Webinar 1

IATT Adolescent series
Agenda

8:30am  Welcome and overview, Jessica Rodrigues, IATT Secretariat and Dr. Martina Penazzato, WHO
8:40am  Key adolescent clinical and service delivery recommendations  
Dr. Martina Penazzato and Alice Armstrong, WHO
9:00am  Global Standards for quality health care services for adolescents, Valentina Baltag, WHO
9:10am  Q&A Moderated by Jessica Rodrigues, IATT Secretariat
9:20am  Understanding the needs and what works for adolescents living with HIV:
  - The Y+ Global Consultation. ‘Taking them forever and taking them on time’: The treatment and care needs of adolescents living with HIV, Cedric Nininahazwe, Y+
  - HIV treatment and care services for adolescents: A situational analysis of 218 facilities in 23 sub-Saharan African countries, Dr. Daniella Mark, PATA
  - Service delivery interventions to improve adolescents' linkage, retention and adherence to antiretroviral therapy and HIV care, Dr. Peter MacPherson, LSTM
9:40am  Q & A Moderated by Jessica Rodrigues, IATT Secretariat
Key adolescent clinical and service delivery recommendations

Dr. Martina Penazzato and Alice Armstrong, WHO
2015 Clinical recommendations will address:

- When to Start ART
- When to Start ART during TB treatment
- What to Use 1st, 2nd, & 3rd lines
- Toxicity
- PrEP
- Infant Prophylaxis and Infant feeding
- Diagnostics: Early Infant Diagnosis
- Viral Load, POC tests and future role of CD4
2015 Operational recommendations will address:

- **Packages of Care**
  - HIV Testing Services
  - Linkage to care interventions;

- **Improving the Continuum of Care:**
  - ART Initiation Approaches, Retention, Adherence,
  - Frequency of clinic and pharmacy visits

- **Task shifting, Infant & Paediatric HIV testing settings,**
  - Connectivity for rapid results,
  - Adolescent friendly services,

- **Service Integration :**
  - HIV& STI/FP, HIV&MH and HIV&CVD
  - Quality of care and Prioritization
Treat All at any CD4

ART should be initiated in all adolescents infected with HIV, regardless of WHO clinical stage or CD4 cell count (conditional recommendation, low quality)

- individuals with WHO clinical stage 3 or 4 and with CD4 count ≤ 350 cells/mm³ as a priority
- Lack of direct evidence
- Extrapolation from adult studies
- A growing body of evidence demonstrates the positive impact of ART on growth¹, neurodevelopment², immunological recovery³ and in preventing pubertal delays⁴ but gains appear to be limited for vertically infected adolescents⁵,³
- Due to poor adherence and retention the balance between benefits and risks might be different

References:
Rationale

Only ~20% are not eligible based on existing criteria

- **Eliminates the need** for determining CD4 count to initiate ART
- **Avoids delaying** ART in settings without access to CD4 testing.
- **Simplifies** paediatric treatment and facilitate expansion of paediatric ART (task-shifting and decentralization)
- **Improves retention** in care compared to pre-ART

However...need for support to adherence (particularly in adolescents), careful planning, strengthening laboratory services and improvement of procurements and supply of key commodities

*Source: Uganda National programme - Rapid assessment May 2015*
Starting ART in adolescents

<table>
<thead>
<tr>
<th>First-line ART</th>
<th>Preferred first-line regimens</th>
<th>Alternative first-line regimens&lt;sup&gt;a,b&lt;/sup&gt;</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adults</td>
<td>TDF + 3TC (or FTC) + EFV</td>
<td>AZT + 3TC + EFV (or NVP)</td>
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<td>TDF + 3TC (or FTC) + DTG&lt;sup&gt;c&lt;/sup&gt;</td>
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<td>TDF + 3TC (or FTC) + EFV&lt;sup&gt;400&lt;/sup&gt;&lt;sup&gt;c,d&lt;/sup&gt;</td>
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<td>TDF + 3TC (or FTC) + NVP</td>
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<tr>
<td>Adolescents</td>
<td>TDF + 3TC (or FTC) + EFV</td>
<td>AZT + 3TC + EFV (or NVP)</td>
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<td>TDF (or ABC) + 3TC (or FTC) + DTG&lt;sup&gt;c&lt;/sup&gt;</td>
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<td>TDF (or ABC) + 3TC (or FTC) + EFV&lt;sup&gt;400&lt;/sup&gt;&lt;sup&gt;c,d&lt;/sup&gt;</td>
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<tr>
<td></td>
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<td>TDF (or ABC) + 3TC (or FTC) + NVP</td>
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</tbody>
</table>

