



Model Projections of the Impact of the PopART Intervention in the HPTN 071 (PopART) Study

WILLIAM PROBERT
ON BEHALF OF THE POPART MODELLING TEAM

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U.S. NATIONAL INSTITUTES OF HEALTH:

National Institute of Allergy and Infectious Diseases
National Institute of Mental Health
National Institute on Drug Abuse





Primary objectives of modelling within HPTN 071 (PopART)

- 1. To help interpret the results of the trial.
- 2. To project longer-term impact.
- 3. To explore likely impact in different settings.
- 4. To explore the likely impact of alternative intervention packages.



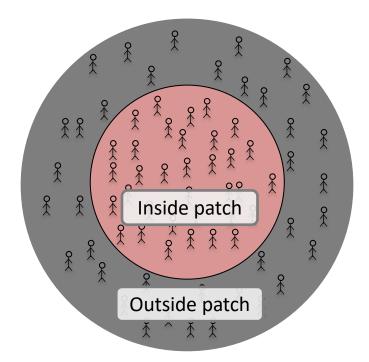


Individual-based model for HIV transmission

Modelled as two "patches":

Inside patch = PopART intervention community

Outside patch = surrounding area



Within each patch:

1. Demographics

Births, deaths, ageing No explicit migrations

4. Disease progression and AIDS death

based on Cori et al. AIDS 2015

5. Background HIV care

HIV testing, ART, VMMC, care cascade

2. Partnerships

Dynamic, heterosexual, assortative by risk/age, within/between patch

3. HIV transmission

In serodiscordant partnerships

6. PopART Intervention

HIV testing, ART, VMMC, care cascade





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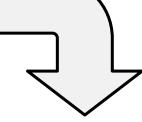
3. HIV transmission

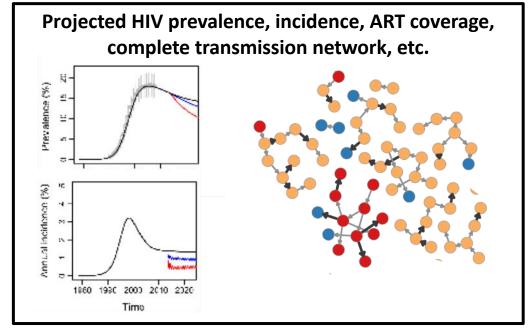
In serodiscordant partnerships

6. PopART Intervention

HIV testing, ART, VMMC, care cascade

Model output









Trial unblinding (Dec 2018): a unique opportunity to test model predictions

Before trial unblinding:

- Modelling team was blinded to all PC data except PC0 but had access to data from CHiPs.
- Each community was calibrated using the following data (stratified by age and sex):
 - CHiPs prevalence (R3 only)
 - Zambia: CHiPs prop. aware & prop. on ART (3 rounds), DHS prev. (3 rounds)
 - South Africa: CHiPs prop. aware & prop. on ART (R3), HSRC prev. (4 rounds).
- Impact calculated as comparison with counterfactual simulations.
- Modelling projections were lodged in a time-stamped repository.





Trial unblinding (Dec 2018): a unique opportunity to test model predictions

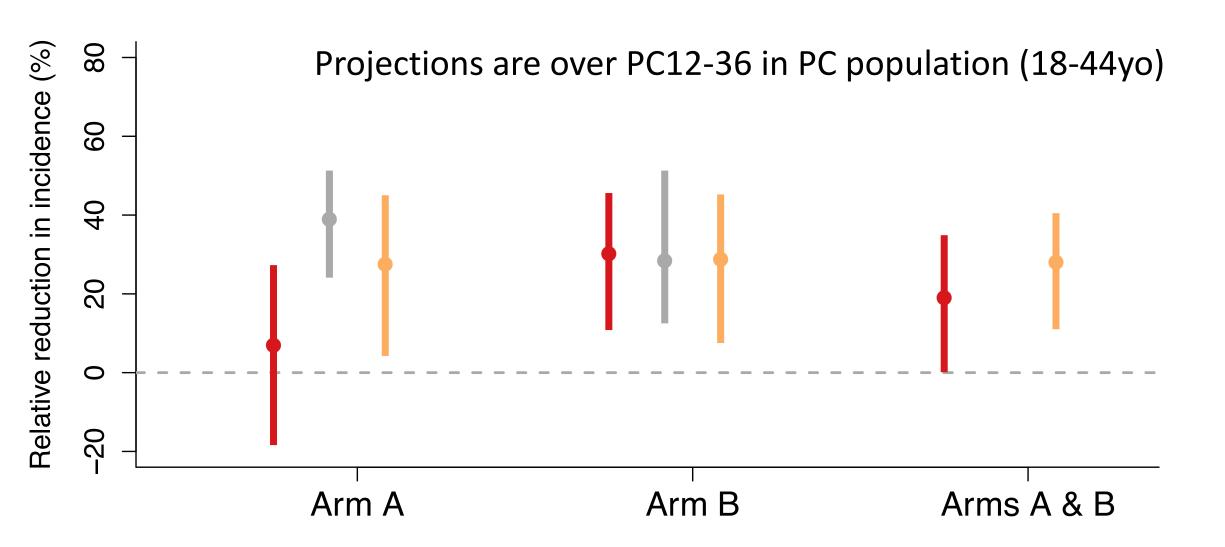
After unblinding:

