

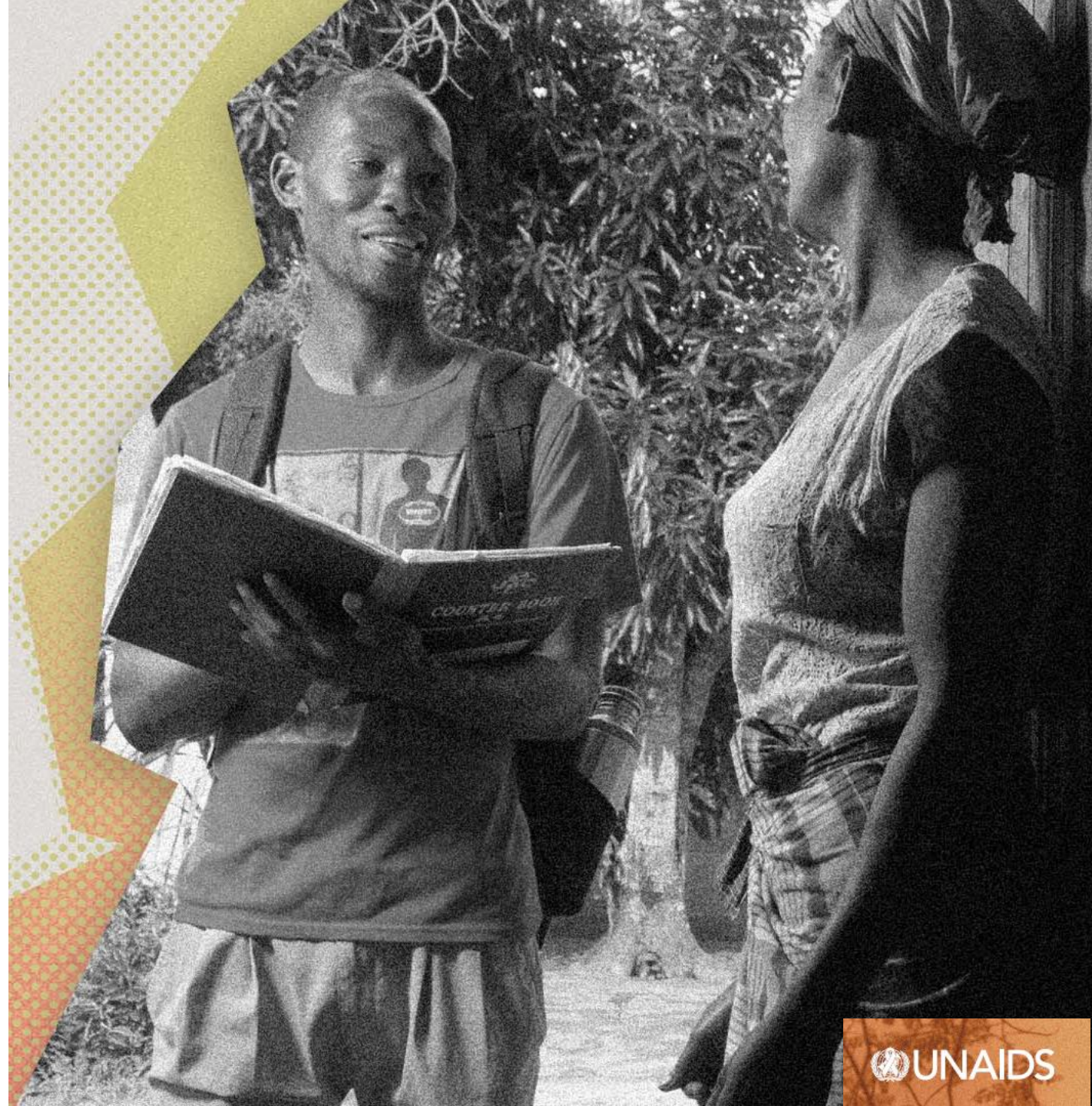
# Panel 1: Leveraging Data to fill gaps in HIV service coverage

*Leveraging data, technologies, & innovation to meet 2025 and 2030 goals*

**PCB THEMATIC SEGMENT**

**Consolidated presentations from Panel 1**

Friday, 10 December 2021





# What are the data telling us about inequalities among sub-populations in New South Wales, Australia?

**Andrew Grulich**

*Theme Director, Populations and Prevention, and  
Head, HIV Epidemiology and Prevention Program, Kirby Institute, UNSW Sydney*

# Trends in HIV diagnoses in NSW: context and data sources

- **Context**

- HIV concentrated in gay men (70%+ of all diagnoses)
- HIV diagnoses were stable 2000-16, despite reaching UNAIDS 90/90/90 goals in 2016

- **Data sources for today's analyses**

- **HIV diagnoses based on routine HIV surveillance**

- Data on age, postcode and country of birth
  - Postcodes categorized by proportion of males who are gay (>20%; 5-19%; <5%)
  - Based on census information on cohabiting male couples

- **HIV testing, HIV treatment and PrEP data based on two sources**

- A clinical sentinel surveillance system of MSM attending high-caseload clinics based on electronic data capture (the ACCESS system, since 2013)
- Annual gay community behavioural surveys (since 1996, annual)

