Prevention Now for Women!

Acceptability of an HIV prevention package among young people: HPTN 071 (PopART) for Young people Study (P-ART-Y)

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HIV in young women

Global
• Young women aged 10-24 are twice as likely to acquire HIV infection as men the same age
• New HIV infections are 44% higher in women aged 15-24 than men

Eastern & Southern Africa
• Young women make up 26% of new HIV infections
• 4,500 new infections among young women every week, double the number in men
• Young women will acquire HIV 5-7 years earlier than their male peers

Zambia HIV prevalence by sex and age, ZDHS 2013-14
Why are young women more vulnerable?

- Lack of access to education
- Trade sex for goods or money
- Intergenerational sex
- Biologic susceptibility
- Gender based violence particularly affecting young women
- Limited access to health care, including access to adequate HIV prevention services

Centre for the AIDS Programme of Research in South Africa, 2016.
HPTN 071 (PopART) trial

HPTN 071 (PopART) is a cluster randomised trial being conducted in 21 urban communities in Zambia and South Africa (population ~ 1M) to investigate whether a combination HIV prevention package including Universal HIV testing and treatment can reduce HIV incidence at community level.
The PopART for Young people study aimed to evaluate the acceptability and uptake of an HIV prevention package among young people aged 10-24 years in Zambia and South Africa.

- It was nested within the HPTN 071 (PopART) trial.
- The study’s primary outcome was 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
- PopART intervention except
- ART initiation according to current national guidelines

Arm C
- Standard of care at current service provision levels
- including ART initiation according to current national guidelines

7 communities per arm (N=21)

2,500 random sample from each community:
Population Cohort N = 52,500

Primary outcome:
HIV incidence at 36 months

PopART 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 in Arm A

12 in Zambia
9 in S. Africa
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 those aged ≥16 in Zambia & ≥12 in SA.
- Main focus on 15 years and above
Phased implementation of P-ART-Y study

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

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

**Phase 3**
- Cross-sectional survey
- Collected/analysed process data
- Qualitative Cohort
- Economic Evaluation

Timeframe: 26 months
All households visited and enumerated

HH visited: 97,939 (101%)
HH visited that consented to intervention & enumeration: 93,291 / 97,939 (95%)
Female to male ratio 1.09
Uptake of the intervention (Age 10-19)

Male

44,129 enumerated

12,602 Absent (28.6%)
267 Refused (0.6%)
91 Pending (0.2%)

31,169 consented (70.6%)

30,342 Health data recorded (97.3%)
364 self-report HIV+ (1.2%)
29,978 eligible for HIV testing (98.8%)
24,485 accept HIV test from CHiPs (81.7%)
91 tested HIV+ from CHiPs (0.4%)

455 known HIV-positive (1.5% of the 30,342 whose health data was recorded)

Female

51,166 enumerated

11,143 Absent (21.8%)
231 Refused (0.5%)
122 Pending (0.2%)

39,670 consented (77.5%)

38,813 Health data recorded (98.6%)
529 self-report HIV+ (1.4%)
38,284 eligible for HIV testing (98.6%)
31,402 accept HIV test from CHiPs (82.0%)
336 tested HIV+ from CHiPs (1.1%)

865 known HIV-positive (2.2% of the 38,813 whose health data was recorded)
Participation among those enumerated
Acceptance of HIV testing is high
HIV – positivity is similar in males and females until 16 after which young women are at high risk.
AR3 Data – Arm A sites only
Time to initiate ART from referral

AR3 Data – Arm A sites only

Proportion initiated ART

0.00 0.25 0.50 0.75 1.00

Months since referral

0 1 2 3 4 5 6 7 8 9 10 11 12

- Male, 10-14
- Male, 15-19
- Female, 10-14
- Female, 15-19
Community sensitization activities
Adolescent Community Advisory Boards (ACABs)

- 12 ACABs- in all sites in Zambia
- Involved in study implementation
- Advisory roles
  - Discussed incentives in cross-sectional survey
  - Solicited views on exit plans & study dissemination
  - Involved in a messaging review
  - Developed ACAB curriculum to deliver a set of training topics

Participation in study representative platforms requires support from parents/guardians.
What did adolescents think of the PopART intervention? Qualitative findings

• Aware of CHiPs & welcomed home-based testing
• Young people approached CHiPs for HIV/SRH & condoms
• School interventions were popular
• Youth counsellors gained their trust
• HIV prevention:
  – Receptive to VMMC but concerns about healing
  – Not testing for HIV regarded with suspicion
Social networks, sexual behaviour & alcohol use

• Sexual behaviour
  – Abstinence ‘not manageable in this generation’

• Concurrent and multiple partners common
  – Adolescent girl about 17 year old disclosed that she had 3 boyfriends, ‘one is at home to play with, another is a bus driver to give me free transport and every day pocket money and the one in the market to give me whatever I want’ (youth counsellor observation_Z11, field notes, 2017).

• Alcohol/drug use often precipitated violence
Knowledgeable about male condoms & use

• Knowledgeable about condoms but inconsistent use
  “No...because I think that she is young, so she can’t be sick...of HIV and AIDS.” (ANLWH_M_17)
• “sometimes an adult will tell you don’t have sex... don’t get condoms you are too young. I will say yes just to make them [adult] keep quiet. When I feel the pressure I look for condoms, I even ask from those people [CHiPs] because I need to protect myself also... I feel bad but its hard to stop when you know these things” (ANLWH_M_17)
Young people living with HIV

• ART
  – Clinical support
  – ‘They said if you stop you will get very sick’

• Disclosure dilemma:
  – Told by parents/guardians to not disclose & sometimes told by clinic to disclose
  – Desired to talk to others ‘in their shoes’ and to be ‘accepted’ but hard to identify ‘others’
  – Often felt isolated and alone
“This child does not know anything. The child does not know about HIV and he will test when he is old enough”

Parental assent and/or presence could act as a barrier to HIV testing
Conclusion

• The PopART intervention came close to achieving both the first and second UNAIDS 90-90-90 targets for all adolescent males.
• Gaps still remain for older adolescents for the second 90, especially in adolescent girls.
• Adolescents and Young people can participate in community-based HIV research & interventions in a meaningful way.
• Most adolescents are still HIV negative (>95%).
  – We MUST do more to prevent HIV in this age group.
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