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

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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

Gap Report, 2014
Zambia HIV prevalence by sex and age, ZDHS 2013-14
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

Rachel Baggaley et al
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)

>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
Three Phased Implementation

**Phase 1**
- Baseline Qualitative assessment
- Implementation of Intervention Package
- Study Advisory Group (SAG) meeting

**Phase 2**
- Ongoing qualitative assessment
- Implementation of Intervention Package +/- youth-targeted interventions
- Economic evaluation

**Phase 3**
- Cross-sectional survey
- Ongoing collection/analysis process data
- Qualitative Cohort
- Economic Evaluation

Timeframe: 26 months

- Nov 2015
- July 2016
- June 2017
- Dec 2017
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 ≥ 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

- 71,550 total enumerated
- 51,199 consented (71.6%)
- 46,452 health data recorded (90.7%)
- 464 self-reported HIV+ (1.0%)
  - 425 in care (91.6%)
  - 396 on ART (93.2%)
- 45,988 eligible for testing (99.0%)
  - 31,389 accept HCT (68.3%)
    - 412 HIV+ (1.3%)
    - 30,977 HIV- (98.7%)
  - 14,599 declined HCT (31.7%)
    - 3,608 self-report testing within past 12 months (24.7%)
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

Zambia, Round 2

Age group (years)
- 10-14
- 15-17
- 18-19
- 20-24
- 25-54
- 55+

Months since referral

Proportion
0.00 0.25 0.50 0.75 1.00
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
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
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