# Declining HIV, but emerging disparities in HIV diagnoses

Figure 1. All new HIV diagnoses in MSM for Australian-born and overseas-born men

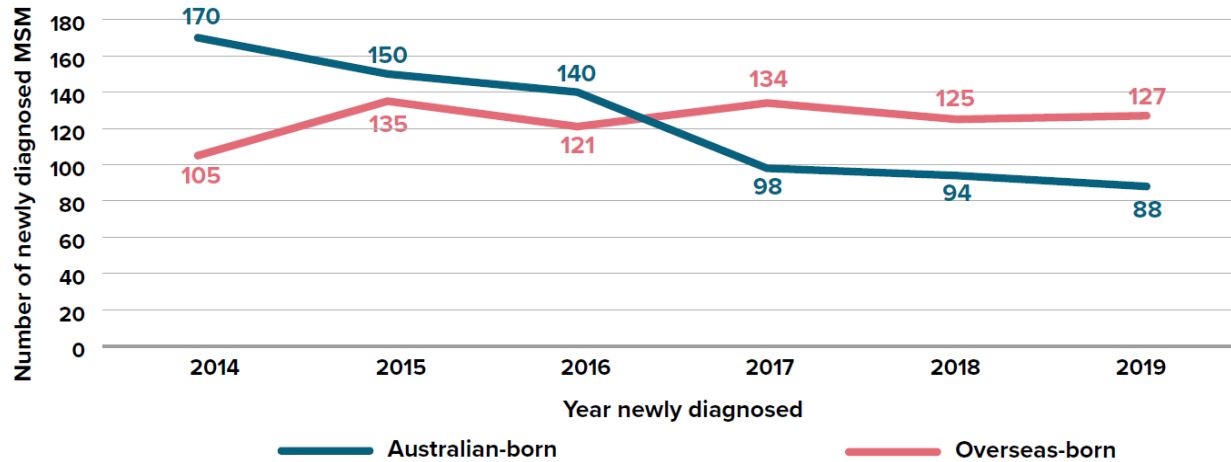
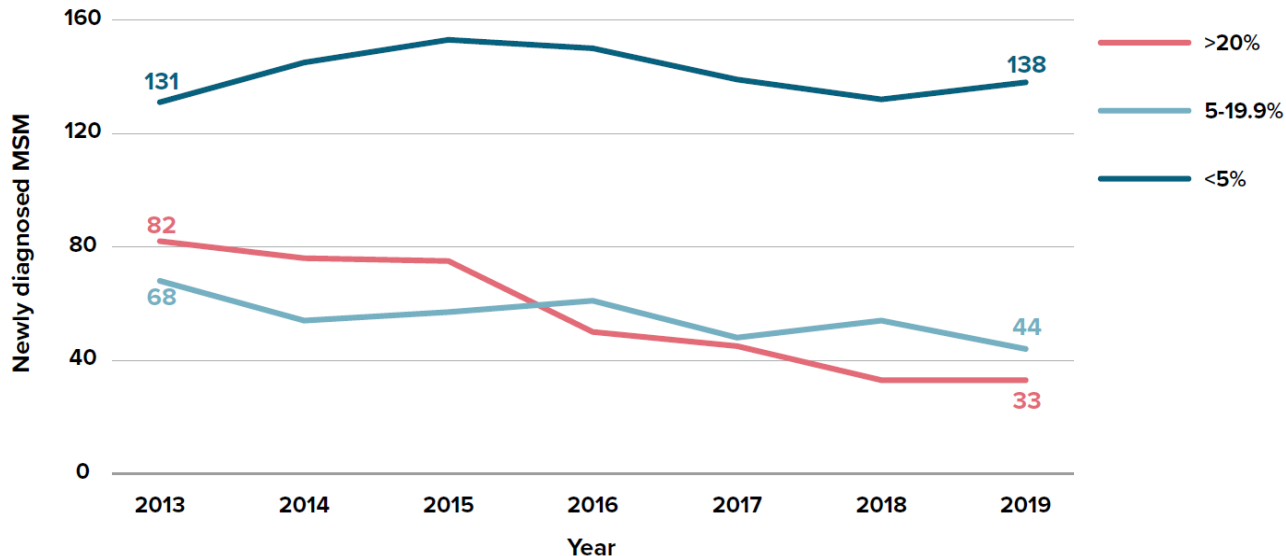


Figure 16. HIV diagnoses in MSM by proportion of adult males in the postcode who are gay

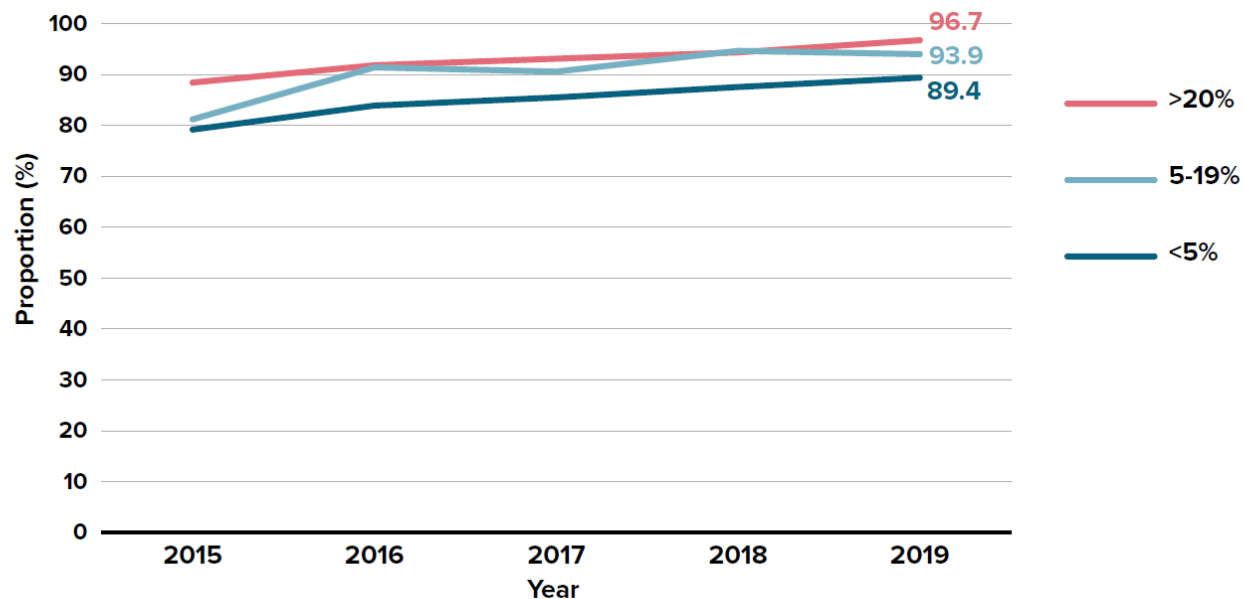


## Trends, 2015-2019

- 25% decline in HIV diagnoses overall
- 41% decline in HIV diagnoses in Australian-born men; 6% decline in overseas-born
  - Increases in HIV in those recently arrived (<4 years)
- 56% decline in highest-concentration gay postcodes, compared to 10% in lowest-concentration postcodes
- declines in all age-groups but least in those aged <25 years (20%)

# Disparities in HIV testing trends

Figure 21. Proportion of men who reported an HIV test in the last 12 months among men who reported some condomless anal intercourse with casual partners in the last 6 months by proportion of adult males in the postcode who are gay (Sydney GCPS)

