

Combination HIV prevention for adolescents: Data from the HPTN071 (PopART) Study (PopART for Youth P-ART-Y Study)

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On behalf of the HPTN071/P-ART-Y Study Team



BILL & MELINDA
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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

Why Young People?

Globally

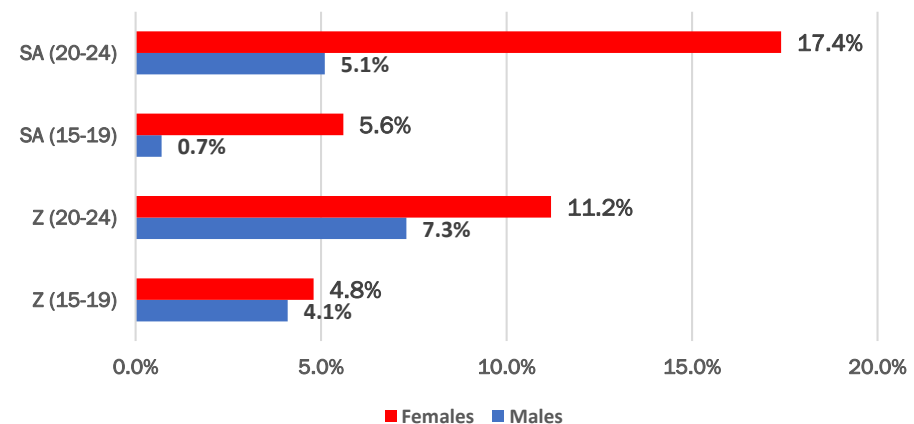
- Two million ALWH
- Adolescents account for 5% of all PLWH and 12% of new adult HIV infections

SSA

- 82% of ALWH globally
- 7 in 10 new infections in 15-19 year olds occur among girls



HIV Prevalence in Zambia and S. Africa



Knowing and sharing HIV status – issues for adolescents

Why HTC services need to be expanded for children and adolescents

Adolescents – poorly served by current efforts

- Horizontal transmission (esp. girls, early marriage, coerced sex, age-disparate sex)
- Vulnerable adolescents, street children, young sex workers, drug users, and MSM



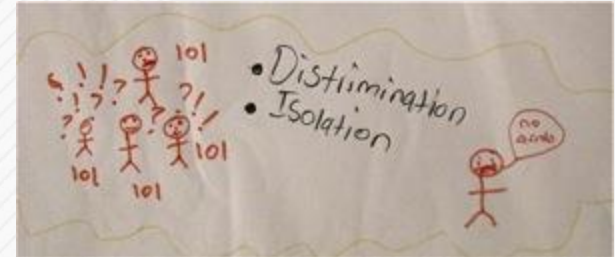
HTC issues to address

- How to deliver acceptable services
- How to increase uptake in HTC
- Disclosure to child or adolescent
- Disclosure by adolescent to others
- Consent – parental vs. self
- Linking to prevention and care

HTC – adolescents experiences & views

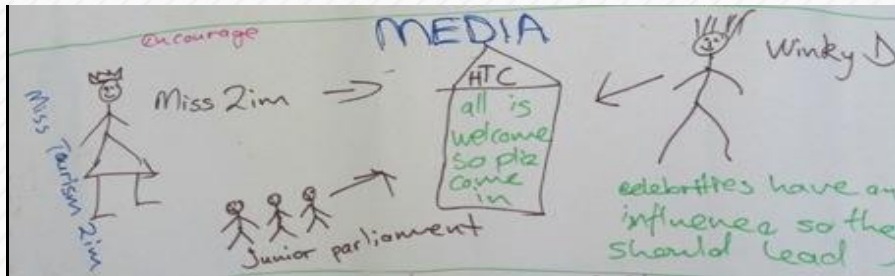
What do adolescents think

- Associated with being bad
- Rejection, shame, gossip
- Unfriendly, judgmental health workers
- Inconvenient times and locations
- Parental consent to test a barrier



What do adolescents want

- Enabling environment – role models, media messages to encourage testing
- Health worker 'respect' friendly, supportive, understanding, away from health centers
- Ability to self-consent
- Listen to their voices



Background

- The PopART for Youth (P-ART-Y) study is nested within the main HPTN071 trial and aims to evaluate the acceptability and uptake of a HIV prevention package among young people aged 10-19 years in Zambia and South Africa.
- The study's primary outcome is uptake of HCT in the previous 12 months among adolescents aged 15-19.



