

STRENGTHENING HIV PREVENTION PROGRAMMES FOR ADOLESCENTS IN ZAMBIA



OVERVIEW

The HIV/AIDS pandemic continues to be one of Zambia's most urgent public health challenges. Zambia remains among the ten nations with the highest HIV prevalence in sub-Saharan Africa, despite making strides in developing a robust AIDS response framework and implementing diverse interventions to stem the tide against new infections. These strategies are numerous and include scale up of treatment for those infected (free antiretroviral medicines), test and start, provider-initiated HIV testing, PMTCT, comprehensive sexual education integrated in school curricula and efforts to improve the legal environment.

Zambia has a fast-growing demographic of young people aged 10-24 years who account for a significant proportion of the national population at 33.9 % (Zambia Census, 2010). With a national HIV prevalence rate of 13%, adolescents and young adults, and particularly girls and young women are at a high risk for HIV infection and HIV prevention for youth is urgently needed. To attain the ambitious UNAIDS 90-90-90 HIV control targets by 2020, there is a need for a comprehensive response to HIV that will include far-reaching investment into the health of the country's young people.

RESEARCH QUESTIONS

Does being part of a community-level combination HIV prevention strategy enhance HIV prevention, uptake of HIV testing, and access to care amongst adolescents?

Are additional specific youth targeted interventions necessary in the context of a communitywide combination HIV prevention strategy, and if so, what additional benefits and costs do they have?

OVERVIEW CONTINUED

Multiple factors such as stigma, poverty, cultural norms, social inequality and inadequate safe or youth friendly spaces present barriers for young people and influence their ability to seek and receive HIV testing, health care and support. It is more difficult for young people to seek HIV testing compared with adults, hampered by statutory requirements that stipulate parental or guardian consent for those under the age of 16 years. Widespread uptake of testing in adolescents and young adults is necessary to avoid late diagnosis of HIV, delayed antiretroviral therapy (ART) entry, poorer health outcomes, and ongoing transmission.

As Zambia continues moving towards attaining national development goals, targeted attention is required to address the multi-dimensional developmental challenges that limit adolescents' and young adults' access to quality health services and improve their health outcomes.

The PopART for Youth (P-ART-Y) study was nested within the main HPTN 071 (PopART) trial. In this trial a combination HIV prevention package, including universal HIV testing and treatment, was provided door-to-door to the whole population. The P-ART-Y study measured the acceptability and uptake of this combination HIV prevention package among adolescents and young adults aged 10-24 years in Zambia and South Africa, with a focus on adolescents aged 15-19 years.

THE RESEARCH

The HPTN 071 (PopART) study was implemented in 12 high population density communities in four provinces (Copperbelt, Central, Lusaka, and Southern) in Zambia, as well as in 9 communities in South Africa. The communities in Zambia were randomly allocated to receive the community level intervention (8 communities) or not (4 communities). In all communities, adolescents and young people living with HIV were eligible to receive ART regardless of CD4 count.

The nested P-ART-Y study was implemented over a 26 month period from November 2015 to December 2017.

Quantitative research measured the uptake of the intervention and also compared the uptake of HIV testing in intervention and control communities. Qualitative research for P-ART-Y consisted of a pre-intervention phase that drew on observations of adolescent gathering places, social science community data and a stakeholder survey collected prior to the study to inform the intervention design; and an intervention phase observing youth-targeted interventions and following a small group of 23 young people who had made different decisions about HIV for a year.