- Model parameters informed from PC data were updated.
 - Those governing sexual partnerships, uptake of VMMC, TMC

- In addition to the data used before unblinding, each community was calibrated using (stratified by age and sex):
 - PC prevalence (4 rounds), viral suppression at PC24.
 - South Africa: PC proportion aware and proportion on ART (4 rounds).
- Impact calculated as comparison with arm C projections.

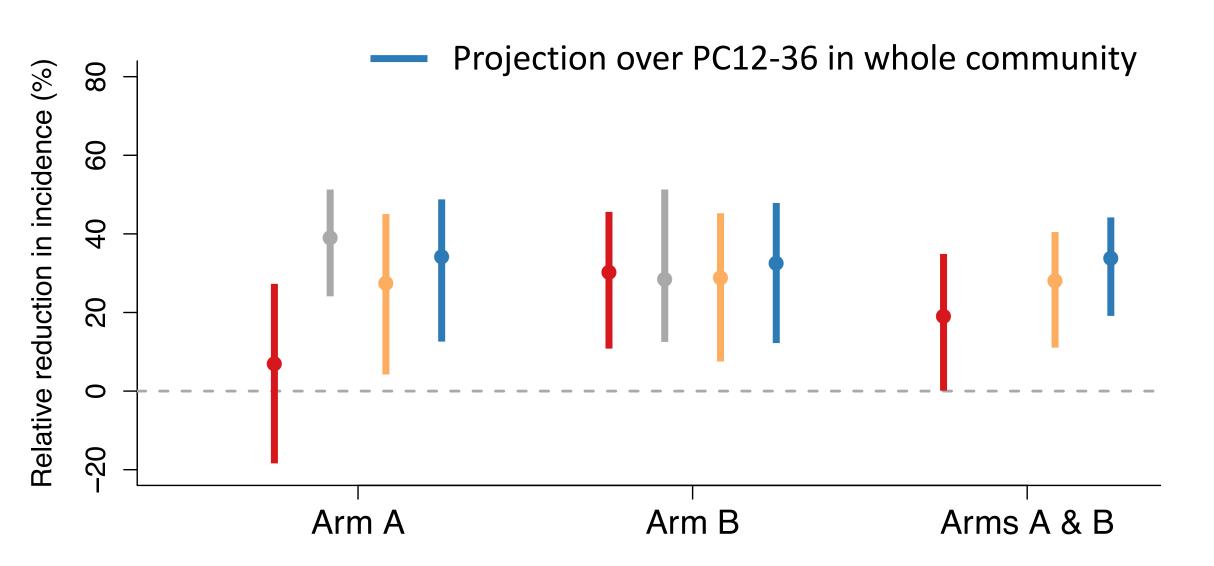
PROJECTIONS OF TRIAL IMPACT

ObservedProjection (PC; pre–unblinding)Projection (PC; post–unblinding)

