Sex differences in delayed antiretroviral therapy initiation among adolescents and young adults living with HIV in the Democratic Republic of Congo

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March 16, 2018
HIV in DRC

- DRC has an HIV prevalence of 0.7% among 15-49 year olds
- 65% of people living with HIV in DRC are women—adolescent girls and young women are particularly vulnerable to HIV
- Armed conflict, population displacement, and insecurity in eastern DRC affect both HIV transmission and HIV care and treatment services
- Females are often more engaged in the health-care system, including during antenatal care, when women initiate antiretroviral therapy (ART) for prevention of mother-to-child transmission of HIV.
- 25% of adolescent girls get pregnant before age 19
ICAP partners with the Ministry of Health to increase access to comprehensive, quality HIV prevention, care, and treatment services.

ICAP works primarily at health zones and health facilities to increase coverage, linkages, retention, and quality across HIV services using evidence-based approaches to maximize impact among hard-to-reach populations like children and adolescents.
Importance of Timely ART Initiation

• DRC began implementing WHO’s Test and Start guidelines in 2016 (during the study period)
• Timely ART initiation is critical to patient health and reaching UNAIDS’ 2nd and 3rd “90” goals
• Delayed ART initiation can happen both because of patient preference and due to medical complications
• Understanding sex differences in ART initiation can help providers to design better targeted services
Are there sex differences in timely ART initiation among adolescents and young adults?
Methods

• Aggregate data from 211 ICAP-supported sites in Kinshasa and Haut-Katanga provinces in DRC from April 2016 to May 2017 were reviewed to describe delayed ART uptake among adolescents and young adults aged 15–24 years.

• Delayed uptake was defined as not beginning treatment within 1 month of enrolling in care among those eligible for ART.

• Pregnant and non-pregnant women were combined since available data did not disaggregate by pregnancy status.

• All analyses used group-level data and were conducted using multivariable logistic regression, adjusting for setting and age group.
Results

128 enrolled in HIV care
16% delayed ART initiation

733 enrolled in HIV care
8% delayed ART initiation
Odds Ratio for delayed ART initiation males vs females

Unadjusted
2.28 (1.33-3.92)

Adjusted for setting and age group
2.03 (1.17-3.53)
Adjusted Odds Ratios for delayed ART initiation

Sex (male vs female)  
2.03 (1.17-3.53)

Setting (rural vs urban)  
0.61 (0.38-0.98)

Age group (15-19 vs 20-24)  
1.27 (0.76-2.13)
Limitations

• Data quality—due to the nature of health service infrastructure in DRC, data quality is limited at some sites

• Use of routinely collected data precluded inclusion of important covariates in regression analysis

• Use of aggregate data limited covariates to categorical variables
Summary & Conclusion

• Female adolescents and young adults have faster ART initiation than males in the same age group after enrolling in HIV treatment.

• It is likely that antenatal care and PMTCT services expedite ART initiation for females.

• For Test and Start to be most effective, adolescent-friendly interventions targeting males are needed.
Next Steps

• To better meet the needs of adolescent boys and young men, ICAP will consider offering male-specific support groups within its adolescent friendly services.

• Drawing from experience working with other populations, support modalities such as “Whatsapp” groups for young males can help to provide tailored messaging on the importance of ART initiation.

• Community-based follow up after enrollment in care can be an additional avenue for counseling beyond the health facility.
Acknowledgements

• All of our ICAP staff in DRC, including peer educators and community healthcare workers
• CDC/PEPFAR
• DRC Ministry of Health (Ministère de la Santé)
• ICAP colleagues around the world