

# Universal Test and Treat (UTT) Trial Results

As the table below shows, the two trials that offered community-wide testing in both arms (SEARCH, TasP) did not find a difference in incidence between the arms. One explanation may be that the expanded access to testing and linkage in both arms had an impact in both intervention and control communities. The two trials that only provided universal testing in the intervention arm identified differences in incidence between that arm and the control arm.

There were other differences between the four UTT trials. As described below, PopART was the only trial with urban and peri-urban communities.

UTT Trials	Design Elements				Results
	Intervention Arm(s)	Control Arm	Number of communities, locations	Community-wide testing	Difference in incidence between intervention and control arms
<b>PopART</b>	Annual home-based HIV testing with linkage to HIV care and treatment at local health facility, with ART initiation either on diagnosis (Arm A) or according to local treatment guidelines (Arm B). Midway through trial, national guidelines changed and ART became available on-demand to people on Arm B.	Communities received local standard of care for HIV testing, linkage, ART initiation. Local ART guidelines expanded to universal eligibility during the trial.	21 urban or peri-urban communities in South Africa and Zambia.	Intervention arm only.	Results of pre-specified analysis: 30% decrease in Arm B—universal testing plus ART per national guidelines, compared to Arm C—standard of care. Statistically significant. <i>Post hoc</i> : Analysis of incidence in the two intervention arms (A and B) versus C found a 20% incidence reduction, with statistical significance.
<b>SEARCH</b>	Baseline HIV and multidisease testing plus annual testing, eligibility for universal ART and patient centered care.	Baseline HIV and multidisease testing and national guideline-restricted ART. Local ART guidelines expanded to universal eligibility during the trial.	32 rural communities in Uganda and Kenya.	Both arms.	No difference.
<b>TasP</b>	Repeat rapid HIV testing during home-based visits every six months plus immediate offer of ART.	Repeat rapid HIV testing during home-based visits every six months, standard of care ART initiation. Local ART guidelines expanded to CD4<500 during the trial.	22 rural communities in KwaZulu Natal, South Africa.	Both arms.	No difference.
<b>Ya-Tsie</b>	HIV testing and counseling, linkage to care, ART (started at higher CD4 count than national standard of care) and increased access to male circumcision services.	Communities received local standard of care for HIV testing, linkage, ART initiation. Local ART guidelines expanded to universal eligibility during the trial.	30 rural or periurban communities in Botswana.	Intervention arm only.	Results of primary analysis: 30% decrease in HIV incidence in intervention, compared to control arm; not statistically significant. <i>Post hoc</i> results: sensitivity analyses and models applied analysis found the same decrease, with statistical significance.