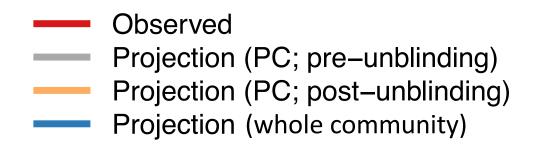


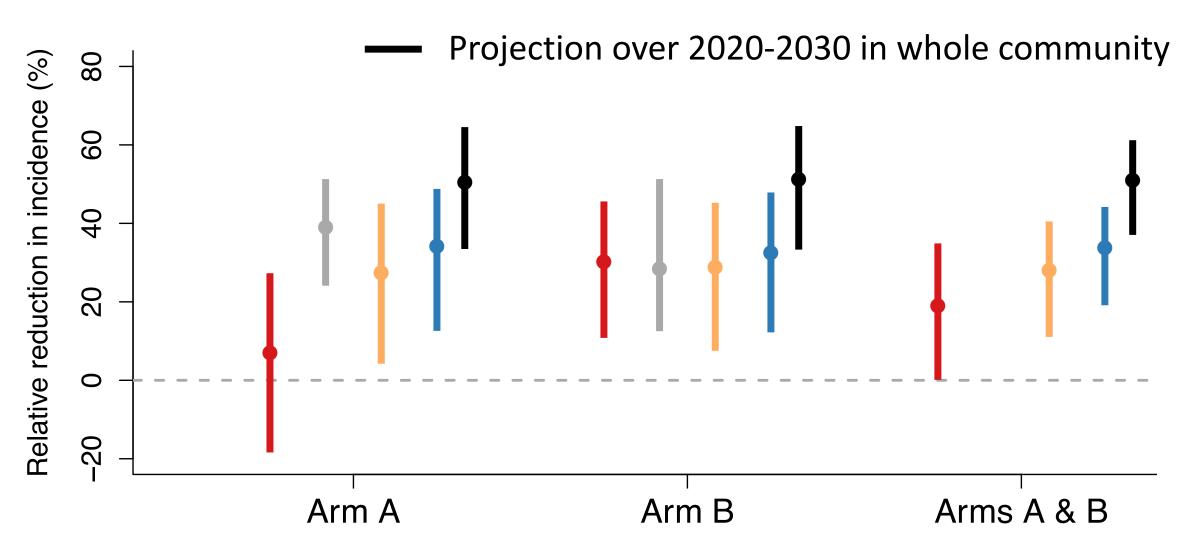
PROJECTIONS OF TRIAL IMPACT

ObservedProjection (PC; pre–unblinding)Projection (PC; post–unblinding)



PROJECTIONS OF TRIAL IMPACT









What is the projected future impact in different settings?

Four scenarios projected to 2030:



PopART then continuation of CHiPs intervention to 2030



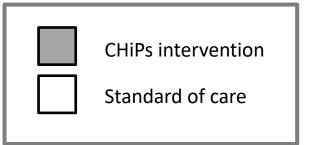
PopART then no CHiPs intervention after trial



