

## Growing gender disparity in HIV infection in Uganda and policy implications

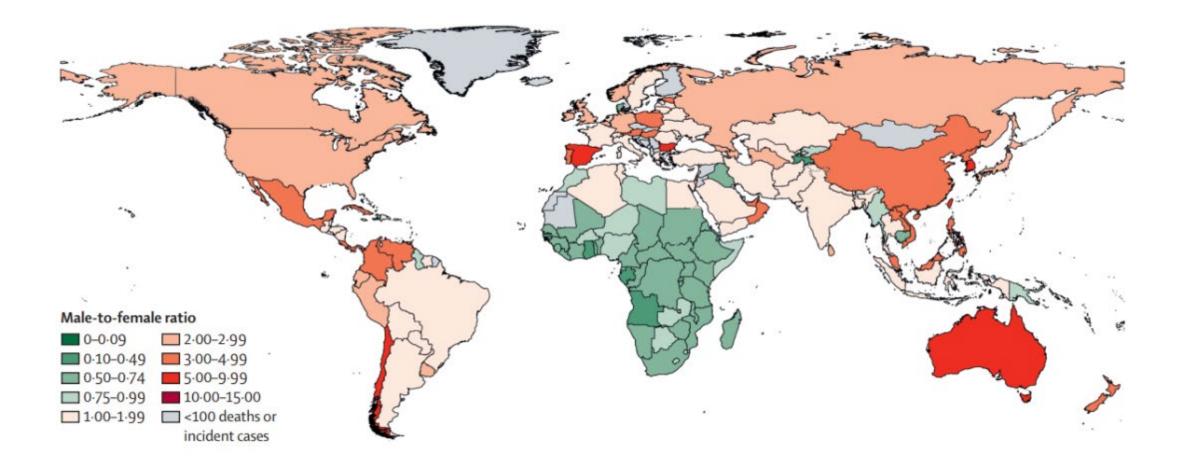
M. Kate Grabowski

on behalf of Oliver Ratmann, Joseph Kagaayi, Melodie Monad, Rakai Health Sciences Program and PANGEA-HIV Consortium



### **Gender disparities in HIV incidence**





Jahagirdar et al. Lancet HIV. 2021

### Age and gender targeted HIV programming

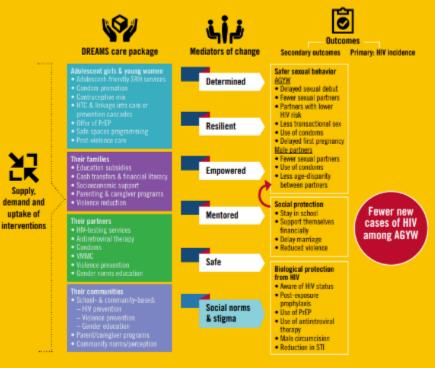


DREAMS WORKING TOGETHER FOR AN AIDS-FREE FUTURE FOR GIRLS & WOMEN

#### Visualizing Multisectoral Prevention: The DREAMS program theory of change

PANGEA

Below is PEPFAR's own visualization of how its AGYW programs can effect change. It's notable for the definition of a care package that touches on the individual and her community, and for the way it defines a range of outcomes. There is not anything comparable for PEPFAR's Key Population Investment Fund, which is infusing resources into a range of countries. Some of their funding is going for ARI; for primary prevention, a theory of change linked to incidence is a must. *NND* is working with allies in XPE countries to make this demand.

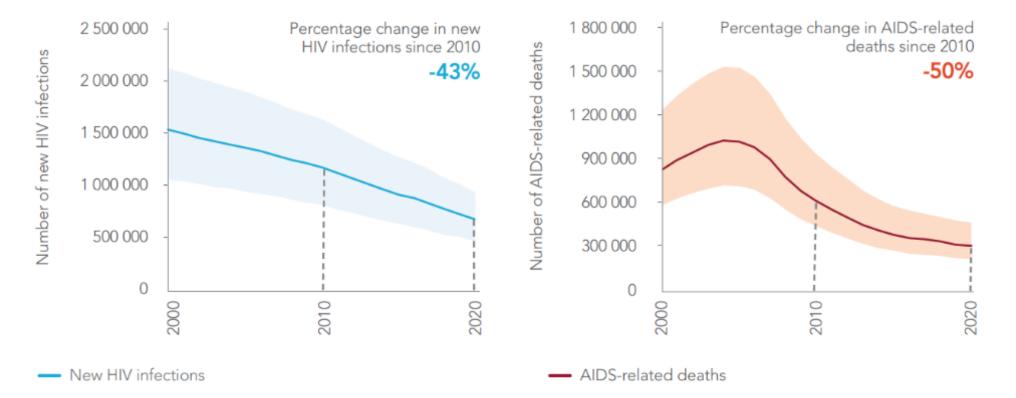


Briddielle U.Schaffelt S. et al. 25 July 2018. Evolution film Ingrat of the INEANS Partnership to Review INV Incidence Among Advessed Gebs and Hung Human in Feer Sorthyse: A Study Postcul. BMC Public Neurite. 18(1):912. doi: 10.1186/s12889-018-5789-7.

