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**PROGRESS TOWARD 90-90-90: 2016 LESOTHO POPULATION-BASED HIV
IMPACT ASSESSMENT RESULTS**

Epidemiology/Public Health: (V) Implementation and Scale-Up of Treatment and Care

Authors: Kyaw Thin¹, Koen Frederix², Stephen McCracken³, Andrea Low⁴, Hetal Patel³, Nahima Ahmed⁴, Bharat S. Parekh³, Jessica E. Justman⁴, Ameer M. Schwitters⁵

Institutions: 1Ministry of Health, Maseru, Lesotho, 2ICAP at Columbia University– Lesotho, Maseru, Lesotho, 3CDC, Atlanta, GA, USA, 4ICAP at Columbia University, New York, NY, USA, 5CDC, Maseru, Lesotho

Presenting Author: *Kyaw Thin*

Background: Lesotho is severely impacted by the HIV epidemic. As the leading cause of premature death, HIV has contributed to Lesotho reporting the shortest life expectancy at birth among 195 countries and territories. In 2016, as part of the national response, Lesotho became the first country in sub-Saharan Africa to implement Test and Start. The 2016 Lesotho Population-based HIV Impact Assessment (LePHIA) was conducted nationwide to measure HIV prevalence, incidence, and viral load suppression. Progress towards meeting the UNAIDS 90-90-90 targets among adults 15-59 years of age is presented here.

Methods: A nationally representative sample of eligible households was conducted in 418 enumeration areas between November 2016 and May 2017; analyses account for the survey design. Consenting participants provided socio-demographic information and blood samples for rapid HIV testing as per the national algorithm, with confirmation of positive results using a supplemental assay and viral load were performed on all HIV+ samples at central labs. Viral load suppression (VLS) was defined as an HIV RNA <1000 cp/ml.

Results: In total, 11,682 adults provided interviews and blood samples (response rate: ~90%). Interview and blood draw participation among eligible adults was higher among females than males (91% v. 88% and 95% v. 87%, respectively). Among participants, 25.6% of adults 15-59 (female 30.4%, male 20.8%) were HIV infected. Viral load suppression among all HIV positive adults regardless of ART use was 67.6% (female 70.6%, male 63.4%). Among adults who tested HIV positive during the survey, 77.2% reported already knowing their HIV status (female 81.5%, male 71.0%) (1st 90), 90.2% (female 90.6%, male 89.4%) of PLHIV who reported knowing their status also reported ART use (2nd 90), and 88.3% (female 88.3%, male 88.4%) of these PLHIV who reported ART use were virally suppressed (3rd 90).

Conclusion: Although HIV prevalence remains high in Lesotho, significant progress is being made towards meeting the UNAIDS 90-90-90 targets. The high prevalence of reported ART use among HIV+ individuals and high VLS prevalence provide evidence of an effective national HIV response, although differences remain between males and females. Enhanced testing is needed to identify persons unaware of their HIV+ positive status, particularly among males and youth. Continued support of innovative prevention and treatment programs are needed to reach epidemic control in Lesotho.