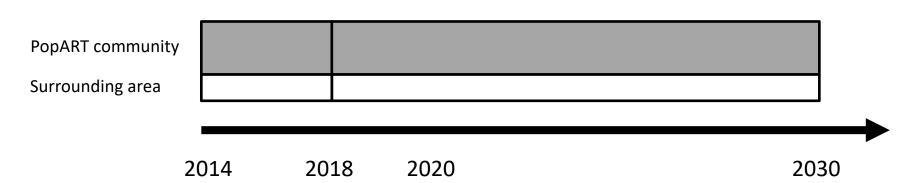
CHiPs intervention nationwide



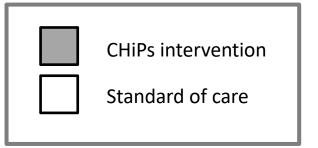
No CHiPs intervention

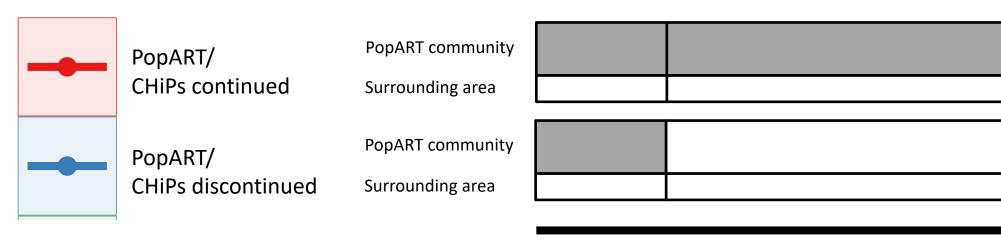




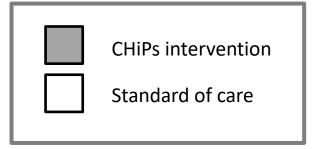


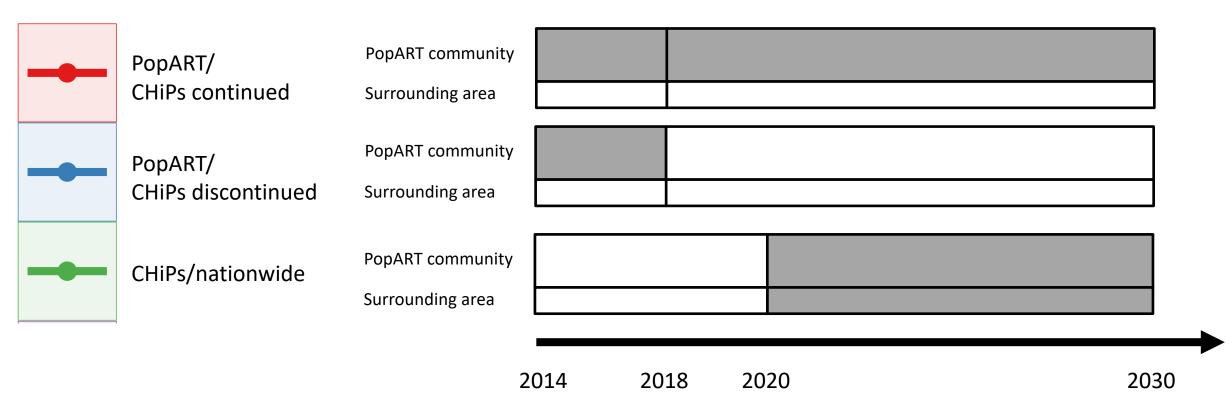
