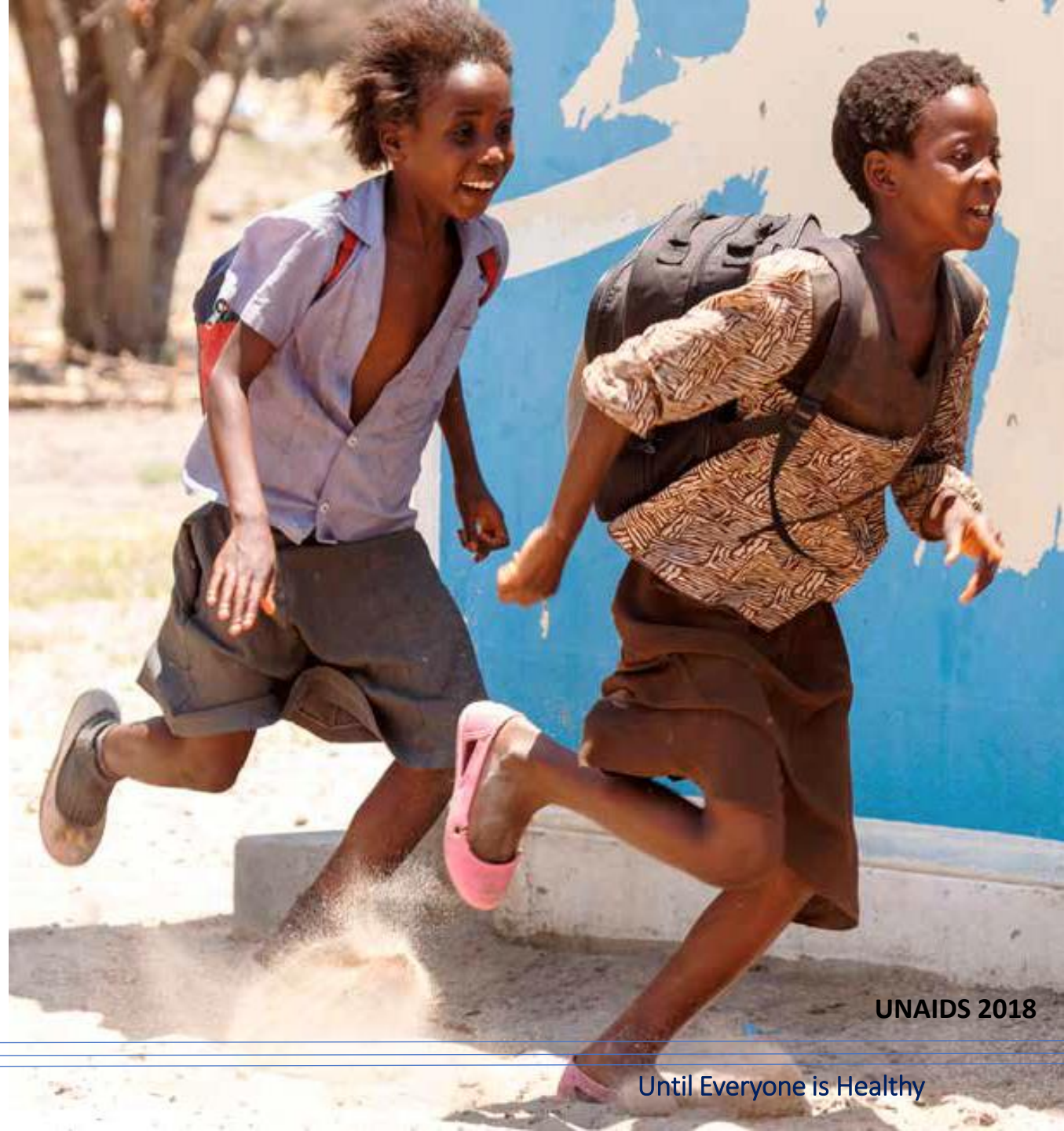


Leaving no one behind

Improving anti-retroviral treatment outcomes in adolescents & youth with HIV

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UNAIDS 2018

Until Everyone is Healthy

Background

Why focus on adolescents & youth (AY)

