

HPTN 043



Funding from NIMH, NIAID and NIDA

NIMH Project Accept

(HPTN 043)

- A community-level intervention designed to *change*:
 - discussion about HIV,
 - disclosure of results when appropriate,
 - community norms and risk reduction for HIV infection among all community members, irrespective of whether they participate directly in the intervention
- Uses 3 strategies:
 - Remove logistical barriers to VCT; provide rapid and 'routine' VCT
 - Engage the community through outreach; and
 - Provide post-test support services

The Three Strategies of Project Accept

Community Mobilization

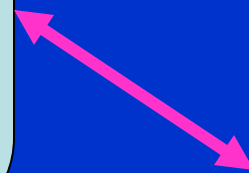
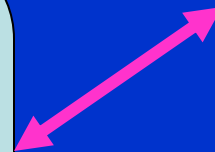
- Community Buy-in
- Support at the highest levels
- Testimonials from early adopters
- Event testing
- Linkage to other community goals

VCT

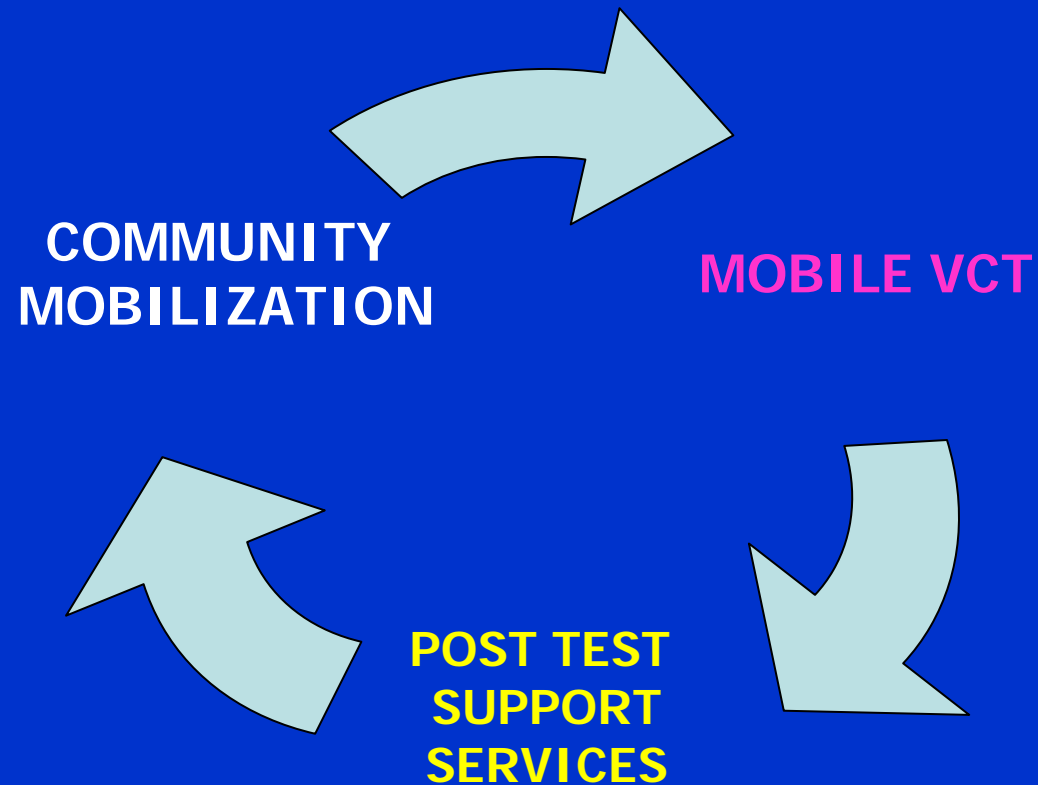
- Mobile Vans
- Rapid testing
- Routine VCT
- Adequate counseling