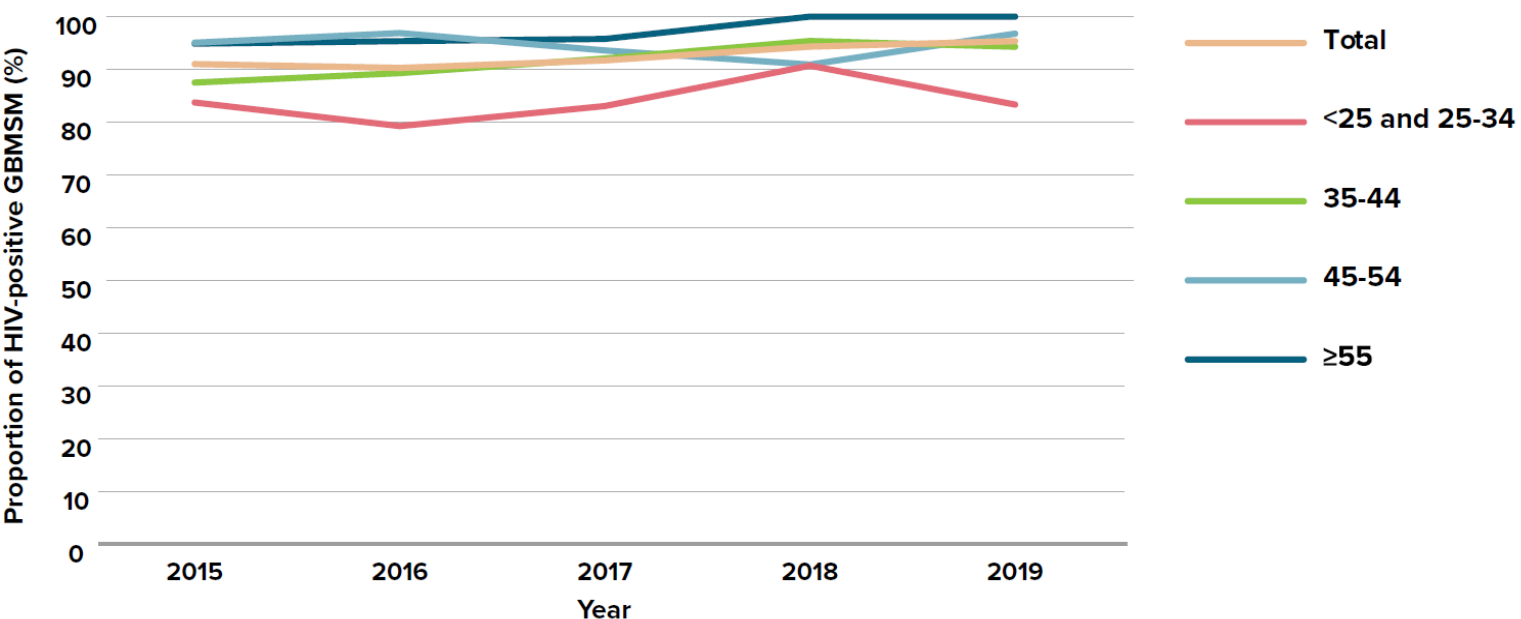


## Trends, 2015-2019

- very high rates of HIV testing overall, slightly increasing
- no difference by country of birth
- lower HIV testing rates in suburbs with lowest concentration of gay men
- slightly lower testing rates in MSM aged less than 25 and > 55 years

# Disparities in HIV treatment trends

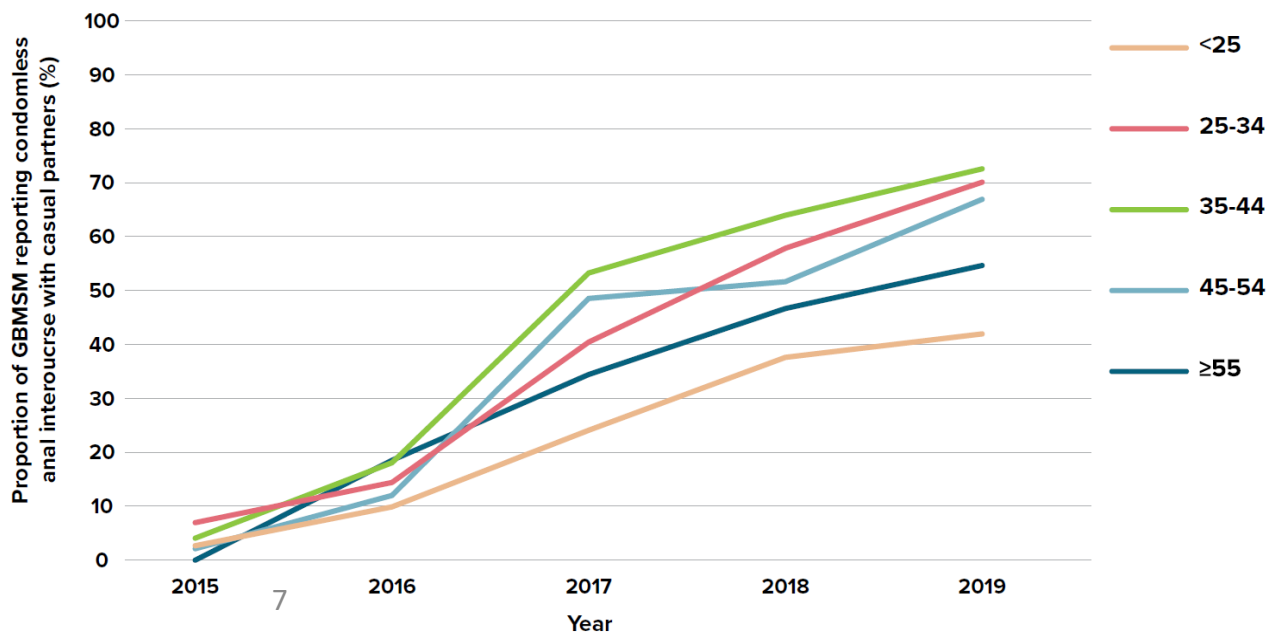
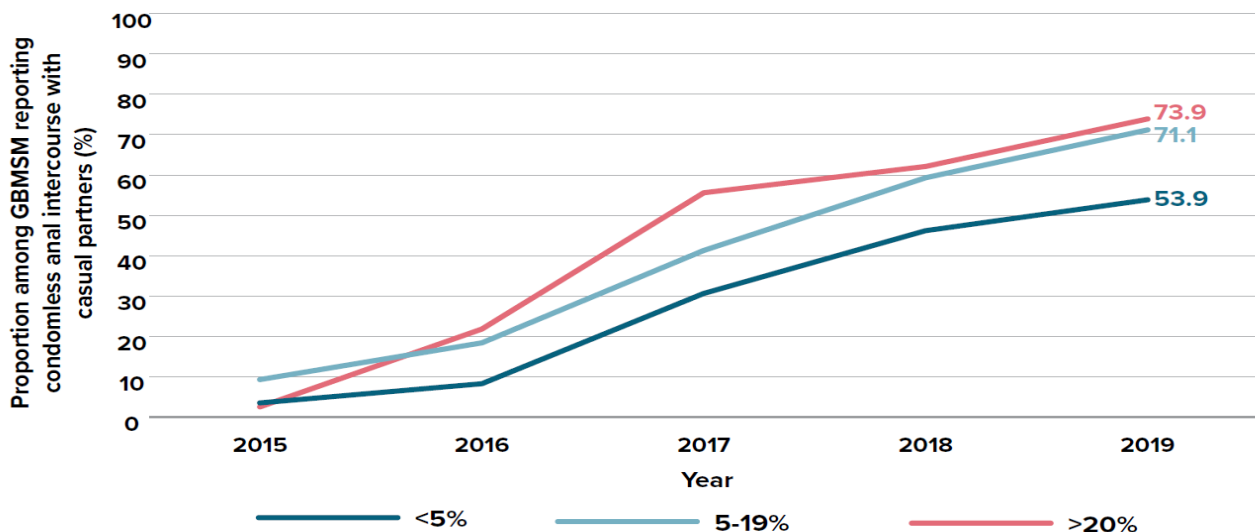
Figure 38. HIV-positive men on treatment, by age (Sydney GCPS)



## Trends, 2015-2019

- very high treatment levels overall (>90%)
- no difference by country of birth
- no difference by proportion of postcode gay
- slightly lower treatment rates in MSM aged less than 35

# Disparities in PrEP uptake trends



## Trends, 2015-2019

- enormous increases in PrEP use between 2015 and 2019
- no difference by country of birth
- markedly lower PrEP use in the lowest-concentration gay postcodes
- lower PrEP use in MSM aged less than 25

## Data analysis for policy action

- **Declining HIV diagnoses as PrEP was introduced on a background of high levels of treatment as prevention**
- **Disparities in HIV diagnosis trends explained by different access to HIV testing and PrEP**
- **New NSW HIV strategy 2021 specifically targets increased HIV prevention action focussed on**
  - Recently arrived overseas-born MSM
  - MSM living outside of central Sydney
  - Young MSM aged < 25 years