- Account for ~3rd of all new HIV infections
- Bulging youth population
- Sexual and reproductive health vulnerabilities
 - Life transitions & predilection to high-risk behaviors
 - Poor health seeking behavior & health outcomes
- Poor HIV treatment outcomes
 - One-size fits all model of ART care not working for AY

Research specific Gaps

- Inadequate literature on
 - Magnitude and Drivers of treatment outcomes in AY with HIV
 - Effective Interventions to improve treatment outcomes in AY

Mimi ni
Shujaa

NINAZUNGUMZA NA
**WANANGU KUHUSU
AFYA YA UZAZI**



Until Everyone is Healthy

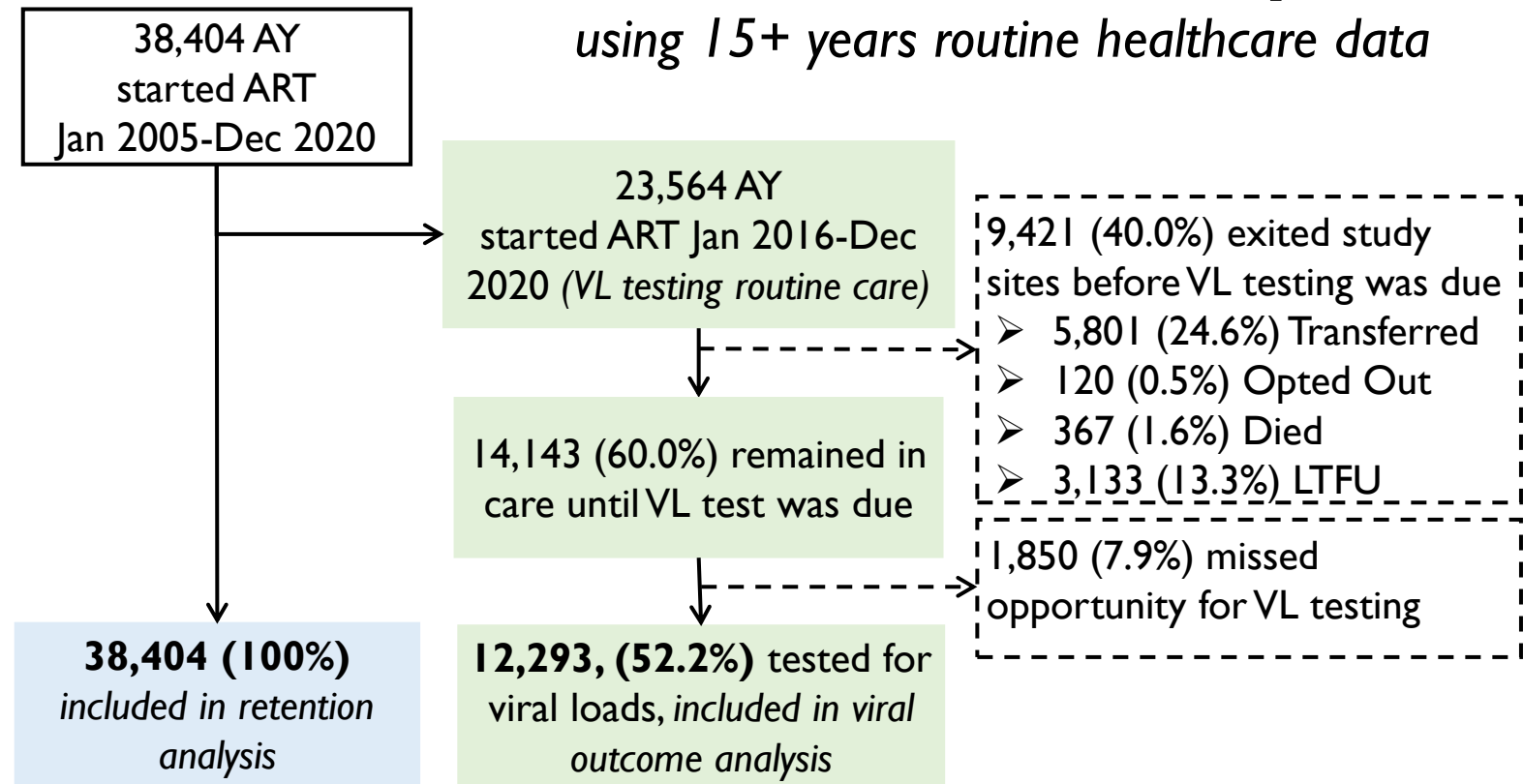
What is being done

Research aims

- To evaluate magnitude and drivers of poor treatment outcomes among AY with HIV in routine healthcare [cohort study]
 - ART attrition | Retention on ART
 - Virologic failure ($\geq 400\text{c/mL}$) | Viral suppression
- Design, Implement & evaluate interventions to mitigate poor HIV treatment outcomes among AY [implementation research study]
 - Pairing initiative: Peers | Parents | Providers
 - Weekend AY friendly clinics
 - AY Peer Psychosocial/ Adherence Clubs