## **Changing HIV epidemic dynamics**

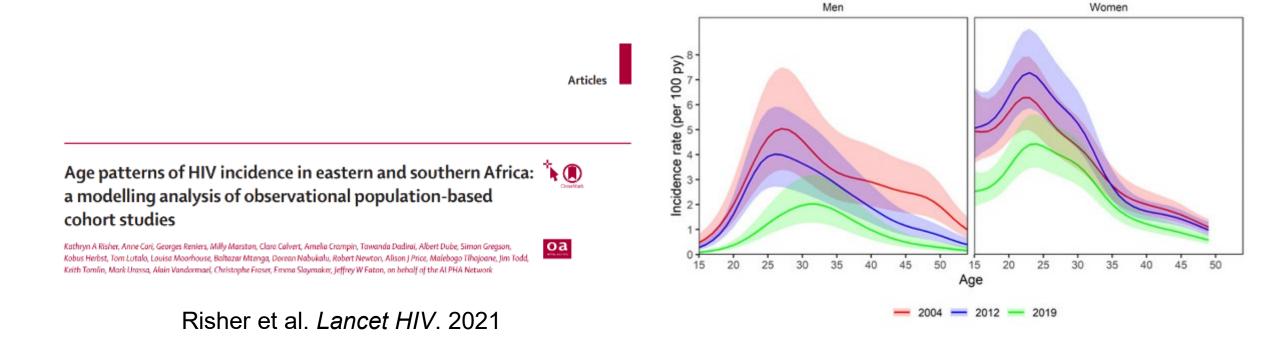


### NUMBER OF NEW HIV INFECTIONS AND AIDS-RELATED DEATHS, EASTERN AND SOUTHERN AFRICA, 2000–2020



Source: UNAIDS epidemiological estimates, 2021 (https://aidsinfo.unaids.org/).

### Shifting patterns in HIV incidence



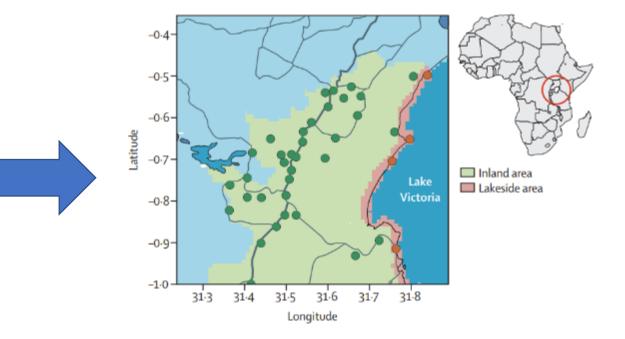
Akullian et al. PNAS. 2021

PANGEA

## Shifting patterns in HIV transmission?

- What are the recent trends in HIV incidence in women?
- Are disparities between men and women closing or widening?
- 3. Which male populations drive incidence in women, and vice versa?
- 4. What are the best strategies to close gaps and improve population health?

**HIV surveillance framework**: The Rakai Community Cohort Study (RCCS)





## African HIV surveillance efforts

- Clinical and programmatic data
  - Antenatal care clinics
  - Adult and child HIV care clinics
- National surveys (e.g. Population based HIV Impact Assessment Surveys [PHIAs])
- Clinical trials
- Key population programs/cohorts
- Longitudinal population-based HIV cohorts (e.g., the Rakai Community Cohort Study)



HIV

# Utility of longitudinal population surveillance cohorts

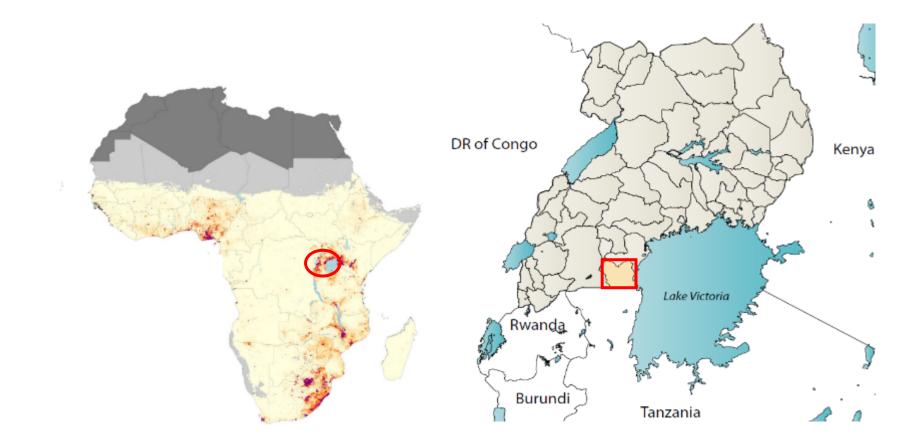


## **DETAILS AND DENOMINATORS!**

- Fine scale information on who is acquiring and transmitting virus at a population-level
- Longitudinal trends on key metrics
- Impact evaluation
- Nested studies with adequate control groups

