

CONTROLLING THE HIV EPIDEMIC WITH
ANTIRETROVIRALS



Having the Courage
of Our Convictions

1 - 2 October 2015 • Paris

Community-Based TasP Trials: Updates and Projected Contributions

Reaching the 90-90-90 target:
Lessons from HPTN 071 (PopART)

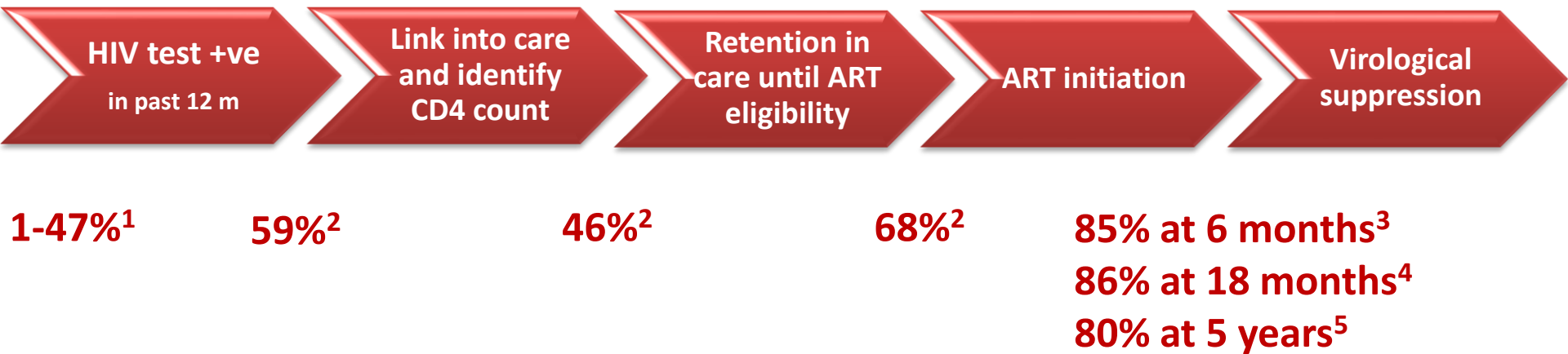


Sarah Fidler



CONTROLLING THE HIV EPIDEMIC WITH ANTIRETROVIRALS
Having the Courage of Our Convictions

Cascade of Care: Sub-Saharan Africa



Caution:

Estimates from a meta-analysis of studies or studies which examined individual stages in the cascade. Extrapolation to obtain an overall proportion could lead to inaccuracies.

1. UNAIDS report on the global AIDS epidemic 2013

2. Rosen & Fox 2011

3. De Luca et al 2011

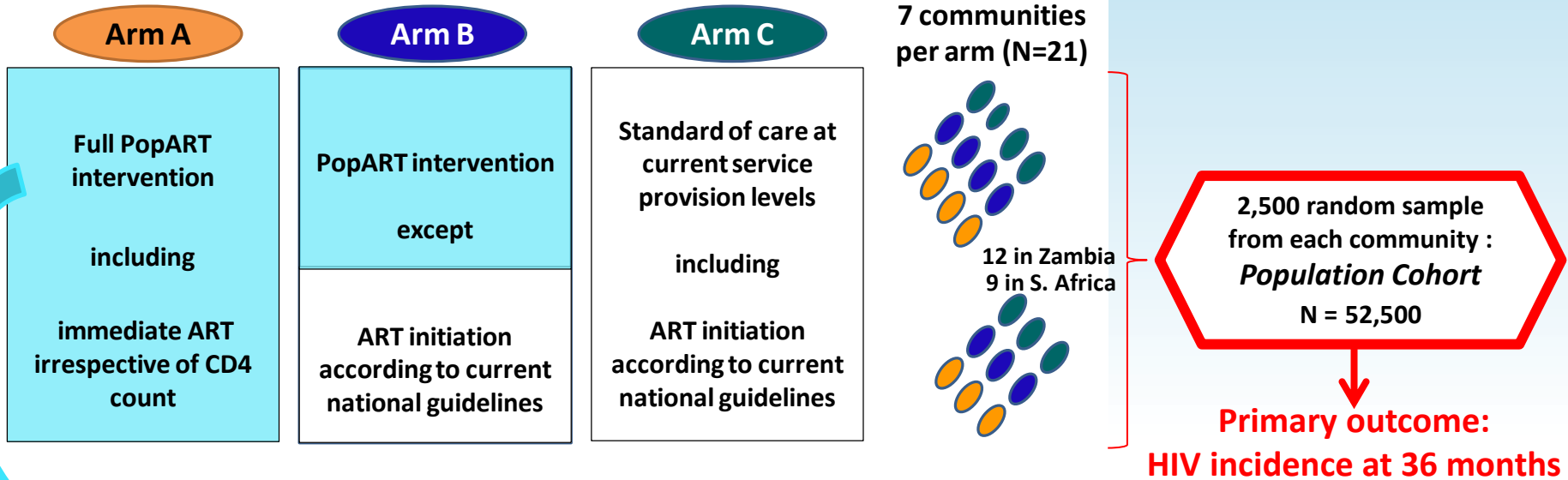
4. Elul et al, 2013

5. De Beudrap, 2012

What research do we need?