Note: Impact measured only in the PopART community.



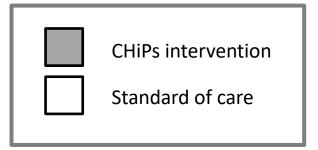


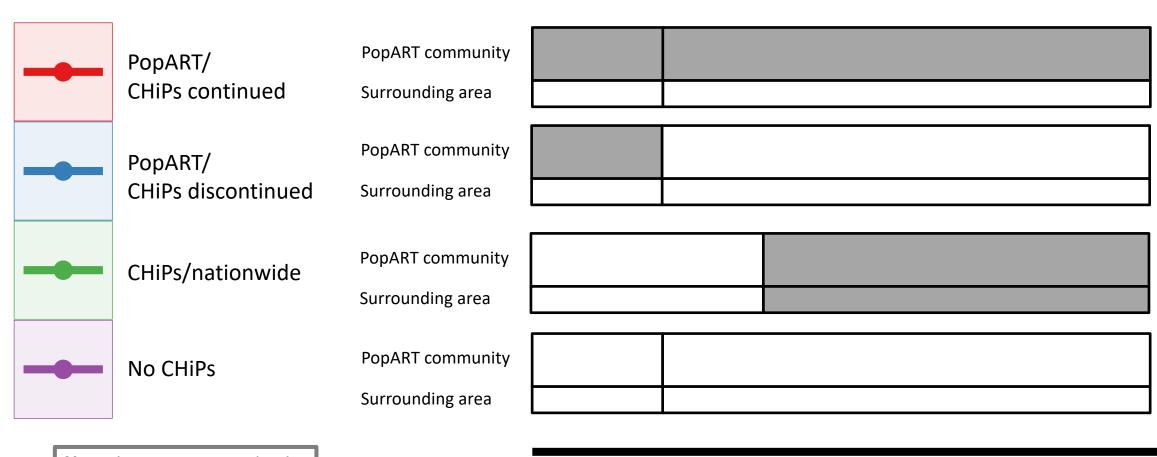
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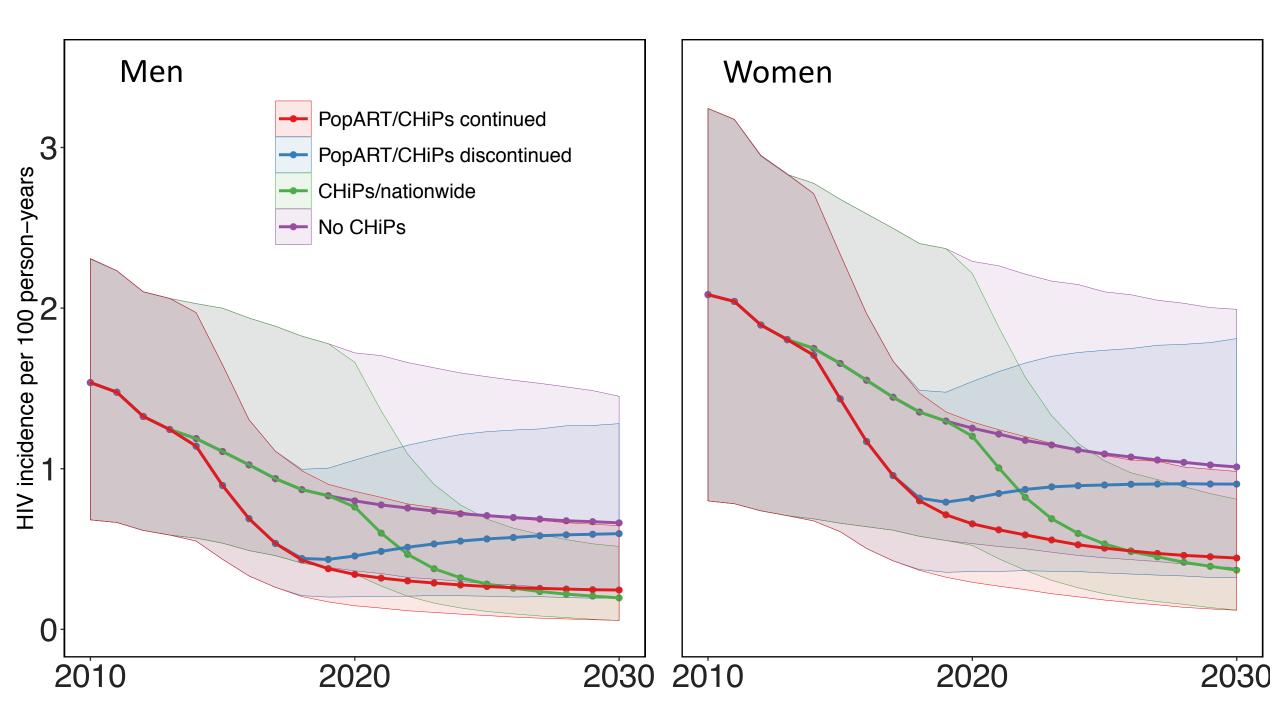