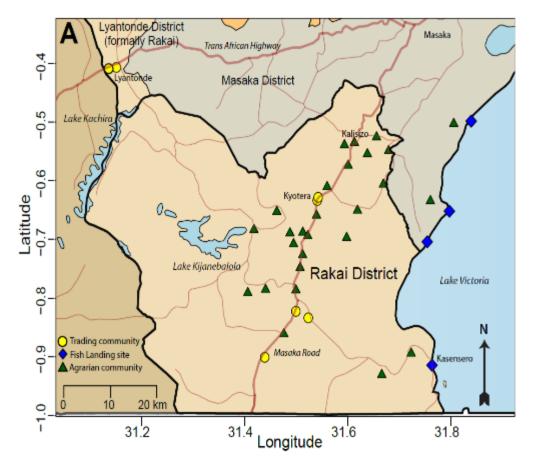
### Rakai, Uganda





### The Rakai Community Cohort Study (RCCS)

- Adolescents and adults 15+ residing in 34 communities
- 30 rural agrarian and semi-urban trading communities communities under surveillance since 1999 (28 since 1994)
- ~20,000 study participants surveyed every 1.5-2 years
- >300k participants contributing >1 million bio specimens





#### Population census



#### Biospecimens/biometrics



Survey



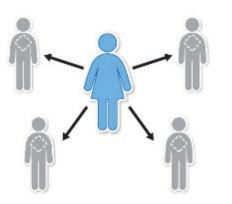
Services



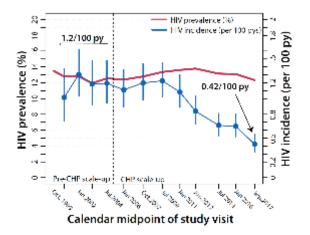


## Cross sectional/longitudinal studies of individuals Time Cross/sectional longtidudinal studies of cohabitating couples

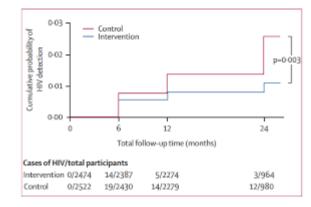
#### Egocentric network data



#### Population trends

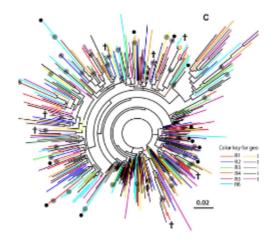


Randomized clinical trials (individual and community)



#### Molecular epidemiology





#### Basic laboratory research









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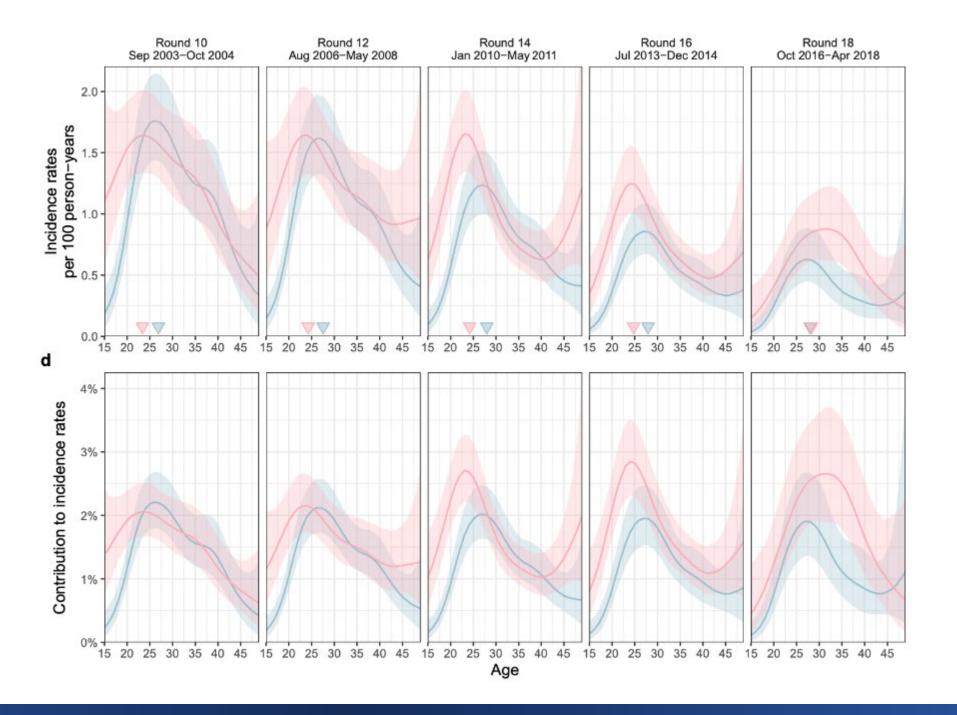
#### Growing gender disparity in HIV infection in Africa: sources and policy implications