LESSONS LEARNED

UPTAKE OF HIV TESTING

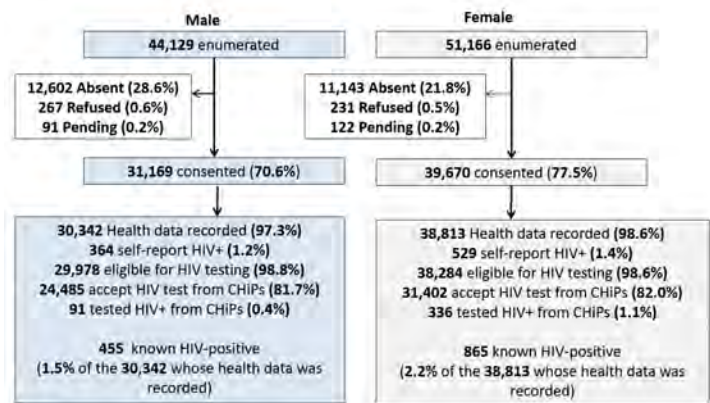
- Door-to-door HIV testing services was well accepted by adolescents aged 10-19 years old with over 80% of those participating in the PopART intervention accepting HIV testing.(Fig 1)
- No significant gender differences were seen in acceptance of HIV testing services (Fig 2).
- It was challenging to find older adolescent males at home during the intervention compared to females. This was largely due to male involvement in economic or income generation activities.
- More than 95% of adolescents are HIV negative (Fig 3)
- Qualitative data showed that HIV testing among adolescents below the age of consent was a prerogative of parents/guardians and thus led to a number of missed HIV testing opportunities due to refusing to allow adolescents to test. For example, one mother said of a 14 year old son, "The child does not know anything. The child does not know about HIV and he will test when he is old enough".

UPTAKE OF OTHER HIV PREVENTION OPTIONS

- Young people found it uncomfortable to access condoms in the presence of adults at home due to cultural norms. Young people were aware of male and female condoms, but consistent use was a challenge due to issues of trust, pleasure and different types of relationship. For example, condoms were reported as used less used in 'steady' relationships.
- Awareness of treatment as prevention (TASP) continues to be low among young people living with HIV and HIV-negative young people.



Figure 1: Acceptance of the PopART intervention among 10-19 year adolescents



YOUNG PEOPLE LIVING WITH HIV

- Young men aged 15-19 years old took longer to initiate antiretroviral therapy (ART) from the time of referral compared to young women. The median time to start ART for this group was 6 months compared to 3 months for other age groups.
- Despite older adolescent males taking longer to commence ART, the intervention came close to achieving both the first (knowledge of HIV status) and second (ART initiation) UNAIDS 90-90-90 targets for all adolescent males. (Fig 4)
- In young women aged 15-19 years, although the first 90 target was achieved, the second 90 target was not achieved with only 77% of the 15-17 year olds and 70% of the 18-19 year old HIV-positive females being on treatment.
- Young people felt uncomfortable mixing with adults at the ART clinic. One young 17 year old woman living with HIV explained, "we were mixed with the grown-up people. We are not actually comfortable".
- Similar to HIV testing, parents could sometimes stipulate that their child would not start ART because they were too young or because they would decide themselves when older.
- Youth counsellors were effective at supporting young women to link to care.
- Experiences of young people living with HIV were adversely impacted by poverty, stigma and feelings of isolation because of limited disclosure.

ENGAGEMENT IN RESEARCH

- Adolescents and Young adults can participate in community-based HIV research and interventions in a meaningful way.
- In this study, adolescents showed leadership by 1) demanding their own representation structures, the adolescent community advisory boards which were independent from the adult ones; 2) suggesting adolescent-specific interventions including how they should be implemented and by whom; 3) taking the lead in revising P-ART-Y study tools; and 4) contributing to the drafting of research protocols and its implementation.