3 arm cluster-randomised trial with 21 communities

Arm A

Full PopART
intervention

including

immediate ART
irrespective of CD4
count

Arm B

Full PopART
intervention

including

immediate ART
irrespective of CD4
count

Arm C

Standard of care at
current service
provision levels

including

Immediate ART
irrespective of CD4
count

7 communities
per arm (N=21)



12 in Zambia
9 in S. Africa

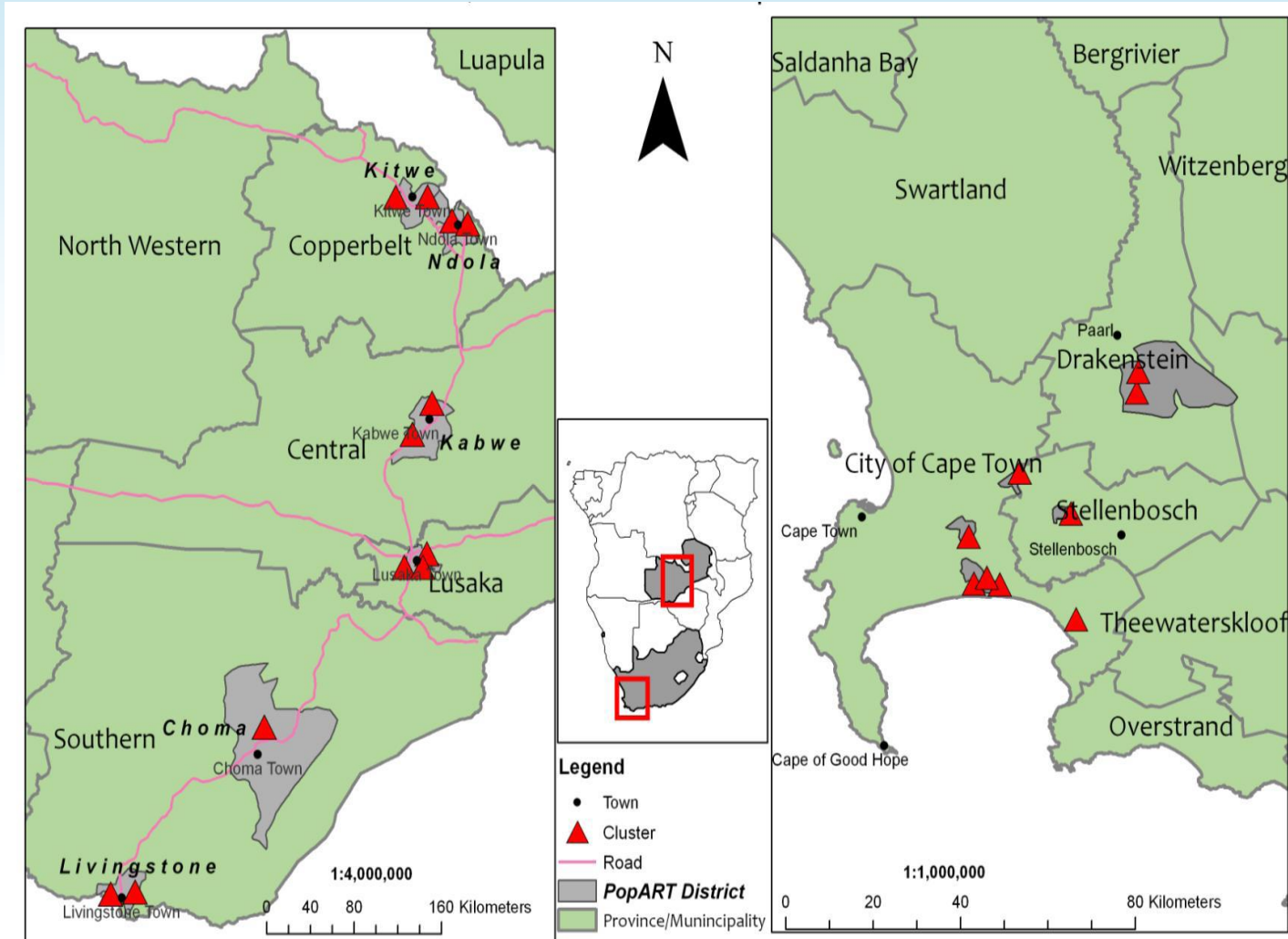
>50,000
adolescents aged
15-19 years
enumerated in
intervention arms
and
200 randomly
selected in each
control community