Mélodie Monod, Andrea Brizzi, Ronald M Galiwango, Robert Ssekubugu, Yu Chen, Xiaoyue Xi, Edward Nelson Kankaka, Victor Ssempijja, Lucie Abeler Dörner, Adam Akullian, Davandra Blenkinsop, David Bonsall, Larry W Chang, Shozen Dan, Christophe Fraser, Tanya Golubchik, Ronald H Gray, Matthew Hall, Jade C Jackson, Godfrey Kigozi, Oliver Laeyendecker, Lisa A. Mills, Thomas C. Quinn, Steven J. Reynolds, John Santelli, Nelson K. Sewankambo, Simon EF Spencer, Joseph Ssekasanvu, Laura Thomson, Maria J Wawer, David Serwadda, Peter Godfrey-Faussett, Joseph Kagaayi, M Kate Grabowski, Oliver Ratmann Rakai Health Sciences Program and the PANGEA-HIV consortium

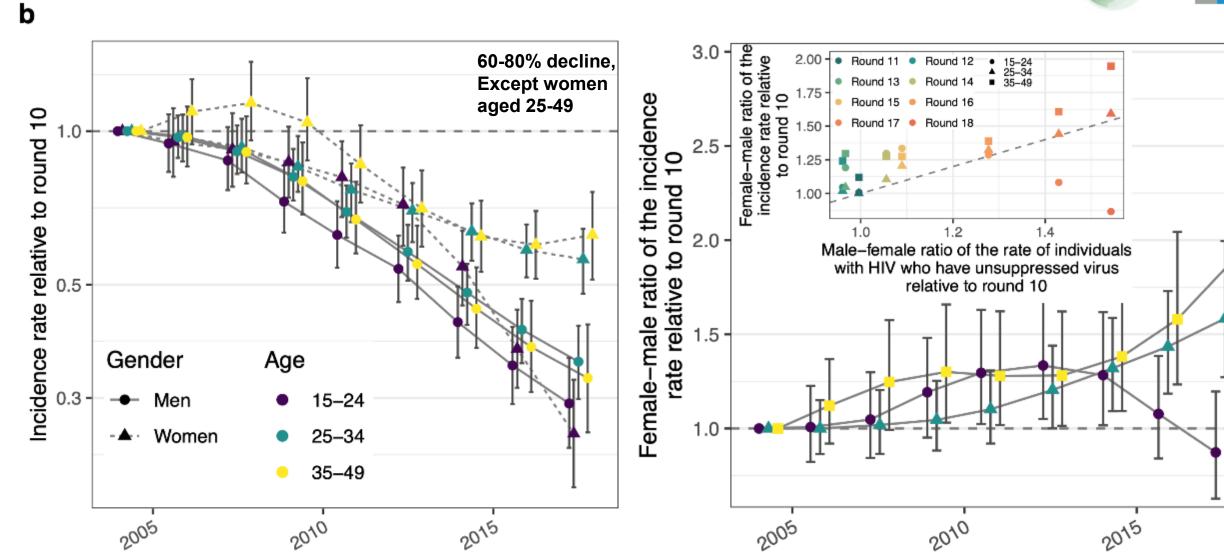
doi: https://doi.org/10.1101/2023.03.16.23287351

### Trends in HIV incidence in the RCCS, 2003 - 2018

- 1100 incident cases observed over 127k PY, 2003-2018
- Faster declines in HIV incidence in men than women, ages 25 and above.







Date (midpoint of survey interval)

PANGEA-HIV: pan-African HIV pathogen genomics program integrated with population surveillance

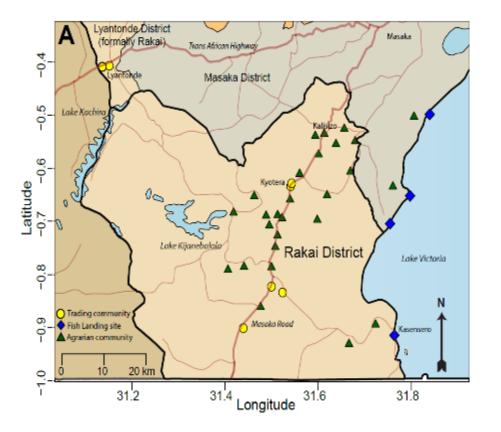
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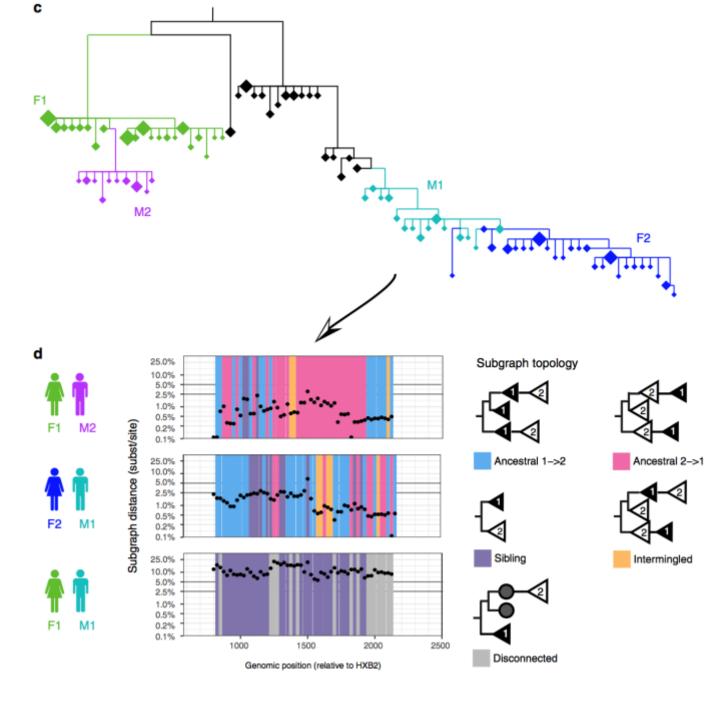
### PANGEA-HIV: pan-African HIV pathogen genomics program integrated with population surveillance