# NSW HIV Prevention Partnership Project

## Investigators and Steering Committee

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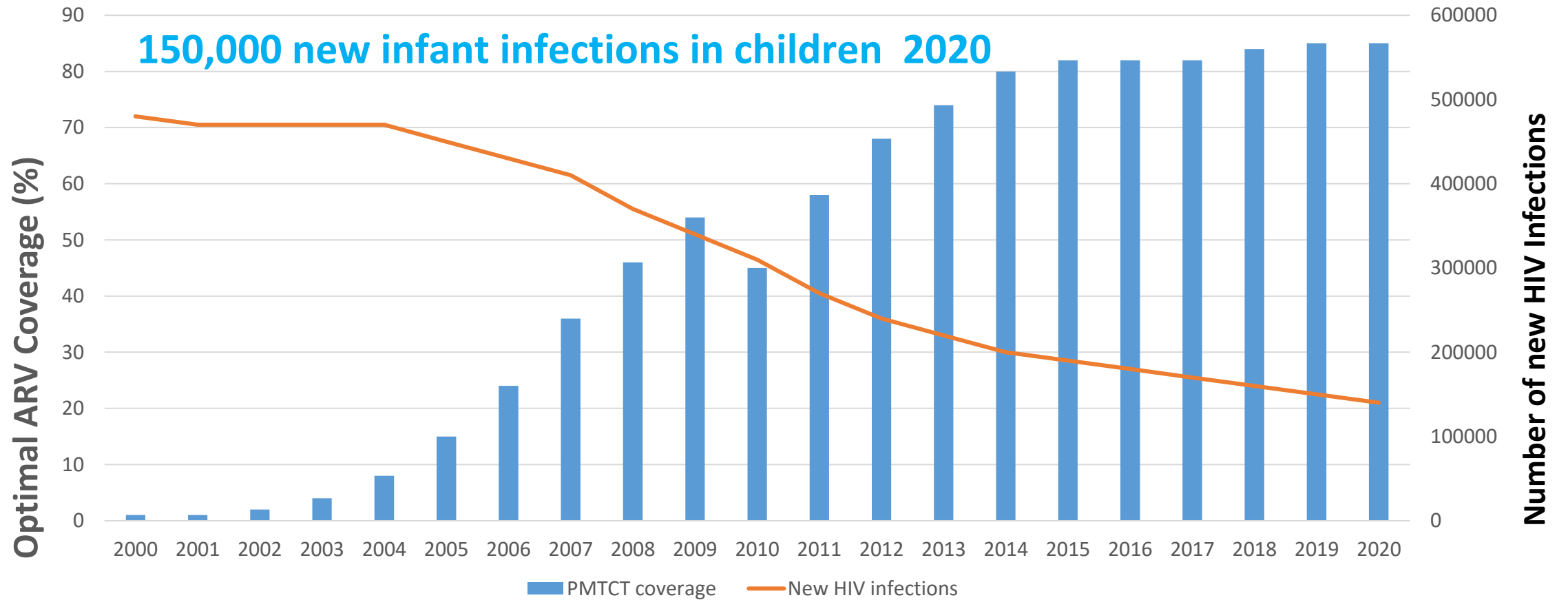
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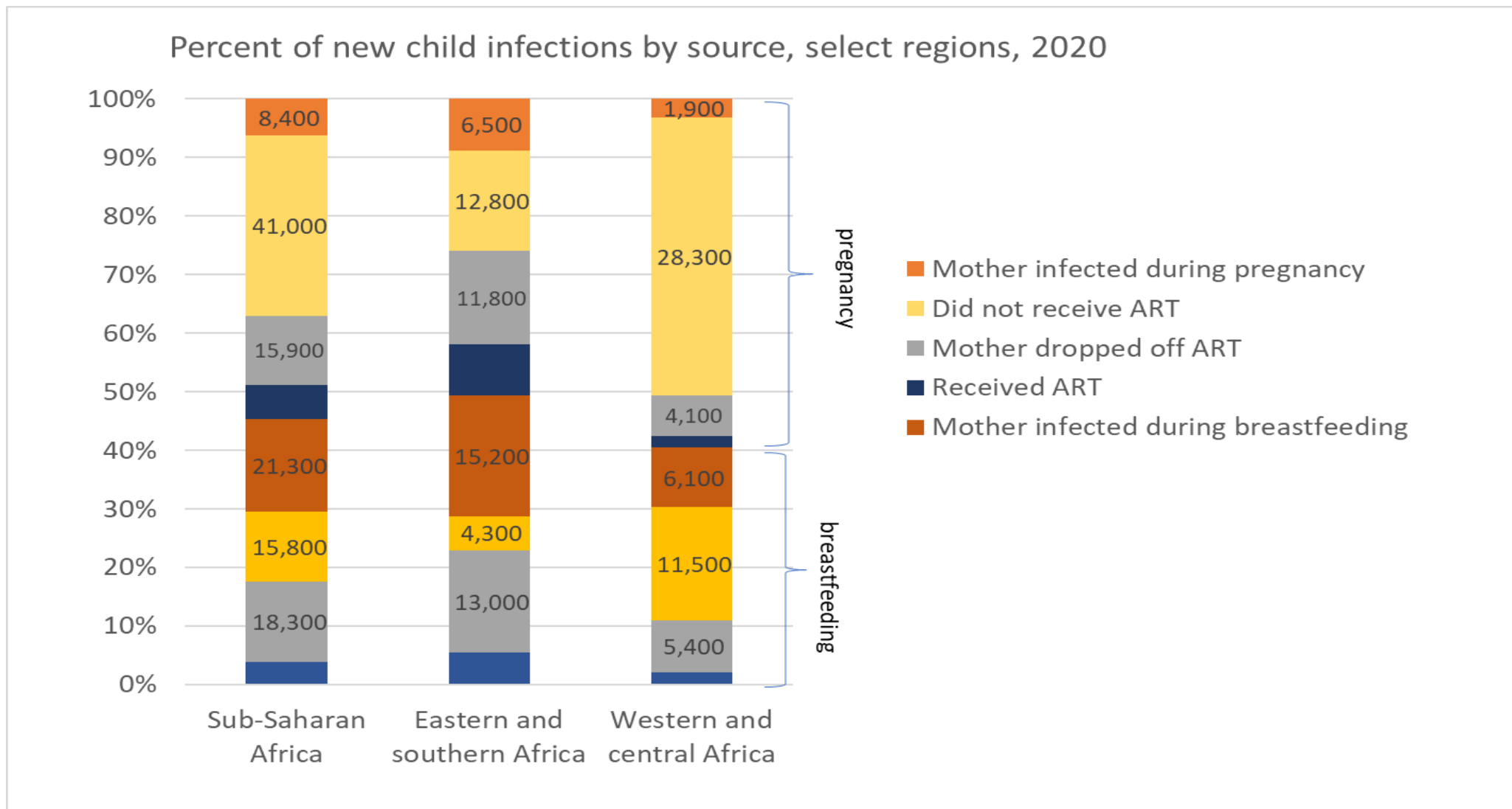