**Primary outcome: Uptake of HIV testing
within the previous 12 months**

Intervention package

- Annual rounds of Home Based Voluntary HIV Testing by Community HIV-care Providers (CHiPs)
- Health promotion, Active Referral and/or Retention in Care support by CHiPs for the following:
 - Voluntary Medical Male Circumcision (VMMC) for HIV negative men
 - Prevention of Mother to Child Transmission (PMCT) for HIV positive women
 - HIV treatment and care for all HIV positive individuals
 - Sexual health and TB services
 - Condom provision
- ART irrespective of CD4-count provided at the local health centre
- **Youth Targeted Interventions, where necessary*

Study Areas



Three Phased Implementation

Phase 1

Phase 2

Phase 3

- *Baseline Qualitative assessment*
- *Implementation of Intervention Package*
- *Study Advisory Group (SAG) meeting*

- *Ongoing qualitative assessment*
- *Implementation of Intervention Package +/- youth-targeted interventions*
- *Economic evaluation*

- *Cross-sectional survey*
- *Ongoing collection/analysis process data*
- *Qualitative Cohort*
- *Economic Evaluation*

Nov 2015

July 2016

June 2017

Dec 2017

Timeframe: 26 months

Baseline assessment - Adolescent Activities & Services

- Neither visible nor easy to locate
- Total stakeholders lower than anticipated:
 - e.g. Zambia: 37 in 8 intervention sites (range from 9 to 1 per site)
- Stakeholder types – FBOs, secular CBOs/NGOs, school programmes, support groups, health facilities
- After school and HIV education programmes in both countries
- Focus on self-esteem & teenage pregnancies (SA)
- Limited communication between parents and adolescents about HIV and sexual reproductive health

Main narratives about adolescents

- Lack of service availability
- Lack of employment
- Negative associations between 'youth' and:
 - Substance abuse
 - Lack of respect
 - Cultural 'degeneration'
 - Young women and transactional sex
 - Hopelessness (SA)