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	Participants with HIV	Participants with HIV reporting no ART use at first visit		Participants with HIV and with virus ever deep-sequenced <sup>†</sup>
	(n)		$(\mathbf{n})$	
Total	(n)	(n)	(n) 2174	(%) 38 %
	5682	4341		
Female (Total)	3817	2836	1291	34%
Age	1044	017	10.1	10.07
15-24	1066	817	424	40 %
25-34	2074	1488	740	36%
35-49	1446	826	411	28%
Male (Total)	1865	1506	883	47 %
Age				
15-24	272	220	157	58~%
25-34	955	782	499	52%
35-49	984	670	436	44 %
Round <sup>‡</sup>				
10	884	_	115	13%
11	1002	884	176	18%
12	1105	912	234	21~%
13	1160	900	368	32%
14	1741	1392	820	47 %
15	1944	1331	1085	56~%
16	1875	868	892	48 %
17	2015	646	933	46 %
18	1860	432	848	46 %

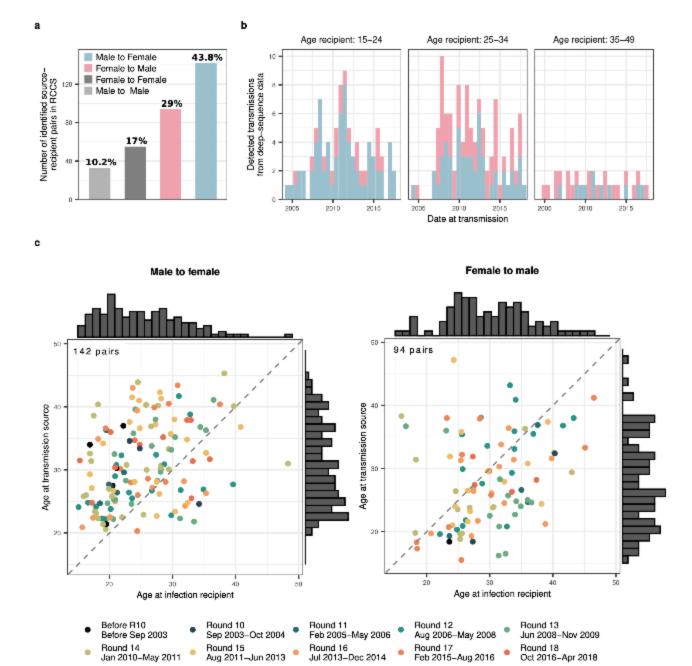
<sup>†</sup> Individuals with virus ever deep-sequenced were defined as HIV-positive individuals with deep-sequence output meeting minimum quality criteria, see Methods. <sup>‡</sup> Totals by round include individuals seen in other rounds.



### PANGEA-HIV: Reconstructing source recipient pairs from deep sequence data

- HIV deep sequencing provides multiple sequence fragments per person
- Think: phylogeography between individuals
- Inference of transmission direction

Wymant et al. MBE 2017 Hall et al. Elife 2019 Ratmann et al. Nature Communications 2019 Ratmann et al. Lancet HIV 2020 Xi et al. JRSSC 2022

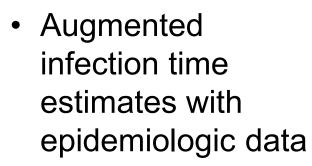


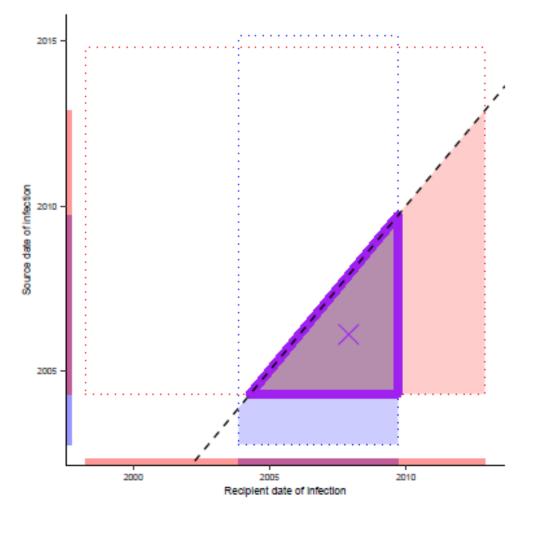
### Transmission cohort, 2013-2018

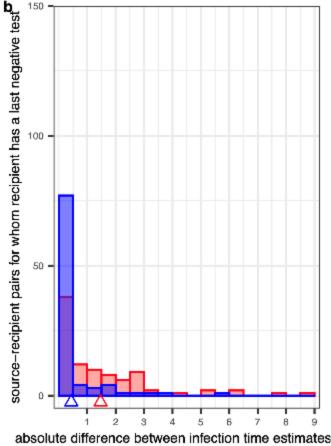
Identified 236 heterosexual sourcerecipient pairs