# PMTCT Optimal ARV Coverage and Reductions in New HIV infections in children - 2000-2020

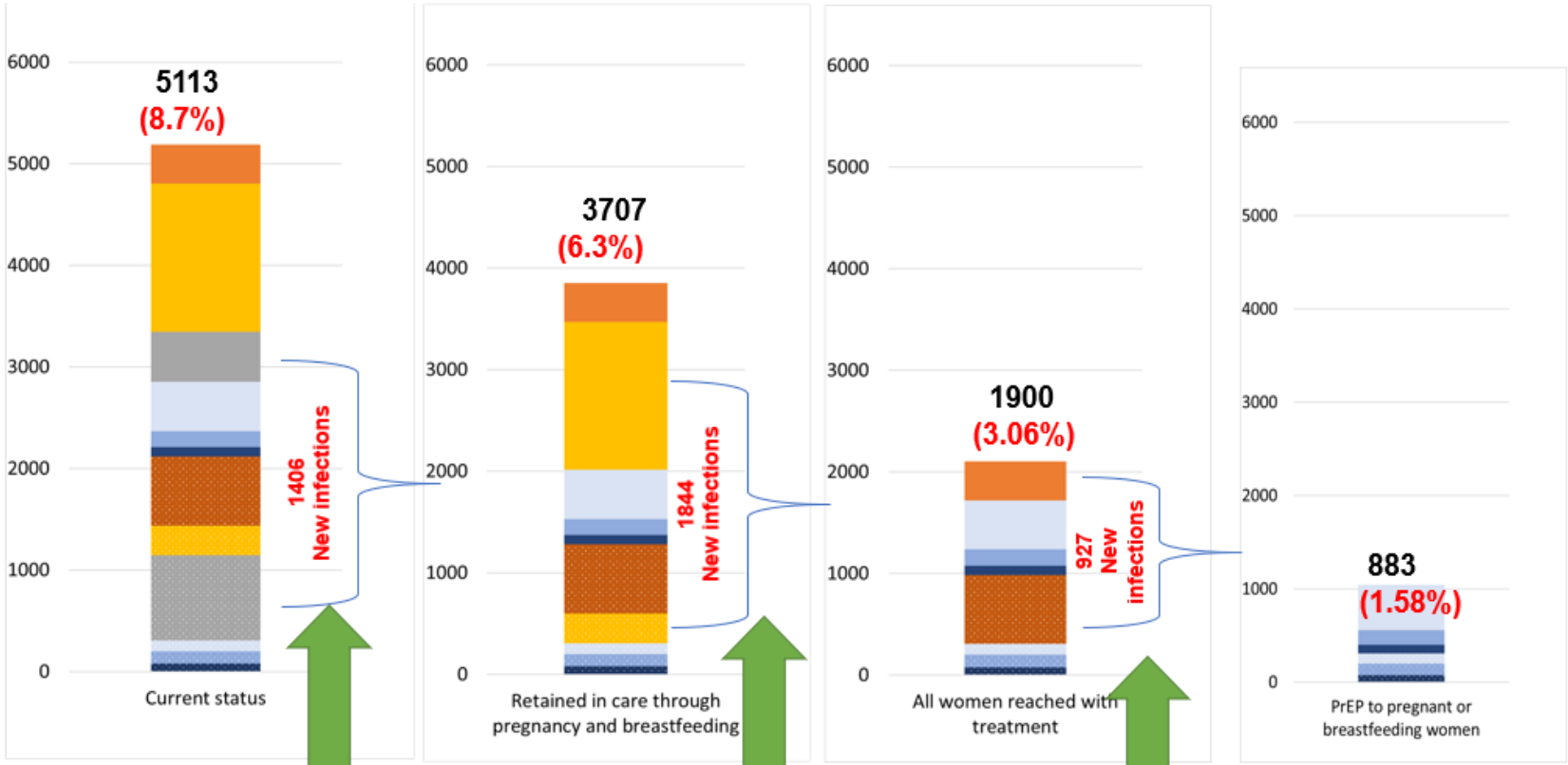


Source: UNAIDS epidemiological estimate 2021

# Stacked bar analysis to improve PMTCT programme precision: Sources of new HIV infection in children



# Data mining and use to improve PMTCT programme in Zimbabwe



*If women were retained on ART*

*If all HIV positive pregnant & lactating women were provided ART*

*If PrEP were available to pregnant and BF women*

Unpacking the stacked bar in Zimbabwe  
 Source: UNAIDS 2019 HIV Estimates  
 Graph credit: Angela Mushavi



KEY CONSIDERATIONS FOR PROGRAMMING AND PRIORITIZATION  
**GOING THE 'LAST MILE' TO EMTCT:**  
 A road map for ending the HIV epidemic in children

# Intervention domains

HIV prevention services for women and girls

Timely engagement in antenatal care

Timely access to HIV testing

Timely ART initiation

Programme retention and adherence support

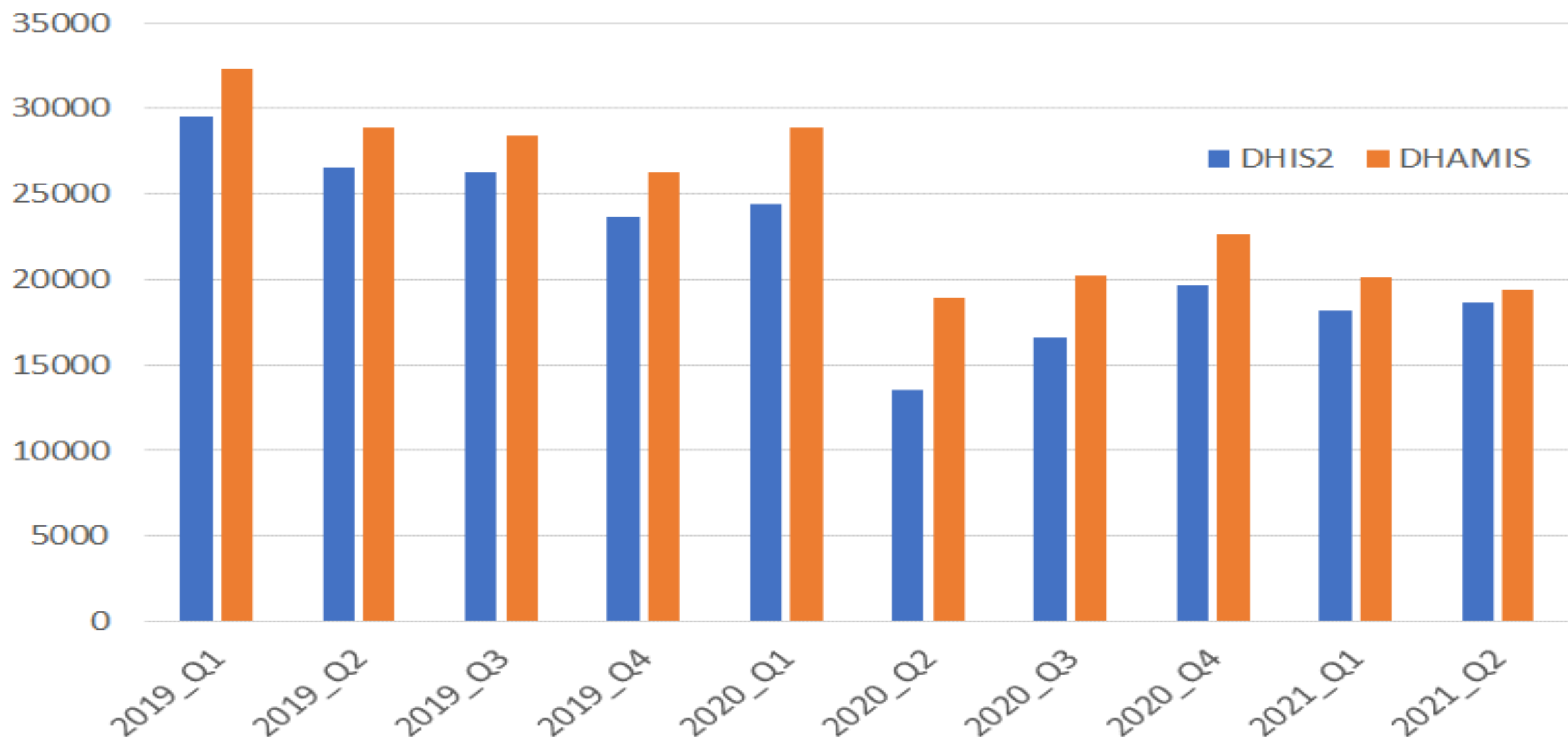
Services for infants at highest risk of HIV acquisition