Adolescents and HIV testing

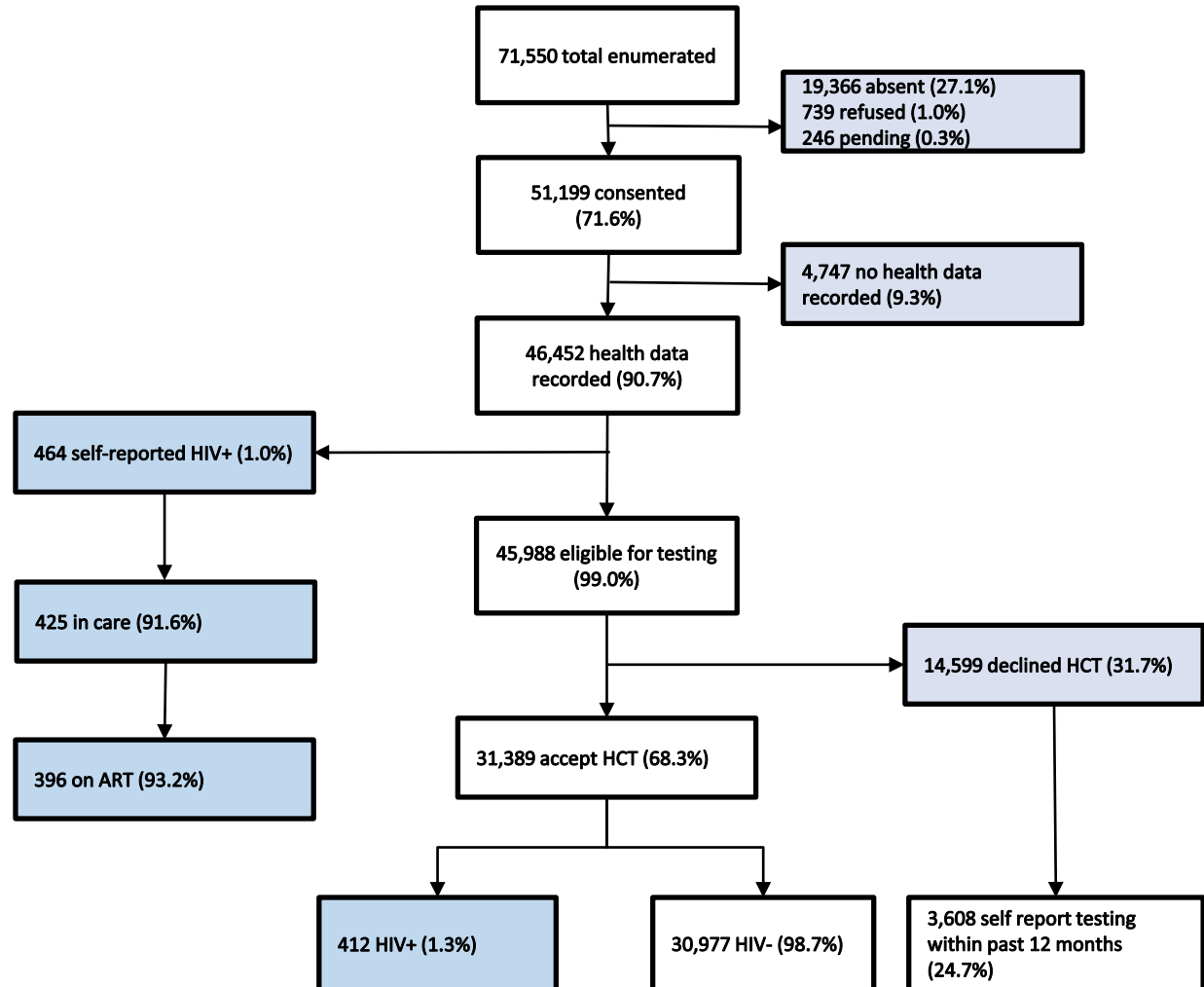
- Willing to get an HIV test
- Not comfortable testing at the clinic
 - ‘stigma’ by health workers
 - Testing only for adults
 - Challenge reaching the clinic
- Preference for other testing options
 - In and outside the community
 - Mobile, away from home
 - Home (Zambia)