Retained 227 in whom transmission was estimated to have occurred during the study period. Dating the likely infection time with deepsequence data

 Used phyloTSI algorithm

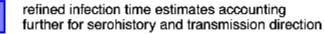




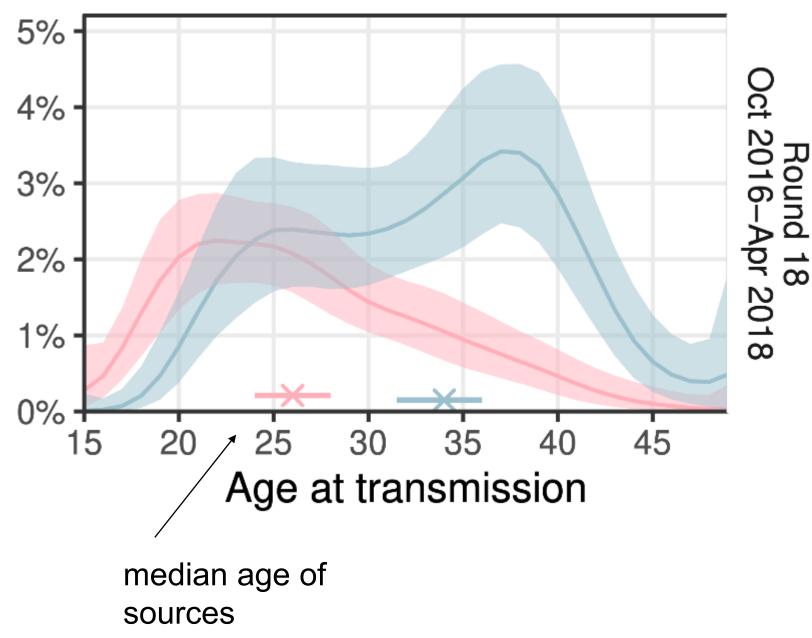


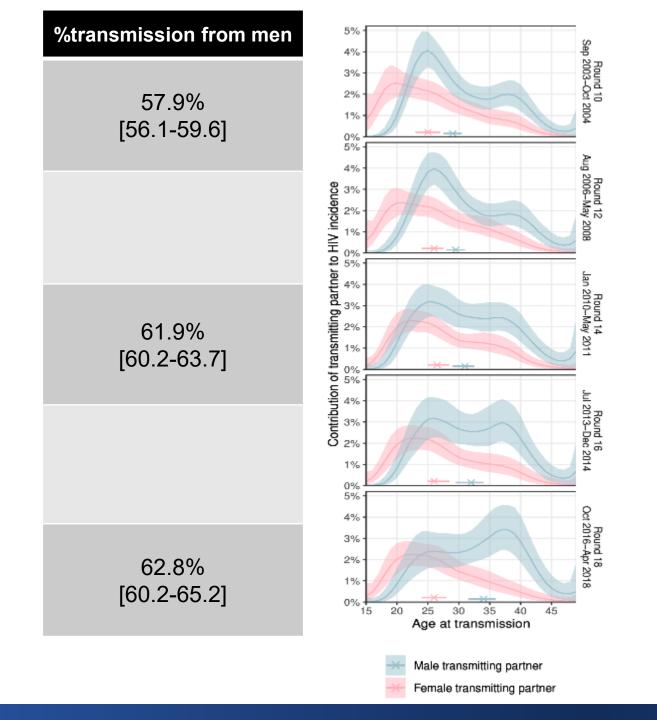
the midpoint of the seroconversion interval





- Age profile of male sources (blue), and female sources (pink)
- Blue + red = 100%