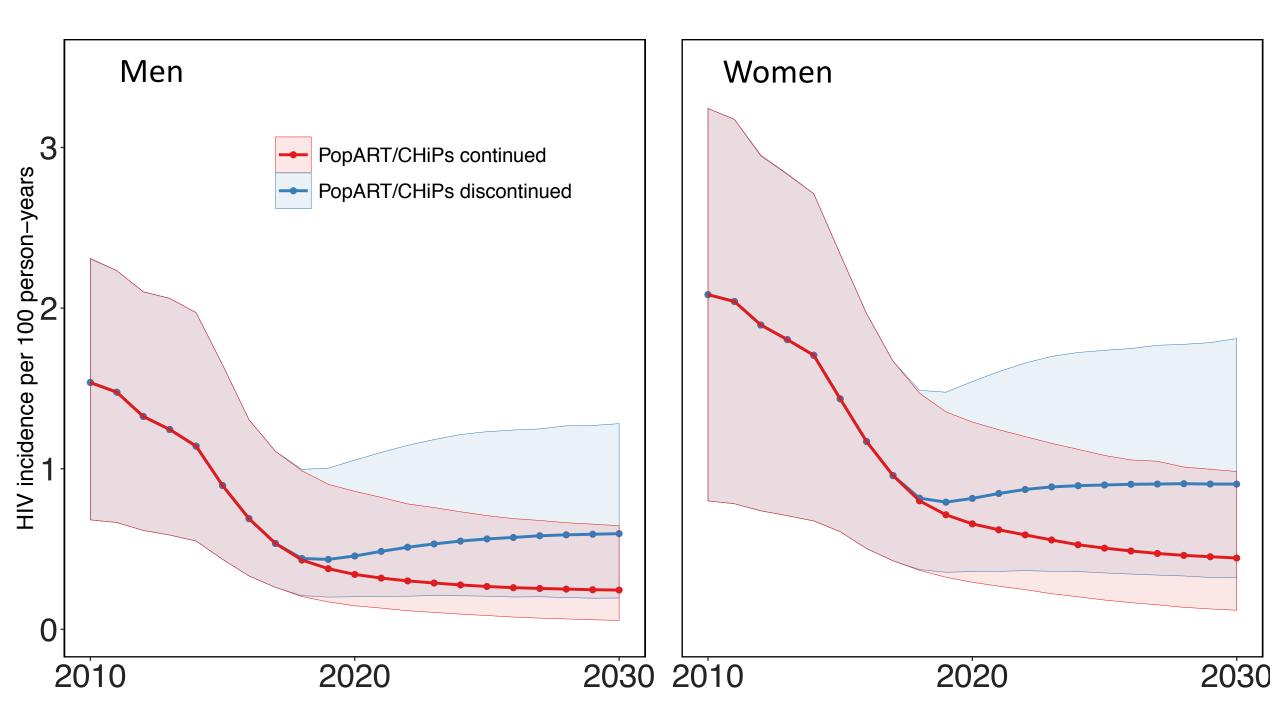
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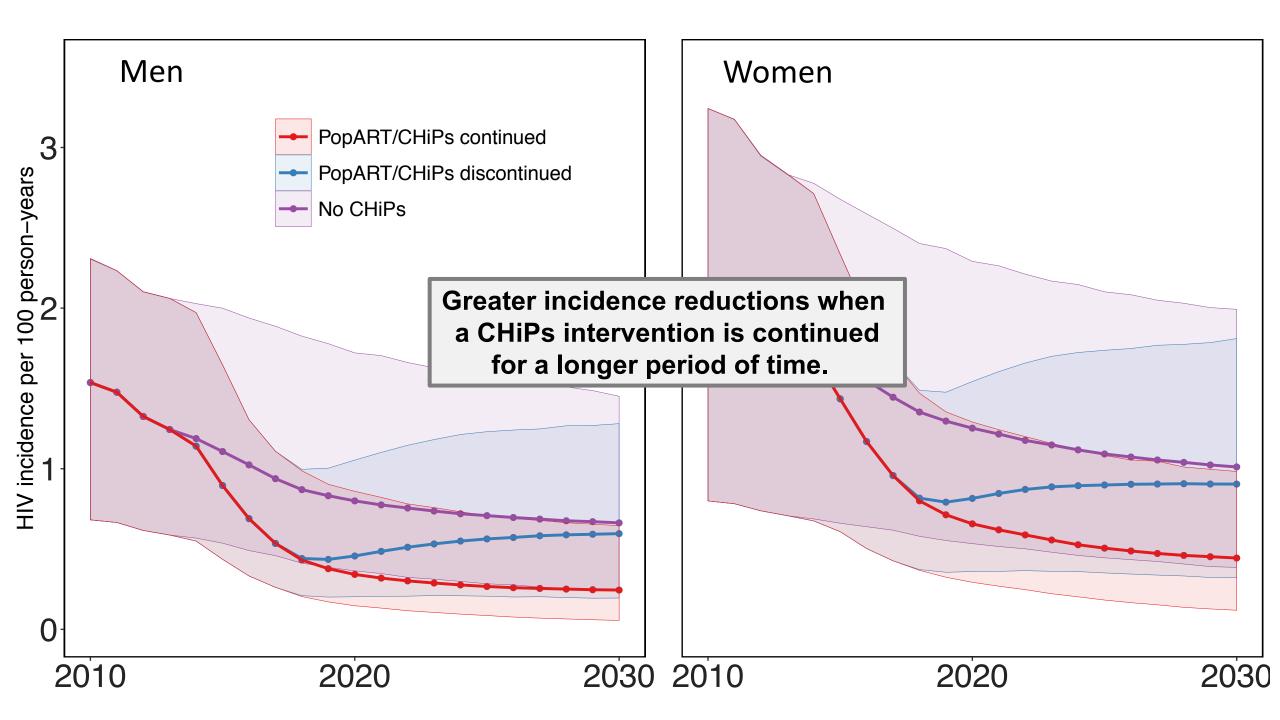


