FACT SHEET

HIV TREATMENT AND CARE

WHAT'S NEW IN ADOLESCENT TREATMENT AND CARE

NOVEMBER 2015

World Health Organization

Webinar 1

IATT Adolescent series

Photo: International HIV/AIDS Alliance/Benjamin Chesterton /duckrabbit

IATT
THE INTERAGENCY TASK TEAM

The Interagency Task Team on the Prevention and Treatment of HIV Infection in Pregnant Women, Mothers and Children

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

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Key adolescent clinical and service delivery recommendations

Dr. Martina Penazzato and Alice Armstrong, WHO

World Health Organization

2015 Clinical recommendations will address:

When to Start ART

When to Start ART during TB treatment

What to Use 1st, 2nd, & 3rd lines

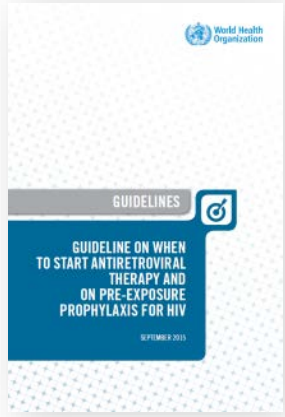
Toxicity

PrEP

Infant Prophylaxis and Infant feeding

Diagnostics: Early Infant Diagnosis

Viral Load, POC tests and future role of CD4



World Health Organization

2015 Operational recommendations will address:

Packages of Care
HIV Testing Services
Linkage to care interventions;

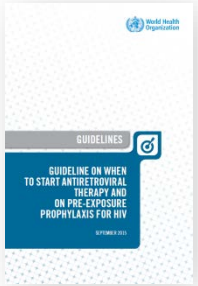
Improving the Continuum of Care:
ART Initiation Approaches, Retention, Adherence,
Frequency of clinic and pharmacy visits

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

World Health Organization

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

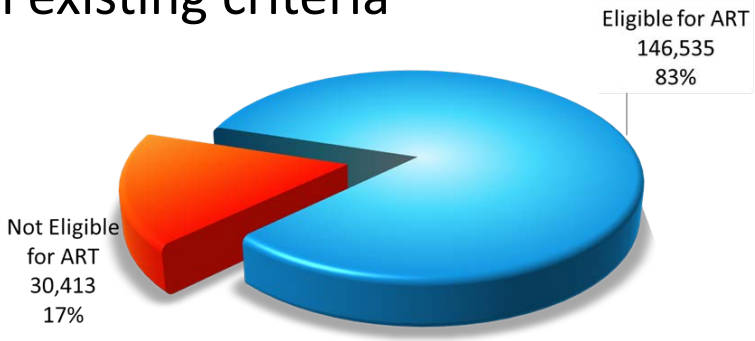
- Lack of direct evidence
- Extrapolation from adult studies
- A growing body of evidence demonstrates the positive impact of ART on growth[1], neurodevelopment[2], immunological recovery[3] and in preventing pubertal delays[4] but gains appear to be limited for vertically infected **adolescents**[5,3]
- Due to poor adherence and retention the balance between balance and risks might be different

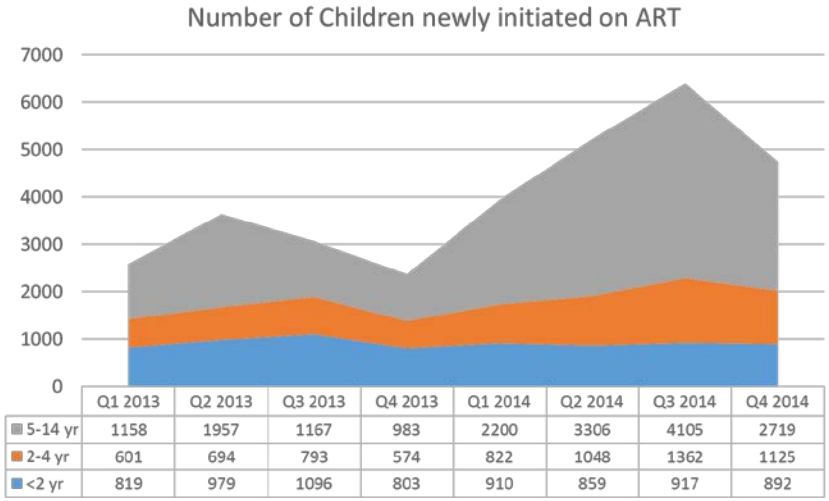
References:
1. McGrath et al 2011 3. Picat et al 2013 5. IeDea network 2015
2. Laughton et al 2012 4. Szubert et al 2015