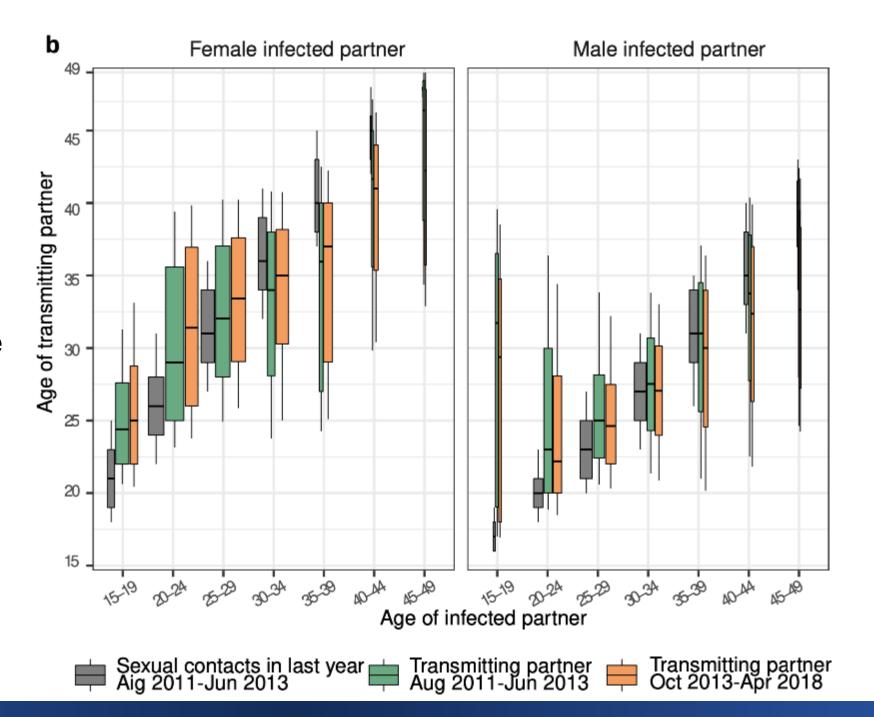


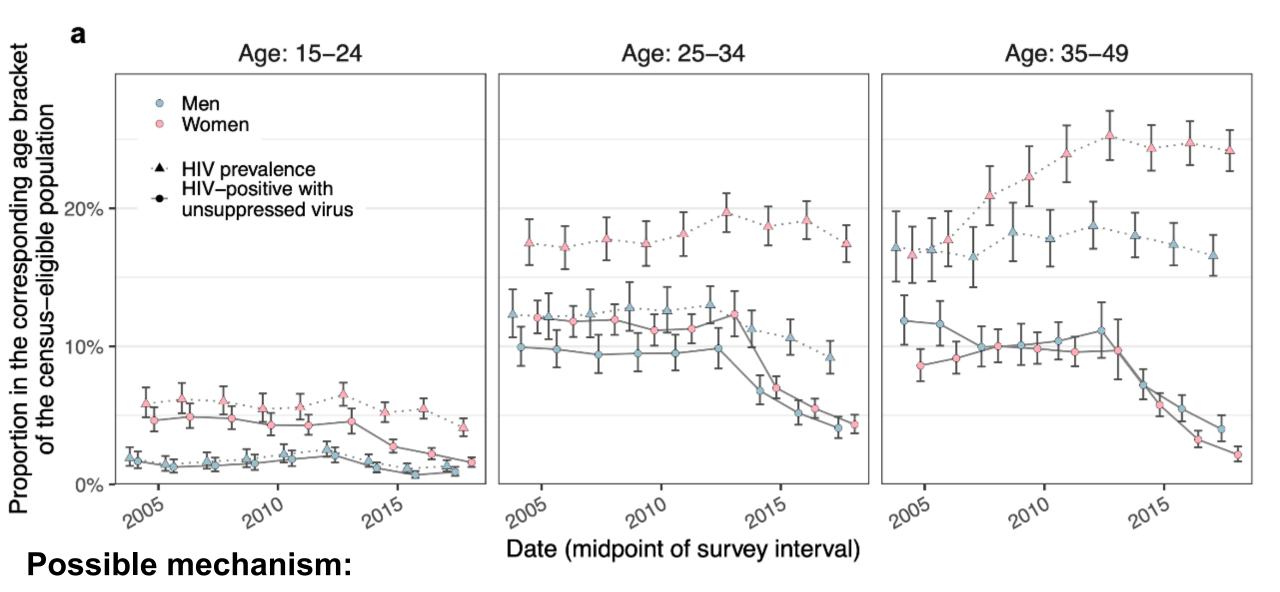




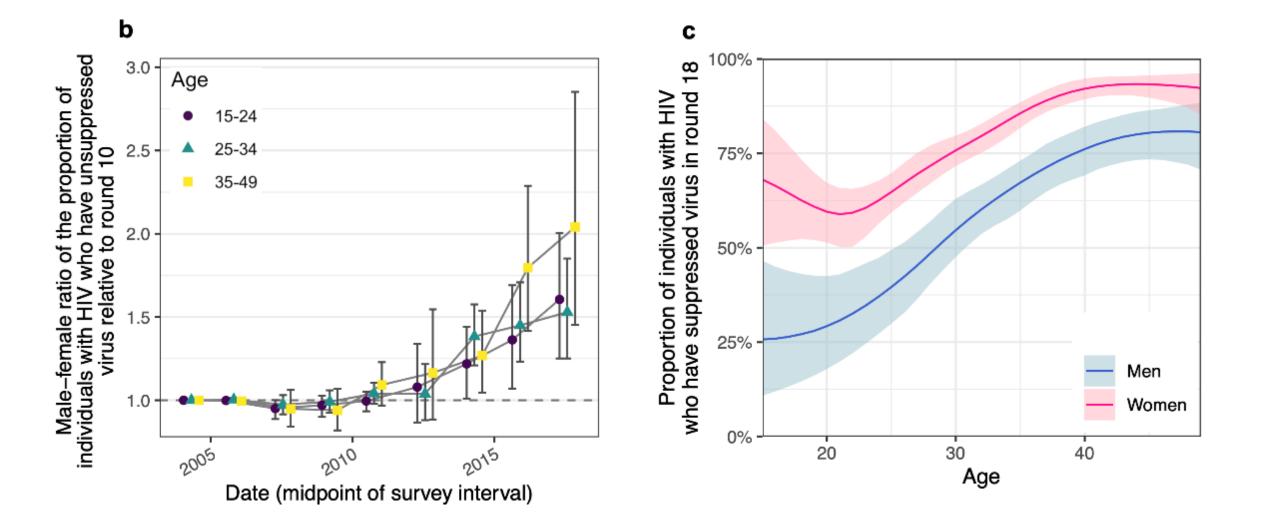
- Proportion of transmissions from men is increasing
- Transmissions from men are shifting to older ages

- Adolescent girls and young women are infected by unusually older male partners.
- As women age, age difference between woman and infecting partner decreases.



