DATADRIVEN ADVOCACY FOR OUR ADOLESCENT AND YOUNG PEOPLE IN HIV RESPONSE

WHAT ARE THE PRIORITIES?

Analyses by: Lucie Cluver, Mark Orkin, Elona Toska, Franziska Meinck, Marija Pantelic, Rebecca Hodes, Lesley Gittings, Roxanna Haghighat, and Lorraine Sherr

28 November 2018
T1 → 90% eligible ALHIV recruited (1,060) + 465 stigma community controls
T1-T2 → 94% retention/ T2-T3 → 97% retention
3.4% mortality
'HIV is like a *tsotsi*. ARVs are your guns': associations between HIV-disclosure and adherence to antiretroviral treatment among adolescents in South Africa

Lucie D. Cluver\textsuperscript{a,b}, Rebecca J. Hodes\textsuperscript{c}, Elona Toska\textsuperscript{a}, Khameer K. Kidia\textsuperscript{d}, F. Mark Orkin\textsuperscript{a,e}, Lorraine Sherr\textsuperscript{f} and Franziska Meinck\textsuperscript{a}

**Objectives:** WHO guidelines recommend disclosure to HIV-positive children by school age in order to improve antiretroviral therapy (ART) adherence. However, quantitative evidence remains limited for adolescents. This study examines associations between adolescent knowledge of HIV-positive status and ART-adherence in South Africa.

**Design:** A cross-sectional study of the largest known community-traced sample of HIV-positive adolescents. Six hundred and eighty-four ART-initiated adolescents aged 10–19 years (52% female, 79% perinatally infected) were interviewed.

**Methods:** In a low-resource health district, all adolescents who had ever initiated ART in a stratified sample of 39 health facilities were identified and traced to 150 communities \( n = 1102, 351 \) excluded, 27 deceased, 40 (5.5%) refusals]. Quantitative interviews used standardized questionnaires and clinic records. Quantitative analyses used

Cluver, Hodes, Toska, Kidia, Orkin, Sherr and Meinck (2015) *AIDS.*
Sex and secrecy: How HIV-status disclosure affects safe sex among HIV-positive adolescents

Elona Toska*, Lucie D. Cluverab, Rebecca Hodesc and Khameer K. Kidiad

1. Knowledge of own HIV-positive status
   **PROTECTIVE**
   (OR1.6, 95%CI 1.1-2.3, p=0.014)

2. Knowledge of partner HIV-status
   **RISKY**
   (OR0.5, 95%CI 0.3-0.7, p=0.002)

3. Disclosing one’s HIV-positive status to a partner – **NO EFFECT**

4. Same results for adolescent boys and girls.

‘When I had the test, they counselled me, and the sister told me that I must disclose to my sexual partners. But no-one is going to do that, no one can. Maybe some can, but they are scared that their partners will blame them. Because if the boy didn’t go to test, he is going to say to you, “You are the one who has brought this to me,” even though he doesn’t know his status.’

(18-year old adolescent girl)
Haghighat, R. Toska, E. Bungane, N. Cluver, L. IAS2018. oral presentation

EXTENDED HIV TREATMENT CASCADE FOR ALHIV

Number of participants

HIV+ adolescents in Mzantsi Wakho cohort

Found patient files

Available VL data

VL $\leq 1000$ copies/mL

Undetectable VL ($\leq 50$ copies/mL)

Sexually

Vertically

- HIV+ adolescents in Mzantsi Wakho cohort: 798
  - Sexually: 259
  - Vertically: 539
- Found patient files: 702
  - Sexually: 241
  - Vertically: 461
- Available VL data: 678
  - Sexually: 194
  - Vertically: 484
- VL $\leq 1000$ copies/mL: 530
  - Sexually: 134
  - Vertically: 396
- Undetectable VL ($\leq 50$ copies/mL): 405
  - Sexually: 105
  - Vertically: 300

Summary:
- 89% of HIV+ adolescents are sexually found
- 93% of found patients are vertically found
- 76% of available VL data are $\leq 1000$ copies/mL
- 59% of VL $\leq 1000$ copies/mL are undetectable ($\leq 50$ copies/mL)
Self-reported past-week non-adherence – validity check

<table>
<thead>
<tr>
<th>Condition</th>
<th>Odds Ratio (OR)</th>
<th>Confidence Interval (CI)</th>
<th>p-value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Viral failure (56% VL in past 2 years)</td>
<td>OR 2.3</td>
<td>CI 1.4-3.8, p&lt;.001</td>
<td></td>
</tr>
<tr>
<td>Symptomatic pulmonary TB</td>
<td>OR 1.5</td>
<td>CI 1.1-2.2, p&lt;.02</td>
<td></td>
</tr>
</tbody>
</table>

Independent of age, gender, perinatal/horizontal infection, rural/urban location, ethnicity, formal/informal home, maternal/paternal orphanhood, general health status, time on treatment, travel time to clinic

Cluver, Orkin, Toska, Hodes, Yakubovich, Sherr (2016) *AIDS Care.*
CASH + CLINIC + CARE REDUCES ART NON-ADHERENCE

