Getting to the second 90 in adolescent HIV: What is needed? (PopART for Youth: P-ART-Y Study)

Kwame Shanaube
Why Adolescents?

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

SSA (% of Global)
- 80% of ALWH (10-19 yrs)
- 68% newly infected (15-19 yrs)
- 87% dying from AIDS-related causes

Annual number of new HIV Infections among young people (15-24) in ESA, 2000-2015

Annual number of AIDS-related deaths among young people (15-24) in ESA, 2000-2015
PopART for Youth: P-ART-Y Study

• Nested within HPTN 071 trial
• Aims to evaluate the acceptability & uptake of HIV prevention package among young people aged 10-19 years in Zambia and South Africa.
• The study’s primary outcome is uptake of HTC in the previous 12 months among adolescents aged 15-19.
PopART Intervention

- Intervention similar to adults
- 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)
- Main focus on 15 years and above
- 10-14 screening tool to identify most at risk
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

November 2015 - June 2017
Youth-targeted Interventions

Community Youth events

School based interventions

Create ACABs

Improve Youth friendly centres

Train CHiPs

Social Media

Engaging Parents
Community intervention improves knowledge of HIV status of adolescents in Zambia: findings from HPTN 071-PopART for youth study

Kwame Shanaube\textsuperscript{a}, Ab Schaap\textsuperscript{a,c}, Mwate Joseph Chaila\textsuperscript{a}, Sian Floyd\textsuperscript{c}, Constance Mackworth-Young\textsuperscript{a,c}, Graeme Hoddinott\textsuperscript{b}, Richard Hayes\textsuperscript{c}, Sarah Fidler\textsuperscript{d}, Helen Ayles\textsuperscript{a,c}, on behalf of the HPTN 071 (PopART) Study Team


First 90: 15-19 year old adolescents
Participation and knowledge of HIV status among adolescents (10-19 years)

**Male**
- 15,910 enumerated
- Not contacted: 30%
- Refused: 2%
- 10,777 participated (68%)
  - 7,140 know HIV status (66%)
    - Self-report HIV+: 0.7%
    - Accept HIV test from CHiPs: 62%
    - Did not accept offer of HIV test, but self-report HIV- test last 3 months: 4%
    - 119 known HIV-positive (1.1% of the 10,777 who participated)

**Female**
- 18,660 enumerated
- Not contacted: 23%
- Refused: 1%
- 14,101 participated (76%)
  - 9,862 know HIV status (70%)
    - Self-report HIV+: 0.9%
    - Accept HIV test from CHiPs: 65%
    - Did not accept offer of HIV test, but self-report HIV- test last 3 months: 4%
    - 288 known HIV-positive (2.0% of the 14,101 who participated)
Time to start ART

Round 2, Zambia: males

Round 2, Zambia: Females

Target is 80% ART initiation after 3 months
Second 90, total population

Adolescent boys and men: Second 90, immediately after CHiP visit and end round, with extrapolation to total population

Adolescent girls and women: Second 90, immediately after CHiP visit and end round, with extrapolation to total population

- Second 90, immediately after CHiP Round 2
- Second 90, end Round 2
Experiences of adolescents living with HIV

11 adolescents LWH, (4 communities), qualitative cohort

- Knowledge of status
  - Parents started them on ART without them knowing
  - Learnt of their status as a teenager

- Key motivations for being on ART
  - Prolonged illness as a child or parents illness/death
  - Maintaining physical health

- Family & social support
  - Peers support treatment but disclosure is limited & stigma pronounced

- Health system challenges
  - Relatives facilitate linkage to care through health staff they know
  - Preferential treatment as ‘school going’, often encounter queues, risk stigma

- CHiPs played critical roles in counselling, clinic assistance & ART adherence
What is needed: Lessons from P-ART-Y study

- Adolescent friendly HIV testing options
- Peer-led support groups
- Engaging parents
- Remove legal frameworks barriers and stigma
- Create partnership platforms
- Holistic comprehensive package
- Service delivery options outside the formal health system

Second 90

Innovation & Information
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