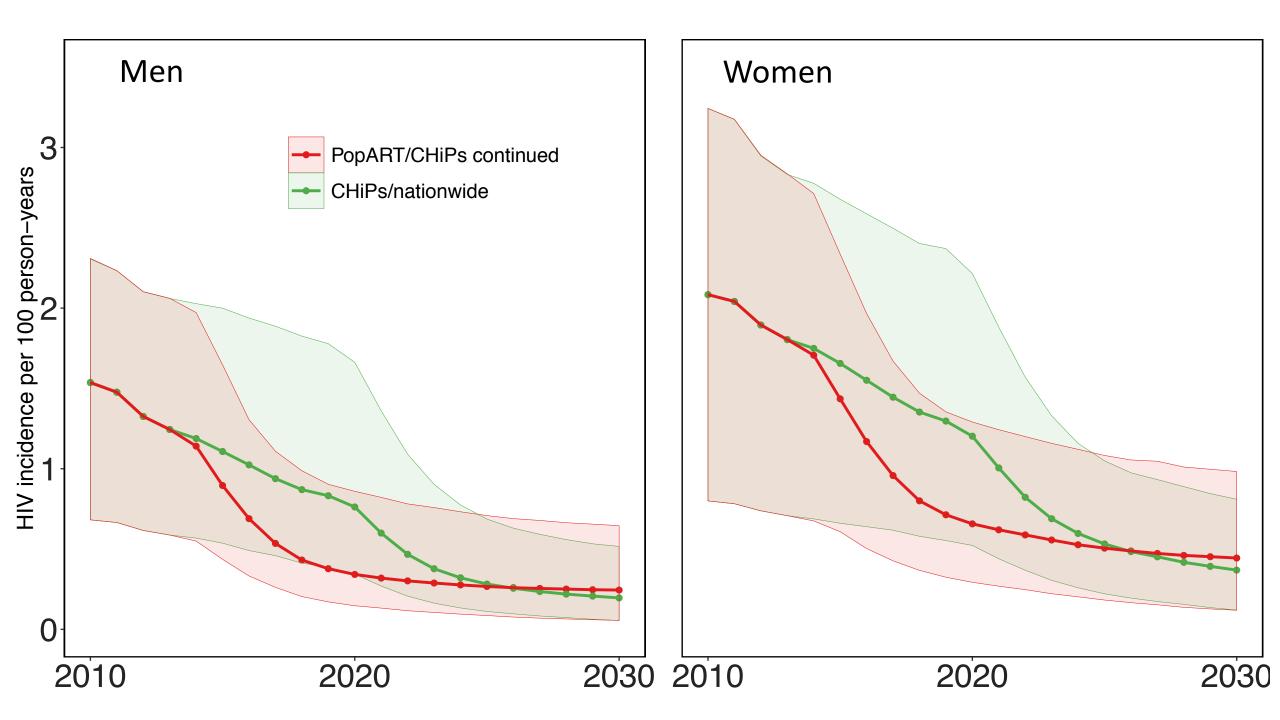


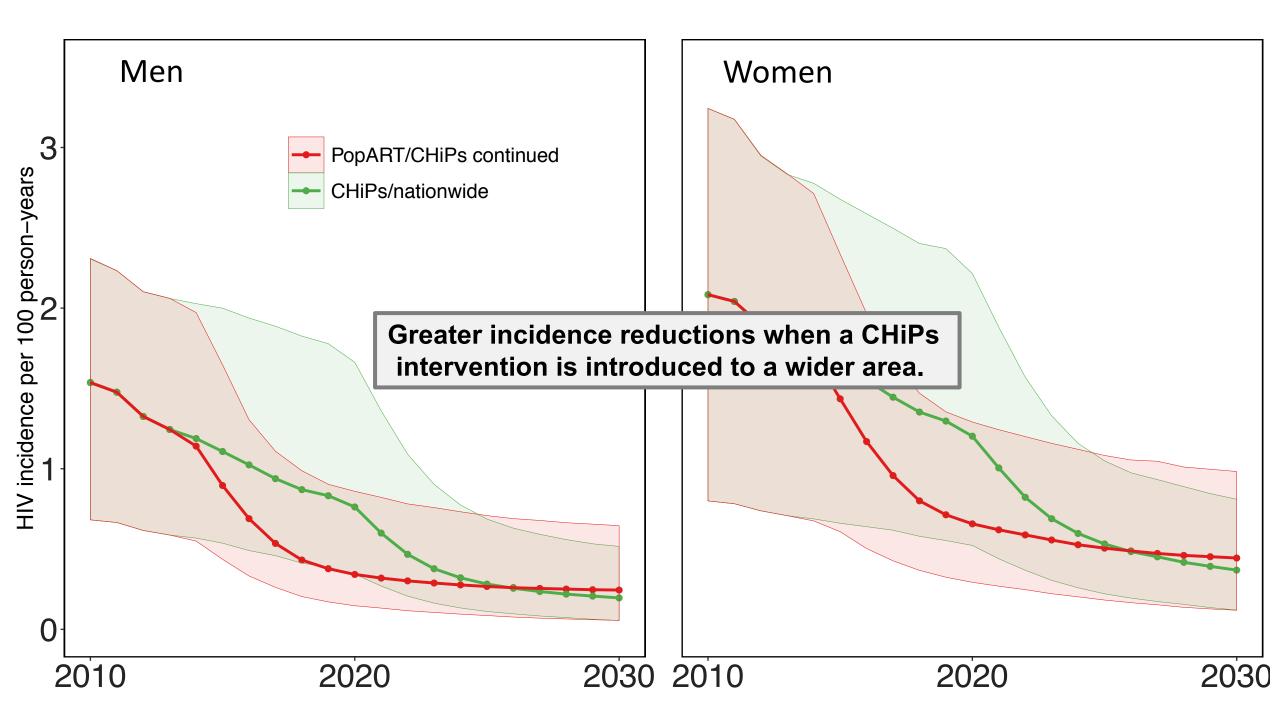
Note: Impact measured only in the PopART community.