- **Implementation science**
 - Learning by doing
 - Practical experience and data from UTT programmes on the ground
 - Demonstration projects
 - Routine programme monitoring (data improvement)
- **Randomised trials**
 - Rigorous data on impact on HIV incidence at population level
 - Direct comparison of benefits and harms
 - Evidence-based data on cost-effectiveness

3 arm cluster-randomised trial with 21 communities



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
 - Promotion of sexual health and TB services
 - Condom provision
- ART irrespective of CD4-count or immune-status provided at the local health centre in Arm A

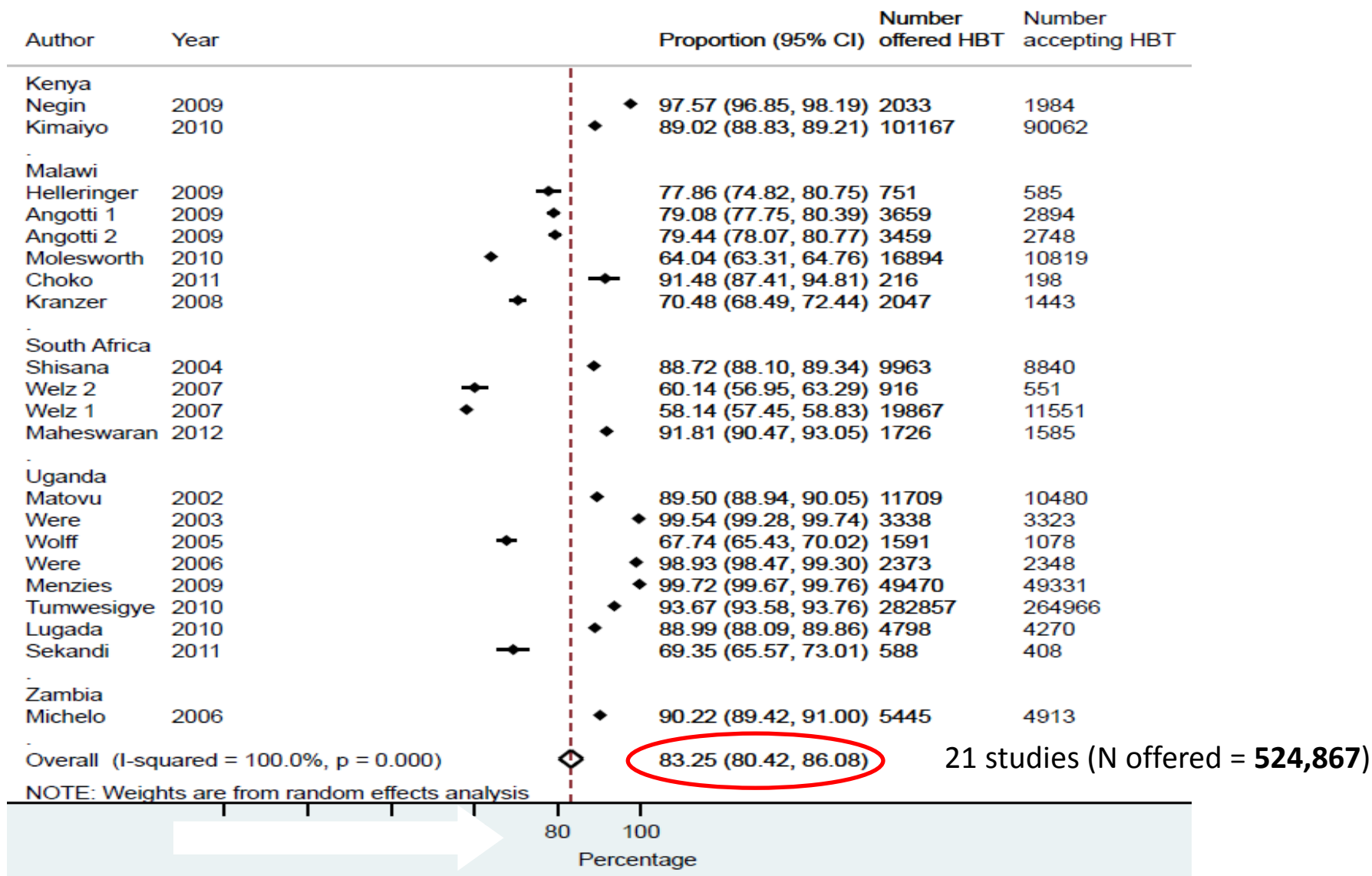
Questions from HPTN 071 (PopART)