- Introducing more potent and tolerable regimens as alternatives
- Simplifying regimens adolescents who started Tx in childhood
- Maintaining harmonisation with adults
Introduction of new ARVs using a new methodology

- Use of network meta-analysis (NMA) for direct and indirect comparisons
- Efficacy and safety of INSTIs (1st and 2nd line), EFV400 (1st line) and DRV/r (2nd line)
- Major outcomes: mortality, AIDS events, CD4 recovery, VL suppression treatment discontinuation and SAE.

Edward Mills, Steve Kanters, M. Eugenia Socias, For WHO ARV GDG, June 1-5 2015
Safety and Efficacy of INSTIs and EFV$_{400}$ in 1$^{\text{st}}$ line ART (NMA)

<table>
<thead>
<tr>
<th>major outcomes</th>
<th>INSTI vs EFV$_{600}$</th>
<th>DTG vs other INSTI</th>
<th>DTG vs EFV$_{600}$</th>
<th>DTG vs EFV$_{400}$</th>
<th>EFV$<em>{400}$ vs EFV$</em>{600}$</th>
<th>QUALITY OF EVIDENCE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Viral suppression</td>
<td>INSTI better</td>
<td>DTG better</td>
<td>DTG better</td>
<td>comparable $^1$</td>
<td>comparable</td>
<td>moderate</td>
</tr>
<tr>
<td>CD4 recovery</td>
<td>INSTI better</td>
<td>DTG better</td>
<td>DTG better</td>
<td>comparable</td>
<td>EFV$_{400}$ better</td>
<td>moderate</td>
</tr>
<tr>
<td>Treatment discontinuation</td>
<td>INSTI better</td>
<td>DTG better</td>
<td>DTG better</td>
<td>comparable</td>
<td>EFV$_{400}$ better</td>
<td>moderate</td>
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<tr>
<td>Mortality</td>
<td>comparable</td>
<td>comparable</td>
<td>comparable</td>
<td>comparable</td>
<td>comparable</td>
<td>low</td>
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<td>AIDS progression</td>
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<td>comparable</td>
<td>comparable</td>
<td>comparable</td>
<td>low</td>
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<td>SAE</td>
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<td>comparable</td>
<td>comparable</td>
<td>comparable</td>
<td>moderate</td>
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$^1$ Estimated effects favored DTG but statistical analysis not significant

WHO, 2015
ART monitoring: Viral load

- Viral load is recommended as the preferred approach to diagnose and confirm treatment failure.

- Viral load failure is defined as persistent viral load > 1000 copies/ml.

- Viral load should be measured at 6M, 12M then every 12M (conditional, very low).

- Dried blood spots can be used to determine viral load (conditional, low).
Clinical Research Gaps for Adolescents

• Impact of ART on retention, adherence and potential HIV drug resistance
• Long-term efficacy and safety of EFV or DTG and the recommended regimens
• Bone, growth and renal toxicity profiles of TDF in adolescents, especially in the context of malnutrition and delays in growth and development
• Development of long-acting formulations of existing and newer compounds, which would be particularly beneficial for this population
• Age disaggregation of existing cohort and surveillance data to improve understanding of adolescent-specific issues and needs.
## 2013 Service Delivery Recommendations

### SUMMARY OF RECOMMENDATIONS FROM HIV AND ADOLESCENT

- HIV testing and counselling, with linkages to prevention, treatment and care, is recommended for adolescents from key populations in all settings (generalized, low and concentrated epidemics).

- In generalized epidemics, HIV testing and counselling with linkage to prevention, treatment and care is recommended for all adolescents.

- In low and concentrated epidemics, HIV testing and counselling with linkage to prevention, treatment and care is recommended to be made accessible to all adolescents.

- Adolescents should be counselled about the potential benefits and risks of disclosure of their HIV status to others and empowered and supported to determine if, when, how and to whom to disclose.

- Community-based approaches can improve treatment adherence and retention in care of adolescents living with HIV.

- Training of health-care workers can contribute to treatment adherence and improvement in retention in care of adolescents living with HIV.