PTSS

- Discussion
- Disclosure
- Partner Referral
- Linkage to Services

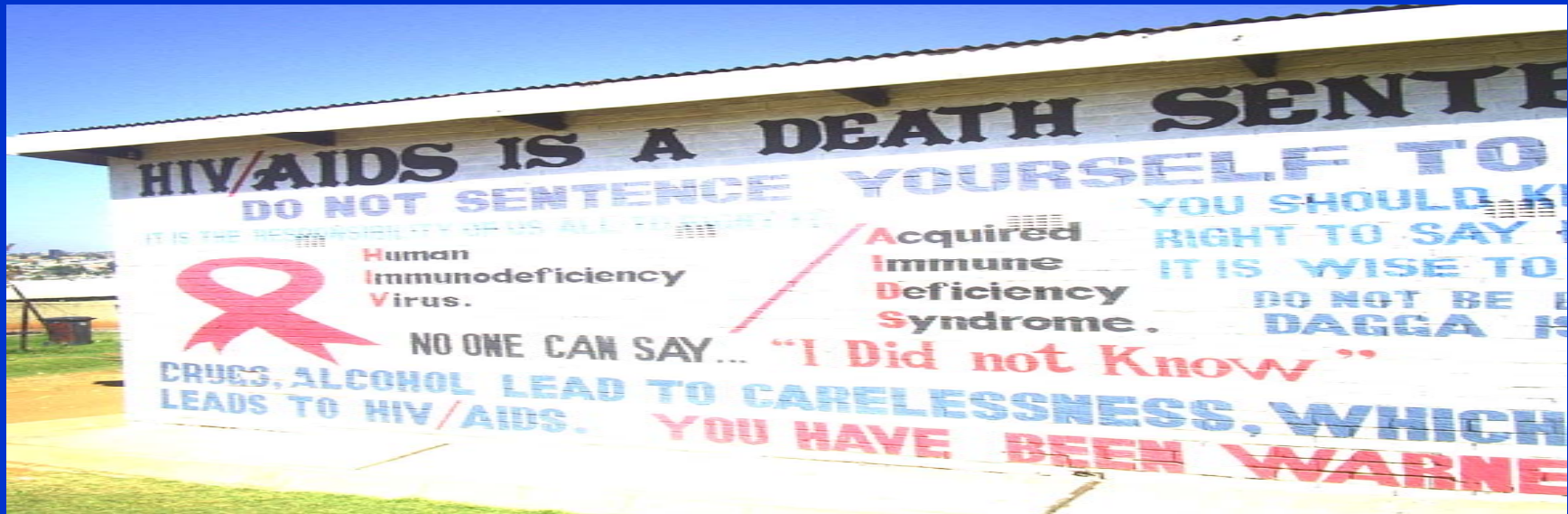


Interdependence of the three Project Accept components





Stigma in these settings is rampant





Mafunze Community-Housing Types

Vulindlela communities, KwaZulu-Natal Province (South Africa)



Mafunze Community-Household vegetable gardens

Political context in Zimbabwe

- **Hyperinflation** (1700%)
 - price and wage distortions
- **High HIV/AIDS burden**
 - prevalence of 20.4% among adults in Motoku
 - >80% of hospital bed occupancy
 - increasing orphan-hood and child-headed households
- **Foreign aid** sanctioned/sidelined/restricted (PEPFAR, GAF)
- **Shrinking resources**
 - health and social safety nets (supplies, drugs and brain drain).
- **Huge challenge** to stem the epidemic

Project Accept – Thailand

PA-THAI

Innovative modifications of PA-THAI intervention needed to reflect local context (methamphetamine and opiate use and trafficking)