% probability of past-week non-adherence

- No social protection
- Support Group
- Food Security
- Monitoring
- Any 2
- Food, Support & Monitoring

Cluver, Orkin, Toska, Hodes, Yakubovich, Sherr (2016) AIDS Care.
Unprotected sex among HIV+ girls
% probabilities controlling for covariates

Toska, Cluver, Boyes, Isaacsohn, Hodes, Sherr (2017) AIDS & Behaviour.
RELATIONSHIPS AND SAFE SEX ARE TOUGH TO NEGOTIATE

(% probability controlling for covariates)

POOR RELATIONSHIP DYNAMICS:
• CANNOT TAKE ART IN A RELATIONSHIP
• CANNOT NEGOTIATE SAFE SEX

Toska et al. 2ND HIV & Adolescence Workshop
STACKING THE ODDS
FOR HIV+ ADOLESCENT RETENTION IN CARE

Cluver, Pantelic, Toska, Orkin, Casale, Bungane, Sherr (2018) JIAS.

**Stacked with medication OR 3.0*** CI 1.6-5.5**

**Time for teens by staff OR 2.7*** CI1.8-4.2**

**Accompanied to clinic OR 2.4*** CI1.6-3.7**

**Cash for transport to clinic OR 1.4* CI1.1-2.0**

**Kind Staff at Clinic OR 2.5*** CI1.8-3.6**

<table>
<thead>
<tr>
<th>Stocked with medication</th>
<th>Time for teens</th>
<th>Accompanied</th>
<th>Cash for transport</th>
<th>Kind Staff</th>
<th>All</th>
</tr>
</thead>
<tbody>
<tr>
<td>3%</td>
<td>5%</td>
<td>8%</td>
<td>8%</td>
<td>8%</td>
<td>9%</td>
</tr>
</tbody>
</table>

PAST-YEAR CLINIC RETENTION

Cluver, Pantelic, Toska, Orkin, Casale, Bungane, Sherr (2018) JIAS.

83.5%
PATA (2018)

Impact of adolescent/youth peer supporters living with HIV

71 health facilities
13 Sub-Saharan African countries
Adolescents 10-19
Multivariate logistic regression

Controlling for these facility characteristics, provision of facility-based adolescent peer support was associated with an almost seven-fold increase in the likelihood of aggregate adolescent viral suppression above that of the ESARO regional rate (adjusted OR 6.95, p=0.02, CI 1.28-37.59).
Malawi: MacKenzie et al JIAS 2017
Nested case-control study, 1 hospital
Adolescent ‘Teen Club’ model
Lower treatment dropout (OR .27)

South Africa: Zanoni et al PLOSOne 2017
Retrospective cohort, 1 hospital
Adolescent-friendly clinic
Higher viral suppression (OR 3.7)
Higher retention in care (OR 8.5)

South Africa: Fatti et al JIAS 2018
Retrospective cohort study, 47 clinics
Kheth’Impilo community based support by lay workers
Less mortality (AHR .52)
40% lower loss-to-follow-up (AHR .60)
Less viral failure (OR .24)

Zimbabwe: Ferrand et al Lancet C&A 2017
RCT, 6-16 year olds in Harare (n=470)
Community health worker visits & decentralisation to primary care
Lower viral failure OR=0.46 (33% vs 49%)
WHAT DO ADOLESCENTS & YOUNG PEOPLE WANT?
WHERE TO NEXT? ADVOCATING FOR RESILIENCE!

CASH
- Child-focused grant
- Free school meals
- Free school
- Clinic transport money
- Stocked facilities

CARE
- Caregiver monitoring
- Support groups
- Respectful providers
- Social support

CAPABILITIES
- Peer supporters/navigators
- Microfinance
- Job finding
- Skills training

IMPACT ACCELERATORS?

1. NO POVERTY
2. ZERO HUNGER
3. GOOD HEALTH AND WELL-BEING
4. QUALITY EDUCATION
5. GENDER EQUALITY
6. CLEAN WATER AND SANITATION
7. DECENT WORK AND ECONOMIC GROWTH
PARTNERSHIPS
INcredible Teams & Teens

Analysis and writing: Lucie Cluver, Rebecca Hodes, Elona Toska, Lesley Gittings, Roxanna Haghighat, Mark Orkin, Siyanai Zhou, Marija Pantelic, Lorraine Sherr, Mark Boyes, Franziska Meinck, Helen Natukunda, Eda He, Laurence Campeau, Craig Carty, Mosa Moshabela.


UCT team: Marius Coqui, Nondumiso Hlwele, Thobani Ncapai, Sarah Walters, Fundiswa Menziwa, Nozuko Boqwana, Noxolo Myeketsi, Siyanai Zhou, Jane Kelly.


Clinic team: Nontuthuzelo Bungane, Amanda Mbiko, Zoliswa Marikeni, Pumza Bellem.

ENKOSINI KAKHULU
THANK YOU

elona.toska@uct.ac.za
www.mzantsiwakho.org