

Community members mobilised: social networks, door-to-door, mob talks, community events.

Uptake from community members around caravan.

Participants receive risk reduction information and mobilise partners for testing.
Study Sites (N = 48 communities)

- **Tanzania**: Kisarawe District, Very Rural
  - 5 community pairs - SVCT provided by project

- **Thailand**: Hill Tribe Areas near Chiang Mai
  - 7 community pairs - SVCT from Available Clinics

- **South Africa**: Vulindlela, Kwa Zulu Natal, Rural
  - 4 community pairs - SVCT from Available Clinics

- **South Africa**: Soweto, Urban
  - 4 community pairs - SVCT from Available Clinics

- **Zimbabwe**: Mutoko, Very Rural
  - 4 community pairs - SVCT provided by project
Collaborators on NIMH Project Accept: HPTN 043

- **Principal Investigators**
  - Soweto, South Africa – Thomas Coates / Glenda Gray
  - Tanzania – Michael Sweat / Jessie Mbwambo
  - Thailand – David Celentano / Suwat Chariyalertsak
  - Vulindlela, South Africa – Thomas Coates / Linda Richter/Heidi van Rooyen
  - Zimbabwe – Steve Morin / Alfred Chingono

- **NIMH Cooperative Agreement Project Officer** – Chris Gordon

- **Institutions**
  - Charles University, Prague
  - Chris Hani Baragwanath Hospital, Soweto
  - Family Health International
  - Fred Hutchinson Cancer Research Center
  - Human Sciences Research Council, Durban
  - International Center for Research on Women
  - The Johns Hopkins University
  - Muhimbili University, Tanzania
  - National Institute of Mental Health
  - Research Institute for Health Sciences, Chiang Mai
  - The Medical University of South Carolina
  - University of California Los Angeles
  - University of California San Francisco
  - University of KwaZulu Natal
  - University of North Carolina
  - University of the Witwatersrand, Johannesburg
  - University of Zimbabwe
Design

- **Baseline Survey** — *Probability-Based Sample of Community Members (survey only)*
- Community Randomization (total N = 48 communities)
- 3 Years of Intervention (>64,000 individuals tested in intervention communities)
- **Post-Test Assessment Underway Now**
  - Assessment of a random sample of 18-32 year olds in each intervention and control community (N>50,000)
  - Behavioral Survey
  - Biologic Assays to Estimate HIV Incidence
- **Qualitative Cohort**
- **Cost-Effectiveness**
Vulindlela, South Africa
Participatory Mapping
Community Maps
Available Services

Clinic

Mobile Clinic

MPUMUZA CLINIC

ESIGODINI CLINIC

SONDELANI CLINIC

TAYLORS CLINIC

SONGONZIMA CLINIC

NTEMENI CLINIC
Housing Structures
Housing Structures
Vulindlela, South Africa
Getting the support of traditional authorities

Key political leader tests
Event Testing
Attracting Attention

MASAMUKELE igciwane
ukuze Silinqobe Ndawonye

Lets accept HIV so that together we can conquer it.
Project Accept – Thailand

PA-THAI

- Innovative modifications of PA-THAI intervention: Learning by working with people & communities
Bring People to work together to fight against HIV/AIDS

โครงการพื้นไทย PA-THAI
(Project Accept Thailand)
Organize a workshop with monks in PA-THAI com.
PA-THAI Concert in community
Setting up CBVCT (Tanzania)
Enumeration of two extra communities (10)
Rural Settings (Tanzania)
Venues – Go where the people go…
Don’t hide the service
Draw Crowds, Create Interest, Make Outreach Culturally Relevant – Don’t Hide!

The Ultimate Boom Box
The joint efforts that make Project AFIKI
Soweto
South Africa
Project Accept

ACCEPT CHANGE!
MAKE A DIFFERENCE IN LIFE!
KNOW YOUR HIV STATUS!

WE OFFER:
- Free Community-based voluntary counselling and testing for HIV (CBVCT)
- Same day results using rapid test
- Referral to existing support services in the community for people who have tested for HIV

Look out for our caravan in your area!

Contact us at:
New Nurses’ Home, First floor, East Wing, Chris Hani Baragwanath Hospital, Soweto
Tel: 989-9700, 989-9895
Active and Varied Community Mobilization
All of this resulted in

- 86,720 HIV tests
- 50,000 individuals when repeat tests are excluded
- 140,755 Post-Test Support Visits
Uptake is Much Higher with Community-Based VCT

Proportion of Community Members Receiving VCT Age 16-32

- Tanzania
- Zimbabwe
- Thailand

CBVCT
SVCT

The Lancet Infectious Diseases, 2011
We Have Reached a Relatively Young Group of Clients

![Bar graph showing median ages in different project sites.]