- Can the 90-90-90 targets be achieved?
- What coverage was achieved by PopART intervention during the first annual round?
- How much closer did we get to the 90-90-90 targets as a result of the intervention?
- What were the main challenges during the first round?
- Using CHiPs data from the four Arm A communities in Zambia to address these questions

Getting to the first 90%


uptake of HIV testing across entire community

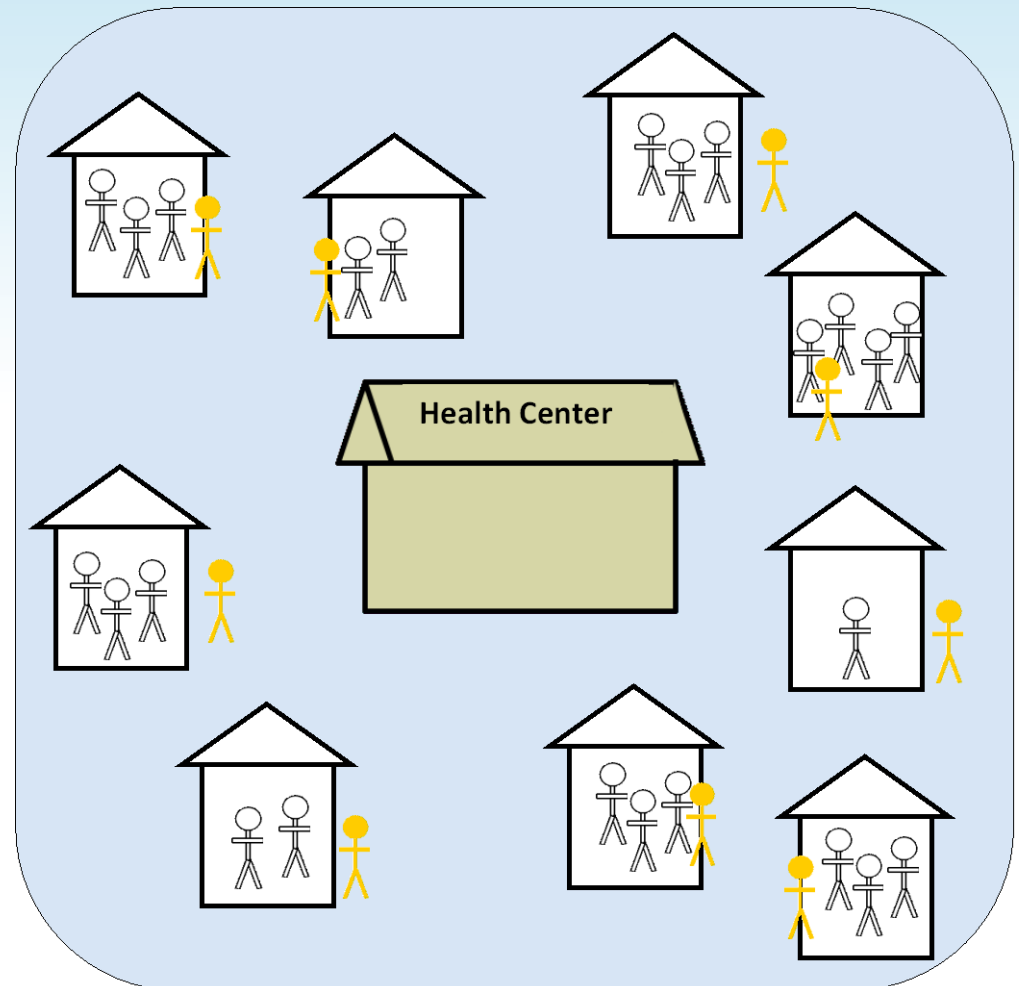
Home-based HIV testing: Coverage



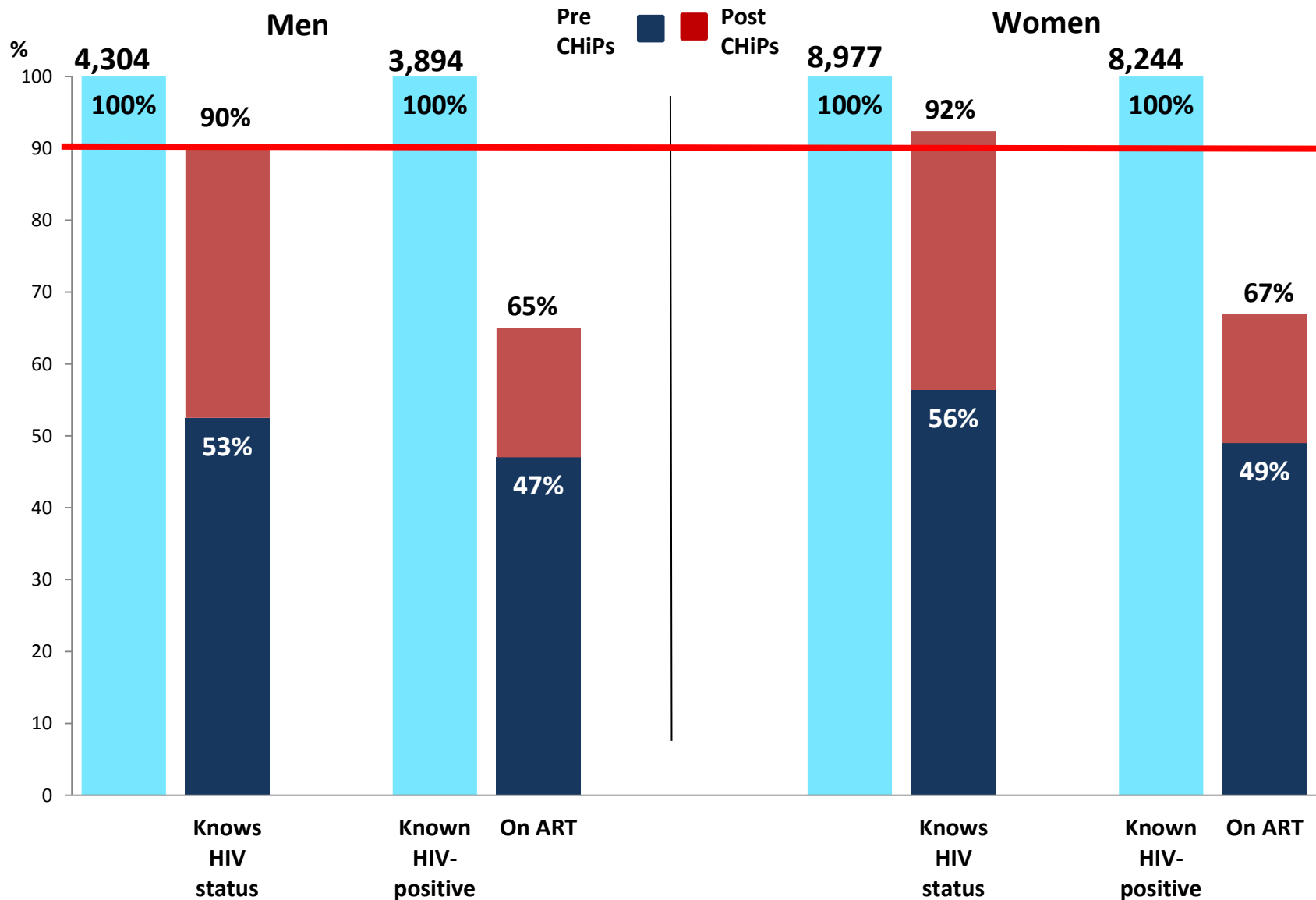
The PopART Intervention Package

- Universal voluntary HIV testing delivered annually through door-to-door, home-based testing by Community HIV Prevention (CHiPS) teams