Figure 2: Knowledge of HIV status before and after the intervention among 10-19 year adolescents

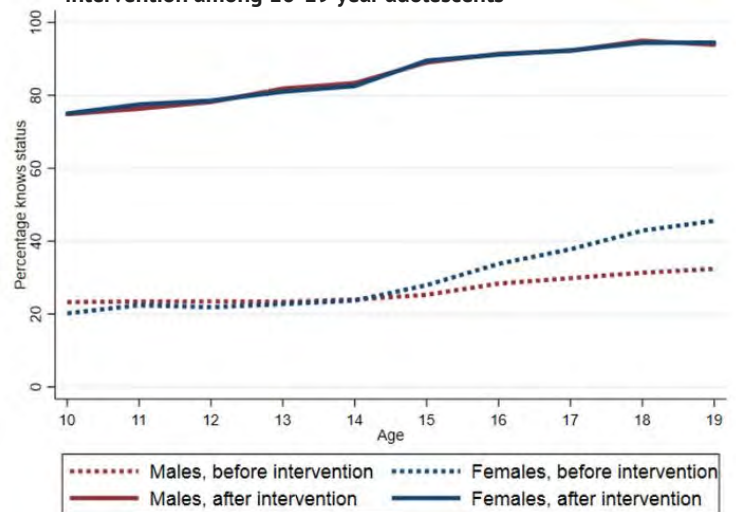
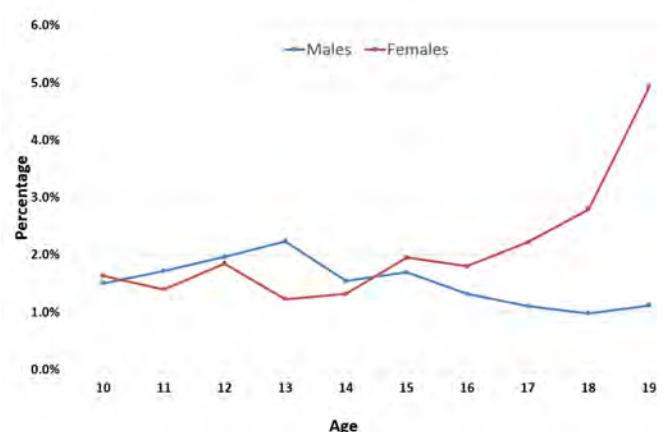


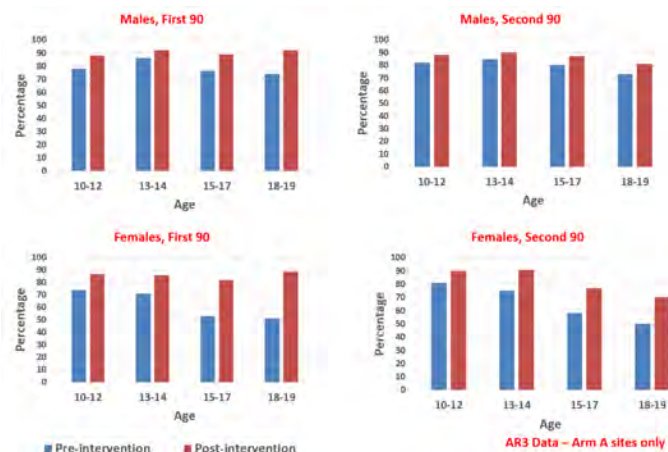
Figure 3: HIV prevalence in Adolescents accepting the PopART intervention



POLICY RECOMMENDATIONS

1. Most Zambian adolescents are HIV negative (>95%) and we need to do more to keep them this way by strengthening access to HIV testing and preventative programs such as voluntary medical male circumcision (VMMC) as well as making condoms more available in places they feel safe to access them.
2. Adolescents living with HIV link to care at the same pace as older adults but services are lacking to assist retention.
3. More interventions are needed to ensure that young women living with HIV aged 15-19 years old are supported to link into care and subsequently improve the second 90.
4. Resource allocation to Comprehensive Sexual Education (CSE) should be increased as our data show that schools are the most popular sources of information.
5. Government should consider providing HIV testing and provision of sexual and reproductive health rights (SRHR) services within schools.
6. Government should consider reducing the legal age of consent for HIV testing services and other SRHR services from the current age of 16 years to 12 years as is the case for South Africa.
7. Provide youth friendly/safe spaces in the community and health centres for young people to collect condoms and other SRHR services.

Figure 4: The first and second UNAIDS 90s estimated for the total population in the PopART sites



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