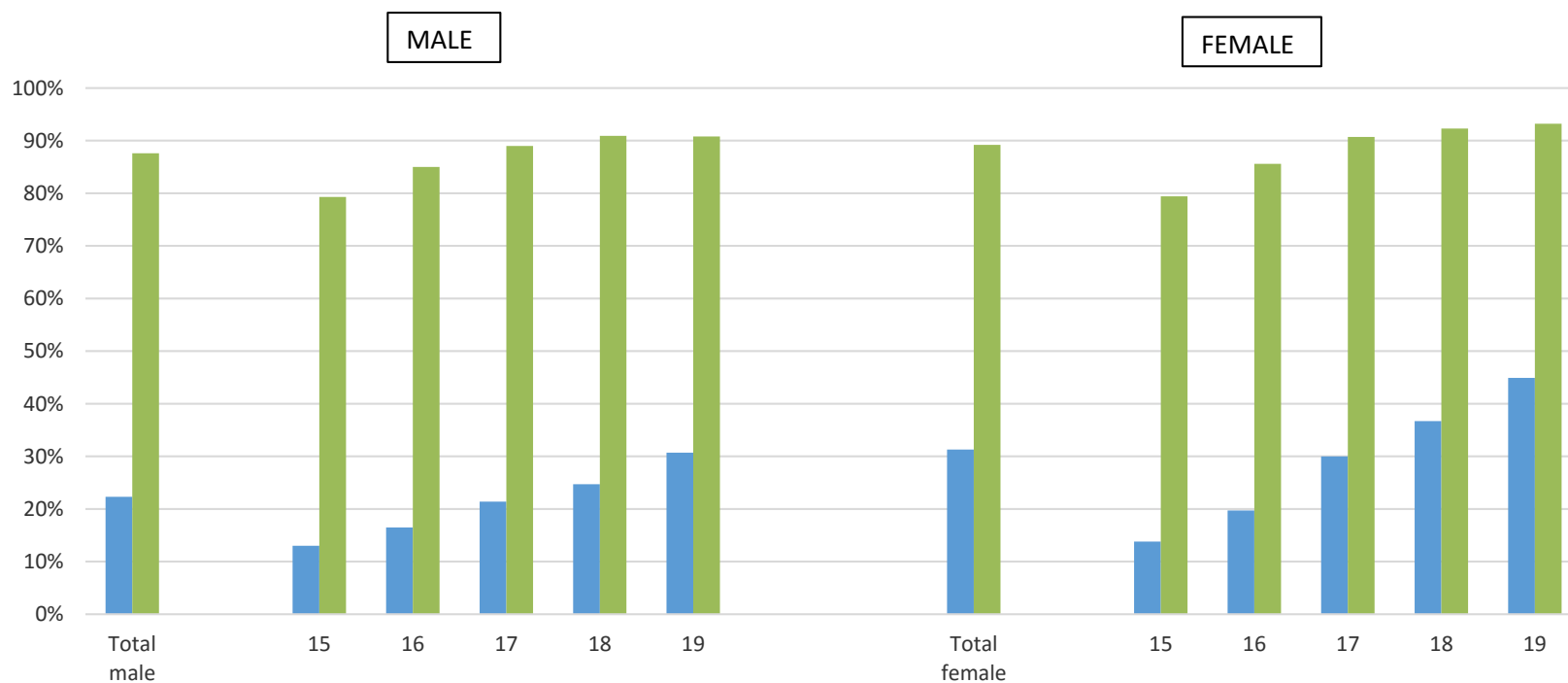
PopART Intervention

- Participation offered to ALL household members
- Verbal consent/assent for participation with parental consent for those <18
- Written consent for HIV testing in all \geq 16 (Zambia) 12 (SA)
- Main focus on 15 years and above
- 10-14 screening tool to identify most at risk

**Zambia data R2 from
October 2015-September
2016
Age 10-19**



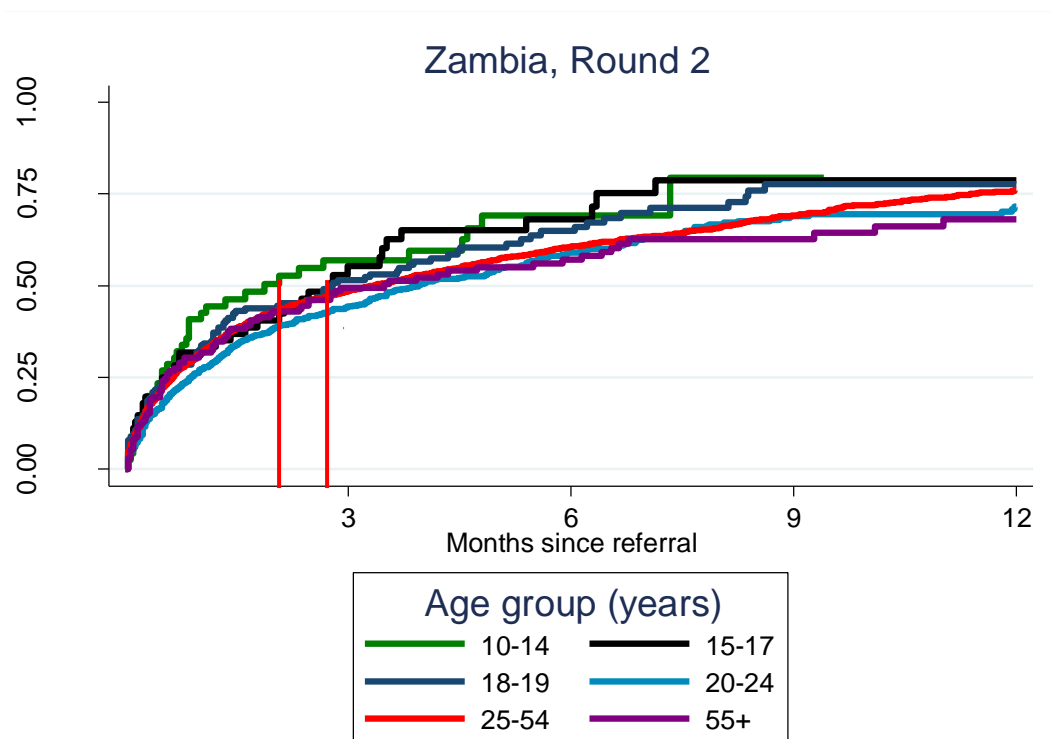
Uptake of testing



■ Known status before: self-report HIV-positive or tested for HIV elsewhere within previous 12 months