# **HIV AND AIDS DATA OUTCOMES**

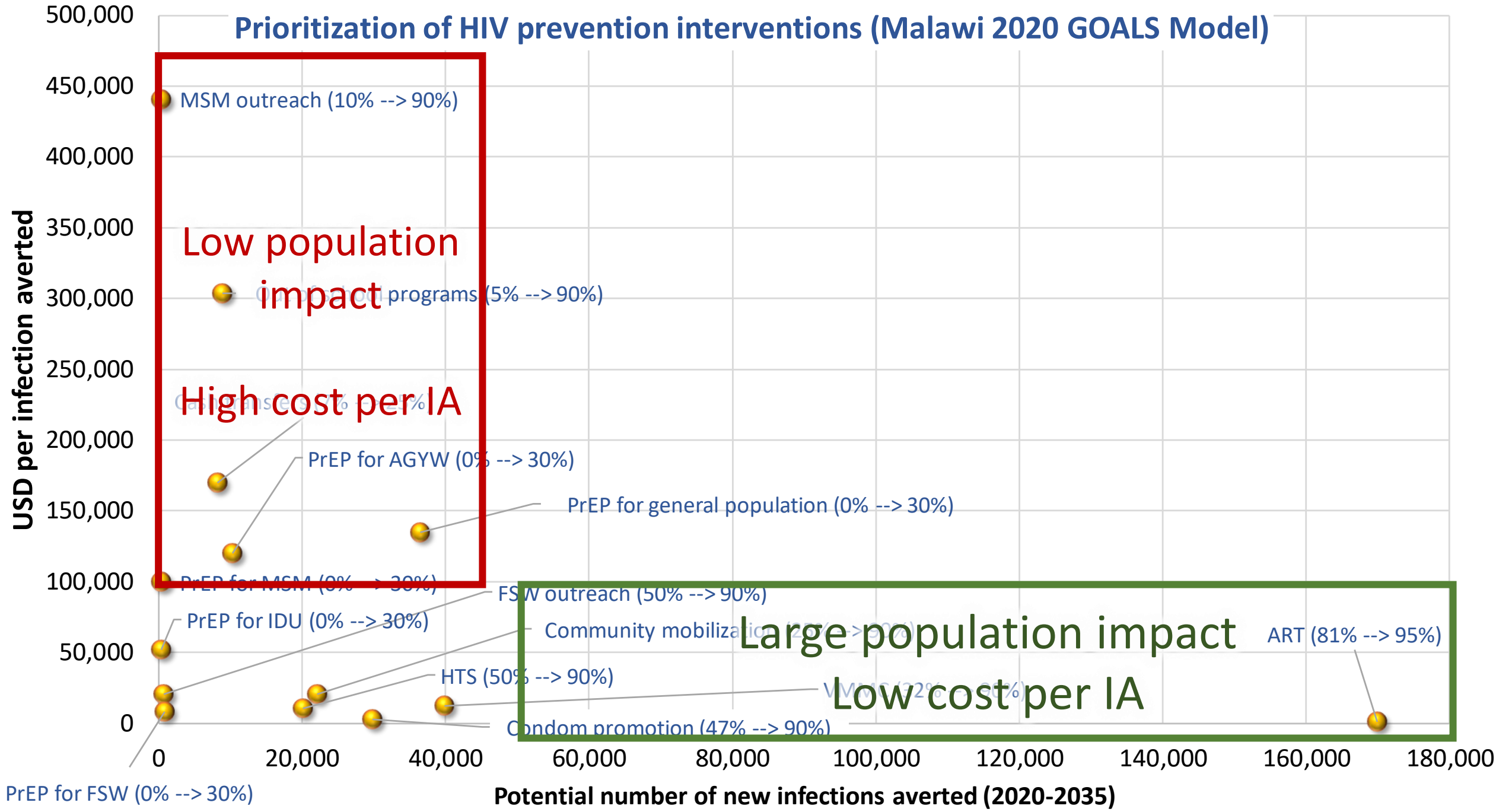
**December 2021**

**Emanuel Zenengeya  
Head of Planning, M&E Division  
National AIDS Commission  
Malawi**

## New HIV positives: 2019-2021



# Prioritization of HIV prevention interventions (Malawi 2020 GOALS Model)



Low population impact

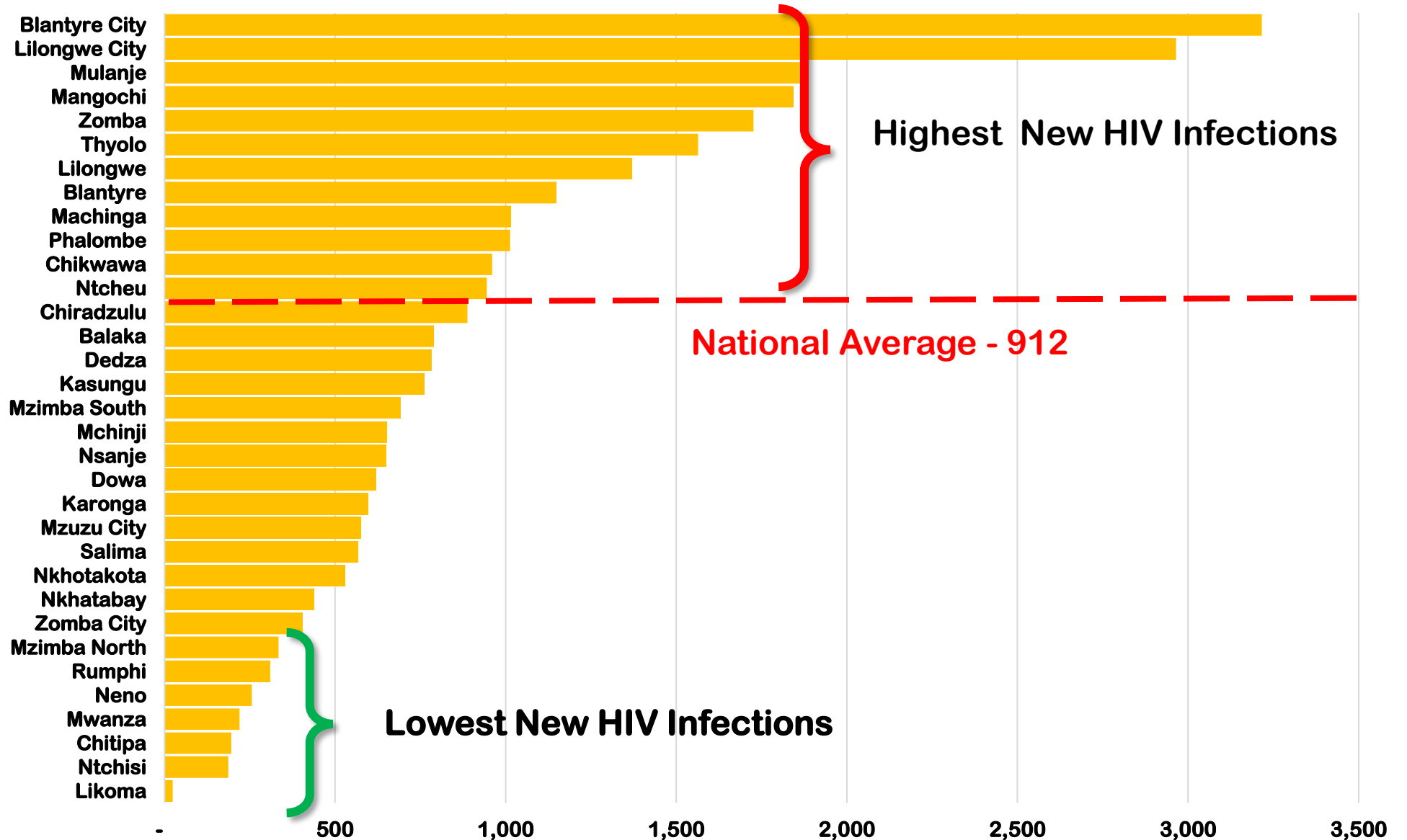
High cost per IA

Large population impact

Low cost per IA



# Distribution of New HIV Infections - Adults 15+ Dec 2019



Source: Naomi



**RITSHIDZE**

**SAVING OUR LIVES**

# Monitoring data from Ritshidze show both patients + managers see shortages of staff

Of 10,302 patients: only 35% said there was always enough staff to meet patients' needs.

Managers at facilities agreed:  