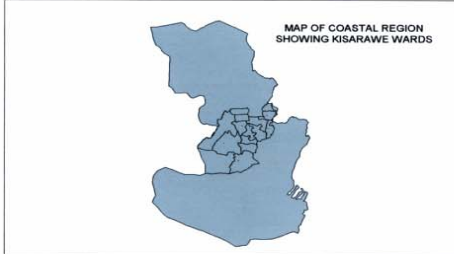
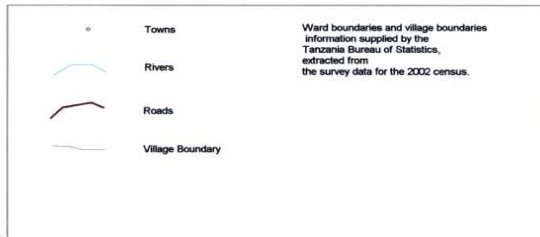
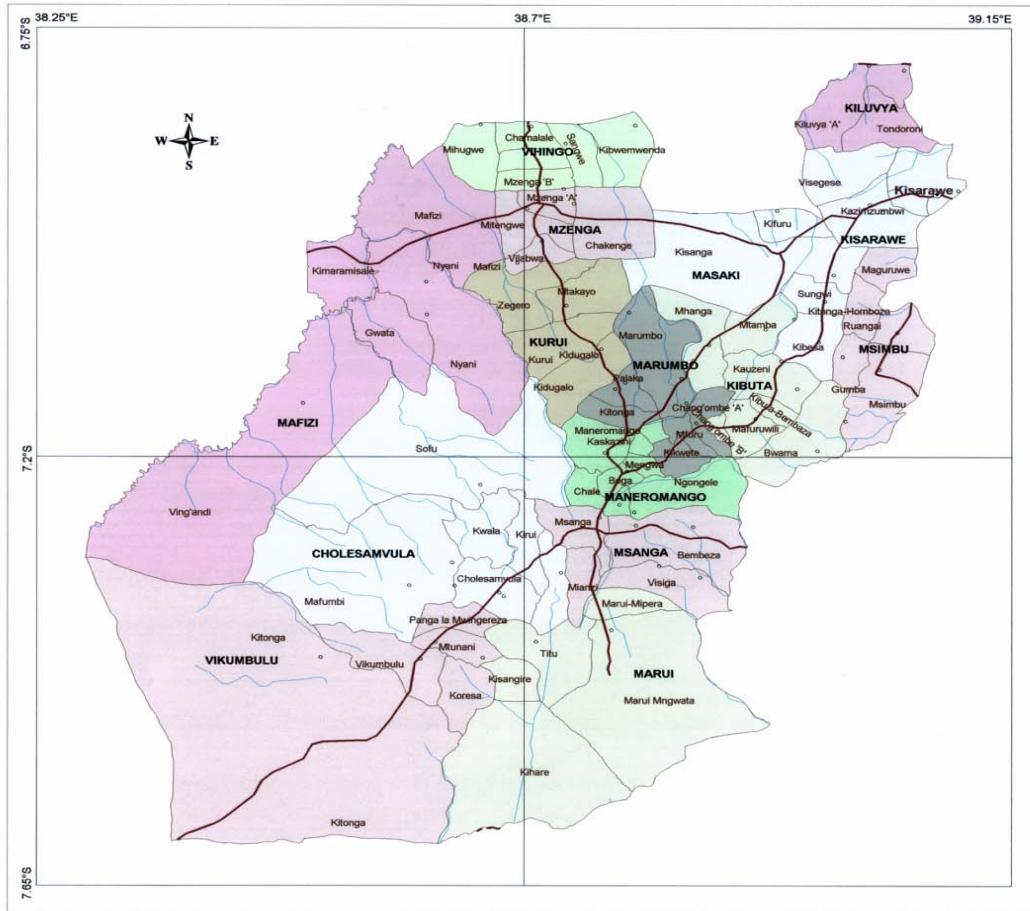
Learning by working with people & communities





“Accessible” PA-THAI Communities

KISARAWE DISTRICT MAP



Map Designed and Printed by InfoBridge Consultants Ltd.

Kisarawe District, Tanzania



Community level support: The village drummer announces Project arrival



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Accomplishments (1)

- **Study governance determined**
- **Sites established**; contracts negotiated
- **Community engagement**, advisory boards, involvement of community leadership
- **Protocols and SOPs**: Project, Intervention, Assessment, Qualitative, QA/QC
- **Mapping and enumeration** ~125,000 households with no prior census or maps
- **Contacted** 34,230 households

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Accomplishments (2)

- **Regulatory Approvals:**
 - DSMB, 14 IRBs, PSRC (DAIDS/NIAID)
 - And harmonization among them
- **Staff Training:** Ethics, GCP, GLP, Protocol Specific operations
- **Pilots:** Baseline and Intervention
- **Quality Assurance:** Baseline, HIV Testing, Intervention, Qualitative
- **Registered as *Lancet* Protocol # NCT00203749**