■ Known status after: self-report HIV+ or tested by CHiPs or tested for HIV elsewhere within previous 12 months

Time to link to HIV care after CHiP referral, Round 2



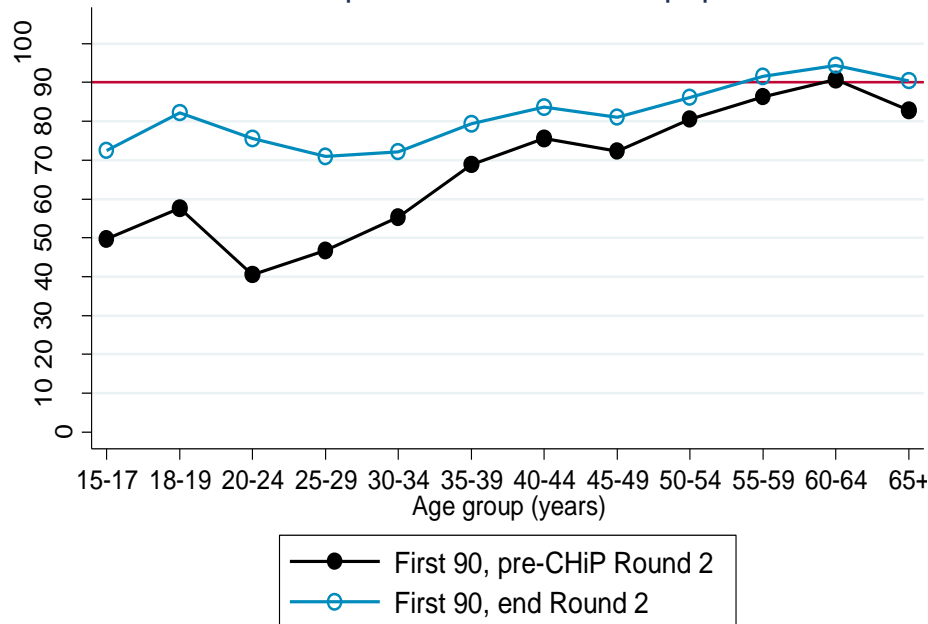
Study Advisory Group (SAG) meeting

- Held on 12-13 July, 2016, Lusaka, Zambia
- Attended by over 80 experts in adolescent health
- Key resolutions included;
 - Training of CHiPs
 - Messaging for Community, ACABs, CABs, Parents
 - Youth Counsellors/Champions
 - Youth Friendly Corners/Safe Spaces
 - Involvement of the ACABs
 - School based interventions