Adolescent friendly health services approaches should be implemented in HIV services to ensure engagement and improved outcomes

(strong recommendation, low quality evidence)
Why a specific focus on improving services for adolescents?

- Reduced Access
- Stigma & Discrimination
- Poor Quality of Services
What are AFHS approaches?

- **Equitable**: All adolescents, not just certain groups, are able to obtain the health services they need.
- **Accessible**: Adolescents are able to obtain the services that are provided.
- **Acceptable**: Health services are provided in ways that meet the expectations of adolescent clients.
- **Appropriate**: The right health services that adolescents need are provided.
- **Effective**: The right health services are provided in the right way, and make a positive contribution to the health of adolescents.
*New* Standards

Global standards for quality of health-care services for adolescents

**Standard 1.** Adolescent health literacy  
**Standard 2.** Community support  
**Standard 3.** Appropriate package of services  
**Standard 4.** Provider competencies  
**Standard 5.** Facility characteristics  
**Standard 6.** Equity and non-discrimination  
**Standard 7.** Data and quality improvement  
**Standard 8.** Adolescents’ participation
SCOPING
Consultation on the treatment and care of HIV among adolescents

BROAD SEARCH
All Adolescent Health Service
Up to 24 years old

EXCLUDED
Interventions only targeted at adolescents

19 STUDIES INCLUDED
10 RCTs
9 Observational studies

ANALYSIS
1. All adolescents
2. ALHIV sub analysis = 4 studies

QUALITY OF THE EVIDENCE
GRADE

- Service delivery scoping review
- Virological review
- Facility level analysis
- End user perspectives
Key findings

AFHS vs standard care showed **small but significant** improvements to:

**All adolescents**
- Health outcomes (reduced pregnancy)
- Health care utilization (presentation at clinic for mental health, HIV counseling and testing, and outpatient visits)
- Uptake (HIV testing)
- Knowledge (HIV and STI acquisition, pregnancy prevention, and sexual health)
- Attitudes (towards sex, HIV testing)
- Sexual risk reduction behavior (condom use)
- Self-efficacy (condom use or diabetes management)
- Service acceptability

**For Adolescents living with HIV**
- Viral load reduction (short term)
- ART adherence (longer term)

No difference to healthy lifestyle or quality of life outcomes.
Scale up and feasibility

- Aligning approaches for HIV service delivery with WHO and national adolescent-friendly health service standards, protocols and activities.
- Including implementation of adolescent-friendly approaches in HIV health service supervision.
- Ensuring training, research, and personal development opportunities for health service providers on adolescent HIV treatment and care.
- Engaging service providers, adolescents, and other key stakeholders to identify and implement acceptable and feasible activities.
- Implementing adolescent-friendly health service approaches in all HIV services used by adolescents, including antenatal care for pregnant adolescents living with HIV.
- Establishing linkages and referral pathways to ensure a comprehensive continuum of care, especially for the transition from paediatric to adult HIV services.
- Addressing the needs and vulnerabilities of adolescents from key populations.

Need further understanding:
- Implementation science and operational research.
Other service delivery recommendations

- Linkage from testing to care
- Differentiated care
- Community support for retention in care
- Effective adherence support intervention
- Integration with SRH services, mental health services, chronic NCD’s

Adolescent considerations

- Close active monitoring of engagement in care
- Regular ongoing assessment of adherence and support
- Facilitate independence and self-management
- Provision of psychosocial support & SRH services (incl. disclosure)
- Interventions that engage caregivers for support

Service delivery models beyond the facility
- Peer interventions and community based services
- Adolescent specific adherence counselling

World Health Organization
Supporting implementation

• Adolescent HIV testing counselling and care online implementation tool
  – http://apps.who.int/adolescent/hiv-testing-treatment/
• Young key populations technical briefs series
• Global Quality Standards for adolescent health services
• Adolescent competent health providers
• Technical support
  – regional AFRO workshop with MoH to accelerate scaling up services
Next steps

- Piloting adaptation of global quality standards for HIV services
- Prioritize a research agenda
  - Implementation science for scale up of AHFS
- Global Fund Adolescent information note
  - Increase country level implementation support including tools

Global Framework to Accelerated Action for Adolescent Health
Opportunities to get involved!
Acknowledgements

• All the adolescent, young people and service providers involved
• Adolescent champions on the Guideline development groups
• Participants of the Consultation on the treatment of HIV among adolescents
• Y+ network
• PATA
• Review teams