What was the impact of different components of the intervention?

Two scenarios were modelled:

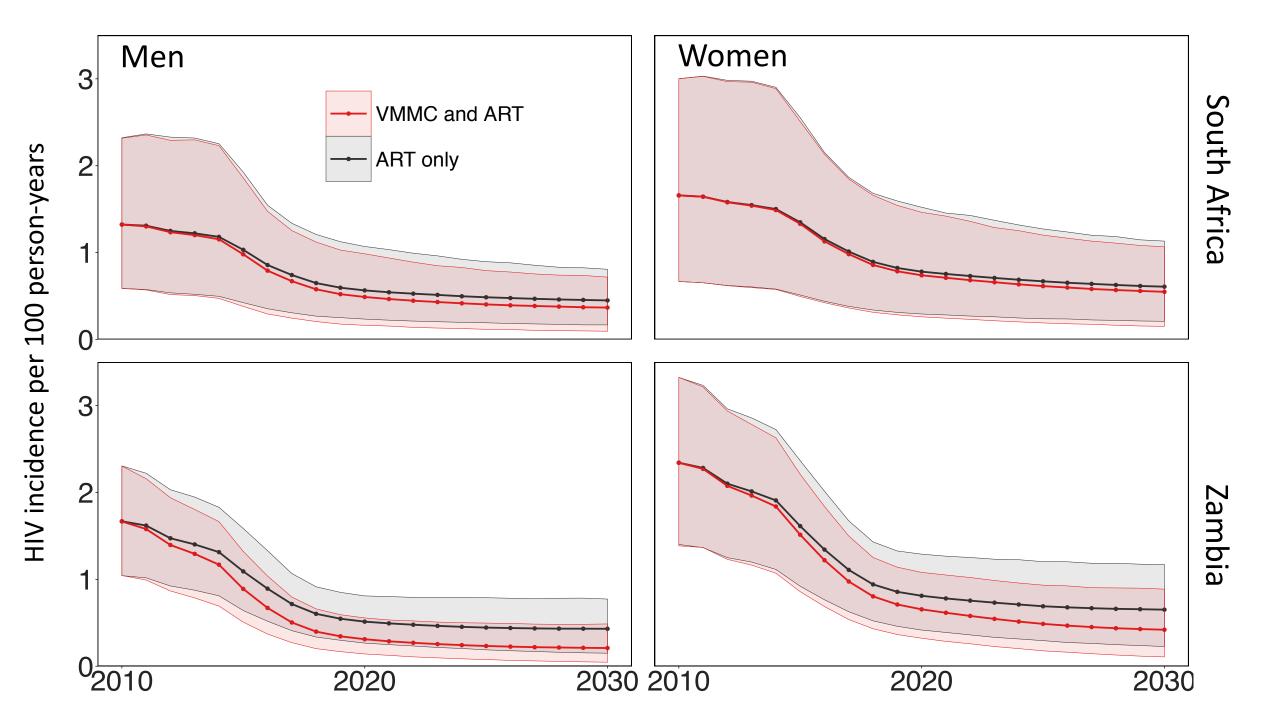


PopART including VMMC and ART (primary scenario)



PopART including ART but no VMMC

Note: Within the model VMMC reduces HIV susceptibility of an HIV- man by 60%.







Summary

- Trial unblinding tested the predictive ability of modelling and validated the model against observed trial impact.
- Reductions in cumulative incidence over 2020-2030 consistently predicted to be >50% for PopART-like interventions compared to standard-of-care.
- Increased impact if PopART-like intervention is introduced to a wider area and continued over a longer period of time.
- Substantial impact of VMMC, conditional on high uptake.





Acknowledgements

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