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HPTN 094 (INTEGRA): Bringing HIV Prevention and Addiction Care to People Where They are

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HPTN 094, also called the INTEGRA Study, is a U.S. research study looking at a new way to provide health care to people who inject drugs. The study recognizes that people may face several health challenges at the same time, including opioid addiction, HIV, hepatitis C, sexually transmitted infections (STIs), and overdose, and that getting help can be difficult when services are spread across different locations.

The study is testing a “whole-person” approach using a mobile health unit, a clinic on wheels that can travel to communities where people who inject drugs live or spend time. The mobile unit can provide or connect people to several services in one place, including medications for opioid use disorder (MOUD), PrEP for HIV prevention, HIV treatment, STI testing and treatment, hepatitis testing, primary care, and harm-reduction services such as naloxone.

Participants are randomly assigned to one of two groups for 26 weeks. One group receives these integrated services directly through the mobile unit along with support from a peer navigator. The other group receives the same type of peer-navigation support, but the navigator connects them with services at existing community health organizations. Researchers can then compare the two approaches to understand whether bringing services directly to people improves engagement and retention in care.

Peer navigators are an important part of the study. They help participants identify their health goals, connect with health insurance and medical services, attend appointments, access medications, and address other needs such as housing, food, and employment. Whenever possible, peer navigators have lived experience with opioid use disorder and recovery.

The study is taking place in five U.S. cities: New York City, Philadelphia, Washington, D.C., Houston, and Los Angeles. Researchers are also studying what makes mobile health services easier or harder to implement in different communities. Community members and local organizations help study teams determine where the mobile unit should be located and how services can best reach people.

The main goal is to find out whether this integrated approach helps people stay engaged in treatment for opioid use disorder and use PrEP consistently to prevent HIV. Researchers are also looking at outcomes such as HIV and hepatitis C, STIs, substance use, and fatal and nonfatal overdoses.



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Preliminary results presented at the Conference on Retroviruses and Opportunistic Infections (CROI) 2025 showed that participant retention was high (about 90%), demonstrating that both mobile health services and peer navigation were acceptable approaches for engaging people who inject drugs in care. Participants receiving integrated services through a mobile health unit also experienced fewer deaths than those receiving peer navigation alone, highlighting the potential value of delivering care directly in the community. However, no significant differences were observed between the two study arms in MOUD use, HIV viral suppression, or PrEP use at 26 weeks.

Why this matters?

For people who inject drugs, accessing health care can involve many barriers, including stigma, transportation challenges, unstable housing, fragmented health services, and difficulty navigating multiple health systems. HPTN 094 is testing whether bringing several services together and bringing those services directly into the community can make care easier to access and maintain.

The study also highlights an important principle: HIV prevention does not happen in isolation. Addressing substance use, overdose, mental health, infectious diseases, and other social needs may help create better opportunities for people to access and stay connected to HIV prevention and health care.

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