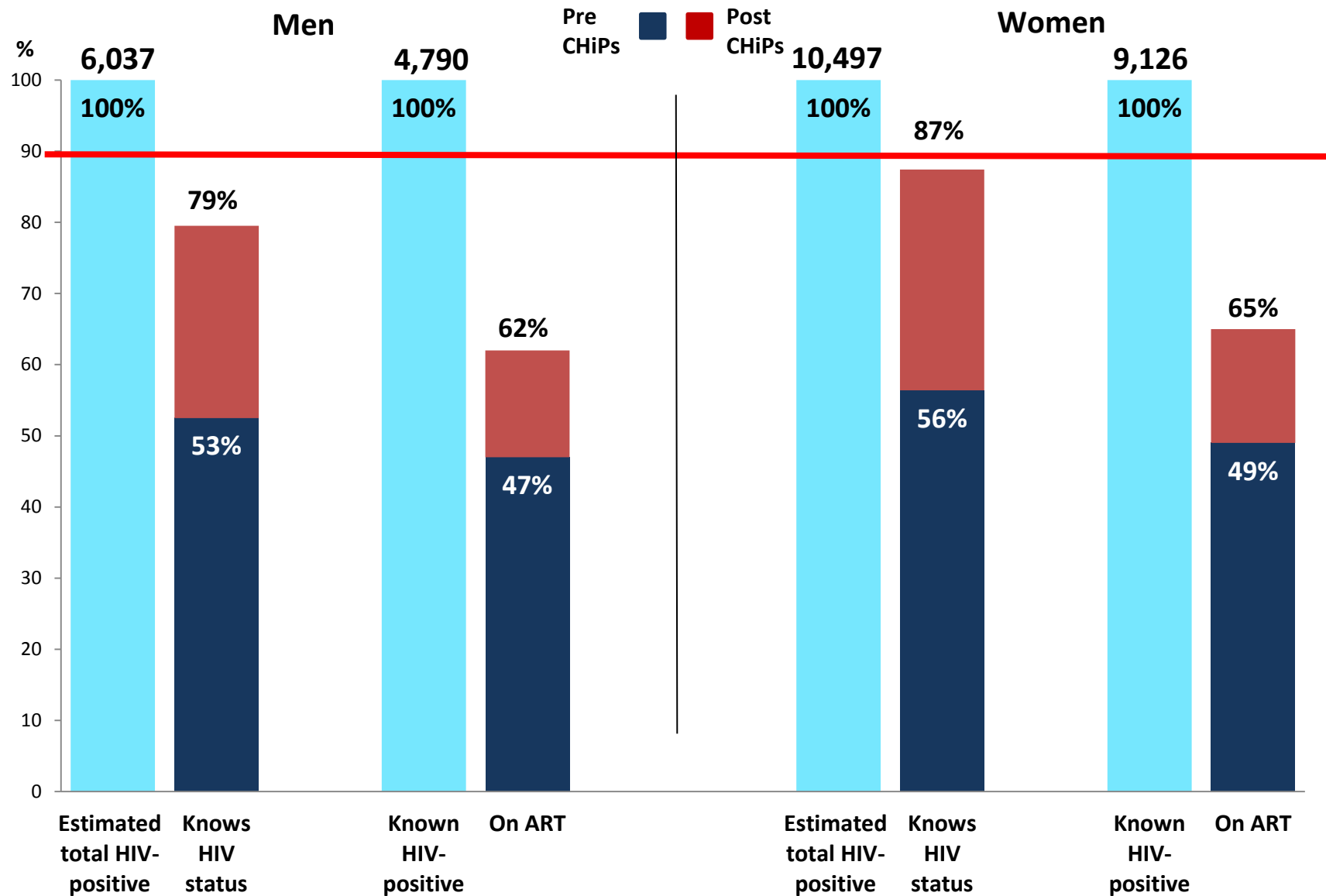
 = CHiPs deliver testing, counselling, linkage to care and treatment support in the community



Estimated uptake of testing in those consenting



90-90: Estimated uptake in total adult population



Getting to the second 90%

uptake of ART for across entire community of people living with HIV within a community



Cascade of care from enumeration through ART initiation: First round

Men

Women

56,821 enumerated

42,728 consented (75%)

34,406 know HIV status (81%)

3,894 HIV-positive (11%)

1,935 referred to HIV care
[among those never previously
registered for HIV care,
1,829/ 1,857 (98%) referred]

**43% initiated ART
within 6 months**

(estimated from 'survival' analysis)

**60% initiated ART
within 12 months**

(estimated from 'survival' analysis)

59,275 enumerated

52,964 consented (89%)

44,832 know HIV status (85%)

8,244 HIV-positive (18%)

3,936 referred to HIV care
[among those never previously
registered for HIV care,
3,657/ 3,689 (99%) referred]

