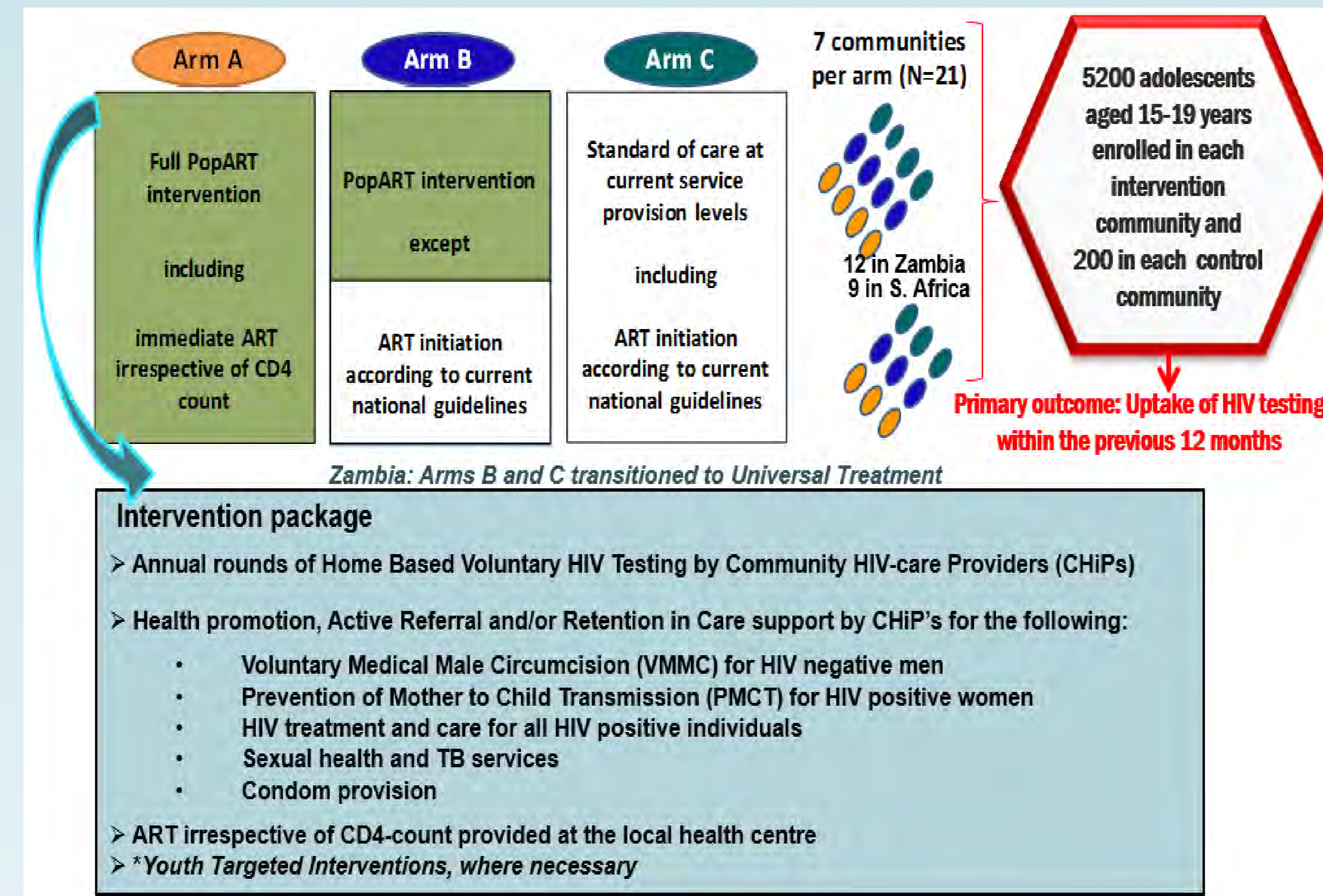


BACKGROUND

- Adolescents have worse outcomes across the HIV care cascade compared to adults.
- Dropouts at each stage of the cascade lead to poor individual health outcomes and pose challenges for ‘test and treat’ efforts.
- The PopART for Youth (P-ART-Y) study is nested within the HPTN071 (PopART) trial, a 3-arm community randomized study in 21 communities in Zambia and South Africa (SA).
- The P-ART-Y study aims to evaluate the acceptability and uptake of an HIV prevention package, including universal HIV testing and treatment, among young people.
- We report the HIV care cascade for adolescents aged 10-19 years from 7 Arm A intervention communities in Zambia and SA.
- We also assess the need for specific youth-targeted interventions in the context of universal HIV testing and treatment

Figure 1: PopART Study Design With Youth-Targeted Interventions



METHODS

- Using a door-to-door approach that included systematically visiting and re-visiting households, across entire communities, all adolescents enumerated were offered participation in the intervention and verbal consent was obtained.
- Data analysed were collected from September 2016 to December 2017, covering the third round (R3) of the PopART intervention



