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Progress towards 90/90/90 in Adolescents girls and young women in six districts of South Africa

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Background: In South Africa (SA), adolescent girls and young women (AGYW) are identified as a priority sub-population for HIV programs. Even though SA has scaled up efforts to facilitate testing, linkage and retention in care in AGYWs through several combination prevention programs such as “DREAMS” and “She Conquers” since 2015, leaks along the continuum of care remain a challenge to the UNAIDS 90/90/90 targets: 90% of individuals know their status, 90% are on antiretroviral treatment (ARV) and 90% are virally suppressed. Monitoring performance along the continuum of care is critical for epidemic control. This analysis sought to present HIV care and treatment cascades among AGYWs from testing to viral suppression in six priority high burdened districts in SA.

Methods: From September 2017 to November 2018, sociodemographic and HIV testing data (prior to survey) were collected from a cross-sectional survey in randomly selected households through structured questionnaires from AGYWs aged 15 – 24 years in six districts participating in a combination prevention program. The comprehensive package of health, education, and support services among in and out of school AGYWs was implemented from 2016–2019. HIV positive status, initiation to treatment, and viral suppression

were determined through laboratory tests (ELISA for HIV antibodies, ARV metabolites for ARV treatment initiation and viral load (VL) testing for VL suppression) according to South African testing and treatment guidelines. ARV suppression was defined as VL <1000 copies/ml. HIV positive status was determined by laboratory test and knowledge of HIV positive status was self-reported. In addition, participants testing positive for ARV metabolites were assumed to have known their positive status. Descriptive analyses were performed to construct HIV treatment cascades stratified by age. Chi-squared statistic were used to test the differences by age group. The estimates were weighted by performing a meta-analysis across districts using random-effects models based on the realized sample size for each district.

Results: In our sample, 4528 AGYWs were tested for HIV using ELISA of which, 569 (12%) were positive and 282 (49%) knew their status prior to testing. Among those testing positive, 298 (52%) were initiated on treatment (ARV metabolites) and of these, 272 (93%) were virally suppressed. The age stratification revealed a greater proportion of AGYWs aged 20–24 years compared those aged 15–19 years had knowledge of positive status (52% vs 45%), treatment initiation (55% vs 47%), and viral suppression (95% vs 87%). These differences were not statistically significant.

Discussion: Although our sample attained the UNAIDS 3rd 90 goal, performance on the 1st and 2nd 90 remain sub-optimal. Even though South Africa is implementing universal test and treat, challenges with knowledge of HIV positive status and treatment initiation persists indicating that AGYW remain a priority for care and treatment, and particularly those aged 15–19 years. Interventions to improve performance along the continuum of care must prioritize strategies to improve knowledge of status and treatment initiation for epidemic control.