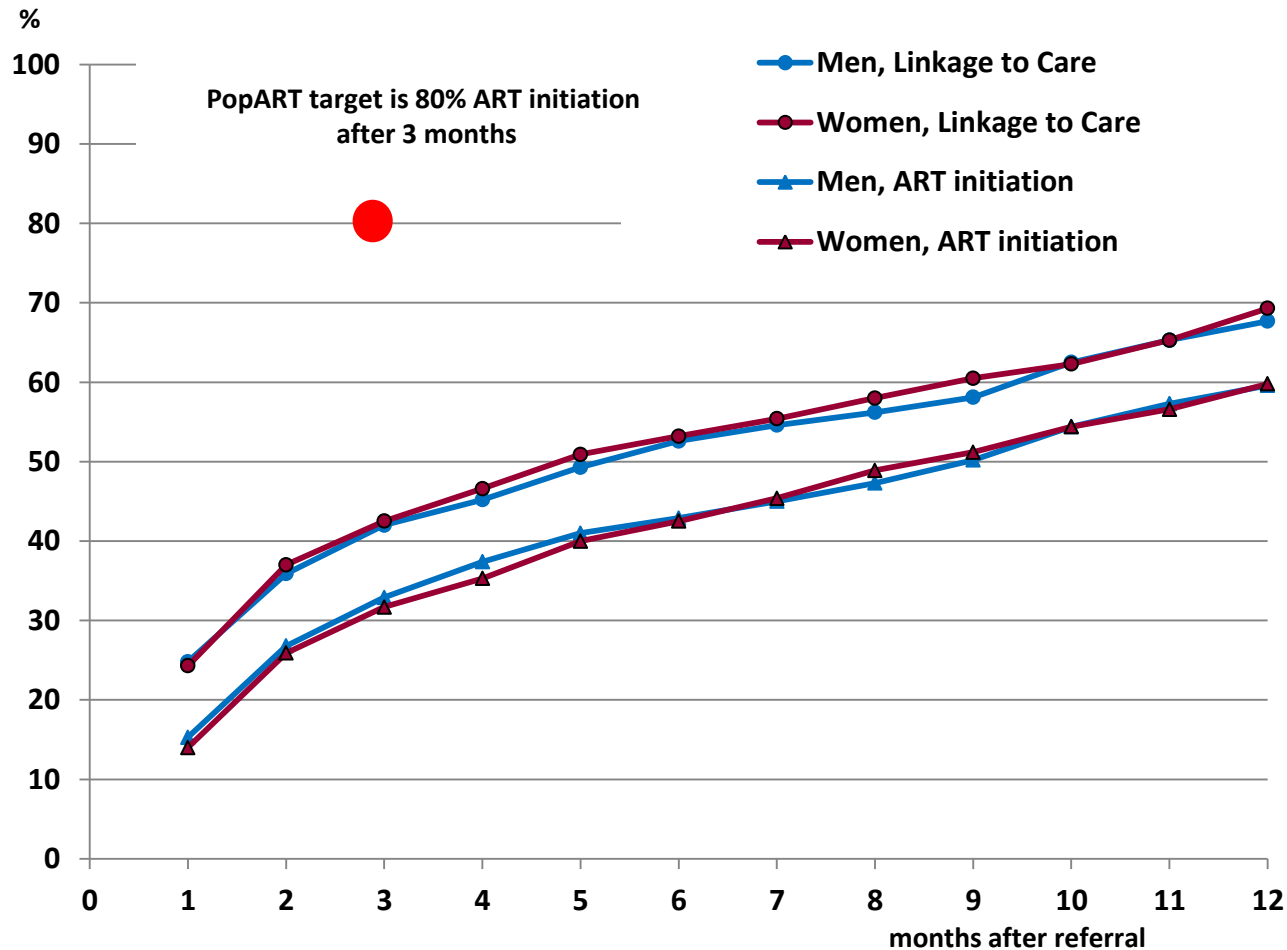
**42% initiated ART
within 6 months**

(estimated from 'survival' analysis)