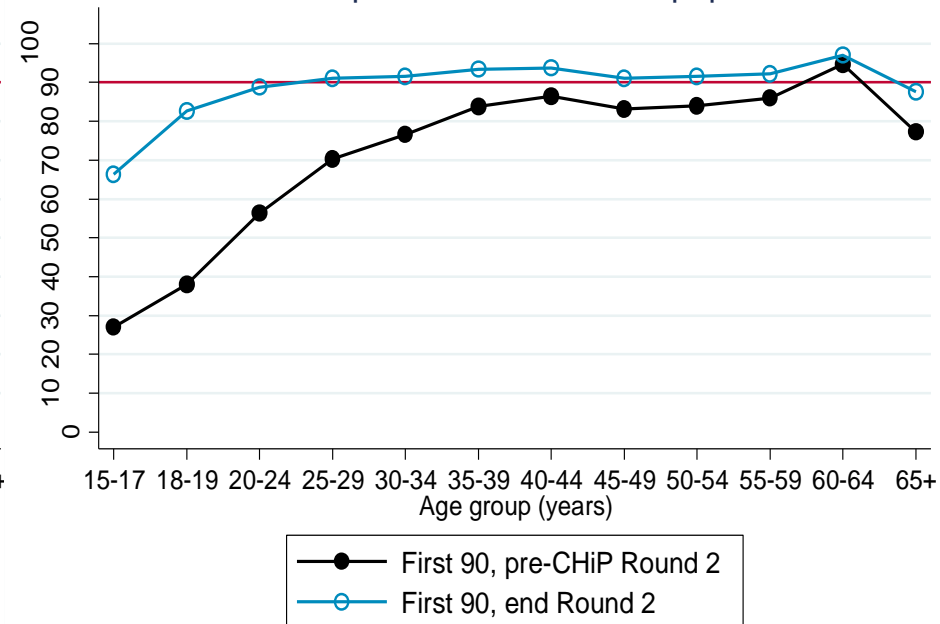


1st 90 estimates, Zambia Round 2 Arm A, with extrapolation to total adult population

Males, Round 2: First 90, pre-CHiP and end round with extrapolation to total adult population

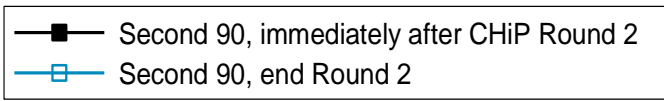
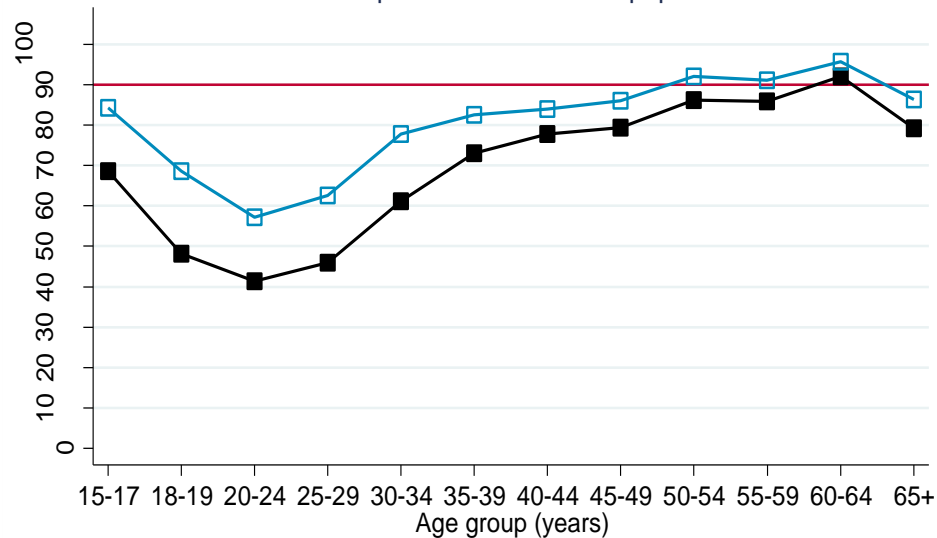


Females, Round 2: First 90, pre-CHiP and end round with extrapolation to total adult population

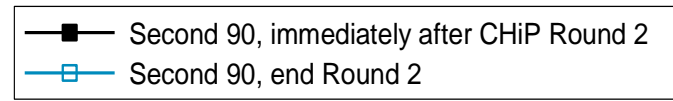
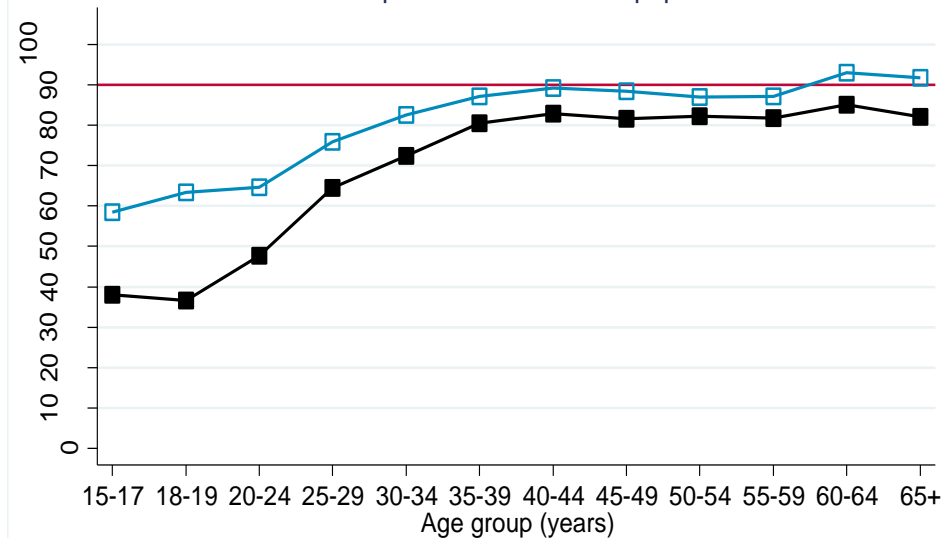