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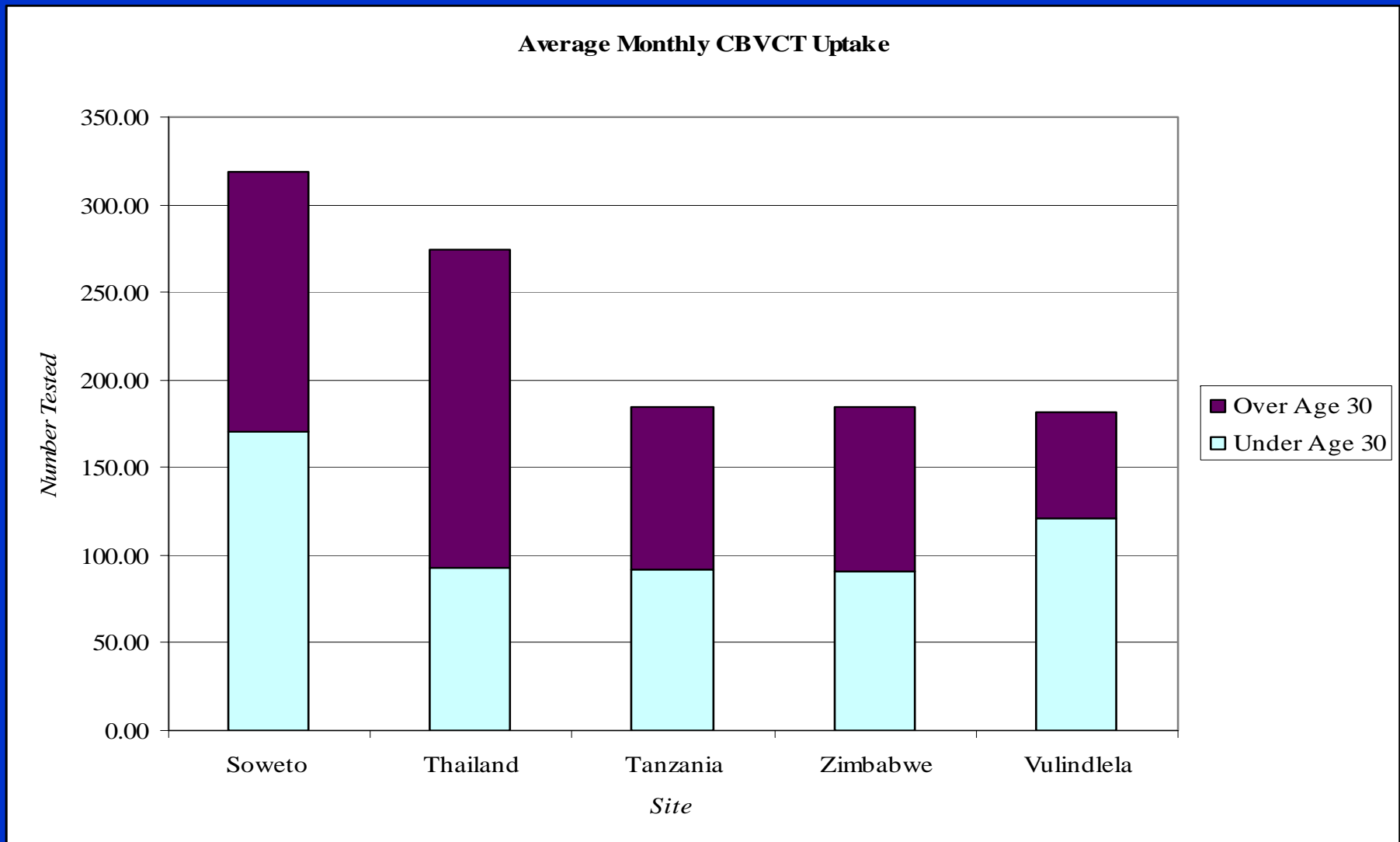
Accomplishments (3)

- **Baseline**
 - N = 48 communities; n = 14,292
 - 92-99% enumeration response rate
 - 84-94% interview response rate
 - Includes history of licit and illicit drug use
- **Qualitative Cohort (N = 657; 0, 6, 15, 30 mos)**
 - Stigma, testing, how the intervention is working, divergence of testers vs. non-testers
- **Intervention**
 - January 2006: Thailand, Zimbabwe
 - March 2006: Tanzania
 - May 2006: South Africa
 - January 2007: Thulani in Soweto (final community)