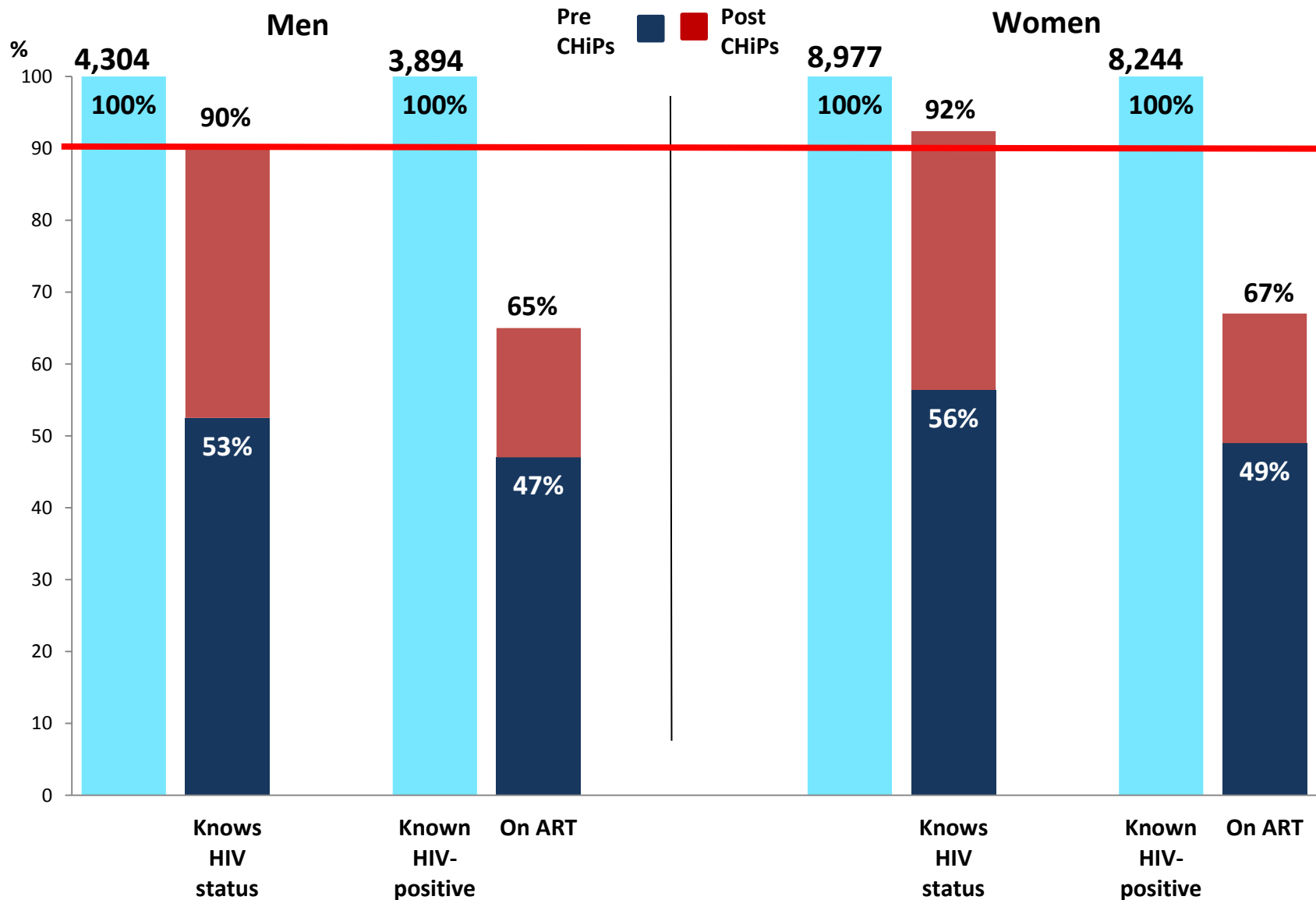
**60% initiated ART
within 12 months**

(estimated from 'survival' analysis)