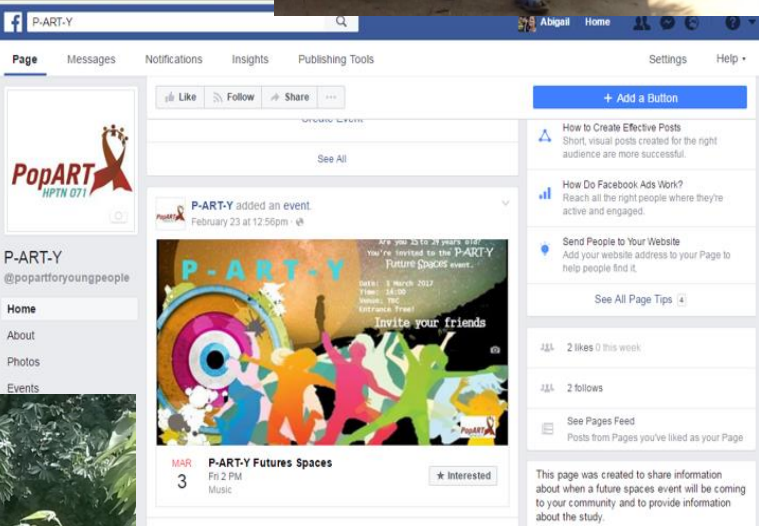
2nd 90 estimates, Zambia Round 2 Arm A, with extrapolation to total adult population

Males, Round 2: Second 90, immediately after CHiP visit and end round with extrapolation to total adult population



Females, Round 2: Second 90, immediately after CHiP visit and end round with extrapolation to total adult population





P-ART-Y
@popartforyoungpeople

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P-ART-Y added an event
February 23 at 12:56pm

P-ART-Y
You're invited to the P-ART-Y Future Spaces event.
Date: 3 March 2017
Time: 04:00
Address: TBC
Entrance: Free

Invite your friends

MAR 3 P-ART-Y Futures Spaces
Fri 2 PM
Music

2 likes 2 follows

See All Page Tips

This page was created to share information about when a future spaces event will be coming to your community and to provide information about the study.



Lessons Learnt

- A household based approach reaches a large proportion of adolescents but many are not found at home
- Linkage to care is good in adolescents
- Improved youth friendly corners at health facilities attract more young people
- At this early stage, the school based interventions appear to reach out to adolescents in-schools.
 - *However the yield for HIV positive adolescents is very low*
 - *Still issues with age of consent for HIV testing*
- Youth counsellors and additional training are important in bridging the gap between adolescents & the CHiPs

Acknowledgements



Funded by Evidence for HIV Prevention in Southern Africa (EHPSA), a DFID programme managed by Mott MacDonald.

Acknowledgements

- Sponsored by the National Institute of Allergy and Infectious Diseases (NIAID) under Cooperative Agreements # UM1 AI068619, UM1-AI068617, and UM1-AI068613
- Funded by:
 - The U.S. President's Emergency Plan for AIDS Relief (PEPFAR)
 - The International Initiative for Impact Evaluation (3ie) with support from the Bill & Melinda Gates Foundation
 - NIAID, the National Institute of Mental Health (NIMH), and the National Institute on Drug Abuse (NIDA) all part of the U.S. National Institutes of Health (NIH)

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Government Agencies:



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