- Thailand: 36 years
- Zimbabwe: 28 years
- Tanzania: 30 years
- Soweto: 28 years
- Vulindlela: 21 years

*Lancet Infectious Diseases, 2011*
There has been gender equity in uptake for CBVCT

Lancet Infectious Diseases, 2011
Repeat Testing Grows Over Time
Proportion previously tested by Project Accept

Lancet Infectious Diseases, 2011
However, Even Though Prevalence is Lower Among CBVCT Testers, We Tend to Test More HIV+ People From CBVCT Communities

<table>
<thead>
<tr>
<th>CBVCT</th>
<th>HIV Positive</th>
<th>HIV Negative</th>
<th>Prevalence</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tanzania</td>
<td>86</td>
<td>2,255</td>
<td>4%</td>
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<tr>
<td>Zimbabwe</td>
<td>693</td>
<td>4,744</td>
<td>13%</td>
</tr>
<tr>
<td>Thailand</td>
<td>173</td>
<td>9,188</td>
<td>2%</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>SVCT</th>
<th>HIV Positive</th>
<th>HIV Negative</th>
<th>Prevalence</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tanzania</td>
<td>40</td>
<td>539</td>
<td>7%</td>
</tr>
<tr>
<td>Zimbabwe</td>
<td>132</td>
<td>470</td>
<td>22%</td>
</tr>
<tr>
<td>Thailand</td>
<td>92</td>
<td>2,629</td>
<td>3%</td>
</tr>
</tbody>
</table>
Cumulative Utilization
VCT & Post Test Support Events
Post-Intervention Assessment

- Population random sample of 18-30 year olds in intervention and control communities
- Involves venipuncture and blood specimen and questionnaires (~50,000 individuals)
- Samples prepared and frozen; kept in country and shipped to core lab at Hopkins; attempt to estimate incidence difference between intervention and control communities
- Completion projected for the mid-2011; analyses complete in 2012
- Quality assurance of questionnaire data and specimens conducted continuously
Post-Intervention Assessment

- South Africa-Soweto: PIA completed with 14,454 blood samples/response rate = 74%
- South Africa-Vulindlela: 96% of PIA completed with 9654 blood samples/response rate = 93%
- Tanzania: 98% of PIA completed with 8452 blood samples/response rate = 86%
- Thailand: PIA completed with 8041 blood samples/response rate = 84%
- Zimbabwe: 86% of PIA completed with 9826 blood samples/response rate = 78%
Implications

- CBVCT client population has lower HIV prevalence on average
  - Yet since many more people are tested it captures more HIV-infected clients than SVCT
    - Provides a pathway to treatment
    - Potentially mobilizes community to demand services
      - In many of our sites treatment came as result of VCT availability
  - There is likely a preventative impact on the many HIV-uninfected people tested
Implications

- Mobilization, posttest support, and local access have a significant impact on enhanced uptake of HIV testing

- The Complete Package Is Essential
The Complete Package

**Data**

**TSS**
- Participants tested, move on to TSS for support and referrals.
- TSS club guests receive stigma and HIV AIDS info: mobilised for testing.

**VCT**
- Participants receive risk reduction information and mobilise partners for testing.

**OUTREACH**
- Uptake from community members around caravan.
- Community members mobilised: social networks, door-to-door, MOB talks, community events.

**SOCIAL NETWORKS ARE IDENTIFIED AND SECURED FOR INFORMATION SESSIONS.**
The Big Questions – Stay Tuned

- Will community-based VCT affect secondary endpoints?
  - Results in one year
  - Two papers: quantitative and qualitative
  - HIV testing, disclosure, stigma, risk behavior, social norms regarding HIV testing, discussions about HIV, HIV-related negative life events

- Will community-based VCT significantly reduce HIV incidence?
  - Anticipate results to be available within next two years
    - Post Intervention Assessment almost completed
    - Large numbers & specialized HIV assays will take at least a year to process by the Core HPTN Lab at Hopkins
  - Cost-Effectiveness
Thank you!

NIMH
National Institute of Mental Health

JOHNS HOPKINS MEDICINE

HIV Prevention Trials Network

SCHARP

NIH Office of AIDS Research (OAR)
U.S. Department of Health and Human Services