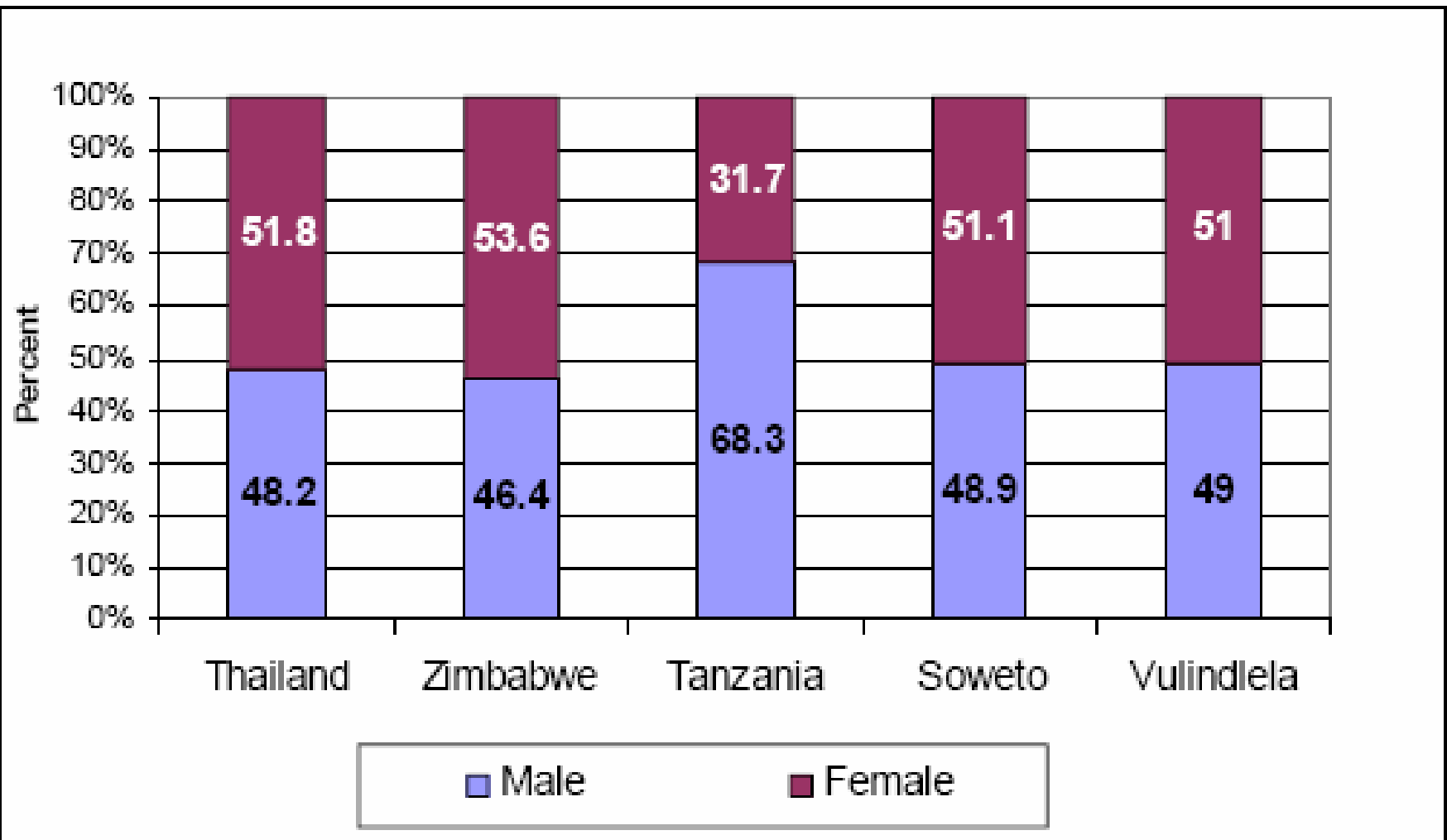
“Eye Candy”: Project Accept vans deployed in Soweto