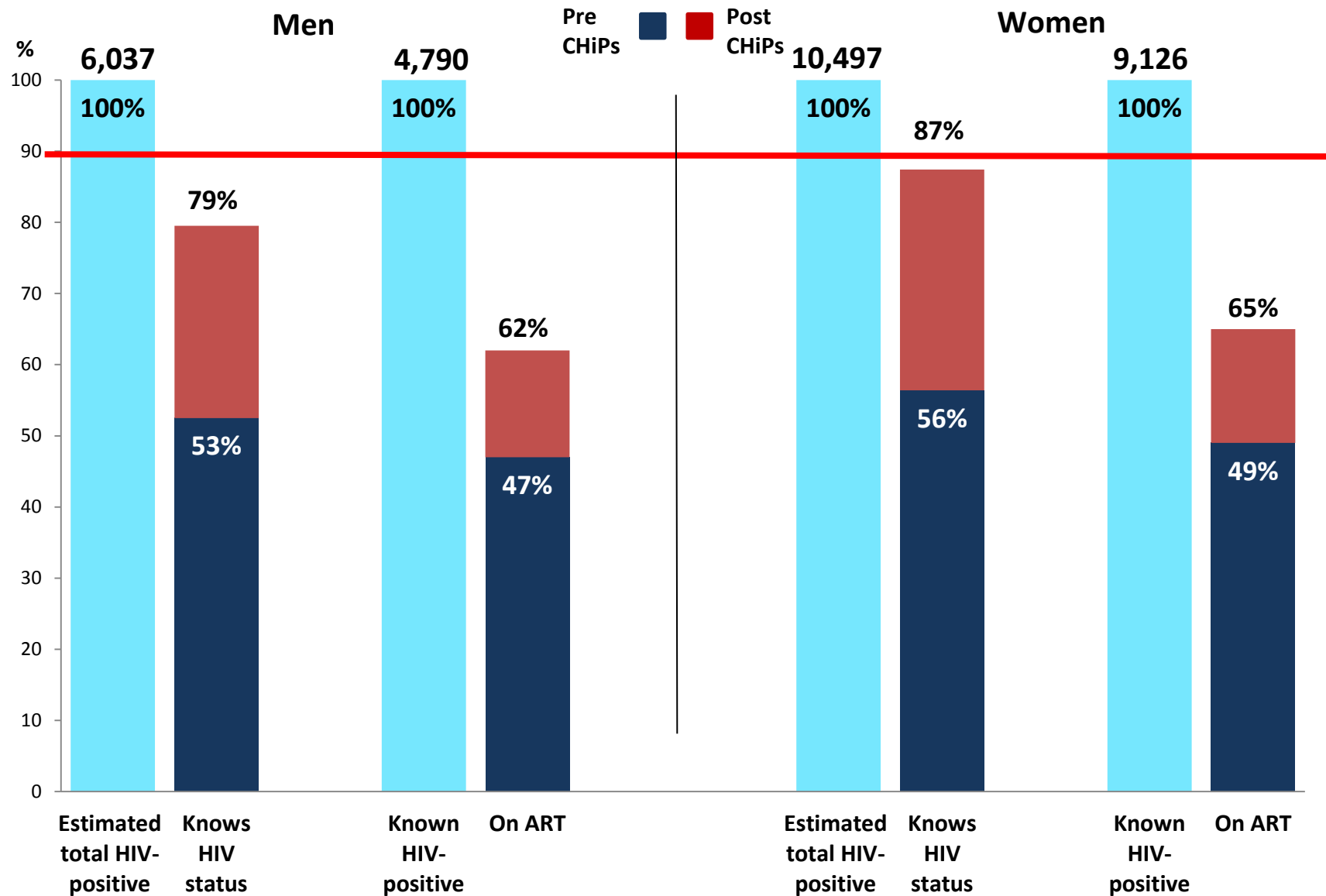
Time from referral to linkage to care and ART initiation: First round