The Cohort study

using 15+ years routine healthcare data

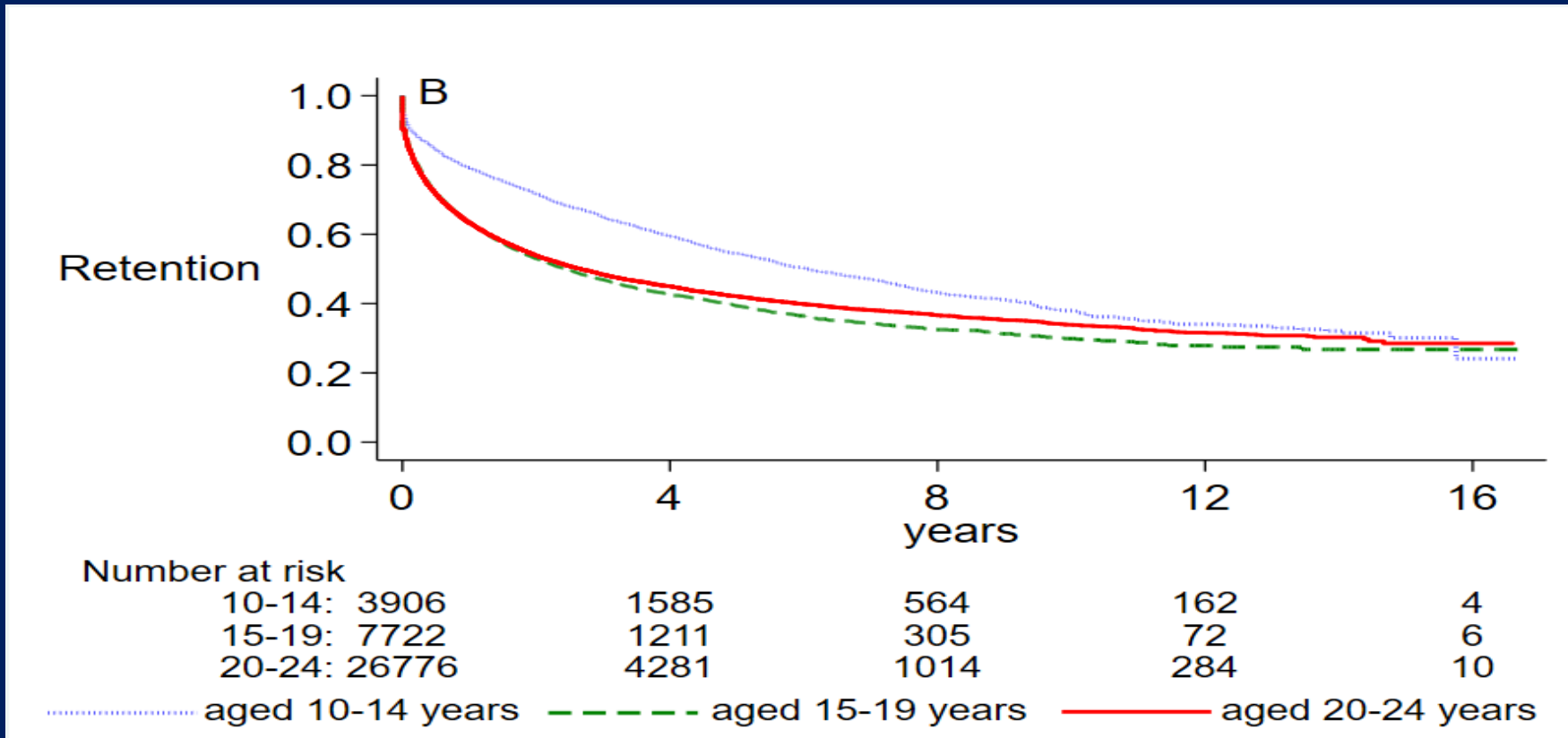


Analysis

- **Attrition/ Retention:** Kaplan Meier | Cox Regression for ART attrition
- **Viral Failure/ Suppression:** Generalized estimating equations

Results

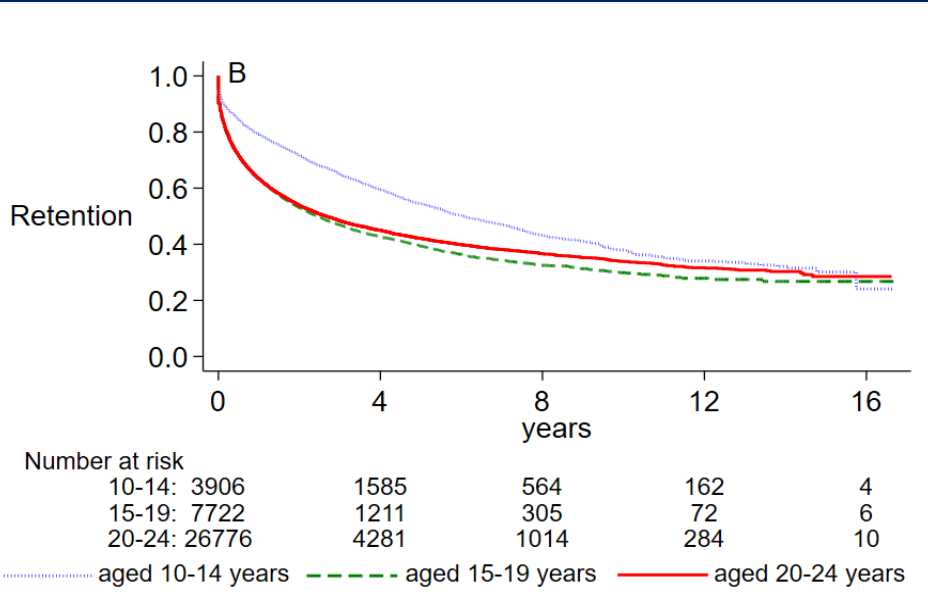
Retention



- **Attrition rate 22 per 100 person years, 95% CI 21 to 22**
 - highest in 1st year of ART at 51 per 100 person years, 95% CI 50 to 52
 - higher in severely underweight, same-day ART
 - lower in younger adolescents, pregnant female, advanced HIV, DTG-regimen
- **Adolescent interventions** (Saturday clinics, Clubs & Pairing) were associated with better retention
 - but may need to be optimized