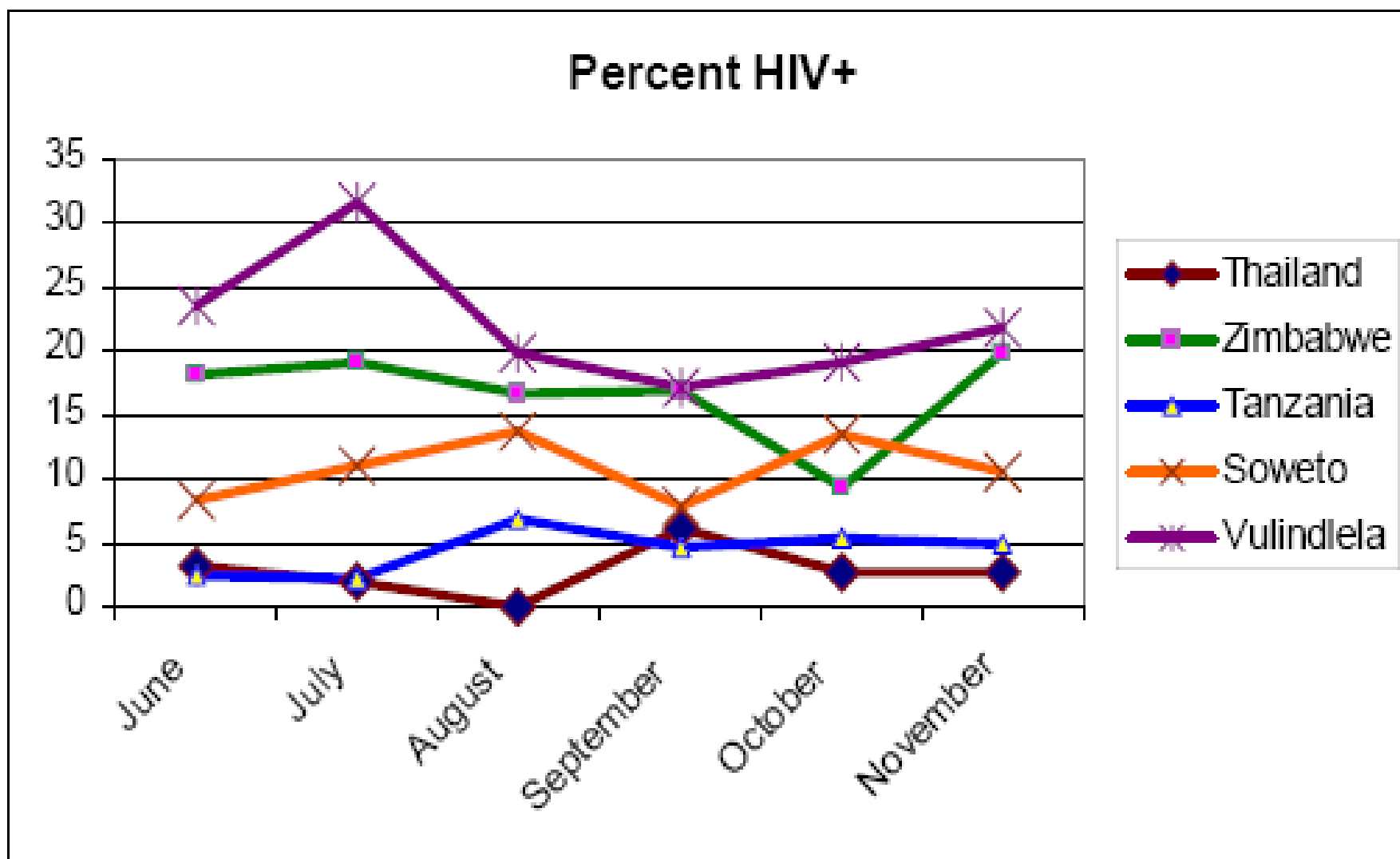
CBVCT Monthly Uptake



CBVCT Testers by Gender and Site

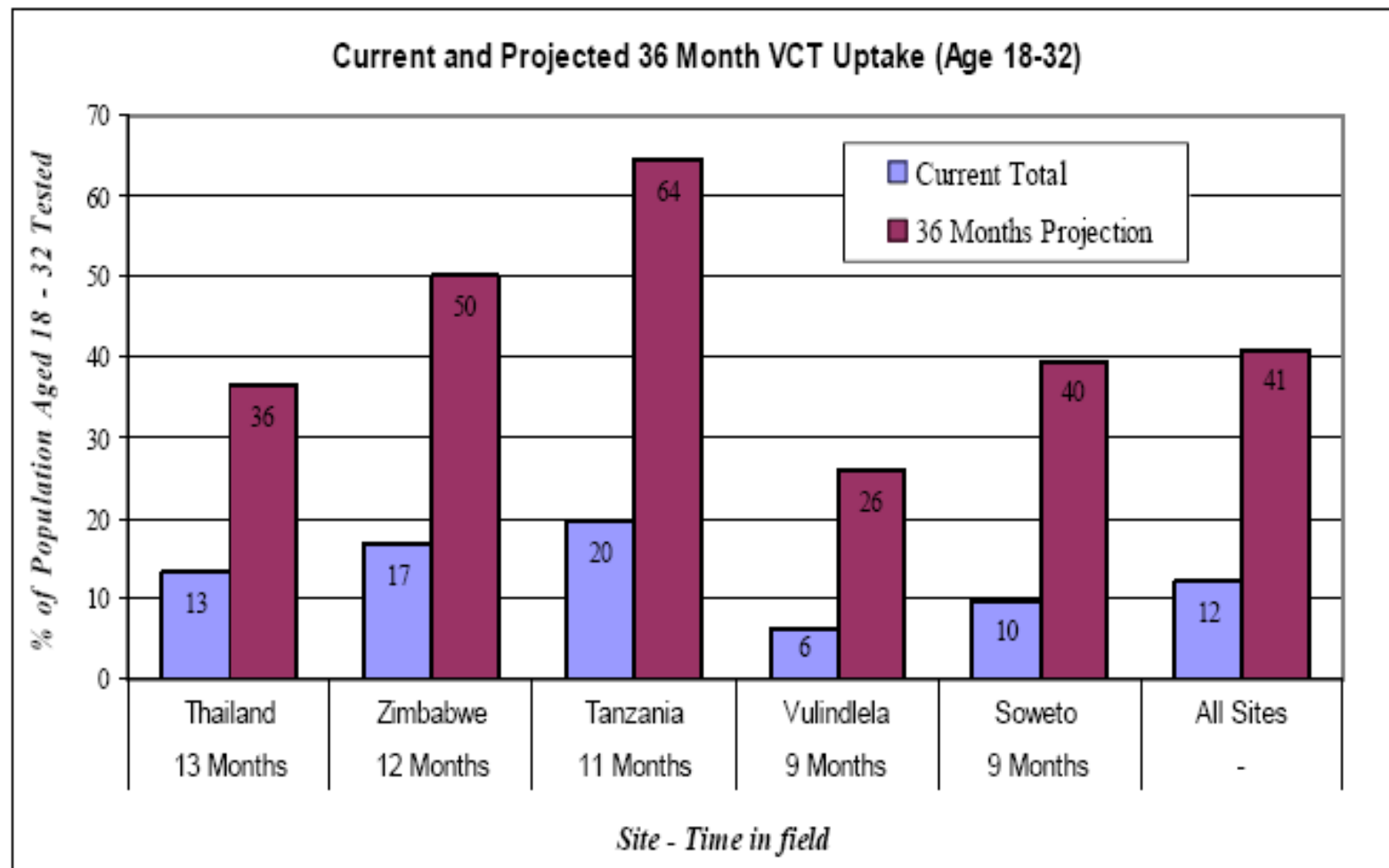


HIV Prevalence by Site



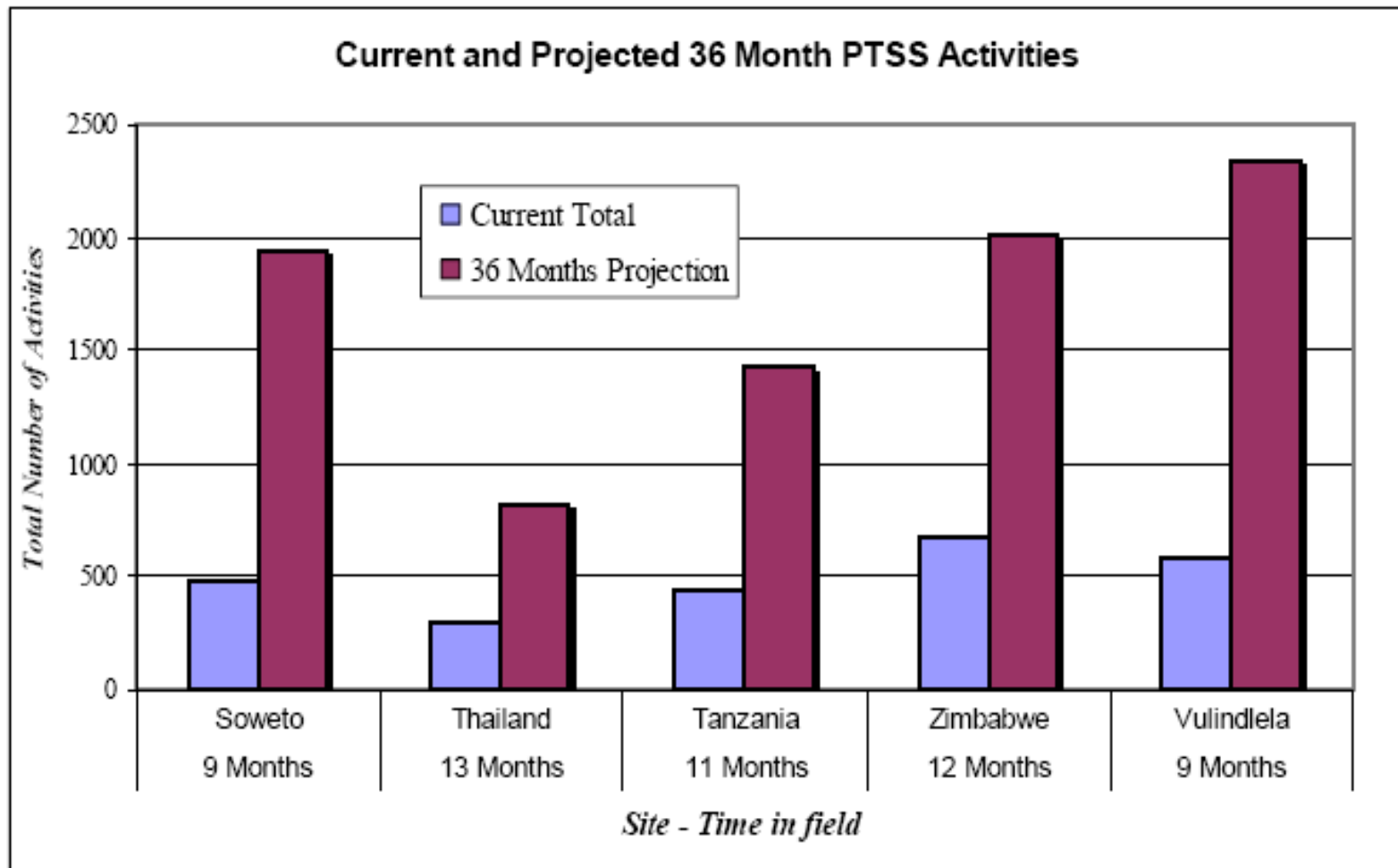
VCT Uptake: 18-32 Years

Figure 1.1 : Current and Projected 36 Months VCT Uptake (Age 18-32 years)



PTSS Current and Projected Activity

Figure 1.3 : Current and Projected 36 Months PTSS Activities





Getting the support of traditional authorities

Key political leader tests (happily, negative)

Project Accept Endpoint

- Measure 3 markers of infection simultaneously (BED OD-n; Avidity Index; and CD4 count) to account for a longer window period and using the measured values, not cut-points
- CD4 and AI contain information on infection time not in BED, low CD4 can rule out AIDS, and AI will identify recent infections missed by BED to reduce misclassification
- Will provide a measure of incident HIV infection



**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

Final trial outcomes to be released in 2011

Post-intervention assessment with >53,000 randomly sampled community participants

Assessment of drug use on a magnitude never before addressed in Sub-Saharan African communities (where the problem is definitely growing)

Be patient – the results are worth waiting for!