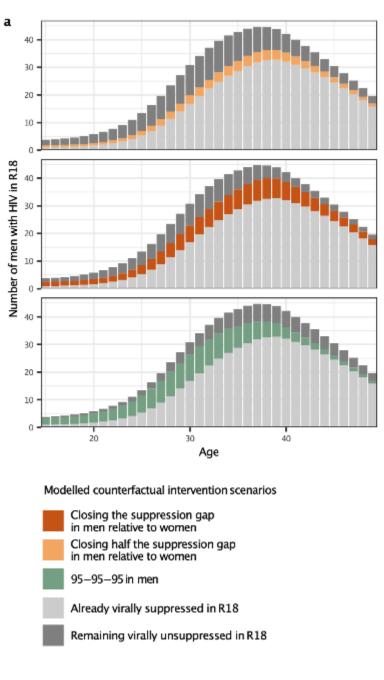


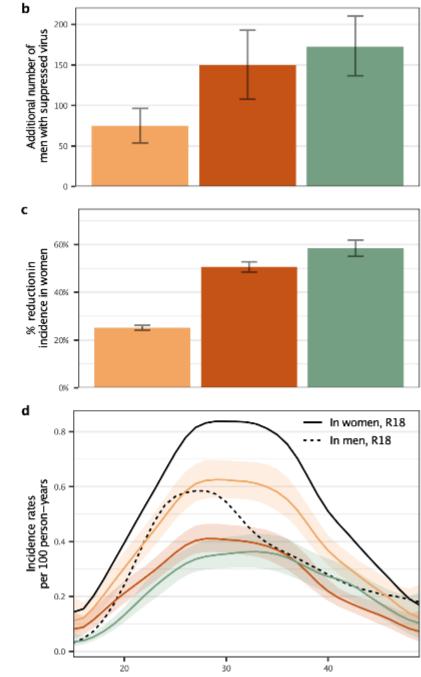
 Decoupling of prevalence and populationlevel viral load (~ still infectious).



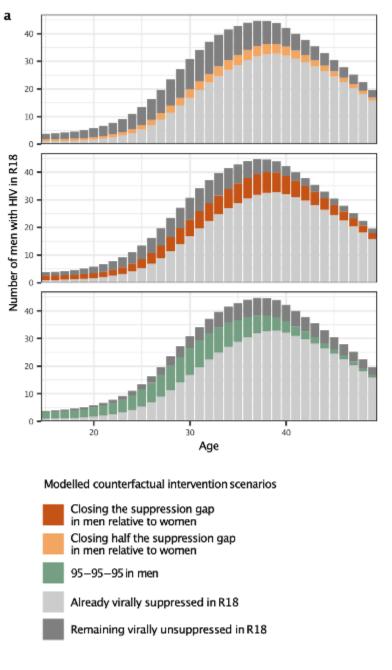
- Faster declines in population-level viral load in women.
- Substantial suppression gap by 2018 in men vs women

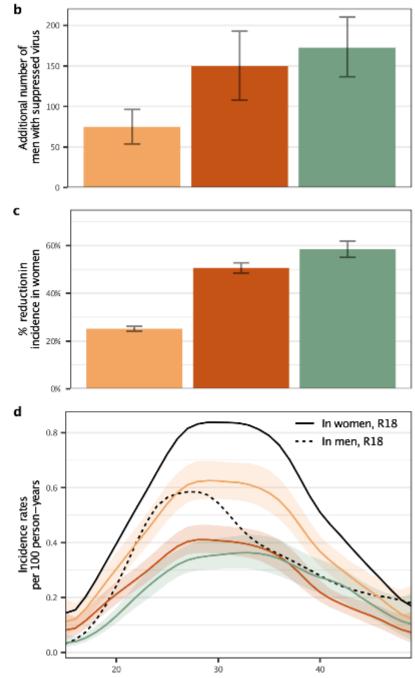
 Counterfactual simulations of modelled intervention scenarios on inferred transmission flows





- Having closed the viral load suppression gap between men and women, would have reduced HIV incidence by 50% in women over the last decade.
- Only a small number of men needed to treat to achieve substantial reductions in female HIV incidence.





### Conclusion



- HIV incidence has declined faster among men than women.
- Average age of infection is increasing among women; and avg. age of transmission is increasing among men.
- While viral load suppression has increased in both genders, the viral load suppression gap has increased between men and women.
- Men are accounting for an increasing proportion of transmissions.
- Having closed the viral load suppression gap between men in women, would have reduced female HIV incidence by 50%.

### Acknowledgments

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