ART Coverage After Two Years of a UTT Intervention in Zambia: Findings from HPTN071

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BACKGROUND

- The lack of a universal test-and-treat (UTT) intervention on population-level HIV incidence reported by the TaPs study emphasized the importance of ART coverage.
- HPTN 071 (PopART) is a community-randomized study in 21 urban communities in Zambia and South Africa, leading to a 40% reduction in HIV incidence of a household-based combination HIV prevention approach (A(LA)B) provided by community-HIV-care-providers (CHiPs), compared with standard-of-care (Arm C).

METHODS

PopART INTERVENTION

- In 4 Zambian communities, from November 2013 CHiPs have delivered the "PopART" UTT package in annual "rounds", during which they (re) visit all households. CHiPs refer HIV-positive (HIV+) individuals to routine HIV care clinics, and collect visits to support linkage to HIV care and retention in care. Round 1 (R1) was from November 2013 to June 2015. Round 2 (R2) was from June 2015 – October 2016.
- CHiP reports information on household location, the name and age of gender of all household members, and health counselling information for those who participate in the intervention, on electronic registers.

RESULTS AND CONCLUSION

ART COVERAGE BY THE END OF ROUND 2

- By the end of R2, among those still resident according to the last CHiP visit in R2, 78% of known HIV+ men and 79% of known HIV+ women were on ART.
- The percentage on ART increased between the start and end of R2 across the age range, and remained higher among older than younger adults at the end of R2 (Figure 1).

FIGURE 1. ART coverage (second 90) estimates in Round 2, by gender and age group

TABLE 1. HIV diagnosis & history of HIV care immediately after Round 2 visit, among adults known HIV+ by the CHiPs to be HIV-

<table>
<thead>
<tr>
<th>Total known HIV+</th>
<th>Self reports HIV+</th>
<th>Never previously diagnosed for HIV care</th>
<th>Previously in care but never on ART</th>
<th>Previously in care and now on ART</th>
<th>Currently on ART</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adults who reported starting ART 2014-2016</td>
<td>Adults who reported starting ART 2014</td>
<td>Men</td>
<td>Women</td>
<td>Men</td>
<td>Women</td>
</tr>
<tr>
<td>3,405</td>
<td>3,405</td>
<td>24%</td>
<td>27%</td>
<td>2%</td>
<td>2%</td>
</tr>
<tr>
<td>7,995</td>
<td>7,995</td>
<td>20%</td>
<td>20%</td>
<td>7%</td>
<td>7%</td>
</tr>
</tbody>
</table>

Table 2. Self-reported on ART on the date of first participation in Round 2, among adults who reported ever (in R1 and/or R2) to CHiPs that they have taken ART

<table>
<thead>
<tr>
<th>Adults who reported starting ART before 2014</th>
<th>Adults who reported starting ART 2014</th>
<th>Men</th>
<th>Women</th>
<th>Men</th>
<th>Women</th>
</tr>
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<tbody>
<tr>
<td>3,405</td>
<td>3,405</td>
<td>93%</td>
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TABLE 3. Self-reported on ART on the date of first participation in Round 2, by gender and age group

CONCLUSION

- Among adults known by the CHiPs to be HIV+, the percentage on ART approached 90% by the end of R2, lower among younger than older adults. Self-reported on ART was high.
- Increased attention will be given in R3 to facilitate linkage to HIV care among young adults.
- The time to start ART after referral by CHiPs was shortened in R2 compared with R1, increasing familiarity with and increasing coordination of the CHiP intervention with time, and increased coordination with the clinic to facilitate linkage.

ACKNOWLEDGMENTS

HPTN 071 is sponsored by the National Institute of Allergy and Infectious Diseases (NIAID) under Cooperative Agreements U1U-A068619, U1U-A068617, and U1U-A068613, with funding from the U.S. President’s Emergency Plan for AIDS Relief (PEPFAR). Additional funding is provided by the International HIVax for Impact Evaluation (3ie) with support from the Bill & Melinda Gates Foundation, as well as by NAD, the National Institute on Drug Abuse (NIDA) and the National Institute of Mental Health (NIMH), all part of the U.S. National Institutes of Health (NIH).

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Photograph of CHIPs train in Zambia who deliver the PopART intervention (a) outside a government health clinic where the A(LA)B is provided (b) providing household-based rapid HIV testing

ART COVERAGE AT THE START OF ROUND 2

- On the date of consenting to participate in R2, 64% (n=2,196/3,405) of known HIV+ men and 69% (n=3,047/4,395) of known HIV+ women self-reported that they were on ART. Among known HIV+ adults who were referred to HIV care and were not on ART at the date they first participated in R2, 93%, (2,154/2,329) of men and 95% (5,423/5,730) of women self-reported that they were on ART and missed 0 pills in the last 3 days (Table 2).

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Fig. 2. Time to start ART after CHiP referral to care, by round in which referral was given

TIME TO START ART, AFTER CHIP REFERRAL TO CARE

- Among HIV+ adults who were referred to HIV care and were not on ART on the date of referral, the estimated percentage who had initiated ART by 6 months after referral to HIV care increased from ~40% in R1 to ~55% in R2 (Figure 2). The median time to start ART was ~5 months in R1.
- The time to start ART after referral to care was slightly faster for men than women in R3 (Figure 3).

Figure 3. Time to start ART after CHiP referral to care in R2, by gender

PARTICIPATION IN THE INTERVENTION IN ROUND 2

- By the end of August 2016, 45,616 households had been visited by CHiPs in R2, ~95% of all households in the community. Among visited households, 95% consented to the intervention being (re) explained to them and to all household members being listed on an electronic register.

Flow chart 1. Participation in the intervention in R2, and number of "known HIV+ adults

- Refused: 2%
- Pending: 0.8%
- Not contacted: 32%
- Accepted HIV test from CHiP: 87%
- Self reported HIV+ test: 84%
- Never reported HIV+ status: 3%
- Self reported HIV+ test: 27% by Arm A (27% of 34,538 who participated)