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





	Q1 2013	Q2 2013	Q3 2013	Q4 2013	Q1 2014	Q2 2014	Q3 2014	Q4 2014
5-14 yr	1158	1957	1167	983	2200	3306	4105	2719
2-4 yr	601	694	793	574	822	1048	1362	1125
<2 yr	819	979	1096	803	910	859	917	892

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

World Health Organization

Source: Uganda National programme - Rapid assessment May 2015

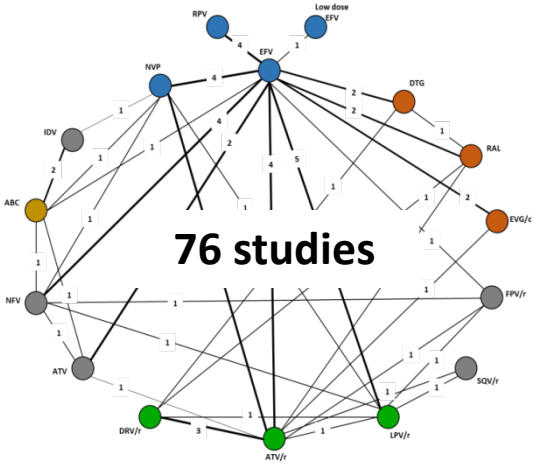
Starting ART in adolescents

First-line ART	Preferred first-line regimens	Alternative first-line regimens[a,b]
Adults	TDF + 3TC (or FTC) + EFV	AZT + 3TC + EFV (or NVP) TDF + 3TC (or FTC) + DTG [c] TDF + 3TC (or FTC) + EFV_{400} [c d] TDF + 3TC (or FTC) + NVP
Adolescents	**TDF + 3TC (or FTC) + EFV**	**AZT + 3TC + EFV (or NVP)** **TDF (or ABC) + 3TC (or FTC) + DTG [c]** **TDF (or ABC) + 3TC (or FTC) + EFV_{400} [c d]** **TDF (or ABC) + 3TC (or FTC) + NVP**

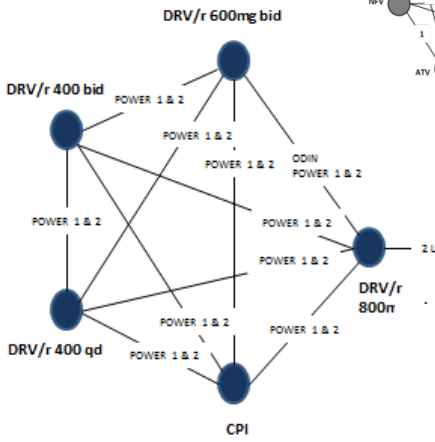
- Introducing more potent and tolerable regimens as alternatives
- Simplifying regimens adolescents who started Tx in childhood
- Maintaining harmonisation with adults

Introduction of new ARVs using a new methodology

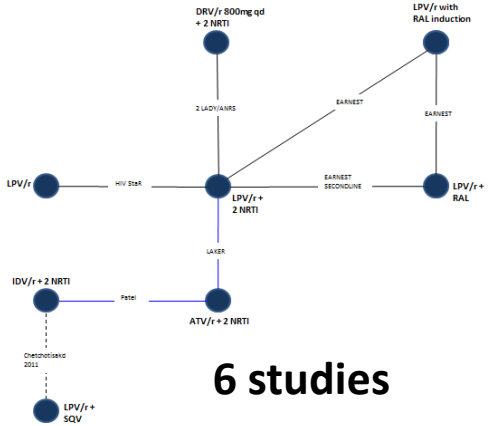
- ✓ Use of network metanalysis (NMA) for direct and indirect comparisons
- ✓ Efficacy and safety of INSTIs (1st and 2nd line), EFV400 (1st line) and DRV/r (2nd line)
- ✓ Major outcomes: mortality, AIDS events, CD4 recovery, VL suppression treatment discontinuation and SAE.