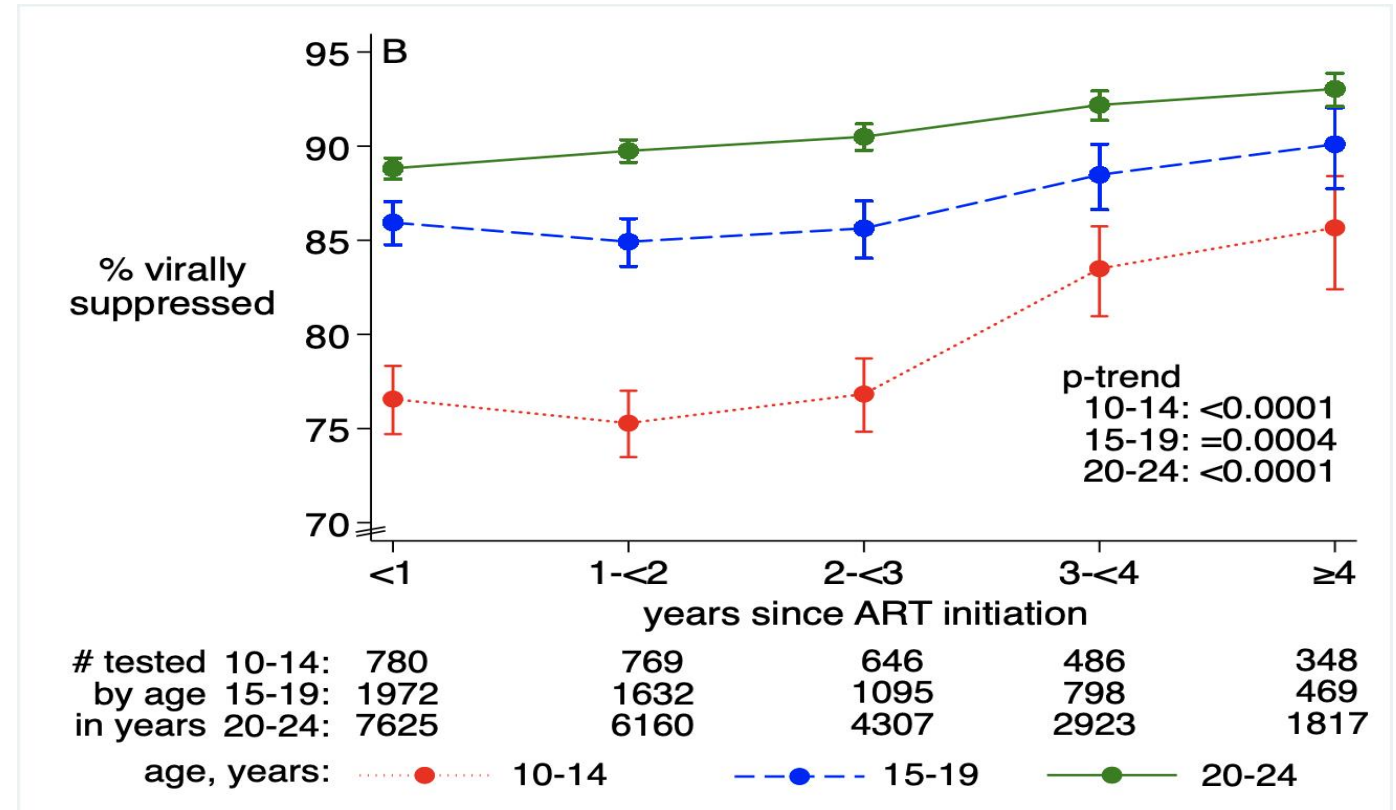
Results

Retention



- Attrition rate 22 per 100 person years, 95% CI 21 to 22.2
 - highest in 1st year of ART at 51 per 100 person years, 95% CI 50 to 52
 - higher in severely underweight, same-day ART
 - lower in younger adolescents, pregnant female, advanced HIV, DTG-regimen
- Adolescent interventions (Saturday clinics, Clubs, Pairing) were associated with better retention
 - but may need to be optimized

Viral Suppression



- **Virologic failure 12%, 95% CI 11.6 to 12.4**
 - higher in younger adolescents, advanced HIV, underweight, NVP regimen
 - lower in longer duration in care, non-pregnant female, same-day ART, DTG/PI regimen
- **Adolescent interventions (Saturday clinics, Clubs, Pairing) had tendency towards lower risk of virologic failure**
 - but need to be optimized

Next steps

Implementation research to Optimize ART care for adolescents and youth with HIV

- Unpack the existing interventions
 - Saturday Adolescent/youth friendly clinic
 - Adherence clubs
 - Peer pairing
- Build on & strengthen existing interventions
- Adapt & pilot other evidence based interventions