90-90: Estimated uptake in those consenting



90-90: Estimated uptake in total adult population



INNOVATIONS TO ENHANCE COVERAGE

HIV Testing

- Self testing
- Opt out testing in clinics
- Work place testing
- Out of hours HH visits
- Weekend HH visits
- Male campaigns
- Targeted adolescent programs



ART initiation

- Expedite ART “readiness” visits
- Community ART delivery for stable patients
- Possible HH ART delivery for stable patients by CHiPs teams



Limitations

- Estimates based on adults who are enumerated and consent to intervention
- These represent approximately 72% of men and 85% of women in these communities
- Assumptions needed to estimate knowledge of HIV+ status and proportion on ART in total adult population
- In longer term will have data on uptake from Population Cohort (random sample of adults in population)

Conclusions

- Substantial increase in uptake during first annual round
- Knowledge of HIV+ status close to 90% target in women and around 80% in men
- Proportion of known HIV+ on ART 65% and increasing
- Main challenges during first round
 - Uptake of intervention and testing among men
 - Rapid linkage to HIV care and ART initiation
- These will be prioritised during second round – CHiPs approach allows for continuous improvement in uptake
- Data on the third 90 - retention and viral suppression – next year!

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)



The HPTN 071 Study Team, led by:

LONDON
SCHOOL OF
HYGIENE
& TROPICAL
MEDICINE



Imperial College
London



Dr. Richard Hayes
Dr. Sarah Fidler
Dr. Helen Ayles
Dr. Nulda Beyers

Zambart Project



Government Agencies:



USAID
FROM THE AMERICAN PEOPLE



CITY OF CAPE TOWN
ISIXEKO SASEKAPA
STAD KAAPSTAD



Western Cape
Government
Health

BETTER TOGETHER.



Making progress possible. Together.

PEPFAR Implementing Partners:



Assumptions made to estimate overall knowledge of HIV status and on ART

- HIV prevalence in those who “do not know status” after CHiPs visit same as in those who accept HCT
- Among those consenting to intervention, all HIV+ who knew their status self-reported this to the CHiP
- HIV prevalence in those not consenting to intervention same as in those consenting
- Proportion of HIV+ who knew their status same in those not consenting as in those consenting (at time of CHiP visit)
- Proportion of known HIV+ on ART same in those not consenting as in those consenting (at time of CHiP visit)

What difference did we make? First round

	Pre- or Post-Round 1 CHiP visit	Men		Women	
		n/ N	%	n/ N	%
(1) Knows HIV status / all who consented	Pre	8,106 / 42,728	19%	13,943 / 52,964	26%
	Post	34,406 / 42,278	81%	44,832 / 52,964	85%
(2) Known HIV-positive / all who consented	Pre	2,272 / 42,728	5.3%	5,035 / 52,964	9.5%
	Post	3,894 / 42,728	9.1%	8,244 / 52,964	15.6%
(3) In HIV care / all known HIV-positive	Pre	2,015 / 3,894	52%	4,520 / 8,244	55%
	Post	2,484 / 3,454	72%	5,503 / 7,457	74%
(4) On ART / all known HIV-positive who were still resident March 31 2015	Pre	1,826 / 3,894	47%	4,070 / 8,244	49%
	Post	2,257 / 3,454	65%	5,036 / 7,457	67%