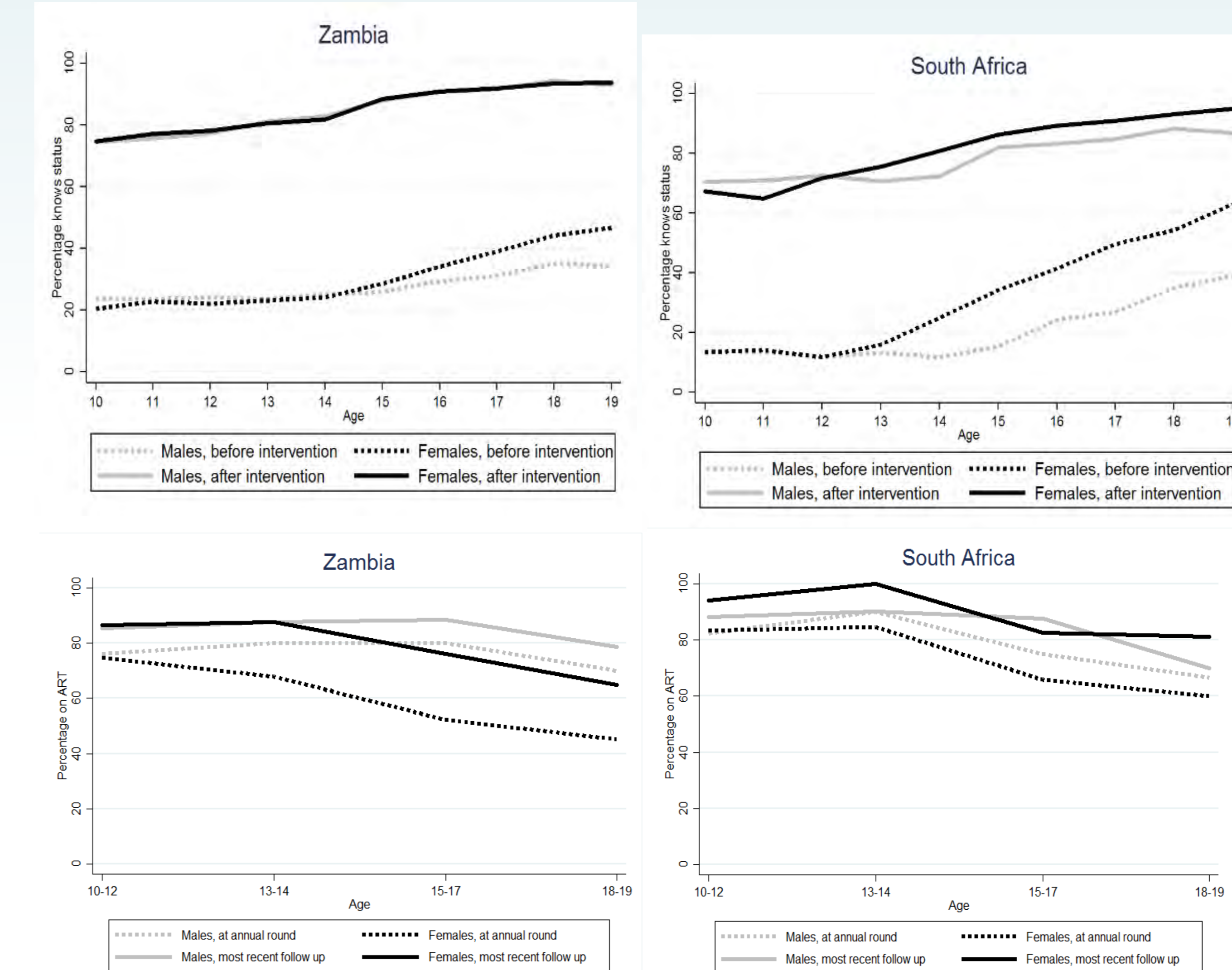
Adolescent Community Advisory Board (ACAB) play an important role in HIV care cascade among adolescents



RESULTS

- Overall, we enumerated 60,515 adolescents (Zambia: 45,271, SA: 15,244).
- Of all offered HIV testing, 78.8% accepted in Zambia and 70.9% in SA.
- Knowledge of HIV status was associated with age and increased from 30.6% to 87.5% after the intervention in Zambia and from 29.5% to 81.6% in SA.
- The intervention closed the gap in HIV-status knowledge between males and females (figure 2). Overall, 774 adolescents were HIV-positive (222 new diagnoses and 552 self-reported), the majority of new diagnoses (144) being females aged 17-19 years.
- Among the 774 HIV-positives, 64.6% (62.7% in Zambia and 70.3% in SA) reported being on ART at the time they were first seen in R3.
- Among newly diagnosed and self-reported HIV-positive, median time to initiate ART was 5 months in Zambia and 3 months in SA.
- At the last follow-up, ART coverage had increased to 78.5% and 85.1% in Zambia and SA respectively, with differences observed by sex (figure 2).
- The greatest gap in the HIV cascade is in diagnosing HIV infected adolescents (figure 3).

Figure 2: Proportion of adolescents who know their HIV status pre and post intervention (top two charts) & proportion of known positives on ART (bottom two charts) stratified by sex and age.



R3-third round; ¹Knowledge of HIV status defined as self-reported HIV-positive, accepted HIV testing or tested HIV-negative elsewhere in the preceding 12 months

Figure 3: Cascade of HIV care by country in adolescents, 10-19 years



HIV infected: Known HIV-positive after R3 visit; HIV diagnosed: Self-reported HIV-positive at R3 visit; Linked to HIV care: Among ever previously registered for HIV care; Retained in HIV care: Have attended HIV clinic in last 12 months; On ART and on ART and not missed pills: at R3

CONCLUSION

Despite increased attention to adolescent HIV, gaps remain in the HIV care cascade by age and sex. Low knowledge of HIV status among adolescents still remains one of the major gaps.

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