76 studies



7 studies



6 studies

Edward Mills, Steve Kanters, M. Eugenia Socias, For WHO ARV GDG, June 1-5 2015

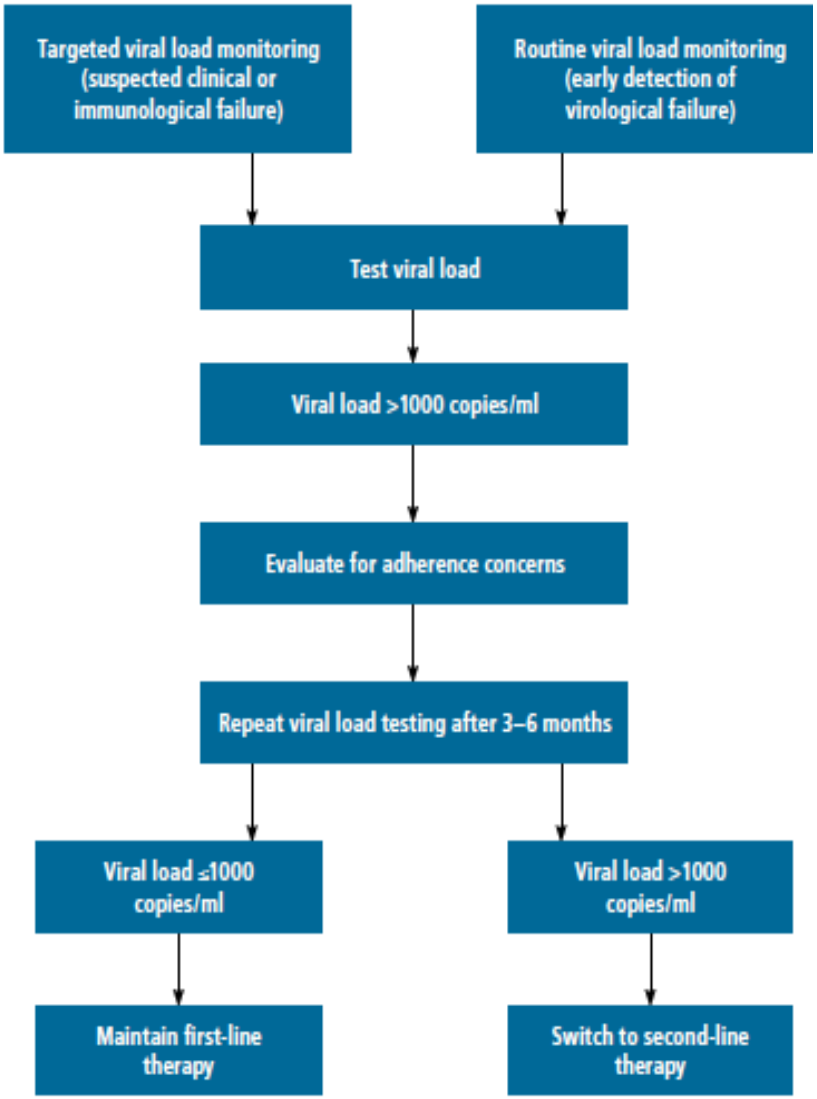
Safety and Efficacy of INSTIs and EFV_{400} in 1st line ART (NMA)

major outcomes	INSTI vs EFV_{600}	DTG vs other INSTI	DTG vs EFV_{600}	DTG vs EFV_{400}	EFV_{400} vs EFV_{600}	QUALITY OF EVIDENCE
Viral suppression	**INSTI better**	**DTG better**	**DTG better**	comparable [1]	comparable	**moderate**
CD4 recovery	**INSTI better**	**DTG better**	**DTG better**	comparable	**EFV_{400} better**	**moderate**
Treatment discontinuation	**INSTI better**	**DTG better**	**DTG better**	comparable	**EFV_{400} better**	**moderate**
Mortality	comparable	comparable	comparable	comparable	comparable	low
AIDS progression	comparable	comparable	comparable	comparable	comparable	low
SAE	comparable	comparable	comparable	comparable	comparable	**moderate**

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
- **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.

HIV TREATMENT

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.

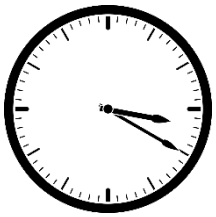
Source: HIV and adolescents: Guidance for HIV testing and counselling and care for adolescents living with HIV (World Health Organization, 2013).

New Service Delivery Recommendation

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?