Of 397 Managers **77.3%** reported there was not enough clinical and/or non-clinical staff at the facility.



# Staff attitude & missed appointments



63.7% of patients thought the staff were always friendly & professional.

## But if you miss an ARV pick up visit:

- + **473 PLHIV** reported you are sent to the back of the queue next time
- + **305 PLHIV** reported you are reprimanded when you return
- + **816 PLHIV** reported being welcomed back
- + **431 PLHIV** reported staff provide counselling on adherence



## Some clinics are showing it can be done better:

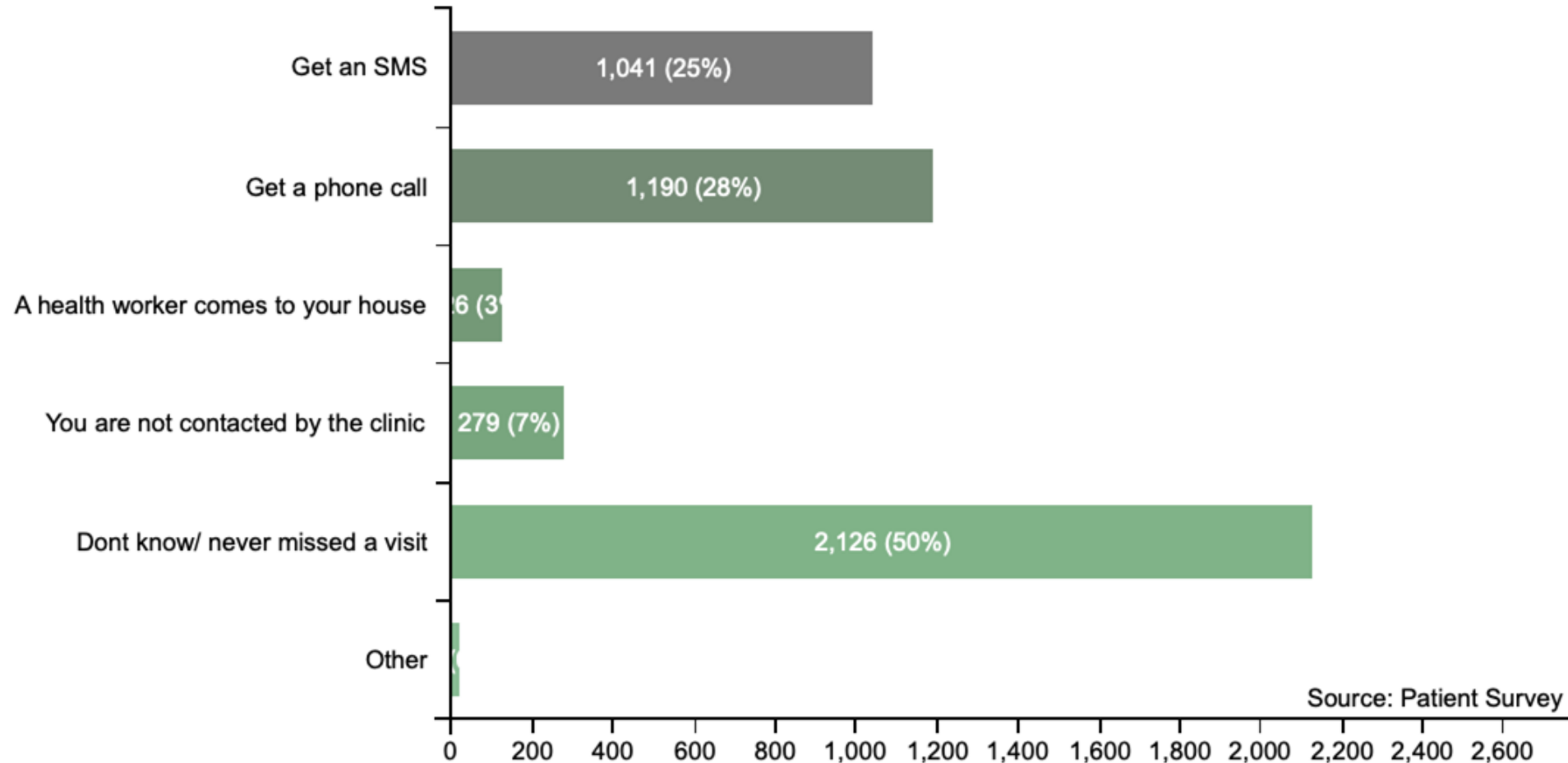
234 clinics had no reports of PLHIV being sent to back of queue.  
165 of those clinics also had no reports of PLHIV being reprimanded.