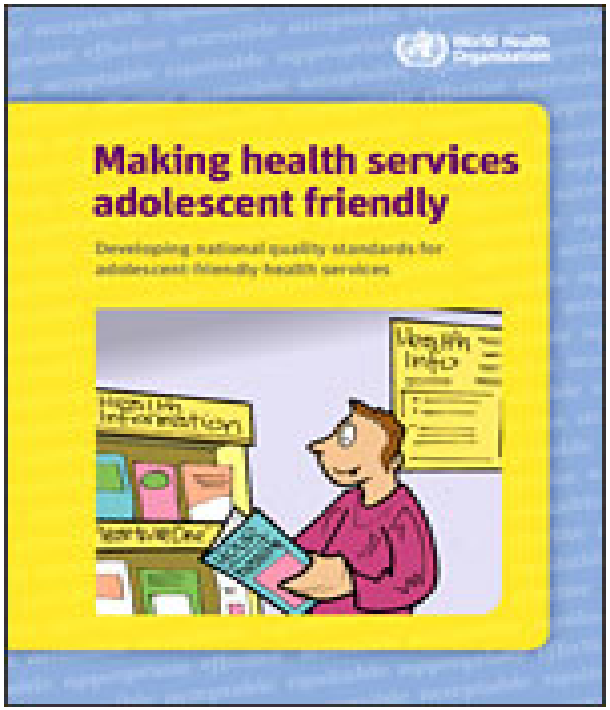


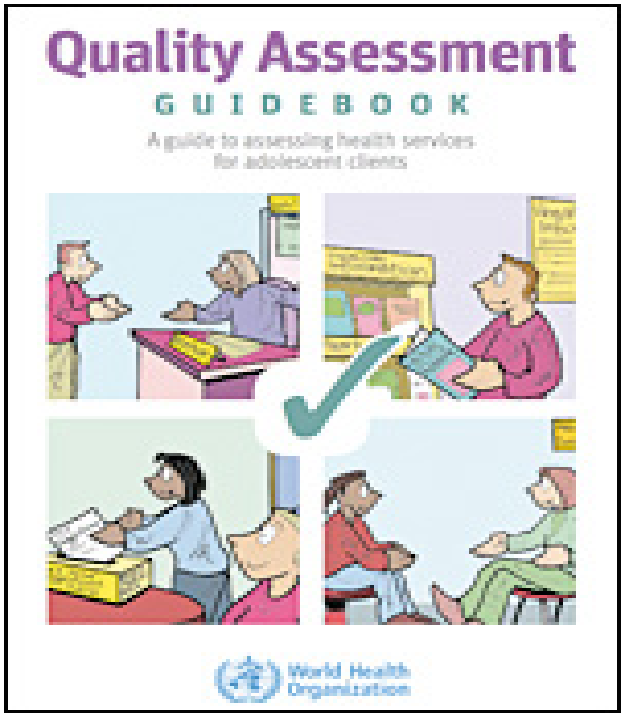
Reduced Access

Poor Quality of Services

Stigma & Discrimination

What are AFHS approaches?





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

- ❑ **Service delivery scoping review**
- ❑ **Virological review**
- ❑ **Facility level analysis**
- ❑ **End user perspectives**

BROAD SEARCH
All Adolescent Health Service
Up to 24 years old

EXCLUDED
Interventions only targeted at adolescents

Systematic review of Adolescent Friendly Services

19 STUDIES INCLUDED
10 RCTs
9 Observational studies

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

QUALITY OF THE EVIDENCE
GRADE

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** and development opportunities for health s
- Engaging **stakeholders** to identify a
- Implementing **approaches in all HIV services** used care for pregnant adolescents living w
- Establishing linkages and referral pathways to ensure a **comprehensive continuum of care**, especially for 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

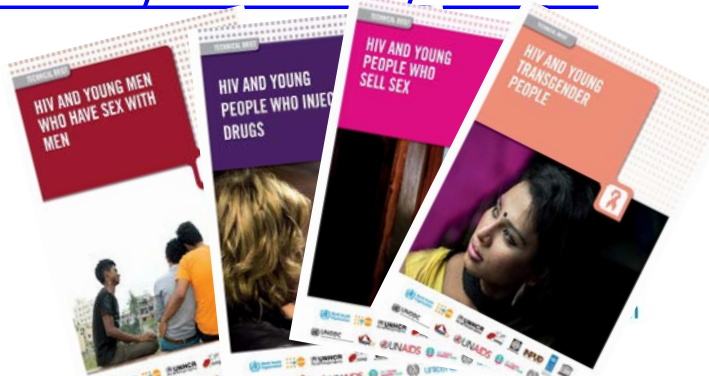
- Linkage from testing to care
- Differentiated care
- Community support for retention in care
- Effective adherence support intervention
- Integration with SRH services, mental health services, chronic NCD's

Adolescent considerations

- Service delivery models beyond the facility
- Peer interventions and community based services
- Close **active** monitoring of engagement in care
- Adolescent specific adherence counselling
- 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

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
  - http://www.who.int/hiv/pub/toolkits/hiv-young-msm/en/
- Global Quality Standards for adolescent health services
  - http://www.who.int/maternal_child_adolescent/documents/global-standards-adolescent-care/en/
- Adolescent competent health providers
  - http://www.who.int/maternal_child_adolescent/documents/core_competencies/en/
- 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