# Protocol if someone misses an appointment



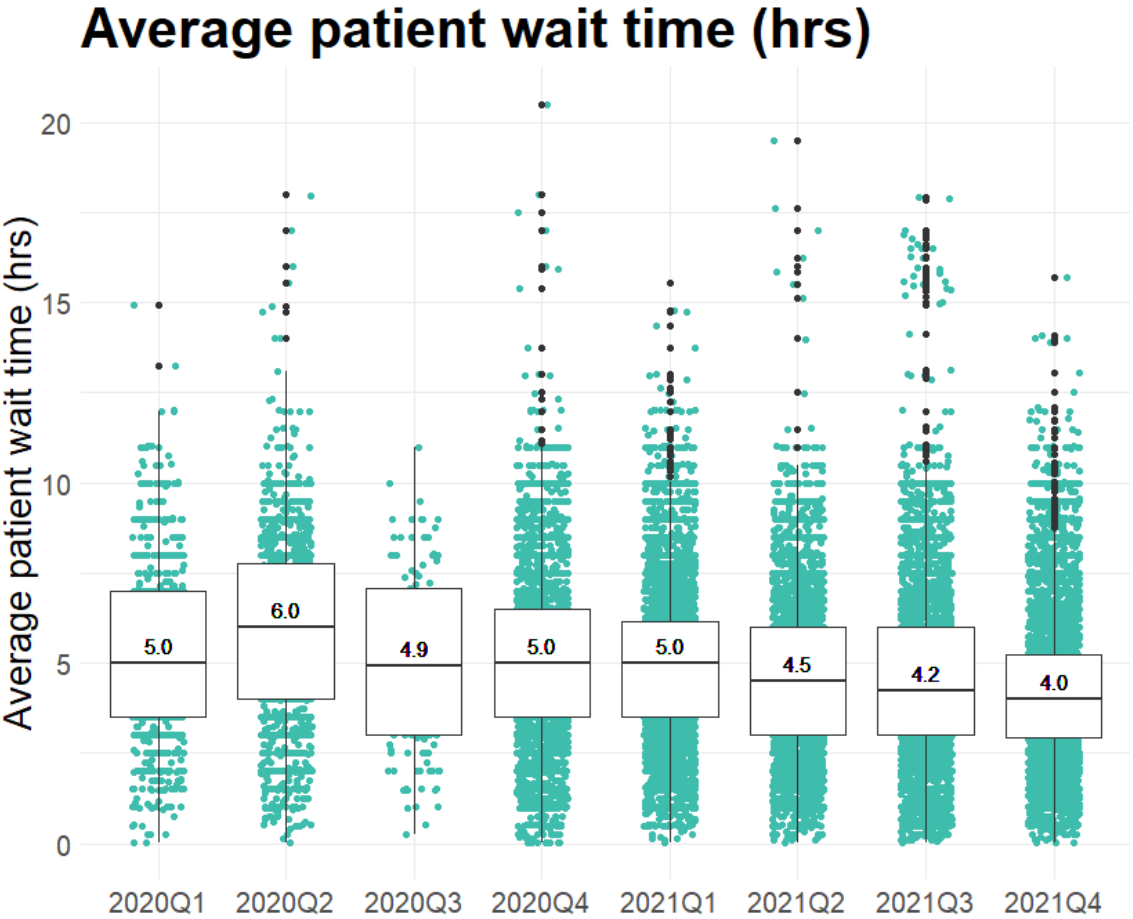
## When Patients Miss a Visit to Collect ARVs:

Patients Surveyed:  
4,247



Source: Patient Survey

# Improvement in waiting times

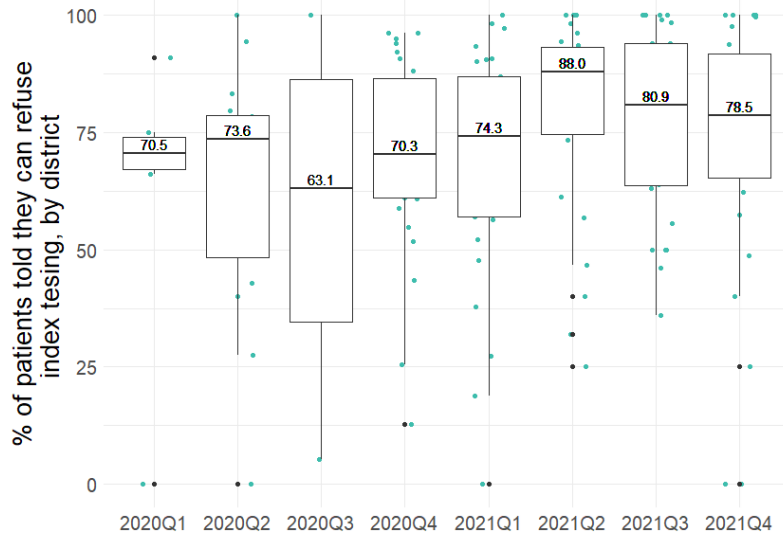


**Waiting times dropped by 33%** from 2020 Q2 to 2021 Q4  
(from six hours to four hours)

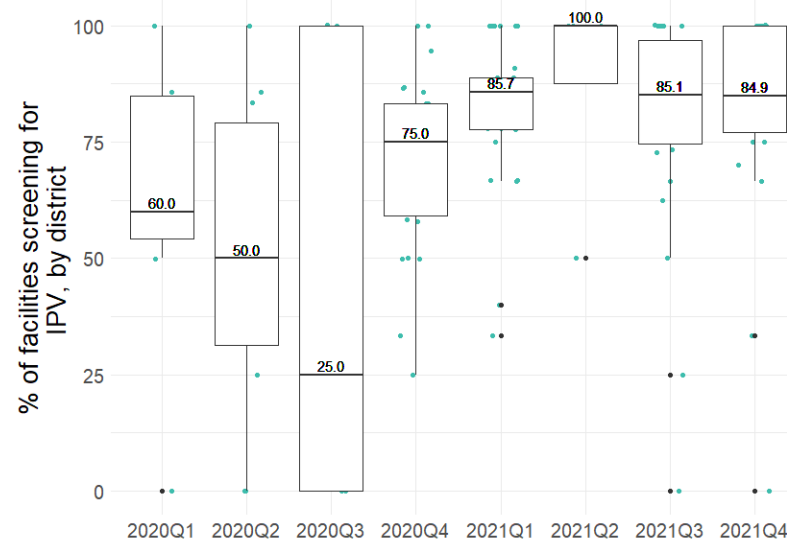


# Index testing and GBV

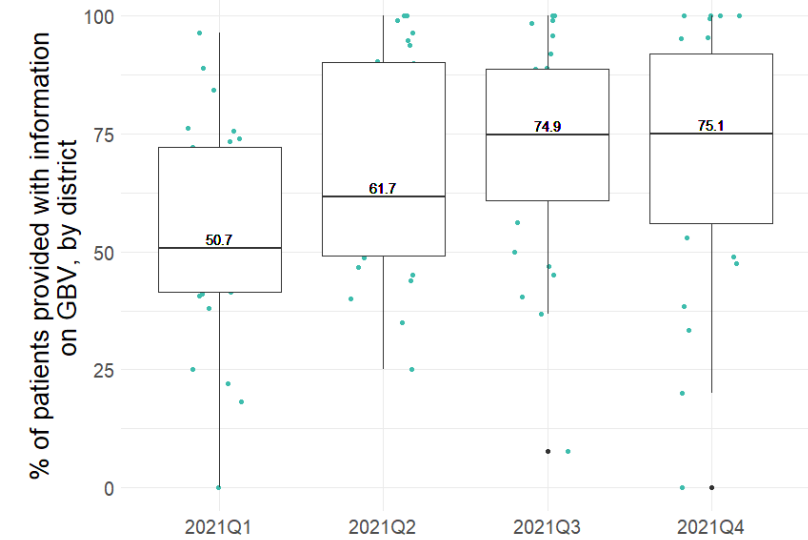
**% of patients told they can refuse index testing, by district**



**% of facilities screening for IPV, by district**



**% of patients provided with information on GBV, by district**



More PLHIV are **told they can refuse index testing** (71% to 79%), more clinics **screen for IPV** (60% to 85%) and more PLHIV provided with **information on GBV** (51% to 75%)



# More information + all reports available online

Facility, District + Provincial reports available at:

<http://data.ritshidze.org.za/ZA/reports>

<https://ritshidze.org.za/category/resources/>

